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ANNUAL MEETING

Tuesday, April 22nd, 2003

6:00 P.M.

NIAGARA SHRINE CLUB

5621 North Street
Niagara Falls, ON

This evening is financially supported by:

Pfizer Pharmaceutical

&

St. Davids Heritage Catering



25TH ANNUAL MEETING

Niagara Shrine Club
Tuesday, April 22nd, 2003

AGENDA

- 6:00 Symposium and Welcome
- 7:00 Dinner
- 7:45 Guest Speaker – Betty-Lou Souter, CEO Community Care
“Making a Difference: Community Partnerships”
- 8:15 Annual General Meeting
- Adoption of Annual General Meeting Minutes of April 25th, 2002
 - Adoption of Committee Reports
 - Adoption of By-Laws
 - Adoption of Financial Statements for 2001-2002
 - Adoption of Accounting firm Crawford, Smith & Swallow for 2002-2003
 - Adoption of the 2003-2004 Budget
 - Adoption of 2003-2004 Slate of Officers
 - Adjournment

Heart Niagara Inc.
Annual General Meeting
April 22, 2003

Chairman's Report

The world of disease and health care has changed significantly over the course of the past year. SARS dominates the front pages of every newspaper. Talk of bioterrorism as an attack on our society has some credibility. (Thank goodness for Mike Weir winning the Masters or there would be no good news whatsoever). Despite all of this, let us not forget that heart disease remains the illness that statistically will affect the largest number of people in the western world. Heart Niagara Inc. through our programs in the community empowers everyone to take control of their own cardiovascular health. While SARS may intimidate us into a belief that a life threatening microbe is our greatest threat; we can be assured that when it comes to heart health, you can to a great degree take charge through a combination of control of cholesterol, blood sugar, blood pressure, exercise and smoking cessation you can make positive strides to determine ones own heart health destiny.

With a quarter century of service to the community behind us, Heart Niagara's message remains very relevant today. Although the programs offered and the focus of these programs has changed with the times, one constant remains. That is, without the energy and enthusiasm of our many volunteers, sponsors and partners as well as our dedicated staff, the programming of Heart Niagara Inc. would not be possible. I wish to sincerely thank all those who make it happen.

The Cardiac Rehabilitation Program remains a very popular and important initiative for this organization. Over the past year our numbers of participants continue to grow, with nearly 8000 client visits. We have piloted a St. Catharines Site for rehabilitation in partnership with the St. Catharines YMCA. The linkages with the NHS and the District Health Council have been strengthened. Our only disappointment has been the lack of funding support from the Ministry of Health for cardiac rehab services. They have however expressed to us an intent to support additional rehab programs in 2003-2004.

CPR and Workplace Wellness programs continue to train large numbers of clients. In particular the wellness program for employees is a growth area for Heart Niagara Inc. Our first major client was 200 plus employees of the City of Niagara Falls, all of whom received heart health assessments and education. The CPR Program saw over 6000 trained last year.

The Post M.I. Program under Don Gibson is well established and provides follow-up and counseling for patients of a serious cardiac event. It is an extension of cardiac rehab for those clients needing intensive support. It allows victims of heart disease to change their life and to not stop living.

Our Community Public Access Defibrillation Program continues to expand as well. We train and oversee the use of defibrillators in a diverse group of organizations and industries including; White Oaks Fitness Club, Niagara Parks Commission, General Motors and Hydro One to name a few.

The Schools' Program continues to bring the heart healthy message to Grade 9 Students across Niagara. Last year over 4000 received training, education and cholesterol testing. The

partnership with the Niagara Region and their school nurses makes this important initiative possible.

An exciting link with the Niagara Falls YMCA and the City's new Community Centre has evolved over the past year. We have been selected as the key community partner in this state of the art facility scheduled to open in 2005. We will have office space and clinical space for Cardiac Rehabilitation in this new building with little cost to us and with the ability to offer enhanced exercise services to our Cardiac Rehab patients and an enhanced profile in Niagara for our organization.

Heart Niagara Inc. continues to be a vital asset to this community. Despite the changes in health priorities over the years, our prescription for cardiovascular health and wellness remains up to date. In closing I wish to once again thank our community partners, our corporate and individual sponsors and our staff and volunteers for making the work done by this organization possible.

Dr. Doug Munkley

Cardiac Rehabilitation in 2002: Strategic Planning, Partnerships and Evolution

In the past year the Niagara Regional Cardiac Rehabilitation Program has continued to improve access and service levels to cardiac clients throughout the Region of Niagara. The Program has continued to grow in respect to services provided, staff mix and staffing hours. The improvements have occurred for two reasons; (1) an increasing interest in cardiac rehab services by the community and the Ministry of Health and Long Term Care (MoHLTC), and (2) Heart Niagara's dedication to serving the community and the partnerships that support Heart Niagara's vision. The CR program continues to be supported financially through fundraising, physicians volunteering their time, some infrastructure and staffing from the Niagara Health System and YMCA of Niagara, and HNI with infrastructure and staffing.

Highlights of the past year's improvements to the Niagara Regional Cardiac Rehabilitation Program:	
Accessibility	<ul style="list-style-type: none"> Over 300 new clients served at the Niagara Falls Site Almost 8,000 client visits recorded. Opening of a Pilot Site in St. Catharines at the YMCA Walker Branch
Standardization	<ul style="list-style-type: none"> Standardization of high quality cardiac rehab services at the 2 sites. Central coordination at Niagara Falls office.
Regional Partnerships	<ul style="list-style-type: none"> City of Niagara Falls, Niagara Falls Community Centre: Approximately 1,000 sq. ft. of office and clinical space to operate cardiac rehab has been negotiated. The centre will open in the fall of 2005. YMCA of Niagara: A new partnership providing access to YMCA facilities in the Niagara Falls Community Centre, Walker Branch (STC) and the new YMCA in Welland. Niagara Health System: Automatic referrals from the revised AMI Clinical Pathway with plans to regionalize.

The Cardiac Care Network of Ontario (CCN) managed the Ontario Cardiac Rehabilitation – Pilot Project in which HNI representatives sat on the Steering Committee. The CCN submitted the final report and recommendations to the MoHLTC in September 2002. In the report HNI is identified as the cardiac rehab provider in Niagara. The report is also favorable toward the Niagara Region in the fact that there is recognition Niagara is one of the priority areas in the province in need for funded cardiac rehab.

REFERRALS

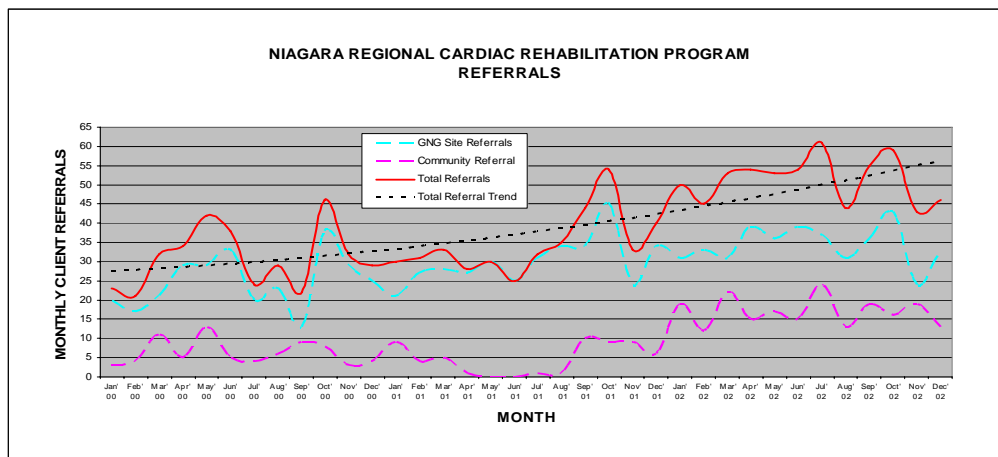
The Program is now being delivered at two sites, Niagara Falls and St. Catharines and meets Canadian and provincial standards as funding permits. The feedback from clients and staff is positive. The Program provides a high level of support for clients and for the physicians and nurse practitioners referring to the Program. Referrals to the Program have increased significantly.

Chart 1

Referrals have increased with a positive trend line indicating the success of the automatic referrals from the GNGH Acute Myocardial Infarction Clinical Pathway and improving community referral patterns.

Total Referrals

2000: 372
2001: 415 (11% increase)
2002: 617 (49% increase)



INTAKES

The Program is considered a limited service program and has reached its capacity to provide services. At present there is no wait time to access the Program. Intake appointments are coordinated as soon as possible after the client has been discharged from hospital and all clients who are seen at intake can start the Program the next Wednesday. A nurse practitioner intakes GNGH post MI clients while a registered nurse intakes the community referred and non-MI GNGH clients.

There has been no aggressive marketing in the community to increase awareness of the Program due to the potential demand of almost 3,000 referrals per year in Niagara. Resources to provide CR services for

49% of the potential 3,000 referrals (1,470) requires MoHLTC funding. With aggressive marketing the intake could reach about 72% of referrals or 2,160 new clients annually in Niagara. At present it is obvious the demand far outweighs the supply of CR services.

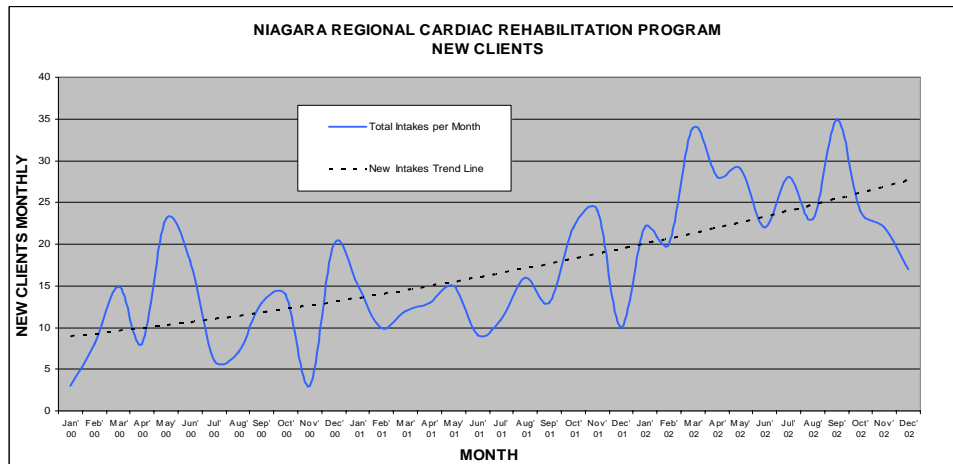
Chart 2

The intake of new clients into the CR Program has significantly increased. The up sloping trend line indicates the demand for CR services and the improvements in accessibility to the Program.

Total new clients:

2000: 138
2001: 170
2002: 304

49% of patients referred to the Program enter the Program, an increase of 5% from year 2001.



ATTENDANCE

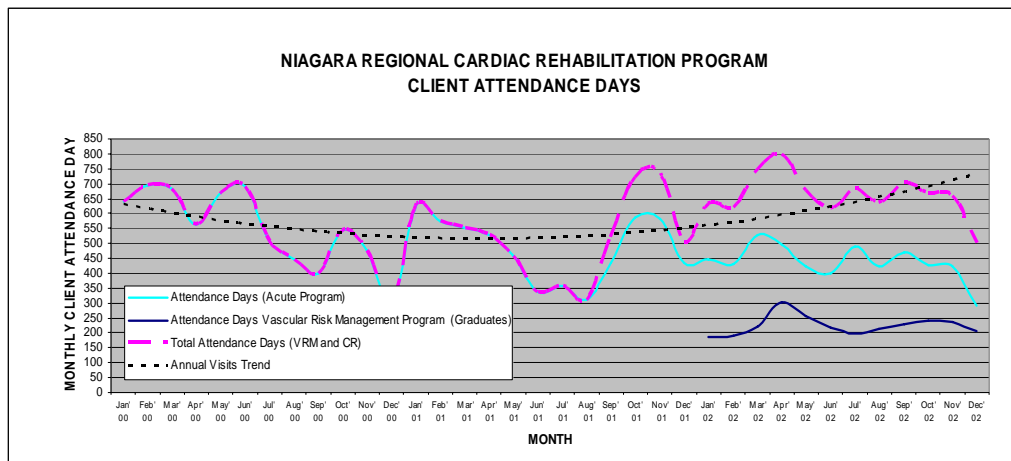
The improvements in the past year to the HNI computer network has made it possible to digitally document all client visits, including exercise visits. In the past year there were 7,952 client visits to the Program.

Chart 3

Program attendance has increased proportionally with new intakes. The positive upswing of the trend line indicates improved data collection and reflects the workload of the staff in the program.

Total client visits:

2000: 6,612
2001: 6,059
2002: 7,952



2003 Plan

In 2003 there is a need to aggressively pursue MoHLTC funding for the Niagara Regional Cardiac Rehabilitation Program. A proposal will be submitted in 2003 to request funding for the Program. The vision is to operate the Program full time in Niagara Falls and St. Catharines, with Welland and Fort Erie operating part time. All sites will be staffed from a common staffing pool.

Continue to work with the NHS to improve the Clinical Pathway referral patterns.

Improvements to the Program continue to progress focusing on the development of an operations framework in accordance with the ISO (the International Organization for Standardization), IWA 1:2001(E) *Quality Management Systems: Guidelines For Process Improvements In Health Service Organizations* and the CACR Cardiac Rehabilitation Guidelines.

Post Myocardial Infarction Program: Integration Completed in 2002/2003

In the past year the Post Myocardial Infarction Program has been integrated with the Niagara Regional Cardiac Rehabilitation Program to become a seamless service to clients suffering from myocardial infarctions (MI) and referred from the Niagara Health System - Greater Niagara General Site. Program changes include significantly improved access to clients to post MI nurse practitioner services. These services include intake assessment and case management through the Niagara Regional Cardiac Rehabilitation Program and direct referral to the longer term Post MI Program. Heart Niagara Inc. believes that longer term standardized follow up is key to maintaining the lifestyle changes made by clients in the cardiac rehab program.

Referrals to the Post MI Program come automatically from the Acute MI Care Map at the NHS-GNG Site. Referrals are integrated with the Niagara Regional Cardiac Rehabilitation Program. In addition to the referral process, the Post MI Program is collaborating with the NHS in revising the AMI Clinical Pathway to include a process to improve the early identification and documentation of patients with AMIs. Every patient with a Troponin > 2.3 will be identified and within 24hours placed on the AMI Care Map if they have a diagnosis of AMI.

2002 was the second complete year that the Post MI Program has operated. During the year client visits occurred with-in cardiac rehab program, follow up visits with graduates of the program and individual visits with clients not able to access the CR program.

The Post MI Program continues to be supported financially through HNI fundraising to cover infrastructure costs and the MoHLTC for the NP position. The NHS has provided office and clinic space for the Post MI Program.

2003 Plan

In 2003 a continued focus will be on developing the Post MI Program's long term structure of care and stratifying client needs in relation to their vascular risk stratification.

Workplace Cardiovascular Risk Awareness Program in 2002: A Pilot Delivered, New Opportunities

Pilot Delivered

In 2002 the Workplace Cardiovascular Risk Awareness Program was developed with a grant from Pfizer Canada. The Program's development included a Workplace Cardiovascular Risk Awareness Pilot Project which was a project with Heart Niagara Inc. and the City of Niagara Falls focusing on education and awareness of employee cardiovascular health. An assessment included a health history, blood pressure assessment, weight and height, and cholesterol testing. The cholesterol testing was an on-site, random finger capillary test using 2 test strips; 1) a total cholesterol test strip and 2) a HDL test strip. Using the combination of random total cholesterol and random HDL tests gave as close to accurate on-site cardiovascular risk scoring as workplace program could achieve. The participation level of City of Niagara Falls staffing was excellent with approximately 30% (192) of the staff participating.

The project's aggregate data has been sent to Pfizer Canada for analysis and no conclusions have been made at this time. The complete data set is extensive. A final project evaluation report will be available once the data set is discussed with the Pfizer epidemiologist.

New Opportunities

Meetings have been held with Ball Harrison Hansell, a benefits company in St. Catharines to investigate the potential to deliver the Workplace Cardiovascular Risk Awareness Program as a component of a benefits package to employers to improve the health status of an employee population and reduce sick benefit premiums.

Impact Of Health On Employers:

- 70% of health care expenses associated with preventable conditions
- 53% of all disease in North America is lifestyle related
- In 1980, 7% of Corporate America's profits went for the provision of health care
 - In 1991 it rose to 48.3%
 - Exceeded expected increases to 60% or higher after 2000
- Over 50% of all health care costs for a company are incurred by the spouses & dependents, not the employee
- Employees with 2-4 risk factors have, on average, 75% higher medical costs over their career
- In Corporate America, a well planned wellness effort can generate a minimum of \$1.10 for every \$1.00 spent. The average is between \$2 & \$3 for every \$1.00 spent

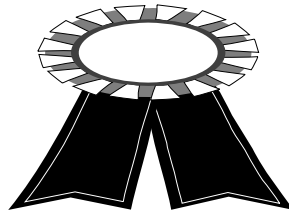
A benefits package is being developed in partnership with Ball Harrison Hansell to be offered to over 200 employers in Niagara and Burlington by Sept. 1, 2003.

2003 Key Planning Areas

1. Continue to develop the relationship with the City of Niagara Falls to make the project an annual program.
2. Secure a second pilot site in the Niagara Region to offer the Workplace Cardiovascular Risk Awareness Program
3. Research and development with Ball Harrison Hansell to be an exclusive provider to Niagara and Burlington area employers for the Workplace Cardiovascular Risk Awareness Program that is included in employee benefits.

COMMITMENT AND SERVICE RECOGNITION

Dr. Armstrong, Dr. Bassil, Dr. Chan, Dr. Clark, Dr. Dec,
Dr. Dobbin, Dr. Foster, Dr. Goodwin
Dr. Hill, Dr. Ledray, Dr. McGarry, Dr. Morin, Dr. Munkley
Dr. Tannous, Dr. Zimakas
Rhonda Armstrong, Bill Biletschi, Jerry Eyles,
Lin Fisher, John Friese, Dorean Harding, Marg Hines,
Rae Latenville, Liz Pasco, Ria Schriver, Elvin Wightman



Dan D'Addio – Vineyard Cycle Tour
Bob Eby – Vineyard Cycle Tour
John MacDonald – Vineyard Cycle Tour
John May – Vineyard Cycle Tour
Carol DeGiuli – Vineyard Cycle Tour, Combat Challenge, 25th Anniversary
David J. Fast – Vineyard Cycle Tour, Combat Challenge, Heart Niagara Polo,
25th Anniversary
Louann Fiorentino – Vineyard Cycle Tour, Combat Challenge, Heart Niagara Polo
John Henning – Vineyard Cycle Challenge, Combat Challenge, Heart Niagara Polo
Tim Kares – Cardiac Rehab, Combat Challenge, Heart Niagara Polo, 25th Anniversary
Frank Ruberto – Combat Challenge, Heart Niagara Polo
Jim Howard – Combat Challenge
Kim Racey – Combat Challenge
Gail Cournoyea – Highland Games
Debbie & Doug Campbell – Highland Games
Ria Schriver – Highland Games
Peter Fisher-Heart Niagara Polo
Terry Flynn – Heart Niagara Polo
Karen Lutz - Heart Niagara Polo
John Theal – Heart Niagara Polo
Claude Pilato – Hearts in Motion Golf Tournament
Ben Vacca – Bingo
Billy Maxfield – Office, 25th Anniversary

*Thanks to all our many Volunteers for their contribution to
Heart Niagara Inc.*

SLATE OF OFFICERS

2002 – 2003

Dr. Douglas Munkley, Chair
Mrs. Joanna Mataya, Vice Chair
Mr. John Carter, Secretary/Treasurer
Mr. John Cunnane, Past Chair

Mrs. Ann Louise Branscombe
Mrs. JoAnn Sacco
Mr. Ted Sauer
Ms. Karen Tribble
Dr. Stafford Dobbin
Ms. Karen Stearne

MEDICAL CONSULTANT GROUP

Dr. Stafford Dobbin – Cardiac Rehab & Schools HNI Community Medicine
Dr. Yun K. Chan – Cardiac Rehab NHS Internal Medicine
Dr. Rose Tannous - Cardiac Rehab NHI Cardiologist
Dr. George Zimakas – Cardiac Rehab HNI Internal Medicine
Dr. Douglas Munkley - Regional Public Access Defibrillation

The board of directors shall consist of the number of directors set out in the letters patent or such number of directors as may be determined from time to time by special resolution, and for the present shall consist of eight to twelve directors, eleven of whom shall be elected plus the twelfth to be the immediate past Chair of the board of directors.

**HEART NIAGARA INC.
ANNUAL
BOARD OF DIRECTOR'S MEETING**

Thursday, April 25th, 2002 – Niagara Shrine Club

Present: Ann Louise Branscombe, John Carter, John Cunnane, Barb Dixon, Bob Kuhns, Joanna Mataya, Dr. Doug Munkley, Claude Pilato, JoAnn Sacco, Ted Sauer

Regrets: Dan D'Addio

Guests: Dr. Chan, Sophie D'Amico, Linda Fisher, Tim Kares, Ed. Wall, Jim Williamson, Ellen Wodchis, Kun

Staff: Gema Benard, Josie Bozzo, Jo-Anne Gale, Don Gbson, JoAnn Kares, Katherine Nelson, Karen Stearne

1. Dr. Munkley welcomed everyone to the 24th Annual General meeting for Heart Niagara Inc. and expressed to the group that his theme for the evening focused on volunteers.
2. Karen Stearne, Executive Director thanked everyone for coming and Jim Williamson of Pfizer for sponsoring the evening. Paul Kent from Kent Heritage Farms came out and explained what the menu was for the evening.
3. Dr. Munkley spoke about the changes at Heart Niagara Inc. such as the new location, and the expansion of Cardiac Rehab. He also mentioned that the continued growth of Heart Niagara Inc. was due to the dedication of staff, volunteers and the partnership with other organizations. Plaques were presented to: Linda Fisher and Tim Kares for their volunteer work with Heart Niagara Inc., as well as Drew Ward, Niagara Shrine Club for the Shrine Clubs commitment to the community. Other recipients receiving awards who were unable to attend are as follows:

Commitment to Community Appreciation Award

Cogeco – DAYTIME
Bob Eby & Associates
Niagara Falls Golf Club
Niagara Falls Review
Niagara Falls Shrine Club

Volunteer Appreciation Award

Linda Fisher
Tim Kares
Billie Maxfield
John Wultchyn

4. Minutes of the 23rd Annual General Meeting from April 3rd, 2001 were adopted. Motion made to accept made by Ann Louise Branscombe. Seconded by Ted Sauer.
5. Motion to accept Committee Reports as written. Accepted by John Cunnane. Seconded by Joanna Mataya.
6. Motion to accept the Audited Statements as prepared by Crawford, Smith & Swallow and to recognize them as the Accounting Firm for 2002/2003. Motion made by John Carter. Seconded by JoAnn Sacco.
7. Adoption of Budget for the coming year 2002/2003 was accepted by Karen Stearne and seconded by John Carter.
8. Adoption of the 2002/2003 Slate of Officers are as follows:

2002/2003 SLATE OF OFFICERS

Dr. Douglas Munkley, Chair
Mrs. Joanna Mataya, Vice-Chair
Mr. John Carter, Secretary/Treasurer
Mr. John Cunnane, Past-Chair

Mrs. Ann Louise Branscombe
Mrs. JoAnn Sacco
Mr. Ted Sauer
Ms. Karen Tribble
Dr. Stafford Dobbin
Ms. Karen Stearne

MEDICAL CONSULTANT GROUP

Dr. Stafford Dobbin, Cardiac Rehab & Schools HNI Community Medicine
Dr. Yun K. Chan, Cardiac Rehab NHS Internal Medicine
Dr. Rose Tannous, Cardiac Rehab NHS Cardiologist
Dr. George Zimakas, Cardiac Rehab HNI Internal Medicine
Dr. Douglas Munkley, Regional Public Access Defibrillation

Motion made to accept made by Joanna Mataya. Seconded by Dr. Doug Munkley.

6. Dr. Munkley and Karen Stearne thanked everyone for coming.

Heart Niagara's 24th Annual General Meeting was adjourned at 8:10 P.M.