



 annual report 2009 | 2010

*Patient and Family Centred Care – Caring Together*





## our vision

To lead world-class patient and family centred care.

## our mission

To advance world-class patient and family centred care in an academic and research-based, acute care environment.

## we believe in:

- ❖ Patients and families being at the centre of everything we do.
- ❖ The value of our staff, physicians, volunteers, and regional partners.
- ❖ Team-based compassionate care.
- ❖ Diversity, dignity, and respect.
- ❖ Helpful and empowering communication.
- ❖ Life-long learning, innovation, and discovery.





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# our patient and family centred care model

Delivering healthcare through collaborative partnerships including patients, families, caregivers, healthcare professionals and staff.

Quality and safety of healthcare is a top priority at the Thunder Bay Regional Health Sciences Centre. The Patient and Family Centred Care (PFCC) model, which the Health Sciences Centre formally adopted in 2009, is respectful of and responsive to patient and family preferences, needs, and values, and provides a guide for all clinical decisions.

PFCC does this by recognizing that the delivery of healthcare is a collaborative partnership among patients, families, and caregivers including all Health Sciences Centre healthcare professionals and staff. This collaboration is symbolized by our motto: Caring Together.

PFCC is an evolving process with input from all walks of life. For example, our Patient and Family Advisors help guide policy through the development of Action Plans based on the core values of PFCC. These advisors directly contribute to programs and services at the Health Sciences Centre to help us ensure we keep our focus where it should be: on the patients and families we serve.

Together, we are transforming our care through quality and safety, to create the “Exceptional Care Experience for Every Patient, Every Time”.





# achieving our vision

Our commitment to excellence has earned us a national and international reputation as a leading health sciences centre.

This is the final year of our current Strategic Plan, and I am pleased to report that we continue to advance our goals in promoting improvement in four areas of our operation: Teaching and Research, Organizational Transformation, Regional Service Integration and Quality and Safe Patient Care.

There is no doubt that we are achieving our stated Vision of earning a national reputation as a leading health sciences centre by 2010. This is illustrated by several significant accomplishments over the past year. We recently received international recognition for our facility design and functionality from the International Academy for Design and Health in Stockholm, Sweden. In granting this award, President and CEO of the Academy, Professor Alan Delany, cited our health sciences centre as

a world benchmark for hospital planning and construction.

With respect to quality and organizational transformation, the Board of Directors adopted Patient and Family Centred Care as a corporate philosophy in June 2009 and has revised the Centre's Mission Statement "to advance world-class Patient and Family Centred Care in an academic and research-based, acute care environment".

This model of care cultivates vital partnerships at the bedside, in care plan decision-making, healing relationships, and individual patient/professional interactions. Access, coordination of care, safety, physical comfort, emotional support, and involvement of friends and family will all be greatly improved.



Also during the past year, we received approval to add a second Catheterization Suite to our Angiography Service and to develop a new regional Bariatric Surgery Program, as part of a “Centres of Excellence” strategy being implemented by the province.

New facilities are now in place to support our medical learners and our medical staff under the inspired leadership of Dr. Gordon Porter, VP Medical and Academic Affairs and Dr. George Derbyshire, Chief of Staff. They are embracing both our academic and clinical responsibilities with enthusiasm. An emphasis on interprofessional training and work environments is being embraced and promoted by our Centre as we help prepare the next generation of healthcare professionals.



In addition, our Thunder Bay Regional Research Institute continues to make great strides as it develops the infrastructure and amasses human resources required to pursue new discoveries and bring them to the bedside through improved diagnostics and treatments.

I want to express my sincere appreciation to our staff, medical staff and volunteers. Your commitment to our patients is constant and inspiring. It has been my great reward to have worked with all of you in the pursuit of improved service to our patients.

Ron Saddington, *President and CEO*





## caring together

We have willing, compassionate, and skilled teams who go beyond the call of duty.

This year has been nothing short of amazing. We began to embed Patient and Family Centred Care. Our academic Regional Health Sciences Centre agenda flourished. And, the Regional Research Institute added more world-leading scientists to its roster in support of "bench to bedside" discovery and care. We won numerous awards for our efforts, a tribute to the quality and safe care that we provide.

This has also been a year of anticipated administrative change. When Ron Saddington announced his retirement to take effect this year, a Search Committee from the Board of Directors launched a comprehensive strategy to find a leader who would go forward with our aggressive plans for the future. We identified both internal and external candidates.



Ron, little did we understand a few years ago about the threshold of excellence that you would take us to. Our goal only four years ago was to be nationally recognized as a healthcare leader. However, as you know, we have gone far beyond that. Congratulations on your retirement!

It has been a great privilege to be the Chair of the Board of Directors. On behalf of my fellow members, I commend our physicians, staff, and volunteers. This is a great organization.

Thank you for your continued support, as we "Care Together".

Ingrid Parkes, *Chair, TBRHSC Board of Directors*

# ❖ year in review 2009 | 2010



Every day our dedication to patients and families is strengthened by our strategic blueprint.

apr

The Patient and Family Centred Care is launched at Thunder Bay Regional Health Sciences Centre. TBRHSC receives the prestigious Dr. William Sibbald Award for Excellence in Patient Safety. In cooperation with the University of Ottawa, a DVD is prepared for Staff Education on trauma patient care.

may

A new Aboriginal Patient Navigation DVD is launched.  
The new Medical Staff lounge is opened.  
Regional Joint Assessment Centre reduces "wait time" from 241 days to 26 days.  
Additional Patient Family Advisors are added to the TBRHSC roster.

jun

Nicole Laferriere, Hematologist and Sue Bailey, Palliative Care Nurse receive Human Touch Award ..two of only five given in Ontario.  
Eight additional students are added to Northern Ontario School of Medicine Program for 2011.  
NWO Regional Stroke Program releases a DVD to the aboriginal community on signs and symptoms of stroke.  
Ingrid Parkes remains as Chair of the TBRHSC Board of Directors.  
Physicians attend seminar presented by Dr. William Schwab, Minneapolis, regarding PFCC.  
Chalk River Nuclear Facility closure means TBRHSC only gets 50% of supply of medical isotope.  
NOSM celebrates a new academic/medical learning environment at TBRHSC.

jul

Pandemic Planning develops videos, news updates, and links on preparedness.  
The Cardiac Rehabilitation Program is moved to Country Fair Plaza.  
A renewed Accessibility Plan for TBRHSC is prepared.

aug

Patient and Family Advisors help develop educational materials, ER signage and "visiting" times.  
Patient White Boards are installed in a number of patient rooms on a trial basis.  
Thunder Bay Regional Health Sciences Foundation announces Family CARE grants to honour innovative ideas at TBRHSC.

sept

Long Service Celebration honours 338 staff members for 2008  
Physicians: Paediatrics at full complement. 2 Hospitalists, 2 Radiologists, 1 Emergency, 1 Radiation Oncologist are recruited  
PFCC launches Engagement, NOD (name, occupation, do), and Listen strategies  
In-patient and Emergency Teams initiate "Process Improvement Program"  
Perioperative Services begins Operating Room Telementoring Project providing remote teaching and telementoring  
TBRHSC awarded a Bariatric Surgery Clinic  
Surge Capacity Program completes Flow Mapping and Critical Care Staffing Inventory  
3T MRI is operational  
Stanley Cup visits TBRHSC courtesy of Jordan Staal of Pittsburg Penguins  
Staff Development expands website to include Orientation, Leadership Development, Corporate and Clinical Education  
TBRHSC celebrates its latest Accreditation Certification

oct

Family Medicine Residents from NOSM rated highly against Residents from other universities in Canada.  
A new book, "The Making of the Northern Ontario School of Medicine" is launched.  
The NWO LHIN has 20% of acute care beds occupied by ALC patients.  
The NWO Regional Stoke Network receives 2009 Community Partnership Award from the Ontario March of Dimes.

The Emergency Department introduces Discharge Lounge for non-admitted patients.  
TBRHSC is awarded the Registered Nursing Association of Ontario Best Practice for Organizational Candidacy.  
Counsellors in Supportive Care develop questions and prompts for nurses to use when a patient is admitted.  
Renal Patients and families are enabled to see Patient Medical Record at bedside.

nov

Trauma Service establishes a dedicated Program with a Most Responsible Physician and two Nurse Practitioners.  
TBRHSC receives the Green Award at OHA HealthAchieve 2009 in the category of Pollution Prevention.  
A third Anaesthetist from Great Britain is recruited bringing the department complement to 13.  
The PFCC Resource Handbook is introduced and more Patient and Family Advisors are added to the roster.  
TBRHSC continues to apply H1N1 visitor restrictions.  
The Philips MR-HIFU System is installed, one of three HIFU Systems running in a 3T Magnet in the world.

dec

A renewed Mission, Vision, and Values Statement reflects our commitment to cultural diversity, and PFPC.  
The Patient Matching and eReferral project facilitates the transition of TBRHSC patients to a more appropriate level of care.  
Mrs. Doris Sparkes, the first patient transferred to the new TBRHSC on February 22, 2004 passes away.  
TBRHSC Minimally Invasive Surgery Suite procedures begin as we are electronically connected to academic mentors in Hamilton.  
TBRHSC is able to maintain all services and programs during the H1N1 outbreak and over 1,900 staff and volunteers are vaccinated.  
TBRHSC remains the highest volume, single-site Emergency Department with one of the lowest wait-times in Ontario.  
Seven Critical Care ventilators are received to assist with Surge Capacity management.  
The PET CT becomes fully operational.  
Dryden and Geraldton Social Workers are included in weekly regional psychosocial clinical rounds.  
The TBRHSC Craft Group makes over 300 gift bags to be given away over the holidays.  
Thunder Bay Regional Health Sciences Foundation commissions a new donor wall to be mounted in main corridor.

jan

Dr. George Derbyshire is introduced as the new Chief of Staff.

TBRHSC and Sioux Lookout Meno Ya Win Health Centre work on First Nation Translation services for Maternal Child Services.

The Emergency Department Team performs above the 90th percentile in Wait Times targets.

The Emergency Department develops a virtual Clinical Decision Unit to improve patient care.

TBRRRI, one of three sites in Ontario, begins PET and MRI Clinical Trial imaging for advanced breast cancer locally.

The Nurse Led Outreach Program begins accepting calls from three of Thunder Bay's Long-Term Care facilities.

The Perioperative Care Team adopts a strategy that members speak with the patient and explain roles.

feb

Emergency Department visits exceed 101,000 for calendar year 2009.

TBRRRI/TBRHSC makes \$1.5 million proposal presentation to Thunder Bay City Council.

Information Desk Volunteers had 38,105 "patient location", 18,125 "patient test" and 14,746 "parking" inquiries.

There is a large turnout for the 5th Annual TBRHSC Nursing Expo.

TBRHSC celebrates its 6th Anniversary.

mar

Thunder Bay Regional Research Institute receives \$1.6 million commitment for a Cyclotron from City of Thunder Bay.

TBRHSC receives Ministry of Health approval to send out Request for Proposal Tenders for a new Angioplasty Suite.

TBRRRI receives \$6.4 million from Fed Nor for research activities.

Recruiting to Critical Care and Surgery is going well and Anesthesia reports a full complement of staff at 14.

## our dedicated team



We work closely with our partners in the academic and research fields to strengthen patient care.

Not only is the Thunder Bay Regional Health Sciences Centre a leader in Northwestern Ontario, we continue to be a leader on the provincial, national, and world stage with leading-edge technologies, programs, and research.

### Partnerships

As an academic centre, the Health Sciences Centre fosters a number of partnerships with schools and research including the Northern Ontario School of Medicine, Lakehead University, Confederation College, and the Thunder Bay Regional Research Institute (TBRI).

These partnerships positively impact patient care. Research, for example, improves quality of care directly in several ways,

including through clinical trials and through the state-of-the-art equipment such as the PET CT scanner, which is used for both research and diagnostics.

The same is true of training doctors and other healthcare professionals at the Health Sciences Centre. Not only does this provide students with a unique learning experience compared to those in larger urban centres, it also helps recruitment and retention of these professionals after graduation.

This symbiotic relationship among clinical healthcare, research, and education will continue to strengthen patient care as they grow together.

## ❖ awards and recognition

The commitment of our healthcare professionals and staff was acknowledged through many special honours.

- ❖ **The Registered Nurses Association of Ontario Best Practice Spotlight Organization Candidacy**, a \$150,000 award to fund a Nursing Best Practices program for Northwestern Ontario.
- ❖ **Cancer Quality Council of Ontario Award** to Dr. Joseph Wasielewski, for helping to reduce cancer diagnostic wait times from 22 to seven days.
- ❖ **William Sibbald Award of Excellence in Patient Safety** to Jodie Murphy, Nancy Persichino, and Larry Bertoldo for developing an NICU guideline to treat withdrawal in babies born to mothers with substance abuse.
- ❖ **HealthAchieve 2009 Pollution Prevention Award**.



# our patients and families

Our priority is our Patient and Family Centred Care and finding the best way to deliver programs and services.

Patient and Family Centred Care (PFCC) became our guiding principle in 2009. This care model is respectful of and responsive to patient and family preferences, needs, and values, and provides a guide for all clinical decisions.

*It is about caring for the patient, not just treating the disease.*

We have many programs at the Thunder Bay Regional Health Sciences Centre that demonstrate our commitment to PFCC.

Pandemic planning is one very visible area. Our Infection Control team developed a system of handling pandemic

emergencies like the H1N1 outbreak in the fall of 2009. Systems put into place reduced the risk of infection spread within the Health Sciences Centre while successfully managing a 50% jump in Emergency Department (ED) visits at its peak.

The Department is one of the busiest single-site EDs in Canada (over 100,000 patients in 2009 – an increase of 2.7% over 2008), yet it consistently beats performance benchmarks for treating non-admitted patients. ED staff continued to seek ways of further performance improvement, participating in two wait time strategies: the Pay for Performance and the Process Improvement Program.



The Northwestern Ontario Regional Stroke Program won two awards for its efforts last year. Esmé French and her team were recognized for outstanding collaboration in support of people with disabilities for the community-based exercise program “Keep Moving with Stroke”. The Stroke Program also produced a DVD to educate the Aboriginal population about the signs and symptoms of stroke.

Regional Cancer Care also continues to be a top performer in Ontario’s cancer control system. Our Systemic and Radiation Therapy teams celebrated achievements in wait times, guideline compliance, and overall patient satisfaction.

Patient care is often about communicating as much as direct treatment, and a number of initiatives underline that. The



Health Sciences Centre played an active role during the H1N1 outbreak, educating the public about prevention and updating news of the spread. In 2009/10, we also launched a messaging system delivered via desktop that would also incorporate large-screen TVs. We will further develop this system to include things like current queue times within individual departments.

The Health Sciences Centre continues to support patients throughout Northwestern Ontario, both directly in our role as a regional acute care facility and indirectly by supporting community hospitals and healthcare programs to provide closer to home care.

# accountability



Transparency and accountability are our top priorities, both in decision making and in performance evaluation.

Accountability is an integral part of Patient and Family Centred Care (PFCC). Every day, staff and physicians at the Thunder Bay Regional Health Sciences Centre create partnerships with patients and families to foster trust and collaboration – something that simply could not be done as effectively without accountability.

{ Part of our efforts towards building greater accountability comes directly from our TORQ initiative.

Individual departments within the Health Sciences Centre are also independently looking for better ways to improve their accountability and PFCC in general.

The Quality and Risk Management Department, for example, developed a number of new patient care programs including the Ambutrans service for non-emergency stretcher transports and changes to our Patient Satisfaction Surveys. It has also implemented the Safer Healthcare Now program, designed to increase patient safety by sharing and implementing procedures known to decrease the risk of adverse effects.



Teaching and Research  
Organizational Transformation  
Regional Service Integration  
Quality Patient Care



## Strategic Priorities 2006 – 2010

**Teaching and Research** – We have expanded areas within the Health Sciences Centre and at other locations to facilitate and promote better learning experiences and research. Examples include the addition of locker rooms and expanded on-call rooms, meeting rooms, and classrooms for medical learners, and the launch of the PET CT scanner.

**Organizational Transformation** – We continue to improve in-house procedures. Examples include the 30 of our housekeepers who graduated from the Ontario Healthcare Housekeepers' Association "Front Line Staff Environmental Course", and our HealthAchieve 2009 "Pollution Prevention" award.

**Regional Services Integration** – We are actively searching for ways to support regional hospitals through the integration of services. Examples include our Home Hemodialysis program and biomedical support for regional dialysis programs, and our leadership role in the Northwestern Ontario Regional Supply Chain Collaboration.

**Quality & Safe Patient Care** – We continue to develop new ways of directly improving our patient care. Examples include Patient and Family Care strategies, new and evolving wait time and reporting methods, and changes to the delivery times of meals to our inpatients to better meet their needs.



## ❖ select wait times

The most transparent demonstration of accountability has been our wait time strategies.

Although the Health Sciences Centre does have some work to do in some areas, we are outperforming provincial benchmarks and averages in many areas including several within cancer therapy, diagnostic imaging, and emergency services.



### 1<sup>st</sup> in Province

CHEMOTHERAPY – REFERRAL TO CONSULT

82% within 14 days\*

### 3<sup>rd</sup> in Province

RADIATION THERAPY – READY TO TREAT TO TREATMENT

87% Start within Patient Timeframe\*\*

### Above Provincial Average

MRI AVERAGE WAIT TIME (NON-URGENT)

26 days†

### Above Provincial Average

CT AVERAGE WAIT TIME (NON-URGENT)

13 days††

\*Provincial Target – 60%, Nov 2009; \*\*Provincial Target – 85%, Nov 2009;

†Provincial – 52 days, Feb 2010; ††Provincial – 18 days, Feb 2010

## ❖ academics

We are fostering a recognized mentoring, teaching and learning environment for our region.

Becoming an Academic Health Sciences Centre is important in its own right, but it is especially important in Northwestern Ontario. Traditionally, recruitment and retention of physicians and other healthcare professionals has been a challenge. We have already seen first hand that medical learners who train here are more likely to stay here.

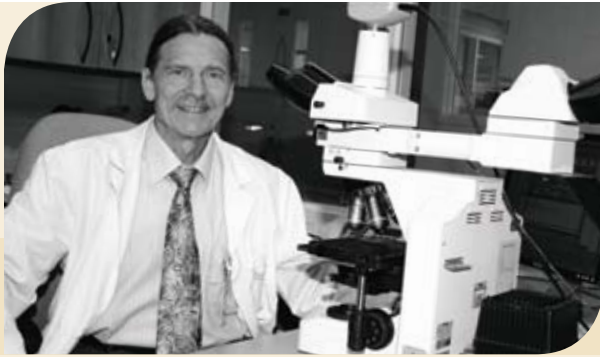
The Northern Ontario School of Medicine (NOSM) also encourages students from the region to train and pursue a medical career. Many of this year's first year students are from Northern Ontario, which will help improve future recruitment and retention rates.



NOSM is not the only provider of healthcare learners to the Health Sciences Centre. Students come from a variety of institutions to train here to become nurses, physicians, physical therapists, social workers, physicists, MRTs, respiratory therapists, pharmacists, MLTs, health record technicians, researchers and other healthcare and healthcare-related professions. The Health Sciences Centre plays a key role in their education.

{ We provide the practical learning environment as well as the resources our staff and physicians need to provide a meaningful learning experience.





To that end, in 2009 we added locker rooms and expanded on-call rooms for the use of students, and provided more space for meeting and classroom activities. We also provided direct support for certain specific programs like the Northern Ontario Dietetic Internship Program.

Today, our partnerships with NOSM as well as Lakehead University, Confederation College, and other institutions around the country not only promote better learning for those students, they provide better healthcare for our patients.

## What is an Academic Health Sciences Centre?

The Thunder Bay Regional Health Sciences Centre is part of a group of Academic Health Science Centres, guided by the Council of Academic Hospitals of Ontario (CAHO). As part of this group, our mandate is to:

- ❖ Provide care for the most complex patient cases
- ❖ Teach the next generation of physicians and other healthcare specialists
- ❖ Promote research and discovery
- ❖ Provide leadership and system thinking through partnerships with government, as well as with other hospitals and stakeholders throughout the province

# ❖ research partnerships

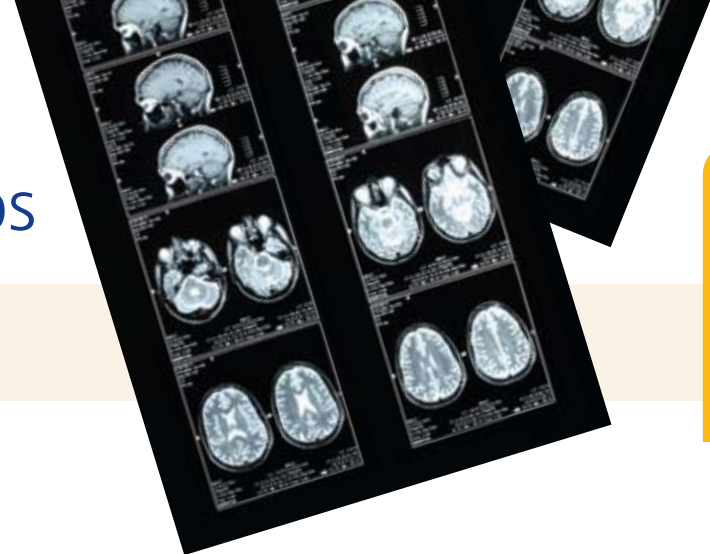
We are helping to solve the unmet needs of patients through our close research partnerships.

Research is an important component of an Academic Health Sciences Centre. Besides the scientific and medical breakthroughs that come with pure research, there are other direct benefits to patients as well. These include access to innovative treatments, increased learning opportunities for healthcare professionals, and access to equipment that would not otherwise be available.

The Thunder Bay Regional Research Institute (TBRI) saw a tremendous growth with the recruitment of 11 scientists and more than 50 new professionals. One of those scientists is the TBRI's first clinician scientist, Dr. Jae Kim. Originally from Toronto, Dr. Kim moved from Arizona to Thunder Bay to continue his MRI clinical research. He will be instrumental in the

success of the TBRI, and will attract other clinicians and clinician scientists to the area.

Our new Translational Research Program is poised for greatness: the 3T MRI is fully commissioned and ready for the first High-Intensity Focused Ultrasound (HIFU) clinical trials. This research will study a new non-invasive surgical method of destroying cancer tumours with ultrasound. Ultimately, this research will be the basis for a new medical device.





The success of these and other research programs also attracted a new diagnostic imaging company, Tornado Medical Systems, to Thunder Bay in 2009.

### Research for Better Patient Care

Research isn't just about finding tomorrow's cures. It is also about improving patient care today. Thanks to the research activities going on in Thunder Bay, we now have a PET CT scanner – one of only a handful in the province.

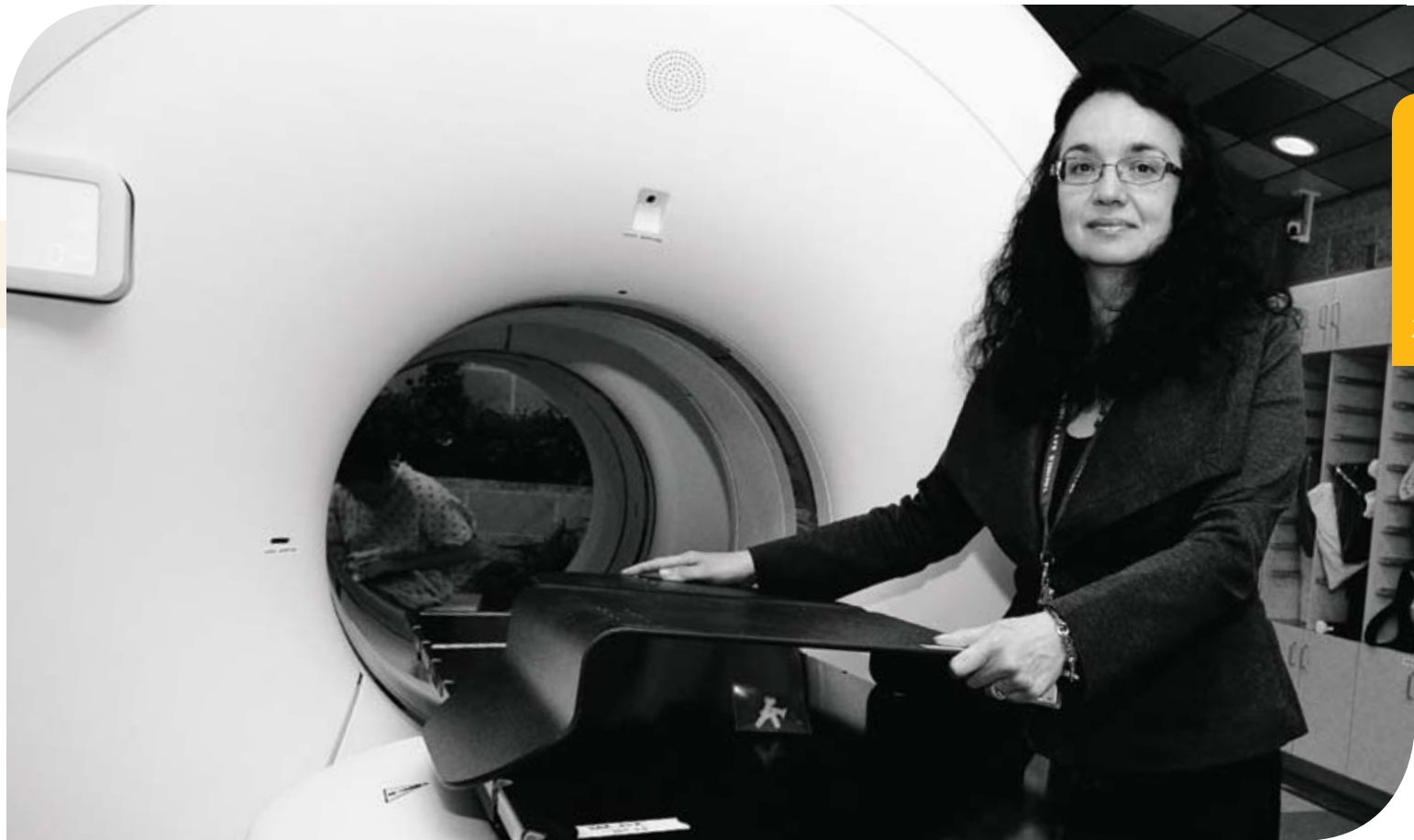
PET CT uses a radioactive material that "lights up" areas of the body differently, including cancer tumours.



Unlike CT scans that can only detect tumour masses, PET can detect things like blood flow to determine if the tumour is growing or dying.

This makes it extremely useful for many different applications. For example, one way it is being used in Thunder Bay is for the staging of lung cancer, which can be crucial to deciding whether or not surgery is needed.

{ Without an active research community in Thunder Bay, our patients simply would not have access to this kind of imaging.





# information services

We are building on our strengths to respond collaboratively with state-of-the-art healthcare strategies.

Information Services has become integrated into the operations of the Health Sciences Centre playing an enabling role. In addition to the obvious applications such as Meditech, the Picture Archiving Communication System (PACS) and the Oncology Patient Information system (OPIS), Information Systems has a role in such things as the Emergency Department "Pay for Performance Project", the new PET CT, the second Cardiac Cath Lab, and Pandemic Planning. This trend is sure to continue.

One major project in 2009 was the implementation of the Community Care Access Centre (CCAC) Notification System. This system sends an electronic alert to the local CCAC when

a patient comes to the Emergency Department who may be a candidate for home care. This province-wide system is designed to reduce wait times. We will continue rolling out the system through 2010.

Other projects include the implementation of the new administrative applications, the replacement of Regional Cancer Care's Information System, the search for a replacement Dictation and Transcription Application, the implementation of the new Emergency Department Wait Times System, and numerous others.



Information Services also developed in-house tools such as the Safety Reporting System, numerous interfaces between applications, and made improvements on our infrastructure with projects that included wireless upgrades and the replacement of network equipment.

Collaboration with outside agencies included the new Resource Matching and eReferral Project with St. Joseph's Care Group (SJCG). This system will help decrease the time it takes to transfer patients and their information from the Health Sciences Centre to SJCG facilities and the CCAC. In turn, this will improve patient care and reduce the number of alternate-level care (ALC) days at the Health Sciences Centre.



Other collaborative projects include implementation of additional Meditech Modules for the Riverside Health Care Facilities in Fort Frances and advancing the eHealth Agenda in Northwestern Ontario with the North West Local Health Integration Network.



# Thunder Bay Regional Health Sciences Foundation

The generous support of our donors supports exceptional care, innovative education and world-class research.

Patient care at Thunder Bay Regional Health Sciences Centre has never been as progressive as it is today. Healthcare services have grown, medical research is flourishing and efforts to recruit world-class healthcare professionals to our community are proving successful.

The unprecedented progress over the past few years is the result of the vision of healthcare providers shared and enabled by the people who donate to the Thunder Bay Regional Health Sciences Foundation. Each year, millions of dollars are given to advance healthcare for the people of Northwestern Ontario.

During the past year, funds were raised in support of virtually all aspects of our Health Sciences Centre, with a specific focus on areas of high activity and high need in our community:

- ❖ Gifts to the Northern Cancer Fund continue to support initiatives to help reduce cancer through education and awareness, increased access to cancer screening and improved cancer treatment.
- ❖ Donations to the Northern Cardiac Fund are bringing the Gold Standard of 24/7 Angioplasty to our region with a second Cardiac Catheterization Lab. Additionally, funds support the award-winning Cardiac Rehabilitation Program and continuously expanding cardiac diagnostics and treatments.
- ❖ Contributions to the Health Sciences Discovery Fund create fellowships that allow world-class Thunder Bay Regional Research Institute scientists improve the quality of



healthcare through excellence in patient centred research. Patients here will be the first to benefit from clinical trials to detect cancer earlier, destroy tumours without surgery and provide personalized treatment more effectively.

- ❖ Support of the Health Sciences Foundation is more relevant than ever as our Health Sciences Centre continues to evolve into a leading-edge multi-disciplinary Academic Health Sciences Centre.

{ We take this opportunity to express our sincere gratitude to those caring individuals who enable that evolution through their donations.



# Volunteer Association

The Health Sciences Centre depends on hundreds of volunteers contributing thousands of hours annually.

Our focus is on three areas: Fundraising, Service, and Education. The Volunteer Association has had another productive year by providing enhanced service to patients and families, and raising funds for equipment.

We have committed to contributing \$150,000 over the next five years to the Cardiac Care Program. As well, we are pleased to report that during the year, we raised \$22,000 from the following events: Strawberry Social, Quilt Draw, Two-Bit Auction, Bazaar, Bake and Shortbread Sales. We would not have been successful without the dedication of the many volunteers.

Seasons Gift Shop & Ticket Centre continues to be a profitable enterprise. Our efforts through HELLP tickets have allowed us to

purchase \$50,000 for ten Pain Pumps. Seasons continues to be a destination gift and accessory shopping location in Thunder Bay.

We are proud of the annual bursaries we give to Confederation College, Lakehead University, and NOSM. In addition, we provide educational awards to a TBRHSC Nurse and Student Volunteer.

Thank you to all the Board, Service Leaders, and Committee members; Liz Straiton, Manager of Volunteer Services, Geri Bruce, Gift Shop Manager and Sylvia Macdonald, for all the assistance; and a big thank you to Sharron Detweiler, our Treasurer.

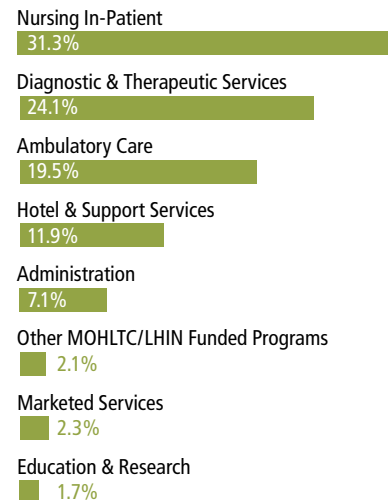


# financial statements

## Statement of Financial Position

March 31, 2010 (Amounts in \$ thousands)	2010	2009
<b>Assets</b>		
Current assets	40,607	55,423
Non-current assets	254,433	256,561
<b>Total Assets</b>	<b>295,040</b>	<b>311,984</b>
<b>Liabilities and Fund Balances</b>		
Current liabilities	42,169	52,914
Non-current liabilities	236,316	243,472
<b>Total Liabilities</b>	<b>278,485</b>	<b>296,386</b>
Fund Balances	16,555	15,598
<b>Total Liabilities and Fund Balances</b>	<b>295,040</b>	<b>311,984</b>

## Expenses by Program



## Statement of Operations

For the year ended March 31, 2010  
(Amounts in \$ thousands)

### Revenue

Ontario Ministry of Health and Long-Term Care/  
North West Local Health Integration Network

	2010	2009
Hospital programs	217,826	206,755
Specifically funded programs	6,235	5,511
Other patient services	27,487	27,203
Specifically funded research programs	1,436	1,380
Ancillary services and other	11,644	11,924
Amortization of deferred capital contributions	16,641	16,187
	<b>281,269</b>	<b>268,960</b>

### Expenses

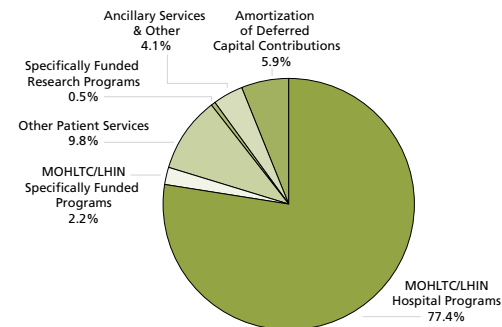
Salaries and benefits	188,578	180,185
Medical, surgical supplies and drugs	33,042	31,246
Supplies and other	21,448	20,536
Specifically funded programs	7,124	7,032
Plant operations and equipment maintenance	10,542	9,970
Amortization	20,396	19,986
	<b>281,130</b>	<b>268,955</b>

**Excess of revenue over expenses**

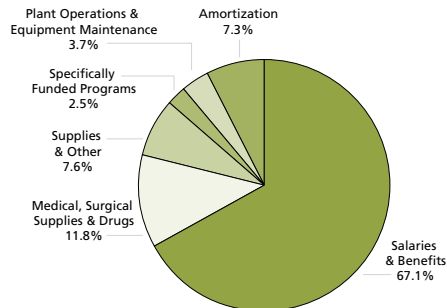
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## Revenue



## Expenses





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Published by the Department of Communications.  
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