



ANNUAL REPORT 2009-2010



ALEXANDRA MARINE AND GENERAL HOSPITAL

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**ANNUAL MEETING OF THE
ALEXANDRA MARINE AND GENERAL HOSPITAL CORPORATION
Monday, June 21 2010
7:00 p.m.
To be held in the AMGH Cafeteria**

AGENDA

ITEM	BUSINESS	RESPONSIBILITY
1.	Acknowledgement of Notice Calling the Meeting	Wayne Lyons
2.	Minutes of the Previous Meeting - June 22 2009	Wayne Lyons
3.	Business Arising from the Minutes	Wayne Lyons
4.	Report of the Board Chair and President/Chief Executive Officer	Wayne Lyons William Thibert
5.	Report of the Chief of Staff	Dr. Patrick Conlon
6.	Report of the President of the Medical Staff	Dr. Mike Dawson
7.	Report of the Chief Nursing Executive	Cheryl Taylor
8.	Report of the Hospital Auxiliary	Joyce Shack
9.	Auditor's Report	Paul Seebach Vodden, Bender & Seebach
10.	Appointment of Auditors for 2010-2011	Jim Collins
11.	Governance and Nominating Committee Report and Election of Directors	Wayne Lyons
12.	Presentation to Retiring Director, Ray Letheren	Wayne Lyons
13.	Adjournment	Wayne Lyons
Refreshments will be served following the meeting.		
The Board of Directors will hold a special meeting following the Annual Meeting.		



MINUTES OF THE 103rd ANNUAL MEETING OF THE AMGH CORPORATION
Held Monday, June 22 2009 at 7:00 p.m.
In the Hospital Cafeteria

Item #	DISCUSSION	ACTION TO BE TAKEN
1.	<p>CALL MEETING TO ORDER</p> <p>The 103rd Annual meeting of the Corporation of the Alexandra Marine and General Hospital was held Monday, June 22 2009 in the AMGH Cafeteria. There were 21 individuals present. Wayne Lyons, Chair of the Board called the meeting to order at 7:00 p.m. and welcomed those present. He thanked Anne Lake, Director from SW LHIN for attending meeting.</p> <p>He noted regrets from Lorri Lowe due to attending son's graduation. He informed group Bonnie LaFontaine was not in attendance due to her husband Rod suffering a heart attack and currently in hospital in London. Wayne extended best wishes to Bonnie and Rod.</p>	
2.	<p>ACKNOWLEDGEMENT OF NOTICE CALLING THE MEETING</p> <p>Wayne indicated appropriate notices were advertised in the Goderich Signal Star March 11, June 10 and 17, 2009 as required in the Bylaws.</p>	
3.	<p>MINUTES OF PREVIOUS BOARD MEETINGS</p> <p>Minutes of the June 23, 2008 Annual Meeting were printed in the Annual Report.</p> <p>MOVED: Joyce Shack</p> <p>SECONDED: Jim Collins</p> <p>MOTION: <u>To accept the minutes of the June 23 2008 Annual Meeting was CARRIED.</u></p>	
4.	<p>BUSINESS ARISING FROM THE MINUTES</p> <p>There was no business arising from the Minutes of the previous meeting.</p>	
5.	<p>REPORT OF THE CHAIR AND PRESIDENT AND CHIEF EXECUTIVE OFFICER</p> <p>Bill Thibert reviewed their report printed in the Annual Report.</p> <p>Bill acknowledged and thanked the Management Team, Stephanie Page and the Board for their continued support.</p> <p>Wayne noted the Official Opening for 108 Montcalm Residence was scheduled June 29 at 1030 a.m. and invited all to attend.</p>	
6.	<p>REPORT OF THE CHIEF OF STAFF</p> <p>Dr. Julie Moore indicated a written report was included in the Annual report and there was nothing further to add to the report.</p>	

7.	<p>REPORT OF THE PRESIDENT, MEDICAL STAFF Dr. Michael Dawson indicated a written report was included in the Annual report and there was nothing further to add to the report.</p>	
8.	<p>REPORT OF THE CHIEF NURSING EXECUTIVE Cheryl Taylor reviewed her report printed in the Annual Report.</p>	
9.	<p>REPORT OF THE HOSPITAL AUXILIARY Lynn Bearden reviewed her report printed in the Annual Report.</p>	
10.	<p>MOTION TO ACCEPT REPORTS MOVED: Norman Pickell SECONDED: Joyce Shack MOTION: <u>To accept all reports as printed in the Annual Report June 22 2009 was CARRIED.</u></p>	
11.	<p>REPORT OF THE AUDITOR Mr. Paul Seebach of the Chartered Accounting Firm of Vodden, Bender and Seebach presented the audited financial statements for 2008-2009 fiscal year printed in the Annual Report. Paul indicated he has previously met with the Executive and Resources/Audit Committee to review the audited financial statements and to ensure processes in place. The report was accepted by the Executive and Resources Committee. Wayne reported the Audit Committee met with the auditors without management present and ensures appropriate processes are in place. MOVED: Jim Collins SECONDED: Ray Letheren MOTION: <u>To accept the Auditor's Report for 2008-09 was CARRIED.</u></p>	
12.	<p>APPOINTMENT OF AUDITORS FOR 2009-2010 MOVED: Jim Collins SECONDED: Lynn Bearden MOTION: <u>That the Accounting Firm of Vodden, Bender and Seebach be appointed as the hospital's auditors for 2009-2010 was CARRIED.</u></p>	
13. 13.1	<p>NEW BUSINESS Amendment to the Corporate Bylaws Wayne reviewed the Amendments printed in the Annual Report noting the intent to increase the elected directors from 9 members to 10 members. The amendments have been reviewed and approved by the Board of Directors. Wayne noted the excellent response to the Board member vacancy. MOVED: Joyce Shack SECONDED: Norman Pickell MOTION: <u>To accept the revisions to the Corporate Bylaws was printed was CARRIED</u></p>	

<p>14.</p>	<p>GOVERNANCE COMMITTEE REPORT Norman Pickell reviewed the Governance Committee report printed in the Annual Report. Norman noted the Governance Committee reviewed and considered required skill sets, geographic location and gender when selecting candidates. Norman highlighted profiles for individuals recommended to the Board. MOVED: Norman Pickell SECONDED: Dr. Julie Moore MOTION: <u>That the recommendations be accepted as presented was CARRIED.</u></p>	
<p>15.</p>	<p>PRESENTATIONS TO RETIRING DIRECTORS Wayne thanked the Board for the opportunity to be the Board Chair for the past two years indicating it has been a tremendous experience. He thanked his wife, Heather for her support during this time. He acknowledged the great staff at the hospital recognizing their compassion and professionalism. He indicated it has been a pleasure to work with Bill. He noted his open door policy has improved staff morale dramatically. He acknowledged the Board of Directors and indicated they are a very supportive group and appreciated the frank and open discussions at the meetings. Wayne acknowledged Lynn Bearden for her role as President of the Hospital Auxiliary and presented her with a gift. He welcomed Janet Henry as incoming President of the Auxiliary. Wayne acknowledged Ken Hughes, retiring Board member and wished him well in his future endeavours. He presented Ken with a gift. Wayne acknowledged Dr. Julie Moore for her role as Chief of Staff for the past two years and presented her with a gift. Wayne welcomed Dr. Patrick Conlon as the incoming Chief of Staff. Wayne acknowledged Lorri Lowe who was not in attendance and indicated her continued role with the Governance Committee. Norman Pickell recognized Wayne Lyons for his role as Board Chair for the past two years and presented him with a gift.</p>	
<p>16.</p>	<p>ADJOURNMENT Wayne thanked everyone for attending and invited them to enjoy friendship and refreshments following the meeting. MOVED: Joyce Shack SECONDED: Dr. Julie Moore MOTION: <u>To adjourn the meeting at 845 p.m. was CARRIED.</u></p> <p>_____ Wayne Lyons Board Chair</p> <p>_____ William R. Thibert Secretary to the Board</p>	



REPORT OF THE BOARD CHAIR AND PRESIDENT/CHIEF EXECUTIVE OFFICER TO THE ANNUAL MEETING - JUNE 21 2010

The past year has again been a very active and challenging one for our hospital.

With regard to our financial performance we completed the 2009/10 fiscal year with a deficit from hospital operations of \$240,130 on a \$21.9 million budget. This resulted primarily from a one-time loss in OHIP diagnostic imaging revenue due to the service restrictions we were required to put in place to accommodate the construction/renovation project for our CT Scanner/Diagnostic Imaging equipment initiative.

We are delighted to report that our 128 slice CT Scanner and new Fluoroscopy and General X-ray equipment have been installed and are in operation. We have already completed over 300 CT Scans in the short time we've made this important service available. Our Mammography Unit is being relocated to a former X-ray room and we plan to recommence this service in mid-June. We look forward to our official opening scheduled for June 15, 2010.

We wish to again acknowledge and express our sincerest appreciation for the hard work and dedication of the AMGH Foundation Board of Directors, their staff and the many community volunteers associated with the CT Scanner of Huron County Diagnostic Imaging Campaign. Due to their efforts, and the strong support from our local and county residents, The Foundation has brought this Campaign to a very successful conclusion.

An important initiative undertaken by our Board over the past year was a comprehensive review of the Board's Committee structure. In response to changing Ministry of Health and Long Term (MOHLTC) priorities and the Board's desire to devote greater emphasis on strategic planning and other matters a reorganization of the Board's Committees was undertaken. Revised Committees include: Audit and Finance; Governance and Nominating; Quality Assurance and revised responsibilities for the Executive and Resources Committee. It is important to note that in addition to Board members and staff community members also serve on the Finance and Audit, Governance and Nominating, Quality Assurance and Environment Committees.

Through the work of our Quality Assurance Committee our Board continues to place particular emphasis on patient safety. We are pleased to report that AMGH continues to meet all public reporting requirements as outlined by the MOHLTC.

Medical Staff recruitment and retention remains a top priority for our organization. Through the active involvement of our community-based Recruitment and Retention Committee, and our physician recruiter, we continue to aggressively pursue both family physicians and medical specialists. Recently, we announced the recruitment of a family physician who will be joining our medical team this August with another joining us in August 2011. As well we are pleased to note that a number of the medical residents who have obtained some of their final training at AMGH have returned to provide valuable locum and ER coverage to assist our local physicians and our hospital. In addition we were pleased to welcome a Physician Assistant to our staff to support our ER and other clinical Departments as part of a two year pilot project offered through the MOHLTC. We wish to acknowledge and express our appreciation to the Town of Goderich, Maitland Valley Family Health Team and the AMGH Foundation for their ongoing support and assistance in our recruitment efforts.

One of our hospital's strategic goals is to enhance our role as an education/training centre. We are pleased to note that over the past year we have signed additional affiliation agreements with various educational institutions for the training of a variety of clinical, technical and administrative/clerical careers. It is recognized that the impending health human resources shortage will be a significant issue for all health care organizations to address in the years to come. It is therefore important for AMGH to be an active participant in education and training to meet our future needs.

Through the dedicated efforts of our environmental "Green Team" we recently implemented the "CHESTER" Energy Awareness program in collaboration/partnership with the London Health Sciences Centre. As the first hospital in the South West region to implement components of this program we see this as a further step towards our commitment to improving our energy utilization and ecological footprint.

AMGH continues to work closely with other hospitals and health care organizations through a number of joint programs and services and our active participation in Huron Perth initiatives. We continue to foster a positive working relationship with the SW LHIN and have taken an active role in their various initiatives including the regional Employee Benefits and Supply Chain studies and the Blueprint project as a component of their revised Integrated Health Services Plan. We are also active participants in regional initiatives such as the Order Set Project (Huron Perth); Critical Care Surge Management Capacity project; Patient "Flo" Collaborative; South West Regional Wound Care initiative and the provision of radiology services through the South West Ontario Digital Imaging Network. Through these many collaborative efforts we firmly believe we are further strengthening our hospital's role as a significant provider of health care services in our region.

We are proud of our hospital and medical staffs for their continued commitment to providing quality patient care and support services to our community. We are pleased to report that we continue to receive a top rating from our patients on their satisfaction with our services.

We extend our sincere thanks to the exceptional work of our Auxiliary and Foundation Board members. We appreciate the many hours of dedicated service they provide and the many fundraising activities they organize to support the hospital.

We would like to thank the members of the Hospital Board for their many hours of service over the past year. We wish to especially recognize the contribution of Ray Letheren who is completing his term on the Board. We wish to thank Dr. Patrick Conlon for his leadership in serving as our Chief of Staff over the past year and to Dr. Michael Dawson for his contribution to our Board as Medical Staff President. We would also like to express our appreciation to Stephanie Page and our Administrative staff for their support of Board and hospital activities during this past year.

In conclusion, acknowledging our increased financial deficit position, it is fair to state that AMGH experienced a successful year in 2009/10. The upcoming year will again be one of major challenge and activity for our hospital. Funding concerns due to the limited funding increase being provided by the MOHLTC (current projection is less than 2% for 2010/11) through the SW LHIN and other cost pressures will be front and centre. As a result the hospital will be further challenged to maintain all current inpatient and outpatient programs within a balanced operating budget. In response the Board plans to launch a strategic planning process in the fall to address short, mid and long term plans regarding the future provision of clinical and support programs at AMGH. We continue to plan for our upcoming Accreditation survey scheduled for this October. Aggressive recruitment strategies will continue to be implemented to increase our complement of family physicians, medical specialists and nursing professionals. We believe that through our "team" approach we can successfully meet these challenges and advance our hospital's future goals and directions.

Respectfully submitted

Bonnie LaFontaine
Chair, Board of Directors

William Thibert
President/Chief Executive Officer



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CHIEF OF STAFF ANNUAL REPORT – JUNE 2010

The last year has been very exciting for Alexandra Marine & General Hospital.

On the recruitment front we have had some success with the recruitment of two new family physicians. We still face a continued challenge with recruitment of skilled health care professionals but recent changes to provincial funding incentives for physicians has put AMGH in an advantageous position.

The CT scanner is now fully operational. It is a credit to the successful fundraising from the Foundation and active efforts of Administration and staff to see this come to pass. It will be very beneficial to local patients to have access to state of the art imaging and also increases the likelihood of successful recruitment of specialists.

We have been successful in continuing nurse practitioner services at the hospital and the physician assistant is now working in the Emergency Department.

Budgetary challenges continue to face the hospital. It is difficult to complete long-range planning given this uncertainty. The Board will be faced with the unenviable task of having to prioritize services with limited budgetary increases.

The hospital continues to provide exemplary patient care. It is held in high regard by the community and we enjoy a very good relationship with local health care providers, neighboring hospitals, local politicians and the citizens of the area that we serve.

Respectfully submitted,

P. Conlon, MD, FRCP(C)
Chief of Staff

PC:jd



**PRESIDENT OF MEDICAL STAFF
REPORT TO THE ANNUAL MEETING
June 21 2010**

Dear Members of the Hospital Corporation

I am pleased to provide my report as the current President of the Medical Staff.

It has been an eventful year at our hospital. To have our CT Scanner installed and operational is a tremendous advance. I am still getting used to having this powerful technology readily available and have been greatly impressed at the difference rapid diagnosis can make. So many people contributed their time, expertise and money to this project, and our entire community should be proud of the accomplishment.

After several years of renovations, many of our hospital departments have been refurbished. Hopefully the pace of renovation work will slow down for a while and we can enjoy a little time in a “construction free” zone.

Our medical staff has been able to maintain and build on all of our regular hospital services and programs. We wish Dr. Jeff McAuley a speedy recovery and look forward to his return to regular duties. We congratulate our Recruitment Committee in getting commitments from two new family physicians and for also organizing a great number of site visits from a variety of interested candidates.

Our Emergency Department work is now aided by a nurse practitioner and physician assistant. We welcome their participation in this department which has become very busy in recent years.

We appreciate that the Hospital Board is not rushing the process of changing hospital by-laws, recognizing that we want to adopt by-laws that are fair to everyone. We have also had a medical staff that has been very involved in the hospital decision making process and we hope the Board supports this role in the future.

Finally, the medical staff, is of course, concerned that financial and funding issues will put pressure on our ability to deliver the full range of medical services that we have traditionally provided. We encourage the Hospital Board and Administration to question non-clinical initiatives that can soak up funds without clearly being of benefit to patient care.

Respectfully submitted

Mike Dawson, MD
President of the Medical Staff

MD/sp



DIRECTOR OF PATIENT SERVICES/CHIEF NURSING EXECUTIVE
REPORT TO THE ANNUAL MEETING - JUNE 21, 2010

This year has proven to be both rewarding and challenging for our hospital.

Following an official “kick-off” in early September 2009, we continue to move forward in completing our preparations for Accreditation 2010. Accreditation Canada surveyors will be conducting a review and assessment of our organizational practices in comparison to national standards of best practice in October 2010. AMGH is committed to patient safety and the delivery of safe, quality care. By taking part in the Accreditation process – we can ensure this happens and continue to move forward in fostering an environment where we learn from our successes, errors and near misses. This practice is known as *Qmentum*, partnering the words Quality and momentum to reflect the direction the health industry is headed, including increased emphasis on accountability, performance management, client safety and governance. The organizational practices targeted for review include establishing a culture of safety; coordinated communication strategies; creating a work life and physical environment that supports safe delivery of health care; and reducing risk of hospital-acquired infections and injuries from falls.

As part of a comprehensive plan to create an unprecedented level of transparency in Ontario hospitals, amendments were made to the Public Hospitals Act in 2008 requiring all Ontario hospitals to disclose and publicly report on various patient safety and quality care indicators. As of July 30, 2010, all hospitals with operating rooms will be required to publicly report on their compliance with a surgical safety checklist as part of their patient safety efforts. Patient safety continues to be a priority for AMGH. Adding the surgical safety checklist to our collection of patient safety and quality indicators is another step in helping us to monitor and improve our quality and patient safety efforts. The full list of reports can be found on our website – www.amgh.ca.

In September 2009, the eight Huron and Perth Hospitals announced the official launch of the Huron-Perth Hospitals Order Sets Project. With the support of one-time funding from the SW LHIN and the establishment of a Huron-Perth Interdisciplinary Team, this exciting quality initiative will be instrumental for the implementation of standardized evidence-based order sets to improve quality patient care and safety. We look forward to the continued work of the Order Sets Project Team in establishing a vision for the future of embedding best practices into the physician ordering process.

In February 2010, we welcomed the addition of the Physician Assistant (PA) to our health care team. PA's are skilled health professionals who support physicians alongside nurses, nurse practitioners and other members of the interprofessional health care team. Our organization is part of the Ministry of Health and Long-Term Care Physician Assistant Demonstration Project, which was initiated in 2006. The PA role is currently being introduced to the Ontario health care system through a two-year demonstration project that is currently taking place in selected hospitals and community health centres.

There has been a noted increase and significant concern in the number of Alternate Level of Care (ALC) patients over the past few months. Patients identified as ALC are inpatients who have completed their acute care stay and are now waiting for appropriate discharge to an alternate care destination i.e. retirement or long-term care home. On average, we have experienced 7-8 patients a month waiting in an acute care hospital bed for an alternate care destination. This represents about 19% of our acute beds in operation. ALC remains a significant issue/challenge across the province. With added pressures from the CCAC and other community partners having to implement waitlists for patient services and identified delays in moving forward with approved Aging-in the-Home strategies which may enhance opportunities for patients to be discharged home safely vs. occupying an acute care bed, we continue to seek process efficiencies to improve the timeliness and effectiveness of patient transitions from acute care to alternate care destinations.

Over the past several months, AMGH team members have been diligently working with the Critical Care Secretariat and SW LHIN hospital peers that provide critical care to identify the human resources, equipment needs and space to surge to 115% of current capacity. This is referred to as a “minor surge.” Within the scope of this Critical Care Surge Capacity Management initiative, work is also beginning on

“moderate surge” planning – where hospitals will identify required resources to operate up to 150% capacity i.e. pandemic.

Human Resource planning, and recruitment and retention of health care professionals remain a priority for our organization. We continue to work with Ontario colleges and universities to accommodate nursing students in completing their consolidation, as well as participate in Health Force Ontario’s Nursing Graduate Guarantee Program. The program guarantees new graduates who wish to work fulltime in the Province the opportunity to do so. As an employer participating in the program, we provide applicants with the minimum of six months of fulltime work. At the end of this period, individuals have hopefully posted into a position. During 2009/10, we received a total funding of \$35,000 to enhance and support nursing orientation, mentorship opportunities and continuing education opportunities.

The Hospital Auxiliary continues to work closely with staff to enhance their volunteer support to hospital-wide services and patient programs, i.e. Perioperative Program, Porter and Patient Greeting Services. The involvement of Auxiliary volunteers in supporting hospital services and programs has been well received by staff, physicians and patients. We look forward to ongoing planning with our volunteers to enhance their involvement with patient care programs. We would also like to acknowledge the Auxiliary for their generous donation of \$5,000 towards the purchase of patient care equipment. This money has been earmarked for the purchase of a palliative care pressure bed mattress.

We are extremely proud of the accomplishments achieved to date by our Hospice Palliative Care Committee in moving forward with a collaborative *vision and model of care* with hospital and community health providers for managing palliative patients within our community, and look forward to ongoing planning with our IODE partners in future development of an additional Palliative Care Room.

AMGH continues to work closely with the South West LHIN, peer regional hospitals and community health providers in joint planning for the implementation of ‘best practices’ in providing optimal and standardized patient care/services; and participating with advisory and strategic planning groups for information sharing.

These past few months have been ‘buzzing’ with activity as we continue to move forward in the launch and implementation of several Ministry of Health and Long Term Care and LHIN initiatives and projects. These projects are consistent with the goals and focus of AMGH and LHIN’s Integrated Health Service Plan (IHSP) in addressing priorities such as improving the provision of services and enhancing quality patient care and safety. Additional SW LHIN initiatives and projects for 2009-2010 include:

- **Patient Access and Flow** - The purpose of the project is to ensure that patients who are seriously ill and need to be transferred to another hospital to the care they require are transferred as quickly and effectively as possible. At the same time, as attention has been focused on getting patients to the nearest, most appropriate care setting, the project has also focused attention on the need to return patients to their home community.
- **FLO Collaborative** - Reducing wait times in Emergency Rooms and reducing Alternate Level of Care days (ALC) across the province is a top priority for the government. Aim of this collaborative is to improve patient transitions from acute care hospitals to alternate care destinations.
- **Wound Care Framework** - Objectives include the development and implementation of system-wide wound care protocols and establishing a model for the procurement of wound management supplies across all sectors.

Exciting news...We recently learned that the hospital has been accepted as a referring site by the provincial Telestroke program to become a Stroke Assessment /Evaluation Centre. Supported by the Ontario Telemedicine Network (OTN), Telestroke is an emergency telemedicine application which uses live, two-way televisions and digital image transfer to connect local stroke patients and their emergency physicians with remote neurologists located at larger health care facilities to obtain urgent diagnosis and management advice. Training for staff and physicians is being planned for the fall of 2010.

In closing, I would like to take this opportunity to thank all staff, physicians and volunteers for their continued support and commitment to the AMGH organization.

I look forward to the upcoming year. Many challenges, but many more exciting opportunities...

Respectfully submitted

Cheryl Taylor
Director, Patient Services/Chief Nursing Executive



ALEXANDRA MARINE AND GENERAL HOSPITAL AUXILIARY REPORT TO THE ANNUAL MEETING – JUNE 21 2010

The Hospital Auxiliary continued in-hospital volunteering in portering, pre-natal clinics, dialysis, day surgery, third floor, flower care and tray favours. The Gift Shop brought in some new products, ran several raffles, and was able to transfer \$5,250 to the Auxiliary General Account at year end. We awarded \$1,520 in bursaries to deserving recipients, both student and staff.

In February, the Auxiliary members received the disappointing news that the move to new quarters would not be possible, as the intended Gift Shop space was required for patient care. While disappointing, this news did not deter the efforts of our members.

We continue to offer our members educational opportunities through the HAAO Spring and Fall Regional conferences. In addition, we were able to send two members to the annual HAAO Convention in Toronto. We spent a total of \$1,501.94 which was offset by an HAAO grant of \$947.25.

The hospital Auxiliary continues its fund-raising efforts. Our income this year came from commissions on TV rentals, Zehrs' tape collection, Children's Book program, No-bake Bake Sale, raffles, membership and donations. Events such as Tag Day, Hot Dog Days and Card Party were staffed by our members and successfully raised funds.

During the course of this past fiscal year, the Auxiliary was greatly saddened by the unexpected death of our Secretary, Nancy MacKinnon in January; and one of our past Presidents and HAAO Life Members, Marguerite Leckie in March. Both members contributed greatly to our Auxiliary.

This year our volunteers tirelessly helped out in the Flu vaccination clinics, Medical Records, Speech Therapy, and directed patients during the installation of the CT scanner. At the end of our fiscal year, we are able to transfer \$11,000 to the Hospital Foundation.

In closing, I wish to acknowledge the various donors who have assisted the Auxiliary this past year: Wal-Mart, Canadian Tire, Machan's Home Hardware, Zehrs, Food Basics, PharmaPlus, and Zellers.

On behalf of the Auxiliary members I would like to take this opportunity to thank the Hospital Board and staff for the assistance given to us in our volunteer roles at AMGH.

Respectfully submitted by

Joyce Shack
Auxiliary Representative

ALEXANDRA MARINE & GENERAL HOSPITAL
FINANCIAL STATEMENTS
MARCH 31, 2010

VODDEN, BENDER & SEEBACH LLP
Chartered Accountants

Vodden, Bender & Seebach LLP
Chartered Accountants

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AUDITOR'S REPORT

To the Board of Governors and Members of The Alexandra Marine and General Hospital of Goderich.

We have audited the operating fund balance sheet and endowment and trust fund balance sheet of The Alexandra Marine and General Hospital of Goderich as at March 31, 2010 and the operating fund statement of revenue and expenses and fund balance and the operating fund statement of cash flows for the year then ended. These financial statements are the responsibility of the hospital's management. Our responsibility is to express an audit opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion these financial statements present fairly, in all material respects, the financial position of the hospital as at March 31, 2010 and the results of its operations and the changes in its financial position for the year then ended in accordance with the accounting principles disclosed in note 1 to the financial statements.

Vodden, Bender & Seebach LLP

Chartered Accountants
Licensed Public Accountants

Clinton, Ontario
May 21, 2010

**THE ALEXANDRA MARINE AND GENERAL HOSPITAL OF GODERICH
BALANCE SHEET**

See Accompanying Notes to Financial Statements

As at March 31	2010	2009
ASSETS		
Current assets		
Cash	-	680,948
Short term investments (note 3)	1,104,191	1,083,350
Accounts receivable (note 2)	736,636	585,768
Inventories	239,883	234,964
Prepaid expenses	40,142	46,656
	2,120,852	2,631,686
Capital assets		
Capital assets, net book value (note 4)	18,382,181	16,486,069
Endowment and trust fund		
Cash	18,140	18,131
Short term deposits	41,444	40,485
Investments	37,736	92,904
	97,320	151,520
	\$ 20,600,353	\$ 19,269,275
LIABILITIES AND NET ASSETS		
Current liabilities		
Bank overdraft	79,083	-
Accounts payable and accrued liabilities	3,781,259	2,901,270
Employee future benefits (note 6)	54,040	54,040
Deferred revenue	39,540	184,744
Deferred building and equipment grants and donations	545,225	629,604
	4,499,147	3,769,658
Long term liabilities		
Deferred building and equipment grants and donations	5,056,109	3,833,533
Employee future benefits (note 6)	1,418,974	1,389,434
	6,475,083	5,222,967
Net assets		
Invested in capital assets	12,780,847	12,022,932
Restricted endowment and trust fund	97,320	151,520
Unrestricted	(3,252,044)	(1,897,802)
	9,626,123	10,276,650
	\$ 20,600,353	\$ 19,269,275

On behalf of the board of governors:

..... Member

..... Member

**THE ALEXANDRA MARINE AND GENERAL HOSPITAL OF GODERICH
OPERATING FUND STATEMENT OF REVENUE AND EXPENSES**

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2010	2009
Revenue		
Ministry of Health - Base Funding	15,394,684	14,998,150
- Alternate Funding Agreement	1,359,966	1,363,617
- HOCC Funding	804,172	778,713
- Other Votes Funding	1,579,718	1,558,805
Accommodations, Services and Recoveries	2,517,583	2,460,468
Investment Income	23,392	46,187
Amortization of Deferred Grants - Equipment	90,426	100,000
Amortization of Deferred Donations - Equipment	135,412	199,863
	21,905,353	21,505,803
Expenses		
Salaries, Wages and Purchased Services	10,544,886	10,024,088
Medical Staff Services Remuneration	658,713	702,033
Alternate Funding Agreement	1,359,966	1,363,617
Hospital On Call Coverage (HOCC)	804,172	778,713
Employee Benefits	3,096,288	2,885,800
Supplies and Other Expenses	2,829,633	2,867,776
Medical and Surgical Supplies	504,395	560,383
Drug Expense	216,472	253,021
Bad Debts	24,600	5,000
Other Votes Expenses	1,579,718	1,558,805
Amortization - Equipment	526,613	566,661
	22,145,456	21,565,897
Excess (deficiency) of Revenue over Expenses from Hospital Operations	(240,103)	(60,094)
Other Items Affecting Operations		
Amortization of Deferred Grants - Building	111,110	100,515
Amortization of Deferred Donations - Building	8,319	7,968
Amortization - Building and Building Service Equipment	(473,664)	(467,340)
	(354,235)	(358,857)
Excess (deficiency) of Revenue over Expenses for the year	(\$ 594,338)	(\$ 418,951)

THE ALEXANDRA MARINE AND GENERAL HOSPITAL OF GODERICH
OPERATING FUND STATEMENT OF CASH FLOWS

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2010	2009
Operating activities		
Excess of revenue over expenses for the year	(594,338)	(418,951)
Items not requiring (not providing) cash		
Amortization expense	1,000,277	1,034,001
Amortization of deferred capital grants and donations	(345,267)	(408,346)
Working capital provided from operations	60,672	206,704
Cash provided from (used for) changes in operational balances		
Accounts receivable	(150,868)	296,817
Inventory	(4,919)	22,865
Prepaid expenses	6,514	26,622
Accounts payable and accrued liabilities	879,989	(116,777)
Employee future benefits - current	-	(53,960)
Deferred revenue	(145,204)	87,970
Cash provided from (used for) operating activities	646,184	470,241
Investing and financing activities		
Equipment purchases	(276,669)	(440,158)
Land and building improvements	(56,387)	(10,233,575)
Capital assets under construction	(2,563,333)	9,131,545
Endowment fund expenditures	(56,188)	-
Deferred building and equipment grants and donations	1,483,463	402,006
Employee future benefits - long-term	29,540	94,965
	(1,439,574)	(1,045,217)
Increase (decrease) in cash	(793,390)	(574,976)
Cash, beginning of year	1,915,818	2,490,794
Cash, end of year	\$ 1,122,428	\$ 1,915,818
Cash consists of:		
Cash	(79,083)	680,948
Short-term investments	1,104,191	1,083,350
Endowment cash and short-term investments	97,320	151,520
	<u>\$ 1,122,428</u>	<u>\$ 1,915,818</u>

THE ALEXANDRA MARINE AND GENERAL HOSPITAL OF GODERICH

STATEMENT OF CHANGES IN NET ASSETS

See Accompanying Notes to Financial Statements

For the Year Ended March 31				2010	2009
	Invested in Capital Assets	Endowment Fund	Unrestricted	Total	Total
Balance, beginning of year	12,022,932	151,520	(1,897,802)	10,276,650	10,901,660
Excess (deficiency) of revenues over expenses	(655,010)	1,988	58,683	(594,339)	(418,951)
Net change in investment in capital assets	1,412,925		(1,412,925)	-	-
Endowment and trust fund expenditures		(56,188)		(56,188)	-
Balance, end of year	<u>12,780,847</u>	<u>97,320</u>	<u>(3,252,044)</u>	\$ 9,626,123	<u>\$ 10,482,709</u>

THE ALEXANDRA MARINE AND GENERAL HOSPITAL OF GODERICH

NOTES TO FINANCIAL STATEMENTS

For the Year Ended March 31, 2010

1. Significant accounting policies

Nature of organization

The Hospital is principally involved in providing health care services to the residents of the Town of Goderich and surrounding municipalities in Huron County. The Hospital is incorporated without share capital under the Corporations Act (Ontario) and is a charitable organization within the meaning of the Income Tax Act (Canada).

Basis of presentation

The financial statements of the Hospital are in accordance with generally accepted accounting principles, applied on a basis consistent with that of the preceding year.

Revenue recognition

The Hospital follows the deferral method of accounting for contributions which include donations and government grants.

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health. Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Unrestricted contributions are recognized as revenue when received or receivable if the amount can be reasonably estimated and collection is reasonably assured.

Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related capital assets.

Contributed services

The hospital is dependent on the voluntary services of many individuals. Since these services are not normally purchased by the hospital and because of the difficulty in estimating their fair value, these services are not recorded in these financial statements.

Inventories

Inventories are valued at the lower of cost and net realizable value.

Investments

Investments are stated at the lower of cost (including accrued interest) and fair value.

Capital assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the hospital's ability to provide services, its carrying amount is written down to its residual value. Amortization is provided on assets placed into use on the straight-line basis over their estimated useful lives as follows:

Land improvements	10 - 20 years
Buildings	50 years
Building service equipment	20 - 25 years
Equipment	mainly 5 years

Vacation pay

Vacation pay is accrued for all employees as entitlements to these payments is earned.

Deferred building and equipment grants

Provincial and municipal building and equipment grants and donations received by the hospital are deferred and amortized on a straight-line basis at a rate corresponding with the depreciation rate for the related building or equipment.

THE ALEXANDRA MARINE AND GENERAL HOSPITAL OF GODERICH
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2010

2. Accounts receivable	2010	2009
Ministry of Health	299,955	270,197
Insurers and patients	164,011	103,056
Alexandra Marine & General Hospital Foundation	62,866	6,889
Other	178,220	208,199
GST Rebate	<u>102,238</u>	<u>43,477</u>
	807,290	631,818
Less: Allowance for doubtful accounts	<u>70,654</u>	<u>46,050</u>
	<u><u>\$ 736,636</u></u>	<u><u>\$ 585,768</u></u>

3. Investments

Short-term investments held for operating and capital purposes consist of negotiable federal and provincial government securities.

	Cost	Market Value
Investments - operating capital	423,614	420,365
	<u>680,577</u>	<u>676,021</u>
	<u><u>\$ 1,104,191</u></u>	<u><u>\$ 1,096,386</u></u>

4. Capital assets

	Cost	Accumulated amortization	Net book value 2010	Net book value 2009
Land	153,868	-	153,868	153,868
Land improvements	132,811	50,605	82,206	87,837
Buildings	14,203,554	3,074,691	11,128,863	11,469,695
Building service equipment	3,797,673	2,102,827	1,694,846	1,765,660
Major equipment	11,108,649	8,835,408	2,273,241	2,523,185
Capital assets under construction	<u>3,049,157</u>	<u>-</u>	<u>3,049,157</u>	<u>485,824</u>
	<u><u>32,445,712</u></u>	<u><u>14,063,531</u></u>	<u><u>18,382,181</u></u>	<u><u>16,486,069</u></u>

5. Pension plan

Full-time and part-time employees of the hospital may be eligible to be members of the Hospitals of Ontario Pension Plan which is a multi-employer final average pay contributory pension plan. Employer contributions made to the plan during the year by the hospital amounted to \$ 967,197. (2009 : \$ 964,016). These amounts are included in expenses in the operating fund statement of revenue and expenses and fund balance.

6. Employee future benefits

The Hospital retroactively adopted the new Canadian generally accepted accounting principles for employee future benefits effective March 31, 2001. The Hospital accrues its obligations under employee benefit plans and the related costs. The Hospital has adopted the policy that the cost of retirement benefits earned by employees is actuarially determined using the projected unit method pro-rated on service and management's best estimate of salary escalation (where applicable), retirement ages of employees and expected health care costs.

The Hospital provides extended health care, dental and life insurance benefits to substantially all full-time employees.

At March 31, 2010, the Hospital's accrued benefit obligation relating to post-retirement benefit plans is \$ 1,473,014. (2009 : \$ 1,443,474).

THE ALEXANDRA MARINE AND GENERAL HOSPITAL OF GODERICH
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2010

7. Financial instruments

The Hospital's financial instruments consist of cash and short-term investments, accounts receivable and accounts payable. It is management's opinion that the Hospital is not exposed to significant interest and credit risks arising from these financial instruments. The fair value of the financial instruments approximates their carrying amount.

8. Related entity

The Alexandra Marine and General Hospital Foundation (the "Foundation") is incorporated without share capital under the Corporations Act (Canada) and is a registered charity under the Income Tax Act (Canada). The Foundation was established to raise funds for the benefit of the Hospital. During the year ended March 31, 2010, the Foundation provided donations totalling \$ 1,237,225. (2009: \$ 471,985) to the Hospital.



**REPORT OF THE GOVERNANCE COMMITTEE
TO THE ANNUAL MEETING
June 21 2010**

Ladies and Gentlemen:

The Governance and Nominating Committee of the Alexandra Marine and General Hospital Board of Directors recommend the following individuals who are willing and eligible to serve as a member of the Hospital's Board of Directors:

One Year Term

Barbara Major-McEwan

Two Year Term

Jim Collins

Adrian McFadden

Norman Pickell

Dennis Schmidt

Joyce Shack

Karri Sonke

Respectfully submitted

Lorri Lowe

Chair, Governance and Nominating Committee

BOARD MEMBER PROFILES

BARBARA MAJOR-MCEWAN

- October 2007 to Present - Executive Director, Huron Community Family Health Team
- October 2006 to December 2007 - Site Lead, Palmerston & District Hospital, Director of Professional Practice - Wellington Health Care Alliance
- February 2001 to September 2006 - Co-Coordinator, Quality & Risk/Diabetes Education, Huron Perth Hospitals
- Master's degree in Health Care Administration, Registered Dietitian, Certified Management Accountant and Certified Healthcare Executive
- Board of Management Goderich-Huron YMCA - March 2010; Adjunct Professor University of Toronto, Health Policy Management and Evaluation, Health Policy - Fall 2009; Canadian College of Health Service Executives Southwestern Ontario Events/Professional Development Planning Committee Member - July 2009; South West LHIN Chronic Disease Management Priority Action Team - Advisory Member 2007-June 2008
- Married to Graham McEwan, have three daughters aged 20, 16 & 13.
- Have lived in area since 1983.
- Daughters have been actively involved with the Goderich Figure Skating Club, Goderich Ringette Association, Girl Guides, Goderich-Huron YMCA, and numerous school related activities.
- Recommended by AMGH Governance and Nominating Committee for a one year term on the AMGH Board of Directors (June 21 2010).

Objectives:

- Interested in giving time and energy to further the goals of the hospital.
- To contribute to positioning the AMGH for continued success in a changing healthcare delivery model, so that the next generations can continue to receive the very best health care.

JIM COLLINS

- Born and received primary and secondary school education in Toronto
- Post graduate education – BSc (Queen's University), MBA (University of Toronto)
- Professional accreditation - Certified Management Accountant (CMA)
- Employment: Celanese Canada, Nortel and Champion Road Machinery Limited
- Currently self-employed: Accountant and Tax Preparation Services.
- Married to Jo-Anne Hamilton, three children,
- Lived in Goderich for 32 years
- Member Goderich Lions Club (past president)
- Attend Trinity Anglican Church, Bayfield
- Past Board memberships: Huron Employment Liaison Program, St. Georges Anglican Church (Goderich), Huron County Child Abuse Prevention Committee (Treasurer)
- AMGH Board Member – June 2003, Board Treasurer - June 2004
- AMGH Board Committees—Audit and Finance, Executive and Resources, Quality Assurance

Objectives:

- To work with the members of the Board to ensure the delivery of the optimal level of patient care to the citizens of Goderich and West Huron.
- To utilize my financial experience in the Board's decision-making activities.

ADRIAN MCFADDEN

- B.Sc. (Mathematics) Dalhousie University, Halifax NS
- B.Eng. (Mining) Technical University of Nova Scotia, Halifax NS
- Member of the Professional Engineers of Ontario
- Mine Operations Manager, Sifto Canada Corp.
- AMGH Board Member: Elected June 2009
- AMGH Board Committee: Medical Recruitment and Retention

Objective:

- To ensure that the health care facilities in our community continually improve while managing our fiscal responsibilities.

BOARD MEMBER PROFILES

NORMAN PICKELL

- Lawyer, mediator and arbitrator
- Integrity Commissioner of Nunavut since July 2008 (part-time) www.integritycom.nu.ca
- Bachelor of Laws degree from University of Windsor in 1972
- Has lived in Goderich since 1972
- Called to the Bar of Ontario in 1974
- Has carried on a general law practice since 1974
- Part-time Small Claims Court Judge for over 20 years
- Extensive training and experience in mediation and arbitration
- Member of the Huron Law Association since 1974, President 1996-1998
- Member of North Street United Church since 1972, Chair of the Board of North Street United Church for 2 terms – 1975-1977 and 1999-2001
- Member of the Rotary Club of Goderich since 1975, President 1979-1980
- Practice Reviewer for the Law Society of Upper Canada since 1989
- Developed website www.normanpickell.com which covers more than his law practice
- Written articles on real estate, family law, wills, powers of attorney, mediation and arbitration
- School Trustee with the Huron County Board of Education 1988-1997
- Honorary Member of the Kinsmen Club of Goderich in 1990
- Member of Camp Menesetung Board of Directors 1975-1978, Chair 1977-1978
- Part-owner of The Little Inn, Bayfield 1979-1981
- Norman and Nancy have three children, Bryan, Colin and Shannon and two grandchildren
- Hobbies include camping
- AMGH Board Member: Appointed January 2003
- AMGH Board Vice-Chair: June 2003 to June 2004
- AMGH Board Chair: June 2004 to June 2007
- AMGH Board Committees: Executive and Resources, Governance and Nominating, Medical Recruitment and Retention (past member)

Objectives:

- Health care is a priority issue facing everyone in Huron County.
- I hope that my background assists the Board of Directors in the governance of the Alexandra Marine and General Hospital.

DENNIS SCHMIDT, CMA

- Certified Management Accountant
- Consulting on Order Management and Production Planning at Volvo Construction Equipment in Shippensburg, PA.
- Member of the Senior Management team for VCE in Goderich
- Member of the Order Management team for VCE in the Americas
- Married to Shirley, one daughter Terri Lynn and two grandchildren Brent and Brandon
- Was a Director with Ontario Lawn Bowls (2000 to 2008)
- Executive Committee member with Royal Canadian Legion Branch 109 Goderich – elected 2009
- Previous positions held with RCL Branch 109 Goderich – President, Vice-President, Treasurer
- AMGH Board Member: Elected June 2009
- AMGH Board Committees: Audit and Finance, Quality Assurance

Objectives:

- To contribute to the future of the AMGH in the promotion of innovated means to improve the delivery of health care
- To work with the board to develop process and best practices in all quality control programs
- To work with the Audit and Finance Committee to ensure all processes are in place to provide meaningful financial results to the board

BOARD MEMBER PROFILES

JOYCE SHACK

- Bachelor of Science in Nursing Degree, UWO, 1964
- Master of Science in Nursing Administration, Boston University, 1974
- Certificate, Hospital Management Services, Canadian Hospital Association 1985
- Past nursing positions: Victoria Hospital, London, Sydenham District Hospital, Wallaceburg, Sarnia General Hospital School of Nursing, St. Joseph's Hospital, Sarnia, Plummer Memorial Public Hospital, Sault Ste. Marie, Alexandra Marine and General Hospital, Goderich
- Associations: RNAO, Honorary Life membership 1990, College of Nurses of Ontario, President 1987-1989, Conestoga College, Nursing Advisory Committee, Coordinating Committee, OHA District 1, 10 and 12, Nursing Administration Committee, Canadian College of Health Executives, Nursing Honour Society, UWO, Charter Member, Sigma Theta Tau International, Omicron Chapter, Canadian Association Nurse Administrators
- Other Interests: Maitland Country Club, Member, Ontario Ladies Golf Association, Owen Sound District - Rules Convener, MacKay Choristers, Member, AMGH Auxiliary, Member
- Honourary Life Member, Hospital Auxiliary Association of Ontario
- Publications: G. N. Zalot and J. O. Shack - "Sharing Services, An Accepted Way of life", Hospital Trustee, March/April, 1986, The Canadian Hospital Association, Ottawa, Ontario.
- AMGH Board of Directors – Auxiliary Representative 2005 – 2007, Past Member 2001- 2005
- AMGH Board Committees - Quality Assurance (Chair)
- AMGH Foundation Board 2002 – present

OBJECTIVES

- I hope that my background and experience will assist the Board of Directors in the governance of the Alexandra Marine and General Hospital.
- I have enjoyed having the opportunity to work with the Hospital Board and Administration and look forward to continuing on the Board for another term.
- Having the opportunity to serve my community gives personal satisfaction.

KARRI SONKE

- Geographic Information Specialist (GIS) Specialist for the County of Huron
- Member of URISA ((Urban & Regional Information Systems Association) - Ontario Chapter
- Member of Canadian Institute of Geomatics (CIG)
- Formerly GIS Technician for Ministry of Natural Resources, Fort Frances District
- Formerly Mapping Technician for Lakehead Region Conservation Authority, Thunder Bay
- Earned HBESc from Lakehead University, Thunder Bay - graduated with distinction
- Earned Geographic Information Systems (GIS) Specialist Certificate from Sault College, Sault Ste Marie - graduated with distinction
- Working towards her MPH - Master's in Public Health, with University of Waterloo
- Married to Chris, daughter Olivia (2 ½ years) and expecting another daughter in August
- Originally from Essex County, lived in NW Ontario - have been in Goderich for 5 years
- Member of the Organizing Committee for the Goderich Children's Festival
- AMGH Board Member: Elected June 2009
- AMGH Board Committee: Medical Recruitment and Retention

Objectives:

- To contribute to the future of AMGH, particularly focusing on providing services to young families and children
- To ensure that AMGH remains a safe and enjoyable workplace for all employees
- To assist in developing processes to assist with medical recruitment in order to overcome our doctor shortage and prevent any future shortages of nurses or other staff



BOARD OF DIRECTORS/SENIOR MANAGEMENT TEAM 2009 - 2010

BOARD OFFICERS

Chair	-	Bonnie LaFontaine
Vice/Past Chair	-	Wayne Lyons
Treasurer	-	Jim Collins
Secretary	-	William R. Thibert

BOARD DIRECTORS

Dr. Patrick Conlon, Chief of Staff
Dr. Mike Dawson, President, Medical Staff
Ray Letheren
Adrian McFadden
Jerry Parsons
Norman Pickell
Dennis Schmidt
Joyce Shack (Board member and Auxiliary representative)
Karri Sonke

SENIOR MANAGEMENT TEAM

William R. Thibert	-	President and Chief Executive Officer
Chris Armstrong	-	Human Resources Officer (Position shared with Exeter, Listowel and Wingham Hospitals)
Rick Bedard	-	Director of Clinical Services
Nick Bjelan	-	Director of Financial Services (part-time position)
Tim Sullivan	-	Director of Mental Health Services
Cheryl Taylor	-	Director of Patient Services/Chief Nursing Executive
Meribeth Vlemmix	-	Director of Support Services



STATISTICAL REPORT

	2009-2010	2008-2009
TOTAL ADMISSIONS (excluding newborn)	1,509	1,515
PATIENT DAYS / PERCENT OCCUPANCY	Days	Days
Medical/Paediatrics/Surgery (26 Beds)	6,611	5,957
Obstetrics (2 Beds)	170	144
Intensive Care Unit (4 Beds)	706	789
Total Acute (32 Beds)	7,487	6,890
Psychiatry (20 beds)	4,183	4,214
Total Acute and Psychiatry (52 Beds)	11,670	11,104
Chronic (2 Beds)	0	125
Grand Total (54 Beds)	11,670	11,229
SURGICAL CASES		
In-patient Surgical Cases	125	134
Day Care Outpatient Surgical Cases	836	924
DELIVERIES	69	54
EMERGENCY VISITS		
Inpatient ER Visits	17	29
Outpatient (unscheduled ER Visits)	15,942	16,688
Outpatient (scheduled Specialty Clinics in ER)	2,498	2,901
Medical Speciality Clinic Visits	12,234	11,324
Family Practice/Orphan Patient Clinic Visits	2,529	3,694
Ontario Breast Screening Screens (2009-10 visits decreased due to DI renovation and temporary closure of service)	690	1,584
Hemodialysis Treatments	1,682	1,705