



St. Joseph's Health Care London Annual Report

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vision for
care



At St. Joseph's Health Care, London, there are so many ways to care, all stemming from one vision – to be a respected source of excellent health care. Uniting an organization of such diversity, embodying programs in rehabilitation, acute/ambulatory care, specialized mental health care, long-term care, specialized geriatric services and complex care, is our unique challenge – a challenge we have readily embraced.

St. Joseph's Health Care London Annual Report

We believe there is strength in our diversity: To be able to meet care needs from differing perspectives; To provide staff members, students and volunteers a variety of ways to learn, grow and contribute; To advocate for others; To be a part of many communities; To touch many lives. And yet, no matter what we do, our values of respect, excellence and compassion ground us and make us one.

We are pleased to reflect on the past year through the pages of the 2004 Annual Report to the Community. We hope that the images and messages shared here give you a sense of our accomplishments, our hopes and, especially, of the people who reflect the St. Joseph's spirit throughout Southwestern Ontario.

Hospital and health funding continues to challenge our capacity to meet today's care delivery needs and to complete the rebuilding of our hospital system. This year, a review of our operations once again demonstrated St. Joseph's leadership in financial performance, as well as our continuing need to advocate for appropriate resources for both hospitals and community treatment programs.

To our partners in health and community service, we express heartfelt appreciation for your support and collaboration. This year, significant advancements were made as hospitals across the region came together to launch new technologies that will pave the way for the electronic health record.

Once again, our community stepped forward with unprecedented volunteer and philanthropic support for care, teaching and research across St. Joseph's. This year, we particularly mark the 20th anniversary of the Parkwood Hospital Foundation. We are pleased that this remarkable legacy will, in the coming year, join with the legacy of the St. Joseph's Health Care Foundation to create the *New* St. Joseph's Health Care Foundation. This will mark a new, even stronger future in fund development at St. Joseph's.

We give thanks for everyone who has touched our organization this year. We count all the ways you care – all the ways we achieve one vision.

Ruthe-Anne Conyngham
Chair, Board of Directors

Cliff Nordal
President & CEO

A Year of Challenge and Teamwork

5,400



The SARS experience permanently changed the face of health care in Ontario. London was blessed with not having any actual SARS cases, but as the designated SARS hospital in London and surrounding community, St. Joseph's had a number of patients admitted to our SARS unit with respiratory illness and suspicion of SARS.

Left to right are nine of our team of more than 5,400 staff who pulled together to help manage the SARS situation last year.

Diane Fredriksen – *Emergency Room Nurse*, Mary Lou Card – *Infection Control Practitioner*, Rich Sowa – *Security Officer*, Elsie Steeles – *Volunteer*, Cheryl Parsons – *Nurse*, Dr. Gillian Kernaghan – *Vice President Medical and Professional Affairs*, Dr. Rob McFadden – *Respirologist*, Linda Doan – *Occupational Health Nurse*, Bonnie Graham – *Nurse*

Infection Control Team kept busy in 2003

For the Infection Control Team, 2003 was a year of extreme challenges. In addition to severe acute respiratory syndrome (SARS), this team dealt with influenza, Norwalk virus, and the continuing battle with antibiotic resistant organisms (AROs). During the SARS crisis, it was the responsibility of the Infection Control Team to take direction from the Ministry of Health and Long Term Care and bring those ever-changing directives and practices to staff.

While the team collectively acknowledges that it has been a tough year, they have moved forward into 2004 with strength and determination. Their contribution in identifying the risk of infection in the hospital, developing policies and teaching staff and patients about controlling infection is invaluable.

TRENDSPOTTING

Diabetes – St. Joseph's Hospital

The number of patients started on insulin increased from 2.2% in 2002 to 3.96% in 2003.

The average wait time for diabetes education went from 25.53 days in 2002 to 19.21 days in 2003.



21st CENTURY

Imagine if health care providers could transmit and access diagnostic images whenever and wherever a patient accesses the health care system. This is the shared vision of the Southwest Ontario Digital Imaging Network Project, which represents 40 Southwestern Ontario hospital sites. The vision is becoming a reality as St. Joseph's and seven other hospitals in the Thames Valley Hospital Planning Partnership (TVHPP) embark on the pilot phase of the project. St. Joseph's is the first TVHPP hospital to go live. Implementation at the other seven hospitals begins this fall.

Bringing health care into the 21st century

Digital imaging systems enable health care providers to view, manage, distribute and electronically store a patient's test images, such as MRIs and x-rays, and related medical reports from any location connected through the system. This is done through the picture archiving and communication system (PACS), which uses digital imaging technology to capture, store and send images. These images are then available via web access to all hospitals and physicians on PACS.

While St. Joseph's diagnostic imaging has had digital imaging for some time, clinical areas implemented digital imaging in March and April. Karen Dyer, St. Joseph's Hospital emergency coordinator, echoes the many positive comments received: "The doctors are excited to see the x-rays with unprecedented clarity and detail."

"The ability for an image to be taken in one hospital, and for a radiologist at a remote location to see the image and provide a diagnosis to the originating hospital, is 21st century medical care," says Paul Collins, CEO of St. Thomas Elgin General Hospital.

The pilot is a partnership between Canada Health Infoway, the Ministry of Health and the participating hospitals. The TVHPP project is the first digital imaging shared services model of this scale in Canada, and will be used by Canada Health Infoway to evaluate the benefits of a shared model where hospitals of different sizes share the same diagnostic imaging systems.

Once the TVHPP pilot phase is complete, the next step is implementing shared digital imaging at the remaining Southwestern Ontario hospital sites. When complete, this will be one of the largest shared services DI implementations in the world. The partnership model pioneered by Southwestern Ontario hospitals will be adapted and replicated in other Canadian regions.

"Patient care, enabled by technology, is being greatly enhanced through electronic access to digital images," says Diane Beattie, chief information officer and integrated vice president of St. Joseph's Health Care, London and London Health Sciences Centre. "The online viewing of diagnostic images is a key building block to an electronic health record."

The eight hospitals from the TVHPP involved in this partnership for the pilot phase of the project are:

- + Alexandra Hospital in Ingersoll
- + London Health Sciences Centre
- + Middlesex Hospital Alliance (Strathroy and Newbury)
- + St. Joseph's Health Care, London
- + St. Thomas-Elgin General Hospital
- + Tillsonburg District Memorial Hospital
- + Woodstock General Hospital

Advantages of digital imaging to patient care:

- + Images and reports are available as part of the electronic health record.
- + Providing care closer to home (images can be viewed by specialists from anywhere on the PACS system).
- + Improving access to radiologists' services and immediate retrieval of images and reports by authorized health care providers.
- + Minimizing procedure duplication.

New physicians recruited to SJHC last year.



St. Joseph's Health Care London was successful in recruiting 23 new physicians to our organization last year. Shown here are five who joined our Regional Mental Health Care sites.

Left to right – Dr. Adrian Hynes, Dr. David Haslam, Dr. Tom Janzen, Dr. Diane Eastwood, Dr. Haydn Bush

350

Balancing the education needs of 350 nurses, primary care partners (PCPS), dietary and housekeeping staff at Mount Hope Centre for Long Term Care is a challenge handled admirably by staff educator Heather Orr. “I try to work together with staff members and administration to determine education needs and to target priorities. When we identify a high risk area, such as wound care, that education always takes precedence.”

Mount Hope creating learning culture

It is difficult for staff to leave the care units to attend education sessions, so Heather seeks other ways to reach them. She circulates videos and articles and provides training sessions in the clinical settings as needed. If an education topic requires an inservice, Heather tries to link the content to the impact on their work. Then she finds a way to make the inservice rewarding. For example, last fall when new medication policies were introduced, Heather created a board game to encourage active participation. “Giving employees the support and tools they need to do their jobs well leads to higher job satisfaction and enhanced care for our residents. I try to establish a rapport with the staff to help me to understand what the real issues are for them. I hope that having

been a practising nurse myself helps my credibility, as I can truly appreciate what they experience on a daily basis.” Heather has tailored the education programs, clinical policies and processes at Mount Hope to the unique needs of the long-term care setting: The lift and transfer training program she developed drastically reduced staff back injuries. In addition to providing orientation for new staff, she also juggles the education needs of nursing and PSW (personal service worker) students, and provides one-on-one learning sessions with individual caregivers. Heather hopes her educational approach results in a positive culture of learning at Mount Hope.



Sister Mary Doyle remembered

Sister Mary Doyle served with great distinction as executive director of St. Joseph’s Hospital from 1969 to 1984. Following the amalgamation of St. Joseph’s Hospital, St. Mary’s Hospital and Marian Villa into St. Joseph’s Health Centre, she was appointed Executive Director and served until her retirement in 1988.

“Long before we put into words St. Joseph’s values of respect, excellence and compassion, these values were lived out daily by Sister Mary Doyle. Her gentle presence was felt by all whom she met through the course of her day, and her calm approach to all matters made her a most respected administrator.”

– Kathy Wilkins, Director, Diagnostic Imaging

Helping seniors stay at home

Parkwood Hospital’s specialized geriatric services is involved in a community partnership to help local seniors remain in their homes. The Cherryhill Healthy Ageing Program (CHAP) offers programs to enhance the quality of life for seniors and/or adults with disabilities in the Cherryhill community. The programs help Cherryhill residents to remain active, independent and in their own homes as long as possible. Parkwood Hospital health professionals provide clinical consultations and partner with other health care providers in helping CHAP clients find answers to questions about their health, aging and independent living. CHAP partners include Community Care Access Centre London-Middlesex, Victorian Order of Nurses Middlesex-Elgin and the Cherryhill community.

A new approach in treating borderline personality disorder

In October, St. Joseph’s was honoured to have Dr. Luis Cleto, chief psychiatrist at Stratford General Hospital, join Regional Mental Health Care (RHMC) one day a week to support the implementation of a new approach to care – dialectical behaviour therapy (DBT) – in treating people with borderline personality disorder. With the introduction of this evidence-based model of care, St. Joseph’s is one of several centres in Canada to adopt DBT. The key to its success is education and information. For RMHC’s DBT team, the training process is gradual and far-reaching, but learning is equally as extensive for clients, who become actively involved in their own treatment process. Born in Lisbon, Portugal, Dr. Cleto immigrated to Montreal in 1972 and received his training at McGill University. After practising for six years in Montreal, he, his wife and two children moved to Stratford in 1996. “Stratford was a wonderful change,” says Dr. Cleto, “and now weekly road trips to London add another exciting dimension to my work.”

TRENDSPOTTING

Spinal Cord Injury – Parkwood Hospital

The average age of people sustaining a spinal cord injury has been steadily increasing over the past few years and an increasing proportion of older individuals are being injured (especially due to falls).

Reaching out to youth in our community

Fourteen was the age of Danny Tugwood when he had his first referral to the Adolescent Outreach Program, a component of the adolescent psychiatry program at Regional Mental Health Care, London. An attendance counsellor at Danny's high school had concerns – he had spent only one hour at school in his grade nine year and had historically poor attendance throughout his elementary school years as well.

At the time of referral, most concerns stemmed from Danny not wanting to leave his home, specifically his bedroom, for long periods. He was suspicious, often not eating food unless his mother had specifically prepared it for him, and his sleeping cycle was disrupted. Danny would often become agitated, angry and also exhibited obsessive-compulsive behaviour.

Once assessed by the Adolescent Outreach worker, it became clear that Danny was suffering from a major mental illness. It took a few months to establish a rapport and gain Danny's confidence before he would agree to see a psychiatrist, who then determined that Danny's diagnosis was compatible with that of early onset psychotic disorder.

Over the next few months, medication and therapy began to help with Danny's symptoms. Eventually, small successes, like Danny riding a city bus to his school program, were achieved. Weekly contact with his outreach worker continued and new possibilities for Danny were explored. Danny's desire was not to stay in school but rather to pursue working; he is currently enrolled in both a leisure program and a supportive vocational program in the community.

Danny has made great strides since his first involvement with the program. Danny's mother, Debbie Ratz, says, "Danny is doing really well now... his approach to things is much more positive." Danny himself remarks, "I think I am way better than before in my thinking and I am more motivated to do stuff. I am looking forward to my future now."

He continues to receive weekly support from his outreach worker, David Bogaert RN, who says, "What a treat it is to see Danny on a weekly basis. He is spontaneous in his conversations and when he talks about getting a job, he says he plans on being the best door-to-door salesman in the world."

Danny and David meet at a local diner for his weekly sessions.



Volunteer marks 45 years of service

St. Joseph's Health Care London has more than 2,000 volunteers working across the organization, all of whom make an invaluable contribution to the work we do. This year marked a particularly amazing milestone for one of our volunteers, Gwen McPhail, a volunteer at Regional Mental Health Care, St. Thomas, who was recognized for 45 years of volunteer service.

Gwen started many years ago as an employee in St. Thomas, but began her volunteer role in the male patient wards, as they were called at that time, helping with social activities. She moved to the geriatric units after a few years and continued her volunteer work there until the program moved to Regional Mental Health Care, London in 2003. Gwen continues to volunteer at RMHC St. Thomas, helping at various special events for patients. Reflecting back on her years of service at the St. Thomas facility, Gwen simply had this to say, "I've really enjoyed every day that I've spent out there."

2,041
volunteers



Left to right – Rod Ruller, Tom Heffernan, Kim Arthur – Therapeutic Recreation Specialist

Patients on the move

St. Joseph's Health Care Auxiliary donated funds to purchase this Ford Taurus station wagon. The vehicle is being used by the recreation team at Mount Hope Centre for Long Term Care to take residents on community outings such as golf trips, shopping outings and camping trips. Thank you to the Auxiliary and Courtesy Ford of London for allowing residents to get "on the road".

TRENDSPOTTING

Regional Mental Health Care London

The specialized adult unit has identified an increase in people with serious mental illness living in shelters.

TRENDSPOTTING

St. Joseph's Hospital Family Birthing Centre

Elective Cesarean sections are an emerging trend.

Research means a promising time in treating Alzheimer disease

There is no cure for Alzheimer disease (AD), but the geriatric clinical trials group at Parkwood Hospital is excited about promising research that may affect the course of the disease.

Matthew Smith, coordinator of the clinical trials group, says, “Research into AD is an interesting combination of science and humanity; it has a foundation in basic laboratory science, but we are able to see how these compounds affect the daily lives of our patients.”

Today’s Alzheimer disease medications improve cognition and memory for about a year, but don’t stop the disease’s progression. New medications being tested hold promise for slowing this progression.

Memantine is one drug being investigated to determine its effectiveness in treating the changes associated with moderate to severe AD. Two other drugs being explored are neurotrophic agents that protect existing neurons while building new connections between neurons.

The trials group is also investigating a drug that makes beta-amyloid protein more soluble to slow AD’s progress. This protein forms plaque that damages the brains of AD patients.

The research is also focusing on testing patients with initial signs of memory loss, so that earlier treatment intervention will delay more severe symptoms. The clinical trials team is

collaborating with Dr. Robert Bartha of the Robarts Research Institute by using magnetic resonance imaging (MRI) and magnetic resonance spectroscopy to determine what chemicals in the brain are affected by AD and to monitor response to treatment.

PET/CT scans, conducted at the Lawson Health Research Institute (LHRI) with Dr. Ting-Yim Lee, are also under way to assess changes in the brain’s blood flow, and show which areas of the brain are affected, and at what stage, by the disease process.

LHRI scientist Dr. Michael Borrie, co-principal investigator along with associate scientist Dr. Jennie Wells, notes, “We are beginning to more fully understand the causes and processes of the disease. It is a promising time in treating Alzheimer disease, as potential treatments are being engineered to address the causes of the disease, not just the symptoms.”

HULC renovations mean better patient care

The Hand & Upper Limb Centre (HULC) has renovated to improve care for its 25,000 annual patients, adding new rooms for examinations, procedures and digital imaging.

More and more, patients will receive treatment within the clinic, reflecting St. Joseph’s Hospital’s shift to ambulatory care.

New technology means many procedures, such as suturing and joint injections, can be done in a procedure

room, at less cost than an operating room. Fluorescan images can identify fracture fragments and the location of surgical pins so they can be managed without requiring an x-ray.

With the new digital imaging area, physicians and patients can view x-rays digitally in each examination room via St. Joseph’s internal web site.

The renovation is part of citywide hospital restructuring.

Driver program helps those with special needs



Occupational Therapist Monique MacDonald helped John Stevenson obtain his drivers license through the Driver Assessment Program.

Parkwood Hospital offers a Driver Assessment and Rehabilitation Program for people whose license has been medically suspended because of a change in their health status due to trauma, illness or natural aging; or who have physical disabilities and require equipment and/or modifications to their vehicle to enable safe and accessible driving; or who want to learn to drive and need special instruction or vehicle adaptations.

After an assessment of cognitive, visual and physical skills, an on-road assessment is conducted by an occupational therapist and licensed driving instructor to evaluate the impact of the person’s impairment on functional driving skills.

For more information call 519-685-4066.

TRENDSPOTTING

Mount Hope Centre for Long Term Care

A continuing increase in complexity of care needs for the population entering Mount Hope.

Many of the residents being admitted are much frailer, with multiple diagnoses, and more frequently palliative.

Taking care to the streets.



Regional Mental Health Care is working in partnership with three local agencies to address the complex mental health needs of the adult shelter population in London. Mission Services, London Intercommunity Health Centre and Salvation Army (absent from photo) work with Regional Mental Health Care staff in this exciting and innovative new project that reaches out and cares for people where they spend their days (and nights) – in the shelters and on the streets.

Left to right – John Humbey – *RMHC*, Henry Estabrook – *London Intercommunity Health Centre*, Guy LeClair – *Mission Services*

23:59

The many faces of a career in nursing...

23098

When we think of nurses, the image of a nurse in uniform at the bed-side often comes to mind. While nurses do provide care to people in “beds”, the greater focus on ambulatory care within our hospital setting increases the role of nurses in clinics and outpatient settings. Indeed, there are many different types of specialty nursing roles and St. Joseph’s employs 2,398 nurses in various areas and programs throughout our organization. The significant contributions that nurses make to the health care system and the well-being of our entire community are the result of ethically applied knowledge, life-long learning, competence, and dedication to client safety. With care and compassion, nurses bring these skills and expertise to all aspects of health care: clinical practice, education, leadership, and research, and... *we are proud of them all.*

Pat Barker
Coordinator Resident Care,
Long Term Care

Karen Perkin
Professional Practice Leader Nursing

Karen Groot
Registered Nurse – Forensic Mental
Health Program

Sandra Keating
Coordinator Nursing
Decision Support

Kyle Goettl
Nurse Clinician – Rehabilitation/
Stroke Amputee Program

Maureen Loft
Nurse Practitioner/Clinical
Nurse Specialist – Orthopedics

Barb Martin
Registered Practical Nurse
Veterans Program

Sandra Letton
Chief Nursing Executive
Vice President Patient Care – Acute/Ambulatory

Kristine Diaz
Director – Specialized Adult
Program, Mental Health

2004 Financial Statements

Message from Dawn Butler, Treasurer of the Board

Maintaining the viability of our services today and meeting our future commitments is the financial goal for St. Joseph’s Health Care, London (SJHC). In 2003/04 our organization invested \$8.3 million in new equipment, including the initial stages of a \$3.6 million multi-year plan to upgrade our digital imaging capabilities.

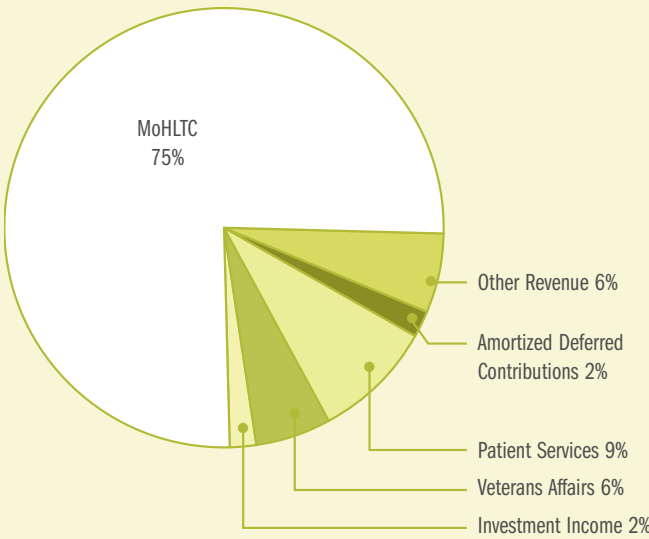
In planning for tomorrow, we welcomed the Ministry of Health and Long-Term Care’s (MoHLTC) financial support for our acute ambulatory care construction projects. Investment in new or upgraded facilities at St. Joseph’s Hospital, Parkwood Hospital and both of our Regional Mental Health Care sites will exceed \$270 million. Thanks to the ongoing generosity of the community and the financial commitment from the government, we are confident that our vision for future facilities will indeed become a reality.

Operating cost pressures continue to rise, including negotiated wage increases, utility costs and the need to implement new unfunded legislated requirements mandated by governments. The \$17.6 million net year-end surplus reflected in our financial statements masks the financial problems in our non-mental health areas of care. All of our other operations incurred a combined operating deficit of \$3.9 million. We are working closely with the MoHLTC to resolve under-funding issues in these areas in keeping with the Financial Review conducted last Fall.

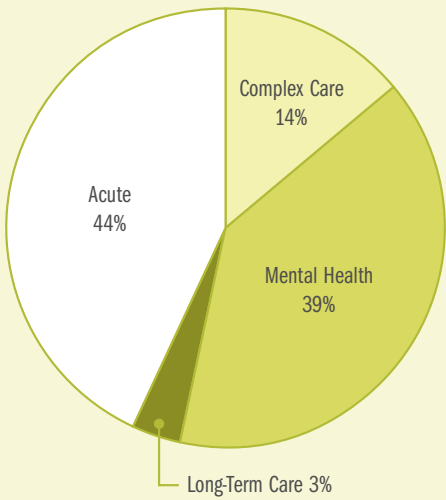
SJHC Board of Directors is very conscious of the significant and complex role they have as stewards of resources while at the same time, continuing to respond to the growing needs of the community. We are accountable to the public and to government for both, and are proud to be among the leaders in the Province in maintaining this critical balance.

Dawn Butler, CA, B.Comm
Treasurer of the Board

TOTAL REVENUES 2004



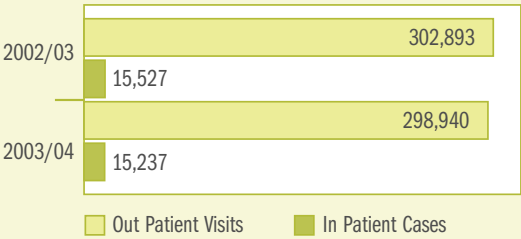
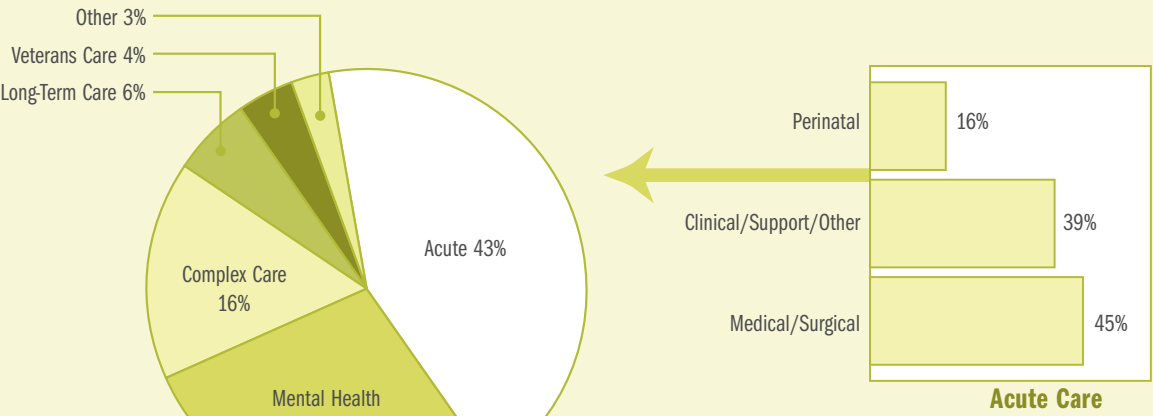
MoHLTC REVENUES 2004



ACUTE/AMBULATORY CARE

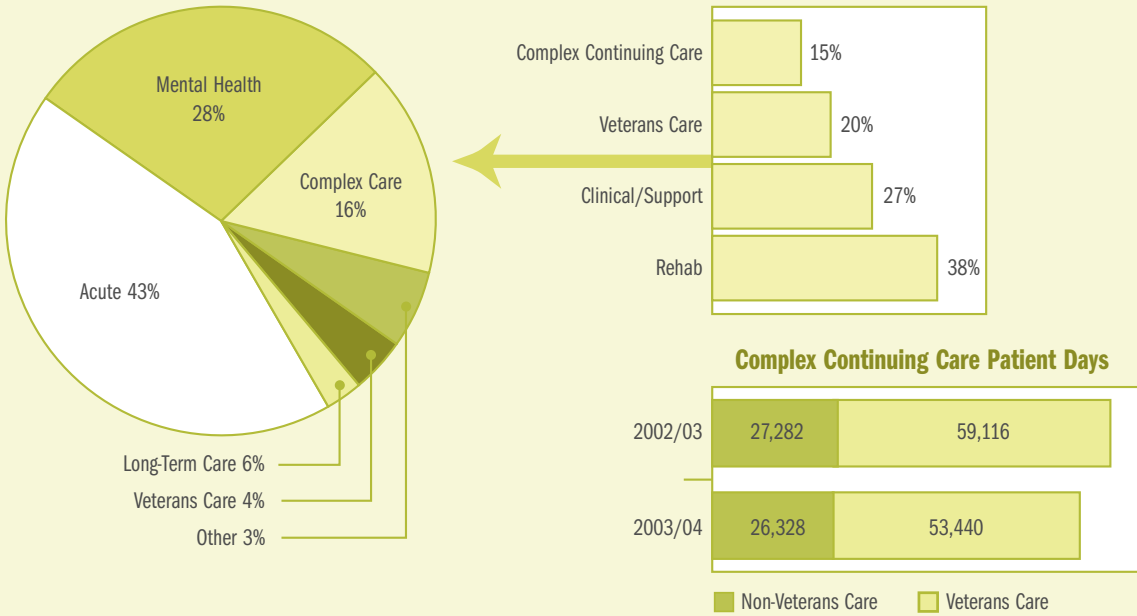
T— cases continue to show a decline as we move towards an ambulatory care setting, and as cases transfer to London Health Sciences Centre consistent with our ongoing restructuring.

Ambulatory Care visits were impacted early in the year by SARS, with only urgent cases being seen in April and early May.



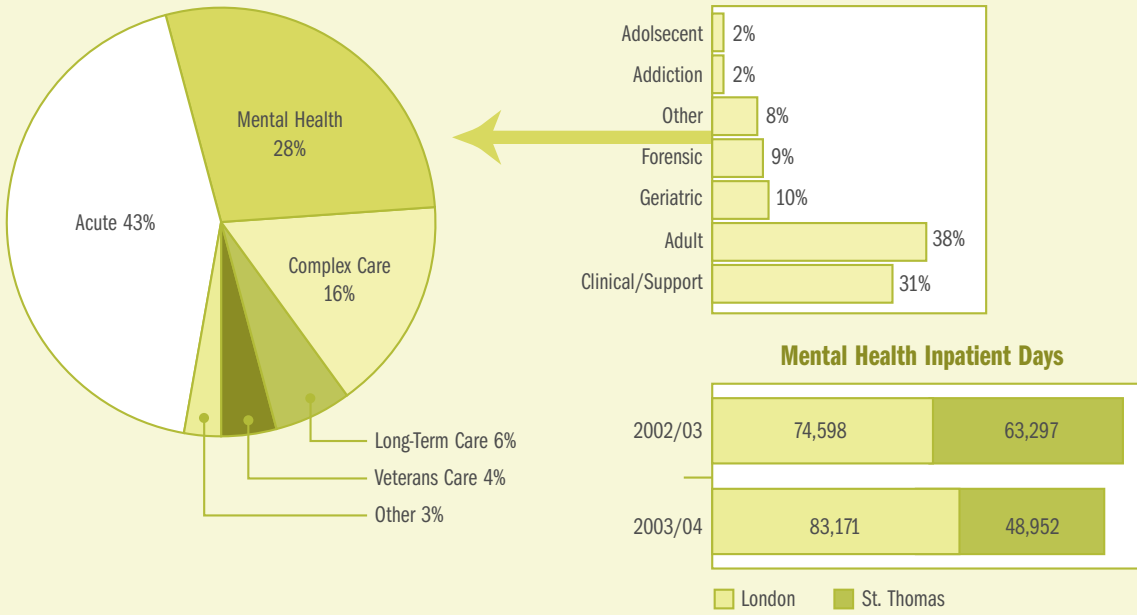
COMPLEX CONTINUING CARE

The chart on the right shows Complex Continuing Care utilizing 15 percent of total resources and Veterans Care allocated 20 percent. Patient days in total were significantly lower than previous years mainly due to the closure of 40 beds and subsequent transfer of patients from the chronic to long-term care setting in October 2003. These beds aside, volumes are on track with previous years.



MENTAL HEALTH CARE

The chart on the right shows 38 percent of total resources allocated to the Adult program. In total, 573 beds are designated for long-term mental health care. Total in-patient days were less than 2002/03 by 4.2 percent, due to a shortage of nursing staff and psy– fiscal year, beds are being reduced to a total of 469.



Resident days at Mount Hope Centre for Long-Term Care, and Western Countries Wing for veterans at Parkwood Hospital remain constant year over year.

ST. JOSEPH'S HEALTH CARE, LONDON

Condensed Statement of Financial Position

March 31, 2004, with comparative figures for March 31, 2003		
	2004	2003
	(000s)	
Assets		
Current assets	\$ 69,903	59,539
Restricted investments	156,195	132,550
Capital assets and Other	186,334	184,946
	\$ 412,432	337,035
Liabilities, Deferred Contributions and Net Assets		
Current liabilities	63,860	53,193
Long-term liabilities and deferred contributions	156,896	149,768
Net assets	191,676	174,074
	\$ 412,432	377,035

SJHC maintains a healthy balance sheet, with a working capital ratio of 1.09:1. Investments restricted for future commitments include unspent contributions related to capital assets (\$54.9 million), expenses of future periods (\$8 million), and amounts internally restricted by the Board (\$93.3 million) to meet future obligations including planned capital redevelopment. Guidelines regarding the classification of debt with demand provisions mandates us to show \$3.1 million in unsecured banker’s acceptances under current liabilities, previously reported as long-term debt.

Total net assets increased by over 10 percent in 2003/04. We have restricted investment income of \$8.2 million for capital purposes, and set aside \$12.9 million of the surplus in mental health operations for future investment in mental health care.

ST. JOSEPH'S HEALTH CARE, LONDON

Condensed Statement of Cash Flows

Year ended March 31 2004, with comparative figures for March 31, 2003		
	2004	2003
	(000s)	
Cash provided by (used for):		
Operating activities	\$ 34,295	9,914
Financing activities	15,243	6,283
Investing activities	(41,902)	(33,314)
Net increase (decreased) in cash	7,636	(17,117)
Cash and short term investments, beginning of year	34,823	51,940
Cash and short term investments, end of year	\$ 42,459	34,823

For a complete set of the Audited Financial Statements including notes call Cathy Brooks at 646-6100, extension 65721.

ST. JOSEPH'S HEALTH CARE, LONDON

Condensed Statement of Operations

Year ended March 31 2004, with comparative figures for March 31, 2003			
		2004	2003
		(000s)	
Revenues			
Ministry of Health and Long-Term Care	\$	318,675	296,146
Other		94,251	90,529
		412,926	386,675
Expenses			
Salaries and benefits		295,595	271,797
Other		104,723	100,381
		400,318	372,178
Excess of revenues over expenses from operations		12,608	14,497
Net Restructuring expense		(3,642)	166
Investment Income		8,636	5,900
Excess of revenues over expenses	\$	17,602	20,563

Government funds over 80 percent of operations, with the Ministry of Health and Long Term Care providing 75 percent and Veterans Affairs Canada close to 6 percent.

Operating cost pressures continue unabated, from wage increases driven by collective agreements to compliance with legislated mandates imposed by Government. The \$17.6 million net year-end surplus reflected in our financial statements masks the financial problems in our non-Mental Health Care business lines. Included in the surplus is \$8.2 million of investment income; a \$9.4 million net surplus from operations, includes a non-recurring surplus in our Mental Health Care operations of \$13.3 million. Our other operations incurred a combined deficit of \$3.9 million.

Total net cash increased in 2003/04 by \$7.6 million. SJHC invested \$18.3 million in capital assets, with over \$5 million in the new surgical centre at St. Joseph’s Hospital. A sale-leaseback arrangement yielded \$1.9 million in funds with a finance rate of 3.7 percent, and these funds are being set aside to meet future obligations under this lease. There were no other increases to long term debt.

Deferred contributions related to capital assets increased \$14.2 million, including \$6.5 million from the MoHLTC for building construction and \$3.1 million for diagnostic and medical equipment.



www.sjhc.london.on.ca

For additional copies of the report, complete financial statements, salary disclosure information or other information, please call Communication & Public Affairs at 646-6034.

*Editor: Betty Dann, St. Joseph's Health Care London
Design: HONEY Design, Marketing & Communications
Photography: SWS Photography*

Featured on our front cover is Rose Santos, a Registered Nurse from the PACT 2 Team at Regional Mental Health Care London