



27th Annual Meeting

Tuesday, September 28th, 2004

Niagara Falls Shrine Club
5621 North Street Niagara Falls, ON



This evening has been supported by: AstraZeneca and the Niagara Shrine Club



27th ANNUAL GENERAL MEETING

**Niagara Falls Shrine Club
Tuesday, September 28th, 2004**

5:30 Symposium and Welcome

6:30 Keynote Address by Dr. Ivy Fettes

“Treatment & Prevention of Heart Disease in Women ...What are the Differences?”

7:30 Annual General Meeting

- Adoption of Annual General Meeting Minutes of November 5, 2003
- Adoption of Committee Reports
- Adoption of Financial Statements for 2003-2004
- Adoption of Accounting firm Crawford, Smith & Swallow for 2004-2005
- Adoption of the 2004-2005 Slate of Officers
- Motion to close 27th Annual Meeting

Thanks to AstraZeneca, Niagara Falls Shrine Club and An Affair to Remember for event support

September 28, 2004

**Report from Dr. Douglas Munkley
Chairman Board of Director**

As I look back on the past year at Heart Niagara, our message and prescription for cardiovascular health and wellness seems even more relevant today than when this organization was founded over 25 years ago. A number of very highly publicized medical studies have validated once again the programs that Heart Niagara provides to our community. Like the expression “what’s old is new again,” the value of citizen CPR, early access to defibrillation and cardiac rehabilitation have been reaffirmed by new Canadian studies.

The CPR program continues to train large numbers of clients. Recent studies from Ottawa (the OPALS group) and Edmonton have demonstrated that CPR in cardiac arrest is the most important factor in survival, more so than paramedic advanced treatment at the scene. From a Public Health perspective these studies suggest that, expanding bystander CPR training on a large scale will save lives. The OPALS Study determined that only 15% of the population knows CPR, and an increase to 30% would save 350 lives annually in Ontario alone.

Our schools program continues to bring the heart health message and CPR to grade nine students across Niagara. The partnerships with the Regional Niagara Public Health Department and specifically the school nurses have made this important initiative possible.

The Community Public Access Defibrillation (PAD) program is growing as well. A study out of Seattle published in the New England Journal proved that trained lay persons safely use defibrillators and doubled the number of survivors of cardiac arrest. We train and oversee the use of defibrillators to a diverse group of organizations including City of Niagara Falls, Niagara Parks Commission, General Motors, Club Italia, White Oaks, Fort Erie YMCA and soon the YMCA’s of Niagara. Just last Sunday a 50 year old hockey player collapsed at the Niagara Falls Memorial Arena. Heart Niagara trained arena staff defibrillated him and he was talking and alert in ER. He is expected to make a complete recovery.

Nationally there seems to be a renewed focus on disease prevention as articulated by the recently appointed Federal Chief Medical Officer of Health, Dr. David Butler-Jones, which is very much in-line with Heart Niagara’s approach. That is, when it comes to heart health, one can to a great degree take charge through a combination of control of cholesterol and trans fats, blood sugar, exercise and smoking cessation; you can determine your own heart health destiny. Our programs are not based on faith; but rather on medical research outcome data.

Over the past year the cardiac rehabilitation program has expanded permanently to the St. Catharines site in partnership with the YMCA of Niagara. Our number of participants in the 3 sites (St. Catharines, Niagara Falls, and Fort Erie) continues to grow. Published studies from Laval University this spring showed cardiac rehab and risk management to be as effective as cardiac surgery in long term outcome of post myocardial infarction (MI) patients. Unfortunately we have been very disappointed that the Ministry of Health has not provided the Niagara Region with funding for cardiac rehab services. Niagara is by far the largest area of the province without provincial dollars for cardiac rehab. We continue to lobby provincially, strengthen our linkages regionally and educate and inform the public of this deficiency, with hopes that the province will provide the needed funding to allow Heart Niagara to continue to meet the growing need for our cardiac rehab program. This would provide benefits to all those in our community in need of our services.

Heart Niagara's message remains very relevant in 2004. However, without the enthusiasm and dedication of our staff, volunteers and sponsors, the programming of Heart Niagara would not be possible. As a charitable organization, all of our resources need to be raised locally to make it happen. Once again, a huge thank you to the individuals and corporate sponsors and to our community partners and to our program staff for making a difference in our community.

Respectfully

Dr. Douglas Munkley
Chairman

September 28, 2004

**Report from Dr. Dobbin
Medical Director Professional Advisory Committee**

Niagara Schools' Healthy Heart Program and Regional Cardiac Rehabilitation Program combined to put considerable strain on the financial resources of Heart Niagara. If we are to continue to deliver both programmes an established annual source of revenue must be developed for at least one of them.

Niagara Regional Cardiac Rehabilitation Program (NRCRP) is our flagship programme but has been severely compromised by the MoHLTC's refusal to include it in the funded CR programmes provincially. Also we have lost revenue due to a fall-off—for a variety of reasons - in the numbers of our volunteer Physicians at the activity class. While continuing to express our gratitude to those who still donate their time, and fees, this income barely covers the cost of the activity class. Under the direction of Don Gibson RN(EC) and his staff the CR programme received 700 referrals last year and 350 patients completed the 26 week programme mandated by the Canadian Guidelines. The majority of the referrals came from the GNGH site of the Niagara Health System as this is the only hospital where referral is directly from the Intensive Care Unit to CR. We continue to work on expanding the Regional Care Map for Acute Coronary Artery Disease to other sites. We have started satellite programmes in Fort Erie, (thanks to funding from Fort Erie Municipal Council and Community Health & Wellness Fort Erie), and in St. Catharines both are delivered in co-operation with the YMCA of Niagara and Fort Erie YMCA.

However the bottom line, as always, is that it costs Heart Niagara almost \$300,000.00 a year to run CR and any expansion cannot proceed without a guaranteed funding source. As was said at one of the municipal council presentations in the last month; Heart Niagara will continue to run CR – while we still have a dollar in the bank – or as is said until “The Fat Lady Sings”. And even then we will hope to have enough volunteer energy left to test The Fat Lady's blood cholesterol, blood sugar and blood pressure and give her some advice on weight loss and activity.

The Niagara Schools' Healthy Heart Program is going into its 18th year. Children who were part of the initial programme are 31 years old today. Within a few years' population statistics which show that the Niagara Peninsula has a worse profile for arterial disease than the rest of Ontario will begin to reveal whether this programme has helped to improve that profile. A recent international study has confirmed that the two risk factors for arterial disease which count for more than any of the rest are smoking and blood cholesterol. Heart Niagara spends almost \$60,000 each year to test blood cholesterol in all grade nine students in the Niagara Region and are one of the few agencies anywhere in the world that do this as part of a whole population public health strategy in association with our partners; Regional Niagara Public Health Department, Niagara Catholic District School Board and District School Board of Niagara.

We have been fortunate in the past to have had the support of the Branscombe Family Foundation and the GNGH Foundation in delivering these programmes. Yet again this year over 4,000 adolescents will receive CPR training in addition to testing for genetic and environmental risk with emphasis on providing them with the right tools to make individual choices which will exclude arterial disease from their future.

Sincerely,

Dr. Stafford Dobbin, M.B., C.C.F.P.

2003 Community Preparedness Report

A cornerstone of Heart Niagara programs is to provide the skills to the Niagara Region that will strengthen each link of the Chain of Survival: **Healthy Choices, Early Recognition, Early Access, Early CPR, Early Defibrillation, Early Advanced Care, Early Rehabilitation**

Adolescent Population

Heart Niagara in co-operation with the Regional Niagara Public Health Department and the School Boards are delivering the CPR program to each grade nine student in the Niagara Region. The Schools' Healthy Heart program provides students with enough information about their individual heart health profiles to guide them in making responsible lifestyle choices. The five day teaching block includes a review of fitness, height, weight, blood pressure and total cholesterol and CPR training.

In 2003-04 school year Heart Niagara delivered a pilot program in the Niagara Catholic District School Board – Niagara Falls sites to G7&G8; The pilot provided risk factor information and trained students and teachers in CPR.

Location	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Grade 9	297	410	669	590	349	120			76	454	758	752	4566
Grade 7&8	62		104	82	170	173					163	53	807
Co-Op						24							24

CPR

CPR is a skill that enables the trained public to save lives in cases of heart attack and other causes of sudden death. Specifically, the course will teach you: how to reduce the risk of heart disease, recognize the signs/symptoms of a heart attack, recognize the value of the Chain of Survival, how to open a victim's airway, perform artificial respiration, perform external blood circulation, perform the Heimlich Maneuver

Location	Jan	Feb	Mar	Apr	May	June	Jul/ Aug	Sept	Oct	Nov	Dec	Total
Community	8	16	7	14	11	8	20	9	24	8	9	134
Industry						19			11			30
Medical	4	16		15	18	6			20	46		125
Niagara Health System		30	90		60	60		60	30	30	60	430
Public Health Dept.					101							101
Instructors Courses	8			5					8			21

First Aid Training

The program provides practical first aid and CPR training that can be applied at the workplace, in the community and at home. First aid training will allow those trained to effectively deal with both minor and life threatening situations. Heart Niagara provides Perri-Med First Aid certification

Location	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Community	6	18	18	11	9	14	12	5	15	19	15	13	155
Industry	14			18	7		8			12			45
Medical	41	31				14			26		50		162

Community Public Access Defibrillation (PAD)

HNI provides comprehensive defibrillation training, advocating for timely access to defibrillation throughout the Niagara Region. The program supports 47 locations in Niagara.

Location	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Community		17	3	7	3				1	7			11
Industry		15	29	35	24	9		13	25	45	37	12	244

Community Forums

Heart Niagara is committed to provide health services, public education, health promotion and to continue to build community linkages and partnership.

Location	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Baby Talk				16				14				10	40
Health Fairs			230	30	324								584

In 2004-05 Heart Niagara is committed to the increase of CPR training to 30% in every community, this initiative will save additional lives in Niagara. Heart Niagara will provide a leadership role to further improve each link in the chain of survival.

Press Release: Study states CPR is essential to improve outcomes of a cardiac arrest

Niagara Falls, ON, August 13 / - The first results of the *Ontario Prehospital Advanced Life Support (OPALS) Study* were published August 12, in the *New England Journal of Medicine*. This landmark 10 year study of which Dr. Munkley was a co-author confirmed the importance of CPR and rapid defibrillation; validating the cornerstone of Heart Niagara's programming since 1977. Cardiac arrest witnessed by a bystander, CPR by a bystander, and use of a defibrillator in eight minutes or less were each strongly associated with improved survival in the study.

In order to save lives, health care planners should make cardiopulmonary resuscitation by citizens and rapid-defibrillation responses a priority for the resources of emergency-medical-services systems. It has been recommended that public health and emergency-medical-services managers should recognize and address the two key modifiable links in their communities — namely, CPR by bystanders and rapid defibrillation.

Background

- Cardiovascular Disease is the leading cause of death in Canada.
- In Canada over 25,000 cases of sudden cardiac arrest occur annually 50% outside of hospital;
- Sudden cardiac arrest is a serious public health problem.
- Victims of cardiac arrest need to have heartbeat restored with CPR or defibrillation the sooner CPR is started the more likely an individual is to survive. After about 9 or 10 minutes, the chance of survival falls to zero.
- Cardiopulmonary Resuscitation (CPR) is a skill that enables the trained public to save lives in cases of heart attack and other causes of sudden death. A CPR course will teach: how to reduce the risk of heart disease, recognize the signs/symptoms of a heart attack, recognize the value of the Chain of Survival, how to open a victim's airway, perform artificial respiration, external blood circulation and the Heimlich Maneuver

Providing Community Coronary Care Programs to the Niagara Region for over 25 years

Charitable Registration Number 107473316RP0001



NIAGARA REGIONAL CARDIAC REHABILITATION PROGRAM 2003/2004 ANNUAL REPORT

Cardiac Rehabilitation in 2003/04: Evaluation and Sustained Growth

In the past year the Niagara Regional Cardiac Rehabilitation Program (NRCRP) has continued to improve services and access to cardiac clients throughout Niagara. A program evaluation completed in November 2003 (summary attached) indicates that the NRCRP meets or exceeds 7 of the 9 benchmarks set by the Ontario Cardiac Rehabilitation Pilot Project. The continued growth of the NRCRP has been sustained despite lack of Ministry funding. The growth has occurred for two reasons; (1) an increasing interest in cardiac rehab services by the community, and (2) operating the program in three sites, Allied Health Building in Niagara Falls, St. Catharines YMCA and the YMCA of Fort Erie.

The partnership with the Niagara Health System (NHS) has improved in regards to health information logistics through MediTech and weakened in the area of direct staff support. Heart Niagara Inc.'s (HNI) user access to a regional Meditech improves the opportunity for regional referrals and quickly locating test reports. However, in the past year the NHS has discontinued providing physiotherapy, occupational therapy and dietitian cardiac rehab hours. HNI has hired extra staff to cover these hours.

In the past year the Niagara DHC released its report, *Assessment of Cardiac Rehab Needs in Niagara: A Response to a Request from Heart Niagara Inc.* The report states "that a large volume of unmet need exists for cardiac rehab services in Niagara" and that HNI is only meeting 8% of the cardiac rehab need in Niagara.

FUNDING

The NRCRP continues to be supported financially through fundraising, physician donations, and, in-kind infrastructure and nursing hours from the NHS. In May 2003 HNI submitted a proposal to the Ministry of Health for cardiac rehab funding. The MoHLTC was unable to fund cardiac rehab in Niagara due to "funding pressures". In December 2003 an updated funding proposal was resubmitted and again the same Ministry response. Since then HNI has continued to communicate with the MoHLTC regarding the lack of cardiac services in Niagara.

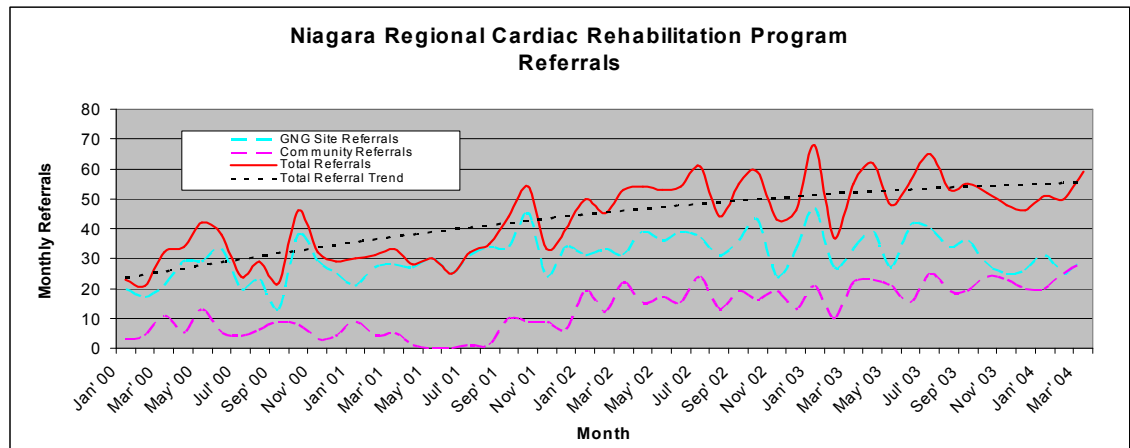
REFERRALS

2003 has seen a mixture of benefits and challenges regarding access to the NRCRP. The Ontario Cardiac Rehabilitation Program Directory identifies the NRCRP as the Niagara cardiac rehab referral program. This recognition has resulted in receiving more referrals from cardiac centres in London, Kitchener, Toronto and Hamilton. Within Niagara, community referrals continually increased and for the first time exceeded the number of referrals from the AMI Clinical Pathway. At the same time however AMI Clinical Pathway referrals dropped when NHS implemented the MediTech system at Greater Niagara General Site in September. The AMI Clinical Pathway referral rate continues to be 10-15% less than pre-MediTech. Overall, referrals to the Program have increased.

Figure 1

In this figure note the improving community referral pattern and decreasing GNG Site referrals. Overall referrals continue to increase indicated by a positive trend line.

Total Referrals
2000: 372
2001: 415
2002: 617
2003: 645





NIAGARA REGIONAL CARDIAC REHABILITATION PROGRAM 2003/2004 ANNUAL REPORT

INTAKES

INTAKES

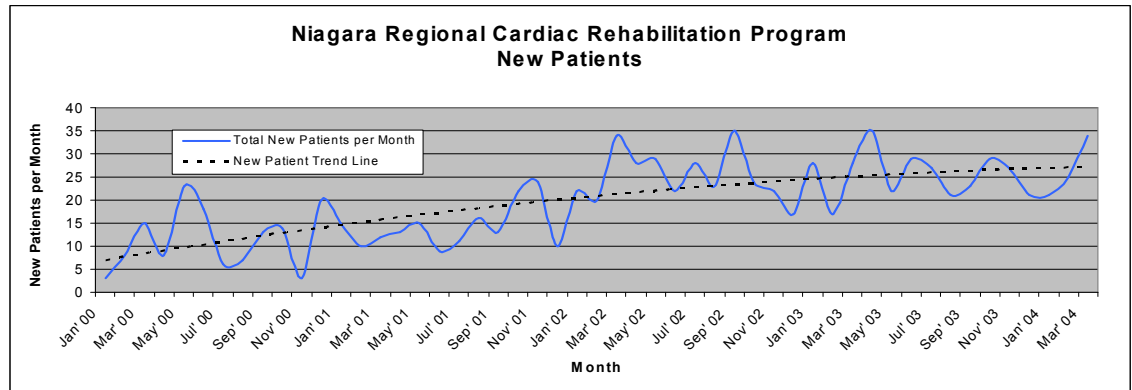
The NRCRP is considered a limited service program and has exceeded its capacity to provide services. At present there is no wait time to access the Program. A “wait list” will exist for St. Catharines patients in 2004/05. Niagara Falls and Fort Erie Sites will be able to accommodate all patients who wish to attend the Program.

Due to funding limitations there has been no aggressive marketing in the community to increase awareness of the Program. The potential demand of almost 3,000 referrals per year in Niagara is unreasonable to meet without funding. 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.

Figure 2

The intake of new clients into the NRCRP continues to increase. The up sloping trend line indicates the demand for CR services and the need to increase accessibility to the Program.

Total new clients:
2000: 138
2001: 170
2002: 304
2003: 314



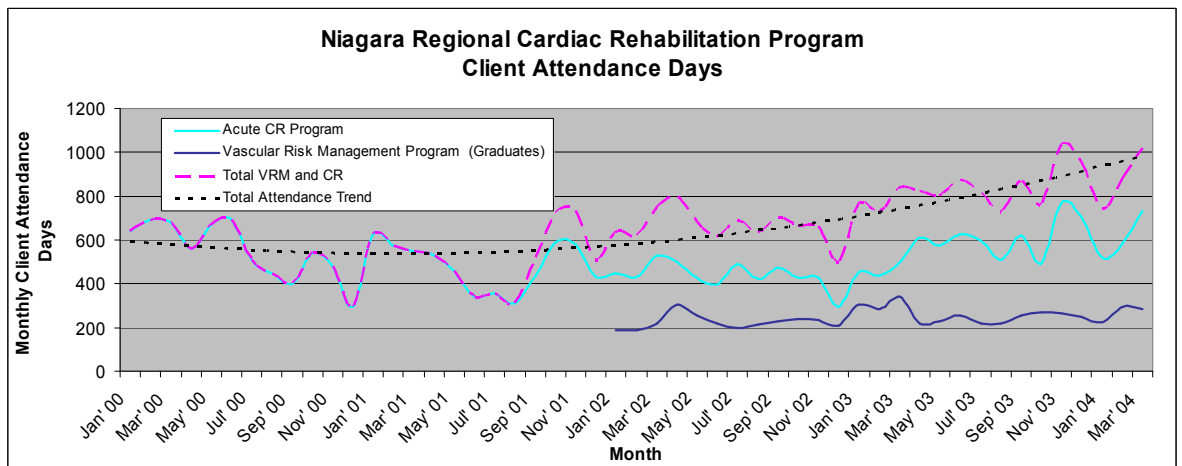
ATTENDANCE

Attendance to the NRCRP translates to access. Over a four year period HNI has almost doubled the access to cardiac rehab in Niagara. Tracking NRCRP access is made possible by the HNI staff digitally documenting all client visits, including nursing assessments, dietitian appointments, case management follow-ups, exercise visits, and, workshop attendance. The high retention and attendance rates at the YMCAs in St. Catharines and Fort Erie further supports the effectiveness of community integration and partnerships. Patient access increased to over 10,000 client visits to NRCRP services in 2003/04 which demonstrates the value patients find in the services and staff, and the state of the art exercise facilities in St. Catharines and Fort Erie.

Figure 3

Program attendance has increased with new intakes, better facilities and capturing workshop attendance. The positive upswing of the trend line continues and reflects the workload of the staff in the program.

Total client visits:
2000: 6,612
2001: 6,059
2002: 8,985
2003: 10,312





NIAGARA REGIONAL CARDIAC REHABILITATION PROGRAM 2003/2004 ANNUAL REPORT

2004/05 Program Planning

Community and Health Professional Awareness

In 2003, MoHLTC funding for the NRCRP was aggressively pursued without success. In 2004/05 HNI will continue to lobby for cardiac services in Niagara. To support lobbying efforts HNI will begin to increase community awareness of the high rate of heart disease and lack of cardiac services in Niagara by taking a grass roots approach with presentations to the Municipal governments in Niagara and supporting a cardiac rehab funding petition to the Legislative Assembly of Ontario.

The opportunity to increase health professional awareness of the NRCRP will also take a grass roots approach starting with the ICUs in the NHS sites, and, the cardiologists and internists that treat NHS heart patients. Packages describing the cardiac rehab program and the MediTech electronic referral process will be distributed in September.

Continuous Quality Improvement

In 2004/05 managing improvements to the Program will continue to progress 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 Canadian Association of Cardiac Rehab: *Cardiac Rehabilitation Guidelines*.

2004/05 Programming

New cardiac rehab guidelines will be released in October 2004 by the Canadian Association of Cardiac Rehab. NRCRP services will be modified to meet the guidelines according to available resources.

The Niagara Falls Site programming will need to be standardized to the St. Catharines and Fort Erie Sites. This will involve changing the Program schedule, staffing model and orientation process.

Preparations will begin in 2004/05 for moving the NRCRP to the new Niagara Falls Community Centre. The Niagara Falls Community Centre is scheduled to open summer 2005. The move to the Niagara Falls Community Centre is made possible by the City of Niagara Falls in-kind contribution and the YMCA of Niagara/Heart Niagara alliance agreement.

The Fort Erie Site will continue to operate and is support by grants from the Town of Fort Erie and the in-kind contribution of the YMCA of Fort Erie.

The St. Catharines Site will continue to operate and is support by donations and is made possible with the YMCA of Niagara/Heart Niagara alliance agreement and the in-kind contribution of the YMCA of Niagara.

The YMCA of Niagara will be opening their new Welland YMCA in the fall of 2004. The YMCA of Niagara/Heart Niagara alliance agreement has provided the opportunity to operate a NRCRP Welland Site. Discussions are ongoing to develop a funding strategy for this new site.

Discussions are ongoing with the West Lincoln Memorial Hospital for the development of a Grimsby NRCRP Pilot Site. No start-up date has been discussed



NIAGARA VASCULAR RISK MANAGEMENT PROGRAM 2003/2004 ANNUAL REPORT

Vascular Risk Management in 2003/04: Development

In the past year the Niagara Vascular Risk Management Program (NVRMP) has undergone development to include cardiac rehab graduates and the people who are interested in understanding and managing their vascular disease risk factors. The program is based on a global risk factor interventional model that parallels cardiac rehab. The patients' family doctor is the hub for medical care with nurse case management, exercise, nutrition and education being provided by Heart Niagara.

At the moment the NVRMP has a structured stream (involves a fee) and an unstructured stream (no fee). The structured stream is being trialed while the unstructured stream includes the graduates from the cardiac rehab program and the individuals who have come to Heart Niagara for smoking cessation.

FUNDING

The NVRMP will eventually require a fee from all participants and provide structured services. Other funding sources to be investigated include, but not limited to, research grants, pharmaceutical grants, and partnerships in-kind.

REFERRALS

A referral process (including self referral) is planned in the long term but initially access is through self referral.

INTAKES

Thirty two people have been seen for cardiac risk assessment in 2003/04. Another forty five cardiac rehab graduate patients have joined with many attending irregularly.

ATTENDANCE

Attendance to the NVRMP is documented in the Niagara Regional Cardiac Rehabilitation Program Annual Report.

2004/05 Program Planning

The program will continue to be offered to graduates of the Niagara Regional Cardiac Rehabilitation Program and anyone who is looking for vascular risk assessment. The NVRMP will not be marketed in 2004/05.

Further development of the NVRMP is planned and will focus on Metabolic Syndrome assessment, diagnosis and lifestyle modifications, stroke/TIA risk assessment and lifestyle modifications, and, heart disease risk assessment and lifestyle modifications. Discussions are moving forward with the NHS partnership expansion to include more collaboration with the Secondary Stroke Prevention Clinic.

A planning milestone for the NVRMP is the move to the Niagara Falls Community Centre.

COMMITMENT AND SERVICE RECOGNITION

Cardiac Rehabilitation Program

Dr. K. Armstrong, Dr. Y. K. Chan, Dr. J. Clark, Dr. D. Dec,
Dr. S. Dobbin, Dr. K. Foster, Dr. G. Gill, Dr. M. Goodwin

Dr. R. Ledray♥, Dr. J. Morin, Dr. D. Munkley

Dr. B. Werhun, Dr. G. Zimakas

Rhonda Armstrong, Bill Biletski, Valerie DeLuca, Jerry Eyles,
John Friese, Don Gibson, Margaret Hines, Lorraine Miller,
Liz Pasco, Katie Pirko, Ria Schriver, Elvin Wightman

YMCA of Niagara, Fort Erie YMCA, Niagara Health System

Fundraising Events

Vineyard Cycle Tour Committee-

Dan D'Addio, Bob Eby, Marcus Klein, Joyce Harris, John MacDonald, Al Pizzi, Mario Toffolo

Robyn Chew – Movable Feast, Winter Tribute Event

Francesca Carrera – Office, Cardiac Rehab, Winter Tribute Event

Carol DeGiuli – Vineyard Cycle Tour, Movable Feast, Winter Tribute Event

David J. Fast – Heart in Motion Golf, Movable Feast

Anita Fiorentino – Vineyard Cycle Tour, Movable Feast, Winter Tribute Event

Tim Kares – Cardiac Rehab, Cardiac Walk, Computer Consultant

Billy Maxfield – Office, Movable Feast, Winter Tribute Event

Pat Millington- Show you Care Campaign

Terra Pasco-Vineyard Cycle Tour, Movable Feast, Winter Tribute Event

Claude Pilato – Hearts in Motion Golf Tournament

Ben Vacca – Vineyard Cycle Tour, Movable Feast

Bingo Committee-

Ben Vacca, Rachael Patterson, Palma Lucarelli, JoAnn Cheevers, Diane Davies

Staff Contribution

Gema Benard, Public Access Defibrillation

Josie Bozzo, Community Preparedness Training Manager

Corey Canham, Research and Development

Robyn Chew, Office Assistant

Valerie DeLuca, Community Nurse

Jo-Anne Gale, Administrative Assistant

Don Gibson RN (EC), Regional Director

Joyce Harris, Bookkeeper

JoAnn Kares, Cardiac Rehab Coordinator

Karen Stearne, Executive Director

Thanks to over 100 volunteers and all our community sponsors for their contribution, making it possible for Heart Niagara to deliver regional programs



2003 – 2004 Corporate & Community Sponsors

- ♥ Al Reid Tournament
- ♥ An Affair to Remember
- ♥ AstraZeneca
- ♥ Aventis
- ♥ Bain Printing
- ♥ Branscombe Family Foundation
- ♥ Bristol-Myers Squibb
- ♥ Canadian Niagara Hotels
- ♥ Chippawa Lions Club
- ♥ City of Niagara Falls
- ♥ CIBC
- ♥ Cogeco Television
- ♥ Copperlen Marketing Group
- ♥ Crawford, Smith & Swallow
- ♥ Design Electronics
- ♥ Eby & Associates
- ♥ David J. Fast Chartered Accountant
- ♥ Fort Erie Kinsmen
- ♥ Fort Erie YMCA
- ♥ Hang-ups
- ♥ Health & Wellness Fort Erie
- ♥ Kent Heritage Farms
- ♥ Mari-Lynn Eastland Graphic Design
- ♥ Maple Leaf Collision Centre
- ♥ Merck-Frosst
- ♥ Niagara Falls Golf Club
- ♥ Niagara Falls Lions Club
- ♥ Niagara Falls Lioness
- ♥ Niagara Health System
- ♥ Niagara Neurological Services
- ♥ Niagara Parks Commission
- ♥ Niagara Ten Club
- ♥ Pfizer Pharmaceutical
- ♥ Play the Puck 55
- ♥ Queenston Lewiston Duty Free
- ♥ Sanofi-Synthelabo
- ♥ Stamford Lions Club
- ♥ Sunrise Rotary Club
- ♥ Tastes of Niagara
- ♥ Tender Wishes
- ♥ The Review
- ♥ The Standard
- ♥ Town of Fort Erie
- ♥ Track Niagara
- ♥ YMCA of Niagara
- ♥ Willoughby Volunteer Firefighters
- ♥ Many Local Restaurants and Businesses



2004 – 2005 Slate of Officer

Dr. Douglas Munkley, Chair
Mrs. Joanna Mataya, Vice Chair
Mr. John Carter
Dr. Stafford Dobbin
Mary Catherine Lindberg
Mr. Ted Sauer
Ms. Karen Stearne
Ms. Ellen Wodchis
Dr. George Zimakas

Professional Advisory Committee

Dr. Stafford Dobbin, Chairman
Dr. Yun K. Chan – Cardiac Rehab NHS Internal Medicine
Dr. Rose Tannous - Cardiac Rehab NHS Cardiology
Dr. George Zimakas – Cardiac Rehab HNI Internal Medicine
Dr. Douglas Munkley - Regional Public Access Defibrillation

2004 – 2005 Fundraising Events

Winter Tribute Event January 14, 15 2005
Show You Care Campaign February 2005
Heart Niagara Lobsterfest May 13, 2005
Vineyard Cycle Tour May 29, 2005
Hearts in Motion Golf Tournament October 5, 2005

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

Wednesday, November 5, 2003 – Heart Niagara Training Room

Present: Dr. Doug Munkley (Chair), John Carter, Dr. Stafford Dobbin, Ted Sauer, Karen Stearne, Ellen Wodchis, Dr. George Zimakas, Jo-Anne Gale (recorder)

Regrets: Mary-Catherine Lindberg, Joanna Mataya (Vice-Chair), Karen Tribble

1. Dr. Munkley welcomed everyone to the Annual Meeting and advised the board that this meeting was to bring our current schedule of meetings to date.
2. Minutes of the April 22, 2003 Annual Meeting were adopted. Motion made by Ted Sauer and seconded by John Carter. Carried.
3. Adoption of the Financial Statements for 2002 – 2003. Motion made by John Carter and seconded by Dr. Zimakas.
4. Adoption of Accounting firm Crawford, Smith & Swallow for 2003 – 2004. Motion made by Ted Sauer

Meeting adjourned at 8:15 AM