

Documenting the legacy and contribution of the Congregations of Religious Women in Canada, their mission in health care, and the founding and operation of Catholic hospitals.



Projet de la Grande Histoire des hôpitaux catholiques au Canada

Retracer l'héritage et la contribution des congrégations de religieuses au Canada, leur mission en matière de soins de santéainsi que la fondation et l'exploitation des hôpitaux catholiques.

St. Joseph's General Hospital Elliot Lake, Ontario

Annual Report 1991-1992

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St. Joseph of Sault Ste. Marie

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ANNUAL REPORT

St. Joseph's General Hospital

ELLIOT LAKE, ONTARIO

1991 - 92



Working Together To Build A Happy and Healthy Community



The provision and planning for patient care requires the dedication of all Hospital Staff

ST. JOSEPH'S GENERAL HOSPITAL

Elliot Lake, Ontario



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ST. JOSEPH'S GENERAL HOSPITAL

Elliot Lake, Ontario

PHILOSOPHY OF HEALTH CARE

"WHAT WE BELIEVE - AND WHY"

PREAMBLE

St. Joseph's General Hospital in Elliot Lake was founded in 1958 and is owned by the Sisters of St. Joseph of Sault Ste. Marie. This health care ministry is permeated by a Judeo-Christian Philosophy, based on the belief each person is uniquely fashioned by the creator to grow in knowledge, love and service of God and all of God's creation.

HEALTH CARE

We believe that health care is one of the essential ministries of Christianity and the Catholic church. It is concerned with people who are struggling with the limitations of the human condition even as they seek to be whole.

MINISTRY

We believe that through this ministry, God's healing power continues to touch the lives of suffering people.

HEALING LOVE

We believe that all those involved in our health care ministry are called to express the Creator's love through their care and concern for each other and the people they serve.

REVERENCE FOR LIFE

We believe that all creation should be held in reverence and that life is sacred in all its moments.

UNIQUENESS OF LIFE

We believe that God has created all persons with equal dignity.

Therefore, in our ministry of health care, we respect the uniqueness of each person. These values are expressed in a caring and healing environment.

ALLEVIATION OF SUFFERING

We believe that while suffering is a part of every human life, it should be alleviated when possible. In our efforts to do this, we support the sick, the family and friends with love, compassion and care.

SUPPORT OF THE DYING

We believe that death is not the end of life, but a transition to new life with God. We assist the dying to experience this moment with dignity and peace. We support family and friends with compassion.



MESSAGE FROM SISTER MARGARET VEZINA, General Superior

Corporation of the Sisters of St. Joseph of Sault St. Marie

It is my privilege, in the name of the Sisters of St. Joseph of Sault Ste. Marie, to express our gratitude and good wishes to all who participate in the healing ministry at St. Joseph's General Hospital, Elliot Lake.

To share the responsibility of providing health care to a community is a challenge in the best of times: to do so in 1992 with the Minister of Health's call to hospital management and workers to join her in reconstructing Ontario's hospital system coupled with the Treasurer's announcement of only 1% increase across the board, along with the economic situation in Elliot Lake demanded of you remarkable commitment and creativity.

We congratulate the Board Members, your Chief Executive Officer, Sister Sarah Quackenbush, the Administration Team and Staff for the compassionate and responsible way you have met this challenge. High quality care is dependent upon and flourishes where there is co-operation, consideration and respect for all.

We are grateful that you continue to choose values which support our philosophy of health care and our mission of unity.

The Oaks Project is a challenge which entails working with the City and a variety of ministries. We commend you on this endeavour. You are creating a new model for others to follow. You are declaring that unity of purpose is possible and that different minis-

tries can co-exist within one facility when the effort is made to work together for the good of all.

We thank the Chairperson Peter Bedford, the Members of the Board, the Medical Staff, the Administration, Staff as well as the Volunteers for their commitment and dedication in promoting the healing ministry of Jesus.

Be assured of our prayerful support for the success of your future endeavours.

Sister Margaret Vezina

Sister Margaret Vezina General Superior

GENERAL COUNCIL OF THE SISTERS OF ST. JOSEPH

Sister Margaret Vezina General Superior

Sister Mildred Connelly
General Assistant

Sister Margaret Cushman
Councillor

Sister Catherine (Trina) Bottos Councillor

> Sister Shirley Caicco Councillor

Sister Marilyn Duff General Treasurer

Sister Mary Jakubo General Secretary





MESSAGE FROM THE BOARD CHAIRPERSON and CHIEF EXECUTIVE OFFICER

Health Care in the '90's continues to face new challenges in a rapidly changing society. The provision and planning for this care requires dedicated Staff, Volunteers and community participation.

If there is one theme highlighting our ability to deliver quality care at St. Joseph's, it is a sense of consensus building and teamwork, both internally and within our broader community.

While there is still work to be done, there is a clear and growing perception that, by examining issues and exchanging ideas from a variety of perspectives, we can develop more meaningful and more effective responses to change.

In keeping with the vision of St. Joseph's General Hospital, much of our time was spent reevaluating and restructuring our strategic objectives for future delivery of services. During the Board of Directors' Annual Planning Retreat in January 1992, strategic planning issues were highlighted and an action plan was developed to address them. These include:

- Programs: A review of all inhouse programs with a strong emphasis on outpatient and a community-based focus, particularly in the areas of mental health, home care and short stay programs.
- Hospital Based Clinical Services: A strong emphasis on reactivation programming, decreasing length of stay, increased paramedical service delivery, and ambulatory day programs.
- Fiscal Management: Ongoing re-evaluation of financial management by department and service by involving the Board, Medical and Hospital Staff in productivity reviews, comparative data analysis with peer group hospitals, and fiscal advisory recovery plans.
- Accreditation: To involve all personnel in preparing for the accreditation process in the Fall of 1992.

- Regional/Local Planning: To participate in the regional planning process with the Algoma District Health Council, St. Joseph's Hospital, Blind River and local service agencies.
- Quality Improvement: Continuous review of inhouse quality assessment and risk management programs and an acceptance of the principle of continuous quality improvement.
- Interdisciplinary Issues: A review of the process necessary to implement planned patient care programs which address the need for multidisciplinary service delivery focus.
- Geriatric/People Issues: A review of the local climate and demographics and the implementation of strategies which address the needs of Seniors, Native Peoples, and families.
- Oaks Project: To complete the construction and expansion of the drug and alcohol treatment programs including the expansion of the Camillus Centre, the development of the Detoxification Unit and the outpatient counselling programs for Seniors and Youth.
- Palliative Care: To assist in the development of a community based palliative care program which will provide support to dying patients and their families during their illness.
- **Board/Staff Development:** Identification of the educational and ongoing technical/clinical skills required for clinical service, delivery, health promotion and patient education.

Through the Planning Committee, an implementation plan has been developed which identifies the Committees or persons responsible for each of these strategies.

On behalf of the Board of Directors and Staff, we would like to acknowledge the generous contributions made by each Board Member, the Auxiliary and our many benefactors. The hours spent by Board Members in policy development is greatly appreciated. The fundraising efforts by the Auxiliary and activities provided by Volunteers provides state of art equipment, social activities and comfort for our patients. We consider ourselves to be fortunate to have attracted such generous and dedicated Volunteers in our community.

As you read through this annual report, you will be more aware of the co-operative planning and dedication of the Board of Directors, the Senior Management Team, the Medical Staff and all Hospital Personnel. The caring presence each person provides in the treatment of patients enables us to meet the mission and philosophy of the Hospital and its Founders. Through this healing presence, we hope to become a sign of hope for the people who visit our Hospital and our Community.



Sister Sarah Quackenbush Chief Executive Officer



BOARD OF DIRECTORS 1991/1992

Mr. P. Bedford
Chairperson

Mr. C. Emmerson Vice-Chairperson

Sister Sarah Quackenbush Chief Executive Officer Secretary

Mr. R. Aubé, Mr. A. Berthelot, Jr., Dr. M. Britton-Foster, Sister Frances Carter, Dr. R. Courchene, Mr. G. Farkouh. Mrs. M. Gauthier, Mr. F. Kerr, (to Feb. 92) Mrs. P. Lisk, Dr. W. J. Long. Mr. G. Napier Mr. J. O'Neill, Mr. K. Stainthorpe, Mr. C. Stewart, Mr. R. Taylor, Mrs. P. Townsend,

Most Reverend Jean-Louis Plouffe Honourary Chairperson

Sister Margaret Vezina
Mr. M. J. deBastiani, Mr. J. E. Elliott
Honourary Members





1991-92 BOARD OF DIRECTORS

Standing Left to Right:

Alex Berthelot, Robert Taylor, Patricia Lisk, Cam Stewart, George Farkouh, Roland Aubé, Pam Townsend, Dr. Rob Courchene, Joseph O'Neill

Sitting Left to Right:

Guy Napier, Sister Frances Carter, Sister Sarah Quackenbush, Peter Bedford, Cyril Emmerson, Ken Stainthorpe, Margery Gauthier

Missing: Dr. John Long, Dr. Michael Britton-Foster



EXECUTIVE COMMITTEE 1991/92

Ken Stainthorpe Sister Frances Carter Peter Bedford Sister Sarah Quackenbush Cyril Emmerson





ADMINISTRATIVE STAFF

Sister Sarah Quackenbush Chief Executive Officer

Mr. Micheal Hukezalie Assistant Executive Director (Support Services)

Ms. Patricia Maxwell
Assistant Executive Director
(Patient Care Services)

Mrs. Rhonda Watson
Director of Human Resources

Mr. Jim Ng Director of Paramedical Services

Mrs. Deborah Dubreuil
Executive Assistant





CHIEF OF MEDICAL STAFF

1991-92 has heralded the era of fiscal restraints. It has been the first year our hospital, in its thirty-four (34) year history, has curtailed services to the public for financial reasons. Not only were hospital beds closed, but also specialist clinics run by visiting Consultants, were cancelled. What has been obvious to Doctors for years, that the health service is in trouble, is becoming more apparent to others. We are entering a period which will alter hospital operation and staffing, in order to maintain services. The fall in town population and change in demographics has surprisingly not caused a significant drop in hospital work load - although there have been variations internally, such as less pediatric admissions, and an increase in those of the elderly.

This year we were pleased to welcome to the Medical staff, Doctor deBortoli, Doctor Fingland, and Doctor Prescott. We also were happy to see Dr.McLean return to Elliot Lake. We sent our best wishes to Dr. Wong, who left during the year to practice elsewhere.

Although there is a significant backlog in the cardiology service, there has been some improvement with Doctor Nawaz visiting more frequently. After some seven (7) to eight (8) years of waiting, we are pleased to see the commencement of cardiac stress testing in Elliot Lake. This will be a considerable saving to patients of Elliot Lake, in time and trouble travelling for such investigation. Other visiting Consultants have continued their services to the people of Elliot Lake by holding clinics in our Hospital. However, there has been some problems with government funding and an alteration or hold-up in establishing new clinics. The workload in ultrasonography continues to increase, and as new techniques become available it will be necessary for our Hospital to continue to update in order to maintain an acceptable standard of care.

Several of the Medical Staff attended the Hospital Board seminars aimed at disseminating knowledge of hospital funding and management. It is essential that in any discussion however, the effect on patient care be taken into account.

Doctor Courchene has again ably organ-

ized the C.M.E. for Doctors with a number of meetings and courses being held and well attended. We thank the various drug companies for their continued support.

During 1991-92, an audit on abdominal pain has been completed using the HMRI abstract. Results will be forwarded to the appropriate committee for study. Regular chart audits were also done.

The 1991-92 year has been a continuation of the established high standard of patient care that has been the norm in our Hospital. It is a great credit to all the Staff directly involved in patient management viz Registered Nurses, Registered Nursing Assistants, Physiotherapists, and other Support Staff. I would like to comment on the continued high standard of dedicated service from the Laboratory and X-ray Staff.

The members of the Medical Advisory Committee have worked well together to ensure maintenance of a high quality of care. It is of note in the Department of Obstetrics, headed by Dr. Margetts, that there have been a number of vaginal deliveries after previous caesarean sections.

On behalf of the Medical Staff, I would like to express our thanks to the Hospital Auxiliary and Volunteers for their dedicated assistance. Not only are Volunteers of great assistance for their work in the Hospital, but the money donated by the Auxiliary is becoming of greater significance in an era of financial restraint.

Finally, I would like to thank Sister Sarah and her Administrative Staff and the Sisters of St. Joseph for their continued dedication to the organization and running of our Hospital.

W. J. Long, M.B., B.S., F.R.C.S. Chief of Staff

CHIEFS OF MEDICAL SERVICES FOR THE YEAR 1991/92

Doctor W. J. Long Chief of Surgery

Doctor W. J. Long Chief of Staff

Doctor D. J. Margetts Chief of Obstetrics and Gynecology

> Doctor D. M. Matheson Chief of Medicine

Doctor M. Britton-Foster Chief of Pediatrics

> Doctor F. Chi Chief of Anaesthesia

Doctor L. C. Hogg Chief of I.C.U./C.C.U.

Doctor T. Fischbacher Chief of General Practice

Doctor R. Courchene Chief of Emergency

Doctor R. P. Regehr Chief of Psychiatry

Doctor B. W. Wannan Chief of Chronic Care

Doctor M. Britton-Foster President of Medical Staff

Doctor R. Courchene Vice President

Doctor T. Fischbacher Secretary



Visiting Pediatric Services through the Underserviced Area Program





Planning for **Community Health Care**

and **Treatment**

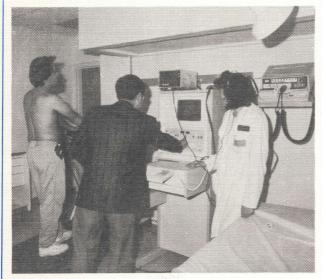


Rehabilitation services in Physiotherapy, Chiropody and Speech Language Pathology

Diagnostics

Outpatient clinics through our **Emergency Department**

Outpatient and Paramedical Services

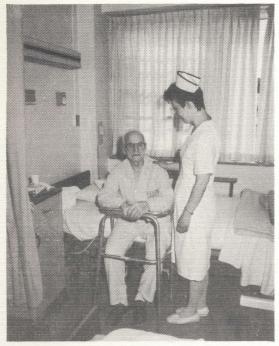


The new Cardiac Stress Laboratory provides stress testing capabilities in Elliot Lake. The monies for this equipment were provided by the Royal Canadian Legion, Hospital Auxiliary and public donations to the heart fund



Enabling clients with chemical dependency to start a new road to recovery at the Camillus Centre

Inpatient Services



Gaining strength to return home after hospitalization

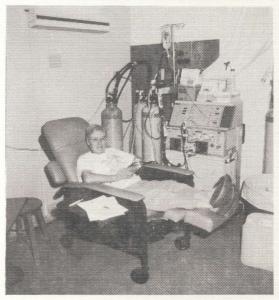


One of our Pediatric Patients enjoys a pet therapy session with our long term care Patient



One of Elliot Lake's newest Citizens sizing up the Health Care Team

Regionalized Services



Providing space for patients requiring Dialysis Services





SUPPORT SERVICES

The past year was a busy and eventful year for the Hospital and the Support Service Departments.

Inpatient activity declined slightly when measured by patient days alone. However, when adjusted to allow for acuity of illness Inpatient activity was approximately the same as last year. Once again the Hospital recorded significant growth in Specialist Clinics. They increased from 4,213 in 1990 - 91 to 5,165 this year. The Physiotherapy Department was fully staffed for the first time in many years and as a result their activity was up 43%. Continued growth in Ultra Sound utilization pushed the workload of Diagnostic Imaging up 7%.

Total revenues increased 3.7% from last year. Ministry of Health funding increased 6.3% from last year, including \$32,200 for growth and \$35,000 for pay equity. Unfortunately, income from other sources declined 11% primarily because of lower; Worker's Compensation Board charges, Semi Private revenue, out of Province Inpatient income and interest income. As well, the Hospital's financial resources were under pressure by an 8.8% increase in expenses. Fortuitously, we finished last year in a very strong financial position. Even with expenses out pacing income this year we managed to finish the year with a \$199,000 Operating Surplus.

I anticipate a deficit of \$93,000 next year because of an estimated increase of 2.4% in expenses and unchanged revenues. Our challenge in the next twelve (12) months is to balance the budget without compromising the quality of services provided to our patients. We require everyone's co-operation and commitment to achieve this objective. Presently Management and Staff are investigating alternatives to achieve a balanced budget and they will continue to do so until they accomplish the objective.

The Support Services Group fulfilled their mandate within their operating budget.

The Engineering Staff installed a new 450 pound washer and ironer in the laundry. This was a major undertaking and they completed the project on schedule and within budget. The cooperation and extra effort of the Laundry Staff

during the installation contributed greatly to the success of this undertaking.

We implemented the last phase of our major computerization plan in January 1992. I wish to commend the special efforts of the Finance, Admitting and Radiology Departments and our Electrician. Their co-operation and commitment during the planning and implementation phases made the project a complete success.

The cleanliness and appearance of the Hospital is the result of the continued commitment of the Housekeeping Staff.

Lengthy illness of senior Staff challenged the Food Service Department. However, they continued to provide quality service to patients and Staff.

Mr. White and the Material Management Staff continue to secure products and services at very competitive prices without compromising quality of service or product. Their contribution is critical to our financial well being.

I spent a considerable amount of time working with the Oaks Centre Expansion Project Steering Committee. The project is nearing the completion of the planning phase and the hard work of the Committee Members is showing signs of bearing fruit.

I continue to contribute to efforts of the City of Elliot Lake to manage the economic challenges of the area.

The Hospital's ability to provide quality services will continue to be stretched by the economic realities of Elliot Lake, the Province and our Country. Keeping these realities in the forefront of the decision-making process will ensure we come through the current economic situation unscathed.

Mike Hukezalie, C.G.A.

Mike Hukezalie, C.G.A. Assistant Executive Director (Support Services)

PATIENT CARE SERVICES

It is with great pleasure that I present my annual report for Patient Care Services.

This year the Nursing Department underwent an exciting and challenging reorganization.

Our decision to move to a decentralized model was realized in September, 1991. The Supervisors were phased out and with the cooperation of the Nursing Unit Managers and Nursing Staff we have successfully carried out our plan. The Nursing Unit Managers provide support and a resource base on an on-call basis for the Nursing Staff. They are available to return to the Hospital should they be needed in an emergency situation. The Nursing Staff is to be congratulated for its cooperation and willingness to accept the challenges that this reorganization has brought.

With the changes in the Nursing Department came the resignation of Pauline Guertin as Unit Manager of Obstetrics. Pauline decided to return to bedside nursing. We wish her well, she will be missed from our management group. This decision gave us the opportunity to combine Nursing Units. S.Macknight has taken the challenge of managing Pediatrics, Long Term Care and Obstetrics.

In February, 1992 the Unit Managers met with Beverley Rinneard for a strategic planning day. This was a day to develop a vision of the future for the nursing department. Our vision included more efficient and effective use of our Staff, an increased emphasis on early discharge planning, working with community agencies to provide increased health promotion, wellness clinics, home care and to actively promote our excellent Nursing Staff.

After careful consideration the Hospital decided to divest itself of the ambulance license. September 30, 1991 saw the ambulance service transferred to the City of Elliot Lake. We wish the service well in its new home.

New organization also took place in the Health Records Department. Staff there undertook additional duties. Unfortunately this reorganization meant the elimination of one position in the department.

All of our changes would not have taken place without the cooperation of each member of the department. The success of these changes is in large part due to their dedication. I express my thanks to all

employees for their assistance in making these changes.

I also thank Sister Sarah, all the members of the Senior Management Team, the Patient Care Service Department Managers and my secretary, Emily Roussy, for their support and assistance.

Patricia MMxwIll

Patricia M. Maxwell Assistant Executive Director (Patient Care Services)



Visiting the Birthing Room a family experience





PRESIDENT OF HOSPITAL AUXILIARY

This has been an exciting year for St. Joseph's General Hospital, as many Auxilians and Volunteers set a record number of hours of service to the patients and to the Hospital. These Volunteers were busy in many areas of the Hospital including the Gift Shop, visiting patients with the tuck cart, providing knitting and tray favours, working in patient and service areas and providing recreational activities and support to our chronic patients.

Another notable service is the contribution made by the Love Bucket Program which provides the rental of car seats for our newborns. These Volunteers provide instruction to parents and in conjunction with the local Police Department's Ride Program, hold a Car Seat Safety Program each year.

Fund raising for hospital equipment continues to be a main priority for the Auxiliary. Over the past year, \$50,000 was raised for the purchase of equipment, including five (5) analgesic pumps used for pain control and an electrocardiogram machine.

Various activities are behind the funds raised for the Hospital and include such events as bingos, raffles, teas, bazaars, tag day, Gift Shop sales and car seat rentals to name just a few. These events would not be possible without a large number of volunteer hours of preparation.

Two (2) bursaries are awarded each year for students enrolling in a college or university health program. This year, students from both the Elliot Lake Secondary School and Villa Francaise des Jeunes will be selected for this bursary.

During this past year, two (2) Life Memberships were awarded to Faye Steel and Flo McCafferty who have served with our Auxiliary for over twenty (20) years. In addition, we are honoured to have Margaret Hamilton receive the Provincial Life Membership Award from the Hospital Auxiliary Association of Ontario in recognition of her dedication and long time service. Margaret and her husband are dedicated long time Volunteers for the Hospital.

The list of valuable contributions made by each Auxilian and Volunteer could go on and on. We would, however, like to acknowledge each person involved in whatever way for their generosity and service for others. We are indeed proud and grateful to be able to provide for the patients a high standard of health care compatible with the resources we are able to provide through the Auxiliary.

Verna Robenson

Verna Robinson
President of Hospital Auxiliary



Volunteers provide many hours of support to a number of departments in the Hospital Thank You!

HOSPITAL AUXILIARY EXECUTIVE





Tireless hours are spent by Volunteers to raise money for medical equipment

Verna Robinson
President

Greta Balen
Past President

Lois Harrop First Vice President

> Holly Berthelot Second Vice

Flo Sutton
Recording Secretary

Anne Pierce
Corresponding Secretary

Faye Steel
Treasurer

Jacquie Flintoff
Ways and Means

Don Smith
Gift Shop

Edith Doherty
Historian

Margaret Petrone
Sewing

Sue Simone
Love Buckets

Jean Halvorsen Membership

Carolyn Morris
Publicity

Margery Sawyer
Volunteers



MANAGEMENT STAFF

Accounting Mr. M. Hukezalie

Camillus Centre Sister Mae Kierans

Chiropody Ms. M. E. Kennedy

Dietary Mr. P. Bogensberger

Engineering & Maintenance Mr. J. Marcotte

French Language Services Mrs. J. Campbell

> Health Records Ms. J. Jones

Housekeeping/Laundry Ms. A. Barnes

Human Resources
Mrs. R. Watson

Infection Control
Occupational Health & Safety
Mrs. D. Janveaux

Mr. J. Ng

Materiel Management/Payroll
Mr. T. White

Nursing Assistant Program
Mrs. D. Trussler

Pastoral Care Sister Miriam Downey

> Patient Care Ms. P. Maxwell

Pharmacy Mr. D. Daniels

Physiotherapy Mrs. B. Mitchell

Radiology Mr. R. Dennis

Social Work Mrs. S. Pilon-Nicholls

Speech Language Pathology Ms. C. Kososki

Switchboard / Admitting Mrs. S. Januszewski

Nursing Unit Managers
Mrs. C. Bergeron
Mrs. J. Lahaie
Mrs. S. Macknight
Mrs. P. Murphy
Mrs. C. Sarich
Mrs. R. Villeneuve



SUPPORT SERVICES



Demonstrating the technical components of our new ultra sound unit, purchased by the Hospital Auxiliary in 1991/92



Our unit dose Pharmacy provides opportunities for students in the health field



SUPPORT SERVICES





Providing for the physical comforts of the patients



Providing the clerical and management information systems required.

FINANCIAL REPORT

STATEMENT OF REVENUE AND EXPENSES

Year Ending March 31, 1992

Statistics	1991/92	1990/91
Acute Care		
Inpatient Admissions	3,014	3,031
Number of Births	303	293
Number of Operations	1,484	1,421
Patient Days	24,427	25,571
Occupancy Rate	59.6%	62.6%
Average Length of Stay	7.0	6.6
Ambulatory Care and Support Se	ervices	
Emergency Visits	22,074	23,074
Surgical Day Care	693	712
Specialists Clinics	5,165	4,213
Radiology Examinations	7,791	7,645
Ultra Sound Examinations	2,625	2,317
Physiotherapy Visits	12,372	8,898
Speech Pathology Visits	1,086	1,089
Social Work Visits	1,237	1,330
Camillus Centre		
Assessments/Referrals	924	1,297
Admissions	424	357
Medical Records Dictations	11,350	10,933
Meal Days	35,824	38,753
Laundry		
(kilograms laundered)	235,084	232,531

	1992	1991
Revenue	\$12,638,298	\$12,086,620
Expenses		
Salaries & Wages	8,791,696	8,135,196
Employee Benefits	1,244,981	974,643
Amortization	546,392	537,841
Dietetics	357,288	354,668
General Administration	327,002	325,003
Diagnostic, Therapeutic &		
Emergency Services	325,338	278,864
Drugs	317,643	244,924
Medical & Surgical Supplies	313,922	337,576
Hospital Security and Utilitie	s 282,207	267,875
Building & Equipment		
Maintenance	245,616	226,605
Other Supplies & Expenses	146,938	178,731
Other	102,998	107,748
Laundry, Linen & Housekeepin		74,287
	13,062,990	12,043,961
Excess of Revenue over Expens	ses	
(expenses over revenue) from		
hospital operations	(424,692)	42,659
Other Votes		
Revenue	1,099,756	1,088,366
Expenses	1,099,756	1,111,780
		(23,414)
	(424,692)	19,245
Other Revenue		
Interest Earned	435,707	545,785
Donations	13,155	9,940
Donations		9,940
Course of Dominion	448,862	555,725
Excess of Revenue over Expenses	\$ 24,170	\$ 574,970
Expenses	9 24,170	3 314,710



SPECIALTY SERVICES



A modern Intensive Care Unit with state of the art equipment



Inhouse Surgical Programming with local and out of town Surgeons



