2011-2012 ANNUAL REPORT

127th

ANNUAL REPORT

Brockville General Hospital

Healthy People – Outstanding Care

Your Community Hospital Serving Leeds, Grenville and South Lanark

75 Charles Street, Brockville ON K6V 1S8 • 613-345-5649 • Web site: www.bgh-on.ca

Report of the **BGH Board Chair** and **President & CEO**

A major focus of the 2011/12 fiscal year was planning for the transfer of governance and management of acute mental health services from The Royal to Brockville General Hospital (BGH). Thanks to the diligent work and long hours of everyone involved, the transfer occurred at midnight of March 31, 2012/April 1, 2012. This successful transfer ensures these needed mental health services will continue to be available to the residents of our community. As well, over 100 jobs were maintained in the community.

On behalf of the Board of Governors and Senior Leadership Team, we want to say thank you to everyone who played a part in bringing this important piece of the Health Services Restructuring Commission's Directions for Brockville/Leeds-Grenville, South Lanark to completion. A more complete description of the services transferred is included in a separate article in this publication.

As well as planning for the transfer of governance and management, staff was busy working with the design team from Stantec Architecture Ltd. to develop a renovation plan for the third floor of the Charles Street site to accommodate the 24-bed acute care unit. The Hospital has received approval from the Health Capital Investment Branch of the Ministry of Health to move to the stage of preparing the construction documents. We expect to be out to tender for this project during the summer of 2012.

Another major focus of the 2011/12 fiscal year was the financial situation facing the Hospital. The financial statements report a year-end deficit (Ministry/LHIN version) of approximately $1.18 Million. This level of deficit is not sustainable. A contributing factor to the deficit was reduced income from sources outside of the Ministry of Health. The Hospital has historically been able to earn upwards of $1.8 million from patients/insurance companies for preferred accommodations and uninsured services. This year saw this income drop by approximately $350,000 compounding the reductions experienced in previous years. The income from these sources now totals approximately $1,000,000. The ever increasing requirements for patient isolation due to the prevalence of "super-bugs" and fewer people in the community with supplementary insurance means that this income is unlikely to come back, so the Hospital will have to learn to manage without these "extra" funds.

Because of the expected deficit, BGH asked for, and was approved for, a waiver from the South East Local Health Integration Network with respect to the requirement to finish the year in a balanced budget position. As part of the requirement of the waiver approval, the Hospital was required to submit a Performance Improvement Plan to the SE LHIN to demonstrate how BGH would be able to achieve a balanced budget position. Many ideas were received from staff and physicians and work continues on this plan.

The SE LHIN encourages Health Service Providers (HSPs) to collaborate, to integrate, to work together and share resources in order to provide more cost effective services to our patients and clients. BGH works with the following community partners to facilitate more cost effective provision of back office services:

- Sherwood Park Manor – financial services, payroll, information technology
- St. Lawrence Lodge – information technology
- Front Avenue Resource Centre – information technology
- Rideau Community Health Services – financial services, payroll
- Country Roads Community Health Centre – financial services, payroll
- Alzheimer Society of Leeds & Grenville – financial services, payroll
- Alzheimer Society of Lanark County – financial services, payroll
- Community & Primary Health Care – financial services
- Gateway Community Health Centre – payroll, reporting support

BGH staff and physicians worked with their counterparts across the SE LHIN on the Clinical Services Roadmap. The areas of focus are Cardiovascular Disease, Emergency Department Wait Times, Healthcare Acquired Infections, Maternal Newborn Care, Mental Health and Addictions, Restorative Care and Surgical Services. Agreement has been reached on a number of projects/ initiatives in the first six areas, and work is starting on the implementation of discrete projects. Surgical services were more contentious, but a charter for the project has been developed and should be approved during the months of May and June.

During the fiscal year, the functional program stage of the next phase of BGH's major redevelopment project was completed. This phase would see the consolidation of all the bedded services on the Charles Street Site of BGH. Work was nearly complete on the conceptual design phase when we were informed on March 27th that the Ministry of Health wishes to work with the Hospital to "re-scope" the project. Initial meetings have been held as a result of that announcement, and Hospital staff and the Stantec Design Team are reviewing options to reduce the total square footage of the project.

During the week of October 16th, surveyors from Accreditation Canada visited BGH to assess the Hospital's compliance with Accreditation Canada's standards. The initial report identified a few areas where the Hospital needed to provide more evidence of compliance with the standards. We are pleased to report that, after sharing information with Accreditation Canada in March, the Hospital is fully accredited. This achievement is due to all Hospital and professional staff's commitment to providing high quality care each and every day. We were extremely proud that Accreditation Canada recognized our Restorative Care Program as a "National Leading Practice". Congratulations to all staff who were involved in the development and implementation of this program.

The donor community of the area continued to provide exemplary support to the program and equipment needs of the hospital. Programs such as our Palliative Care and Cardiovascular Rehabilitation would not exist without the commitment of 1000s of local donors. Every dollar helps these programs provide great service to the community. Government funding does not provide the funds required to purchase replacement and new equipment. The generosity of local donors has enabled the foundation to support the purchase of many pieces of equipment. For further information, please see the Foundation report later in this publication.

To close, we wish to say thank you to those volunteer members of the Board of Governors who are leaving the Board: Nicole St. Aubin, David Gilliland, Janet Cooper, Chrystal Brown and George Coombes. We will miss your wise counsel. We also want to welcome the new members; you will find being on the board of your community hospital a challenging and rewarding time.

Thank you to all members of the Brockville General Hospital family. 2011/12 was a very busy year, filled with challenges; you met those challenges and continued to live BGH's mission "To provide an excellent patient experience—guided by the people we serve, delivered by people who care."

Ray Marshall - President & CEO

Norm Millar - Chair of Board

2011-2012
Board of Governors

Norman Millar -Chair
Board Member Since 2005

Robert Pickens
Board Member Since 2010

Hugh Bates - Past Chair
Board Member Since 2005

Sally Wills
Board Member Since 2010

John Southin
Board Member 1996-2005 & Since 2007

Chrystal Brown
Board Member Since 2007

David Gilliland
Board Member Since 2010

Neil Bhatt
Board Member Since 2009

Wayne Blackwell
Internal Vice Chair
Board Member 2004-2006 & Snce 2008

George Coombes
Board Member Since 2007

Charlotte Patterson
Board Member Since 2009

Anne Warren
Board Member Since 2009

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Dr. Karim Somani
Vice-President of Medical Staff

Ray Marshall
President & CEO

Dr. Robert Beveridge
Chief of Medical Staff

Dr. Denise Pajot
President, Medical Staff

Did You Know....

that Brockville General Hospital extended National Patient Safety Week to our own Patient Safety Month last November? As our finale in patient safety, our volunteers participated in our Hand Hygiene Challenge from November 24th to 30th—helping 1000 people clean their hands when arriving at BGH over the five days. All members of our Board of Governors are also volunteers that donate time to support Brockville General Hospital. Giving a show of clean hands during our Patient Safety Month are BGH Board of Governors members (front row, l – r) Wayne Blackwell, Anne Warren, Chrystal Brown, Charlotte Patterson, Sally Wills, Jean Macintosh, (back row, (l – r) Steve Read (BGH CFO), David Gilliland, John Southin, George Coombes, Robert Pickens, and BGH President & CEO Ray Marshall.

Vision – Mission – Values
Brockville General Hospital—Corporate Strategic Plan

Vision — **Healthy People ↓ Outstanding Care**

Mission — **To provide an excellent patient experience—guided by the people we serve, delivered by people who care**

Core Values — **Commitment to Compassion, Respect, Trust, Accountability, Collaboration & Continuous Improvement**

Strategic Directions

- Our **Patients**
- Our **Team**
- Our **Partners**
- Our **Finances**
- Our **Infrastructure**

Report of the CHIEF OF STAFF
Health, Healthcare and Politics

Did You Know...

that Brockville General Hospital hosts students year round? Over 500 students per year grace the BGH halls in many different areas: Medical Learners (for a medical career), Clinical (nursing or nursing support), Allied Health (lab, nutrition, physiotherapy, etc.), Office Administration, High School Co-operative Education, and Observation ("shadowing" or observing staff for several days). Lighting up our hallways last fall with their smiles were co-op students (l – r) Alisha Beauregard, Brieanna McLean, Olivia McMunn, Tom Good, Brenda Hodgkinson, Jennie Knapp, Alaina White and Logan Grant.

The complex relationship between health, health care and politics is long-standing and well recognized. The Canada Health Act with fundamental expectations of universal access to healthcare has been a defining feature of Canadian society since the 1960s. The requirements under the act have remained unchanged, but the interpretation and management of healthcare remain under provincial jurisdiction. This has led to many and diverse attempts at restructuring, in large part due to cost containment. This is also influenced by measurements of appropriateness of care, or evidence of improvements in health status relative to performance and outcome measures.

Economic realities internationally, nationally and provincially have affected so many areas of Canadian society including healthcare and its funding formulas. Attempts to limit growth have been complicated by the fact that technology improvements, expansion in methods of drug management, growth in contracts awarded to all healthcare providers have increased more rapidly than the rate of inflation or growth of GDP. It is therefore inevitable that deficits will occur unless there is an investment in significant restructuring of the system in which we operate. Attempts to reduce or limit the rate of growth of healthcare funding have gone through many cycles in the past 40 years. This has caused fluctuations in manpower supply which often result in increased expense to correct previous budget restrictions, particularly if there are faulty assumptions.

The environment for healthcare providers in Brockville is similar to most other Ontario (as well as many Canadian) communities. Uncertainty about our role within a regional context and lack of clarity about the implication of funding methods for clinical programs will affect our sustainability. These concerns are all part of a vitally important debate that should be framed by a well-developed transparent strategic plan. The recently announced changes to funding methods, and new physician payment changes have created confusion about how we might maintain our current nursing, allied health care professionals and physician manpower supply.

We must also accept that there are enormous risks in failing to respond to economic realities. This must be addressed by responding to challenges through innovation and greater accountability. This requires important partnerships with the Ministry of Health and use of techniques and protocols based on the best available evidence. If changes are introduced without regard to a good understanding about the complex inter-relationships between manpower supply and program interdependencies, the financial risk for rebuilding must also be considered. We have seen this happen before.

System Integration Continuity of Care…
Clinical Services Road Map; Updates on Regionalization

For the past two years the South East LHIN (SELHIN) has been working on an ambitious initiative known as the Clinical Services Roadmap (CSR). The principles have been to bring clinical programs closer together in regard to standardization of care, thereby promoting more continuity with greater accountability for the use of the best available evidence. As a result of many diverse and intensive meetings, health care providers and administrative staff from member hospitals in the region have agreed to a series of "charters" that outline the founding principles. From these, a series of work plans are being defined to allow implementation. Some details will require further development and clarification but the fundamental principles have all been agreed to by member institutions.

The first areas of study – and the resulting work plans arising out of them – include **Cardiovascular Care** *(focusing on chronic heart disease prevention/management and a reduction in readmission to hospital following a cardiac incident)*, **Emergency Department Wait Times** *(and the need to improve processes that will reduce the amount of time people wait to be seen as well as improve transfer of care between providers)*, **Healthcare Acquired Infections (HAI)** *(to reduce the number and severity of infections caught in health care settings)*, **Mental Health & Addiction Services** *(ensuring patients receive the right care at the right time in the right place)*, **Restorative Care** *(focused on coordinating care between health care providers, rehabilitation specialists, and the management of chronic continuing care)*, **Maternal & High-Risk Newborn Care** *(to ensure the latest emerging treatments and services are used when caring for high-risk mothers and their babies)*, and **Surgical Services** *(creating a regional, collaborative plan to manage effective inter-hospital care)*.

There are still areas of concern expressed by physicians, particularly as it relates to changes that affect the autonomy of different communities for manpower, governance and full understanding of what program reductions or enhancements will have on the sustainability of related programs. For example, reducing surgical services could affect anesthesia manpower which in turn is necessary for other programs such as Obstetrics, the Emergency Department or Intensive Care Unit. Organizational change can sometimes be intimidating but our care providers accept all the principles upon which the CSR project has been developed. We remain committed to the principles of patient centered care, delivered close to home, in an efficient and effective manner.

eHealth and Data Sharing

Agreements with The Ottawa Hospital and the Kingston hospitals were signed last year and have been implemented through the course of this year. The SELHIN has sponsored the implementation of a broader model of shared access by standardizing the server configurations for all of the hospitals in our region so that patient records, imaging and lab information can be more easily accessed. This has already been implemented between Kingston hospitals and Perth Smith Falls, with other hospitals due to come online in the next several months.

The IT staff of Brockville General has continued to aggressively pursue changes to our local system, giving us the most comprehensive electronic record in Eastern Ontario. In addition we were part of the project to develop a clinical data repository so that imaging results and discharge summaries from Ottawa hospitals and Brockville can now be distributed directly to some Family Physician electronic records in a real time basis without requiring expensive interfaces or scanning reports. Following the success of this project our developers have continued to work on an eHealth referral system using similar technologies.

Technology Advances

We have successfully implemented a new Operating Room software system which allows for greater efficiency in scheduling, management of equipment and supplies. It is also expected to allow improved reporting on performance, efficiency of utilization and costs.

New software for echocardiography reporting will be implemented this year, leading to significant improvements in the detail of reports but also reducing turnaround times for physicians to receive important information for clinical care decisions. This is part of a more comprehensive digital approach to cardiodiagnostic reporting, that includes EKG, stress testing and holter monitoring (for detection of heart rhythm abnormalities). The design also allows for physicians to access the information remotely (from home or office) as well contributing to data sharing on a regional basis.

Physician Manpower Supply and Access to Care

We have continued to be successful in attracting physicians to the area. We will be welcoming a new full-time radiologist this summer, a fifth General Surgeon will be arriving in the fall, and two new Obstetricians will also be starting within this coming year. Recruitment for more full-time anaesthesia is ongoing. Inpatient care continues to be coordinated by local family physicians working with full and part time "hospitalists". This blended model still allows family physicians to provide continuity of care to their own patients and also ensures that patients with no local physician are cared for, as well.

Two new family physicians will be joining an established practice this year. Fortunately, we continue to see that most patients are able to find a family physician. A new full-time hospitalist will arrive in July and another is under negotiation for longer term arrangements, helping to improve consistency in the approach to inpatient medical care.

The Future State?

The mood among staff is not one of optimism but uncertainty: Threats of reduced resources, lack of clarity on funding methodology, unknown effects that physician fee changes will have, system changes that affect whether clinical care is delivered locally versus regionally, autonomy undefined. The only thing that remains certain is a strong commitment to excellence in patient care with dedication to community service.

Robert C Beveridge, MD MSc FRCPCP
BGH Chief of Staff
Professor of Medicine (Adjunct)
Queens University

Transfer of **mental health** means **FULL SPECTRUM OF ACUTE CARE** services at BGH

On April 1st, 2012, Brockville General Hospital (BGH) assumed governance of mental health acute care services for Leeds, Grenville and South Lanark from the Royal Ottawa Health Care Group (The Royal). This transfer of services was in response to the 1997 recommendation from the Hospital Services Restructuring Commission (HSRC) regarding realignment of hospital services in Brockville. BGH was to become focused on acute care, including mental health. By 2006, the Ministry of Health and Long Term Care amended the directions; along with assuming responsibility for complex continuing care, rehabilitation and palliative care, BGH was confirmed to accept transfer of acute care mental health services for the area. Subsequently, the South East LHIN and Champlain LHIN worked diligently together to finalize arrangements by which the transfer could take place.
On April 1st, the acute mental health services transfer became a reality.The scope of the project was substantial, eclipsing the work required and services affected by the program transfer in 2006 which culminated in the former St. Vincent de Paul Hospital becoming BGH Garden Street Site. The mental health transfer included the Assertive Community Treatment (ACT) Team of Leeds, Grenville & South Lanark based at 25 Front Avenue West, and all inpatient and outpatient services based at the Elmgrove Unit of the Brockville Mental Health Centre—ECT, EEG, the Outpatient Team, and the Mental Health Crisis Team of Leeds & Grenville.

The Elmgrove unit became part of Brockville General Hospital, and now operates under the BGH umbrella of services as BGH Elmgrove Site. Elmgrove services include:

The Central Intake Team is the entry point to Mental Health Services in our community. The Central Intake Team streamlines access to all mental health services available in the catchment area of United Counties. Services include referral coordination and clinical intake assessments to the client.

The Outpatient Program operates from the BGH Elmgrove Site and 25 Front Avenue. The program team consists of psychiatrists, psychologists, nurses, social workers and vocational counselor who provide specialized outpatient psychiatric consultation and follow up to adults16 years and older experiencing mental illness.

SATELLITE CLINICS ARE OFFERED IN:

• Kemptville • Gananoque • Smith Falls • Prescott

The Acute Inpatient Mental Health Program is a 24-bed, short term, acute care unit, serving adults age 16 and over. A multidisciplinary team provides inpatient assessment, stabilization and treatment services for people who are acutely mentally ill. It provides a milieu designed specifically for adult patients who, as the result of a psychiatric disorder, are acutely and significantly disabled.

The Crisis Team provides 24/7 assessment and brief intervention services to individuals living with mental illness as well as those experiencing distressing feelings, thoughts or relationships. This team provides specialized counselling and support and education services to individuals, families and groups experiencing a variety of mental health issues.

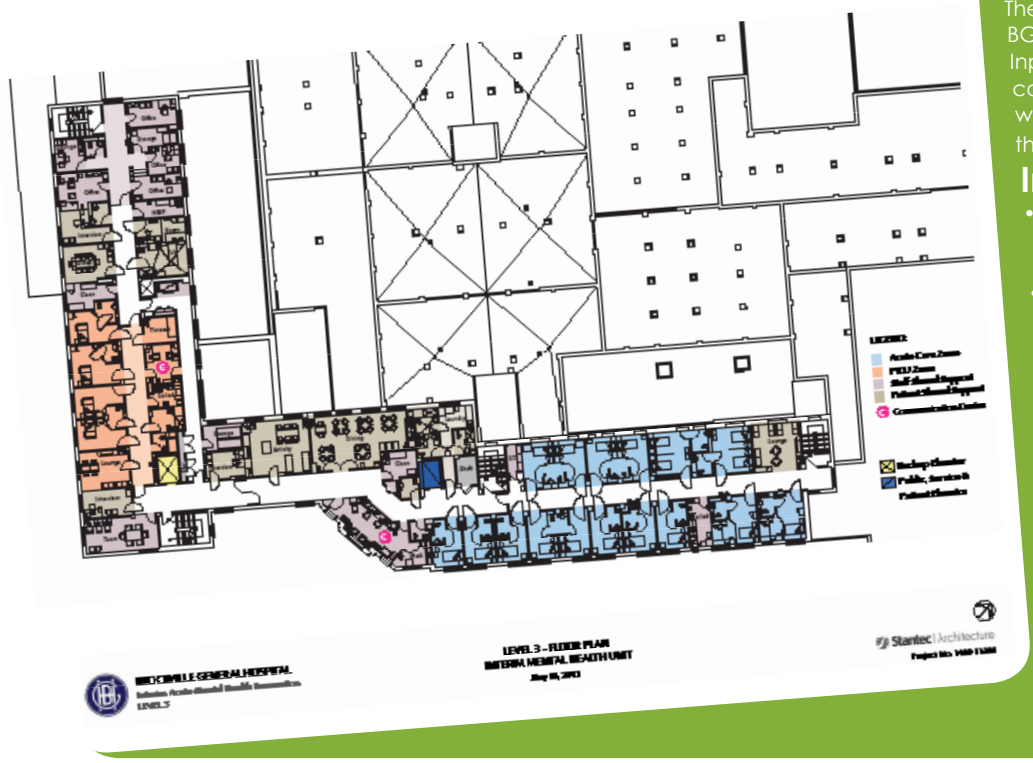
The Assertive Community Treatment (ACT) Team is a client-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons who have the most serious mental illnesses, have severe symptoms and impairments, and have not benefited from traditional out-patient programs.

Sixty-eight BMHC staff and 46 new hires were taken on to create the new BGH Mental Health Services department. Fifteen psychiatrists (including full-time, part-time, locum, and on-call) applied for and were granted privileges at BGH. The annual operating budget for all these services will be approximately $13 Million in 2012/13.

"We welcome the addition of acute mental health services to the Brockville General Hospital," says Ray Marshall, President and CEO of Brockville General Hospital, "and look forward to meeting the needs of our community."

Signs of Change...

Spring brings many signs of change, including some at Brockville General Hospital. With the transfer of governance for acute mental health services in April from the Royal Ottawa Hospital Brockville Campus (Brockville Mental Health Centre) to Brockville General Hospital (BGH), some new signage was in order and installed in May. Here, BGH Facilities staff Germaine Couture (right) mounts the new signage at the BGH Elmgrove Site (formerly Elmgrove Unit) watched by BGH Occupational Health and Safety Manager Patricia Hoy-Berrea (left).



Interim Mental Health Renovation Project

The majority of services at Elmgrove will remain in the present location until the third floor of the BGH Charles Street Site is renovated. The long anticipated physical relocation of Elmgrove Services Inpatient Program to Charles Street Site (CSS) is scheduled to occur next summer/fall, pending completion of these renovations. All programs and services currently housed on the CSS third floor will be relocated during the summer months. After completion of the renovation, CSS Third Floor will then house the Elmgrove Services until completion of the major addition to CSS in 2017.

Interim Mental Health Renovation Project:

- The proposed renovated space for the interim mental health unit is located on Level 3 of the southwest portion of the existing hospital and is programmed to accommodate 24 beds, including a 4-bed psychiatric intensive care unit (PICU).
- The layout of the new Interim Mental Health Unit has been developed to address clinical functionality from the perspective of not only staff but patient, visitors and families.
- Major planning components that have been incorporated in the layout of the new Interim Mental Health Unit include:
  - Simple, clear organization of functions and unit hierarchy
  - Clear progression from public common space to private bedroom areas
  - Incorporation of views to the outdoors, abundant natural light, and transparent partitions to facilitate staff supervisions.
  - A healing, naturally lit environment for both patients and staff
  - Minimized travel distances within the PICU
  - Collocation of Dining and Activity Rooms to encourage multiple-use functionality in an existing building footprint where space is at a premium.
- The inpatient unit will occupy 13,657 departmental gross square feet in renovated space on Level 3 of Brockville General Hospital.
- The estimated project cost is about $ 9 million.
- The project schedule is estimated to have construction completed by the end of August 2013 with occupancy targeted for September 2013.

Brockville and District Hospital FOUNDATION

2011 Friends of Palliative Care Golf Organizing Committee

Annual Appeal 2011
Laboratory Employees

Thank you for caring...

Message from the Chair

The Brockville and District Hospital Foundation along with the Brockville General Hospital depends on community involvement in order to provide quality healthcare throughout Leeds and Grenville.

The donations from individuals, businesses and organizations have enabled us to fund priority equipment needs and also ensure the sustainability of our Palliative Care and Brockville Cardiovascular Programs.

The need to work together for your community hospital has never been greater. Fortunately time after time the call has been answered.

Your continued support improves the health of our community.

David Bryer – Chair, BDHF Board of Directors

Over $2,000,000...

Thanks to the generosity of individuals, families, businesses and organizations in Brockville and the surrounding area, the following equipment purchases were made in 2011-2012 as well as support of two very important programs.

Programs:

Palliative Care Program

Brockville Cardiovascular Program

Equipment:

Colonoscopy equipment
Telepathology equipment
Six ROHO mattresses
Toshiba CT Scanner
Portable ultrasound machine
Six Telemetry Units
Cystoscope equipment

GE Carescape Blood Pressure Monitor
Two Infusion Pumps
ACU Equipment
Stethoscopes, Bariatric Chair, Nerve Stimulator for ICU
Thermometers, Oxygen Monitor, Neonatal/paediatric monitor

Ways of Giving

Giving should be easy. What one individual finds suitable isn't necessarily the same as another. At the Brockville and District Hospital Foundation, we help people find an option that fulfills their wishes. They are:

- Gifts in your will (bequests)
- Gifts of Life Insurance
- Gifts of Securities
- Gifts of Cash
- Host or support an event
- Pledges
- Monthly giving
- Gifts in kind

Each gift is personal and generous and greatly appreciated.

To make a donation or for more information call 613-345-4478 or send an email to foundation@bgh-on.ca. The foundation respects your privacy and safeguards your personal information.

Brockville and District Hospital Foundation • Joan McLaughlin, Executive Director
75 Charles Street, Brockville, ON K6V 1S8 • foundation@bgh-on.ca ~ 613-345-4478
www.bdhfoundation.com

The Friends of Palliative Care Golf Tournament is our signature event raising funds for Palliative Care. Our 2011 Platinum Sponsors were:

- Ballymenagh Foundation
- Franklands Foundation
- Jennifer Birchall Creighton & John Creighton
- Don & Shirley Green Family Charitable Foundation
- Anne & David Beatty
- Sisters of Providence
- Canarm
- Shoppers Drug Mart
- Craig Packaging
- Pal Insurance
- Heritage Kitchens
- CFG Heward Investment Management
- St. Lawrence District Masons
- Ottawa Senators Hockey Club
- Inter-Climate
- Overstocks - The $9.99 Store

The following third party events were held between April 2011 and March 2012.

In support of the Brockville Cardiovascular Program
Laughter for the Heart
Community Care and Share Golf Tournament
Ed Huck Marine Sea-Doo Poker Run

In support of the Palliative Care Services
30 Hour Telethon
Wedgewood Angels
Bayshore Girls Night Out
South Grenville High School Believe in Hope Fashion Show

In support of the Emergency Room Department
Myer's Brockville Grand Opening Gala

In support of Equipment Needs
Screen for the Cure Golf Tournament
Tim Hortons Smile Cookie Campaign

A number of ongoing fundraising efforts that have supported the BGH are:

- Maycourt Club of Brockville - Bridge to Health Care
- Annual Appeal - Laboratory Telepathology Equipment
- Angel of Remembrance Tree – Palliative Care Service

Organizations and Service Clubs that have supported Brockville General Hospital between April 2011 and March 2012 are:

- Brockville Royal Canadian Legion Branch 96
- Alumnae Association BGH
- Gananoque Royal Canadian Legion Branch 92
- Brockville General Volunteer Association
- FoxRun by the River
- Fire Marshall's Public Safety
- Earl B. Connell Foundation
- Walter Minge Foundation
- Quickie Community Foundation
- Royal Scarlet Chapter of the Eastern Star
- Aqueduct Foundation
- Kensington Pharmacy
- Servier Canada
- Weagant Farm Supply

We are also supported by the communities throughout Leeds and Grenville. BDHF is honoured to have such a strong commitment from our many community partners within Leeds and Grenville.

- City of Brockville
- Town of Gananoque
- Township of Leeds and the 1000 Islands
- Township of Rideau Lakes
- Township of Edwardsburg - Cardinal
- Town of Prescott

We would be remiss if we did not thank our individual donors, as well as the community at large, who so generously support the BDHF on an ongoing basis.

Community Care & Share Golf Tournament

CT Scanner

Weagant Farm Supply Donation

Curves For Women

Brockville General Volunteer Association Inc.

President's Report - Maureen Overy

Over the past year, the 230 women and men who are active members in Brockville General Volunteer Association generously donated a record total of 28, 370 hours of service to the two sites of Brockville General Hospital. This number does not include the time that the Palliative Care volunteers contribute. Their hours are recorded separately.

The Palliative Care Service offers volunteer support in the community and in the hospital. There are two Hospice Palliative Care Coordinators of Volunteers, one responsible for volunteers in hospital at both sites, and one responsible for community support. The two Coordinators work closely, collaborating in many areas, including education, fund raising, community awareness, volunteer appreciation, social activities, program evaluation and ongoing volunteer support. There are approximately 100 Palliative Care Volunteers with approximately 60-80 being active at any given time. Many volunteers are active in more than one Hospice program. In total, the Palliative Care volunteers donated 21,824 hours of service.

The total hours given by all the volunteers for all services provided by Brockville General Hospital amount to an impressive 50,194.

It has been a very busy year in the hospital. In the spring of 2011, the Volunteer Association was asked to be part of the Functional Planning Team for Public Spaces in preparation for the planning of the redevelopment. This continued, as the team went on to meet with the architects.

At the Annual General Meeting in May, $20,000 was donated to the Brockville Cardiovascular Program. This was our fourth such annual donation, making a total of $80,000. In addition, approval was given by the membership to purchase nine Vital Signs Monitors to be used in various departments on both BGH sites, at a cost of $38,000.

Six volunteers were honoured with the Ontario Volunteer Service Award, for their years of service to the hospital. A presentation ceremony was held in Kingston, hosted by the Ministry of Citizenship and Immigration. Three of our award winners attended the ceremony to receive their pins and certificates.

In July we said "Goodbye" to Christine Deault, our Volunteer Coordinator for almost 19 years. To show our appreciation of all that Christine has done for BGVA over the years, a gala was held in her honour.

We welcomed our new Volunteer Coordinator, Cheryl Marshall, in July. Cheryl comes to us with a lot of experience working with volunteers. Thanks to Cheryl, our profile in the hospital on both sites has increased. Cheryl has also increased our profile on the hospital external website. A full description of services offered and an online application form has been added.

At the September Annual Awards Tea, 35 awards were given to very deserving recipients. A special "Certificate of Appreciation" was given to the members of the hospital's Housekeeping Department for all they do for the Volunteer Association. Quite a number of the Housekeeping staff attended the tea. BGVA adopted the practice a couple of years ago to show appreciation to hospital staff for the assistance given to Volunteer Association projects throughout the year.

The second annual "Christmas in October" fundraising event was very successful, with a Silent Auction of gently used treasures in the auditorium and vendors selling Christmas-themed merchandise in the hallway. The 7th Annual Christmas Bazaar and Lunch was held in early December. All the food sold at the lunch—sandwiches, squares and homemade soups—was very generously donated by Volunteer Association members. Many also donated baked items for the bake table. It also was a very successful event, and kicked off the Christmas season in the hospital.

The Christmas tree decorating group, led by G. Parslow, who is the Honorary President of BGVA, decorated 23 trees in total on both sites, as well as decorating residents' doors at Garden Street Site. They started decorating in early December, and took the decorations down again in January.

Once again many members participated in the Palliative Care Silent Auction at the 1000 Islands Mall in January. This activity is staffed by BGVA members, 50 of whom gave a total of 353 hours to the event. It runs from the Wednesday before the Palliative Care Telethon until the Mall closes on the Sunday.

Throughout the year, Ian Coombe led BGVA's campaign to recruit registrations for the Trillium Gift of Life Network for organ donations. Registration events were held in the hospital, at 1000 Islands Mall and at the July Fun Run on Blockhouse Island. Many completed registrations were sent back to Trillium and many more forms were taken by members of the public to discuss with their family members and mail in. It is not possible to get a final number, but we are confident that it was significant.

In addition to their regular service in the wide variety of hospital locations, the volunteers sold cookies/cakes/flowers for the Multiple Sclerosis Society; held a Hand Hygiene challenge for the hospital; collected aluminum can tabs; worked very hard running the annual August garage sale for the Garden Street Site; and sold Tim Hortons Smile Cookies during the campaign week.

Several first time events happened this year: we celebrated International Volunteer Day on December 5; held Mental Health Volunteer Information sessions; opened an Information Desk at the Garden Street site; added the Cardiac Rehab Volunteer Program to our programs; expanded shifts in the Emergency Room; redecorated and painted the Volunteer office; added a Volunteer spotlight to the hospital newsletter; put up a Volunteer Association bulletin board in the ACU hallway; combined our Volunteer orientation sessions with the hospital staff orientation; held an Art Gallery Vernissage with our new Curator Carol Reesor; and launched "Volunteership" which provides Volunteers an opportunity to get together with other Volunteers over lunch on the first day of each month.

Thank you to all the Volunteer Association membership for all that they do to support the patients, the hospital and the Volunteer Association activities. The work they do means time and care given to the members of the public who use Brockville General Hospital, and dollars raised to purchase equipment.

Respectfully submitted,
Maureen Overy, President Brockville General Volunteer Association

Did You Know...

Brockville General Hospital's Assault Response and Care Centre (ARCC) worked with community partners to create the Women's Memorial Statue on Blockhouse Island? ARCC, the Victim Issues Coordinating Committee, the Brockville Police, and Thousand Islands Secondary School (TISS) came up with the concept and pulled together the resources to make the memorial a reality for the community.

The Women's Memorial, a bronze statue that depicts two women with arms held high releasing doves of peace, was created by art students at TISS and unveiled last November. It stands as a memorial to those women who have lost their lives to violence, and to those men and women who work to prevent it.

"In its resting place, this memorial makes a permanent and public statement of the many women lost to violence," says Laurie Bourne-Mackeigan, Chair of Victim Issues Coordinating Committee and Coordinator of the Assault Response and Care Centre (ARCC) at BGH, "by honouring and commemorating each life. By acknowledging the losses we have suffered at the hands of violence, we can initiate social change and the hope of a future without violence."

In the photo, Laurie Bourne-Mackeigan (left), Coordinator at ARCC; and Dave Sheridan (right), Artistic Director at TISS; share ribbon-cutting duty while Sharon Hinbest (far right), ARCC counsellor, looks on.

BGH Nurses Give Collective Voice to *New Vision*

Nursing staff at Brockville General Hospital set its sights on the new Nursing Vision Statement drafted by all nursing personnel at the end of 2011.

"It started with the Nursing Practice Council (NPC) last summer," explains NPC Co-Chair Cindy Patterson, BGH Clinical Manager of Surgical Services at the Charles Street Site. "We wanted a new professional vision for our nurses, so we asked all of them for positive feedback on their work."

From that feedback, keywords were chosen that came up frequently—keywords that became the foundation of the new professional vision statement. "Too often, we reserve discussion for work issues, problems. It's negative feedback," Patterson says. "With the nursing vision, we gave the NPC a kickoff with a clean slate, got all the nurses thinking together, and had our nursing staff revisit what they do well. The vision starts us off together on a positive note, through the council."

NPC Co-Chair Lorraine White, BGH Charge Nurse with the Rehab and Restorative Care Programs at the Garden Street Site, says the key comments were very positive and healthy.

"Our nurses value collaboration, teamwork, and a patient/family focus in their work," she explains. "The patient comes first. Excellence in nursing directly impacts our patients' care and their hospital experience."Through the Nursing Practice Council and the new nursing vision," White continues, "we aim to collaboratively achieve nursing excellence here at BGH. The NPC represents nursing staff from all clinical areas, acting as a forum to share ideas with each other and our Chief Nursing Executive, Heather Crawford. It's a crucial link between frontline staff and senior leadership. The Nursing Vision makes it happen."

Proudly displaying the new BGH Nursing Vision are (from left) Cindy Patterson and Lorraine White, Nursing Practice Council Co-Chairs, and Heather Crawford, BGH VP Clinical Services/CNE.

The BGH Nursing Vision reads, **"Collaborative nursing professionals who deliver patient/family-centred care through nursing excellence, supported by accountability, autonomy and ongoing professional development."** The long-term goal for BGH nursing staff now hangs in every clinical work area across the organization.

"I am very proud of the Nursing Practice Council and the staff who have created the Nursing Vision," says Heather Crawford, VP Clinical Services and CNE for Brockville General Hospital. "They have worked very hard to elicit feedback from nursing staff in all departments, on the initial drafts of the vision. The new Nursing Vision is a clear voice of all our nursing staff."

BGH Takes a STAND for *Patient Safety*

With the implementation of a new patient dysphagia screening process called STAND, Brockville General Hospital has taken another step in enhancing hospital patient safety for Brockville and area.

The Screening Tool for Acute Neuro Dysphagia (STAND) was phased into standard practice late 2011 in the nursing wards at BGH to increase the identification of dysphagia—difficulty in swallowing—in new patient admissions.

"STAND was one of seven best practice recommended tools listed in the 2008 Ontario Stroke System Dysphagia Screening Tools Review," explains Caryn Langstaff, Regional Stroke Rehabilitation Coordinator for the Stroke Network of Southeastern Ontario. "It is a simple yet highly effective tool, one that shows high sensitivity for identifying dysphagia in patients that might otherwise go undetected."

Current statistics show that dysphagia is present in between 37% to 78% of new stroke admissions in Ontario. Patients have three times the risk of developing pneumonia after stroke if dysphagia is present; pneumonia can increase hospital length of stay, and even the risk of mortality following stroke.

"The STAND tool was implemented at BGH as a global dysphagia screening tool for all stroke patients," says Diane Bowen, BGH Nurse Educator. "We have extended this screening to include other appropriate patients, as indicated.

STANDing united for patient safety with patient John Nolan (seated, centre) are the BGH STAND team (seated l – r) Tammy Lehman, Diane Bowen, (standing, l – r) Sheila Coutts, Deanne Osborne, Lynn Varma and Adonica Keddy.

"The process is taught via speech language pathologists (SLP) to nurses," she continues, "who then can teach other nurses which is a great way to build our knowledge capacity. The actual test takes about five minutes. An initial assessment is done with anyone a nurse may suspect has swallowing difficulties. If that is passed, we then move on to swallow challenges with a puree, then water from a cup, followed by water from a straw. Some of the signs we check for include alertness, coughing, changes in vocal quality, any struggle or delay with swallowing, and evidence of oxygen desaturation. Any patient not passing the screening at any point is then referred to an SLP for a full assessment. If they pass, we still watch for three full meals, just in case."

The results of the STAND screening are impressive. Langstaff says that 92% of patients with dysphagia will be detected with this screening process.

"This is collaborative care at its best," she says, "and part of the continued rollout of this screening tool in our region. STAND is a great example of interprofessional collaborative care, one that builds capacity and stretches resources particularly for community hospitals like BGH where SLP resources are limited."

"We began to teach STAND to our nurses in early September of 2011," explains Bowen, "under the direction of our staff SLP Lynn Varma. At first the nurses were a bit nervous, wondering about doing assessments, but very quickly took to what is actually a screening. We're excited that in just this short time, we have seen very positive results," she adds, "such as decreased aspiration pneumonia and increased awareness of possible patient dysphagia just by watching them eat. STAND has allowed us to identify many more patients with swallowing difficulties than we would have before."

What is the special benefit to patients and their families?

For families with frail loved ones in hospital, STAND means greater peace of mind.

"My father was open to it," says Carolyn Nolan, whose father John Nolan was one of the latest patients to go through the new screening process. "It was very thorough and very well done by the staff."

John Nolan suffers from Parkinson's Disease, and had a partial hip replacement due to a fall. "He was in BGH dealing with the restless leg problem from Parkinson's," explains his daughter, "and having him screened for dysphagia assisted in the staff providing for his comfort. With Parkinson's, you have challenges swallowing. I appreciate that BGH staff took notice of this, for my father's better safety in hospital."

BGH **Restorative Care** Program
Certified as National Leading Practice

Brockville—Good news arrived at Brockville General Hospital (BGH) last November: The innovative Restorative Care and Enhanced Activation Program created at BGH was recognized as a Leading Practice by Accreditation Canada.

"The Restorative Care and Enhanced Activation Program (RCEA) was introduced at BGH in two stages," says Sherry Anderson, BGH Director of Complex Continuing Care, Rehabilitation and Palliative Care, "beginning in January of 2010 with Restorative Care under the name of Slow Stream Rehab. The name was changed later to Restorative Care to align with one of the priority areas of the South East LHIN's (Local Health Integration Network) Clinical Services Roadmap regional review."

Following that, BGH in collaboration with the Community Care Access Centre began a new program of Enhanced Therapy in acute care, which is a specialized program of care that is transforming health care by helping seniors remain independent while undergoing acute medical treatment.

Anderson says the SE LHIN has been very supportive of the innovative program from the beginning, providing "one time" dollars to enhance the original Restorative Care program in late 2010. "We received approximately $100,000 in order to implement and evaluate this project by March of this year," she explains. "The Enhanced Activation component began in mid-January of 2011, and the dollars allowed us to increase the nursing and therapy hours."

RCEA was one of the initiatives undertaken at BGH over the past two years to respond to the increased numbers of Alternative Level of Care or ALC patients—patients in acute care hospital beds post-treatment who actually then need the next levels of care in an alternate setting: long-term care, complex continuing care, convalescent care or rehabilitation. The premise of Restorative Care and Enhanced Activation is to target frail or elderly acute patients in hospital whose recovery takes more time—possibly leaving them in acute care beds not designed for the care they require post-treatment.

This Leading Practice program is an interprofessional approach."Charge nurse, physiotherapist, occupational therapist, nurses, PSWs, and recreational therapist," lists Anderson.

The success of this innovative program at BGH is impressive. With the introduction of RCEA, Brockville General Hospital has reduced the percentage of ALC patients from 21.2% in 2009 to 5.5% in 2010. In 2009, there were a total of 179 ALC patients waiting for Long-Term Care (LTC), 2010 had 101 patients and the final tally for 2011 was only 84 patients having to wait in hospital for LTC.

"BGH felt it was critical that seniors be provided with appropriate and flexible care alternatives, other than costly acute care, and that unnecessary institutionalization be prevented whenever and wherever possible," says BGH VP Clinical Services and CNE Heather Crawford. "The Restorative Care and Enhanced Activation programs have become valuable assets in assisting hospital patients to return to their homes.

"I am excited and energized by the news that Accreditation Canada has identified RCEA as best practice," she continues. "Our staff should be extremely proud of this accomplishment—they worked very hard to ensure the success of this project. Congratulations to all!"

Sherry Anderson (left), BGH Director of Complex Continuing Care, Rehab and Palliative Care, and Heather Crawford, BGH VP Clinical Services, hold the letter from Accreditation Canada notifying them of the RCEA Program's national certification as Lead Practice.

Ron Harwood with ACU Staff Shannon Jones, RN

Did You Know...

that Brockville General Hospital Ambulatory Care Unit (ACU) recently gave long-time "customer" Ron Harwood his 700th unit of blood—a milestone in the clinic's history?

"It's wonderful here," says Harwood. "The Brockville General ACU feels like my second home. The nurses are just excellent and they go out of their way to take care of you while you are here."

Harwood should know, he says. For the past 15 years, the Brockville resident has come for blood transfusions to help him deal with myelofibrosis (a disorder of the bone marrow). The treatment began years ago in Kingston, but soon was transferred to Brockville, at the former St. Vincent de Paul Hospital. The visits were first monthly, then every three weeks. Now, Harwood must visit the ACU every two weeks, for seven hours each time.

"I figured out that over the past 15 years, I have spent the equivalent of one year in the ACU," he smiles. "I come in for 7:45 a.m. each time as I like to be early. And they always treat me so well."

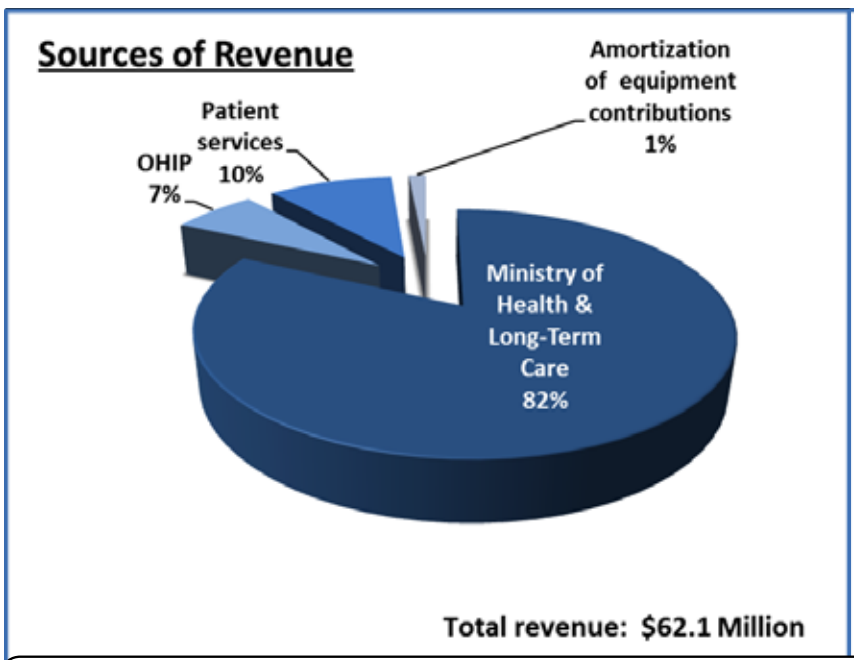
The ACU staff at BGH says they look forward to Ron's visits, as he is always upbeat and friendly. As a long-time "customer" with 700 units behind him, Harwood feels like family.

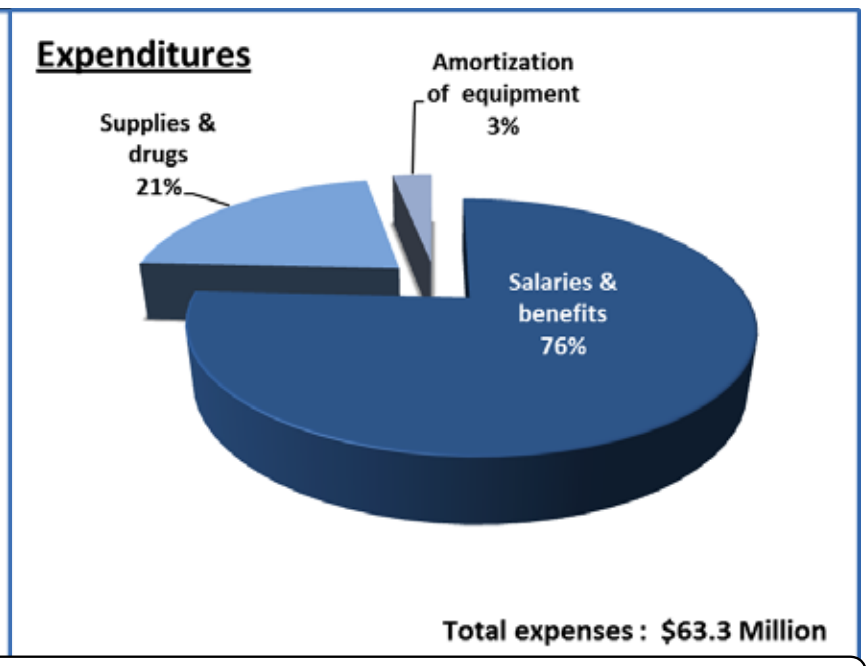
"I've been a loyal customer since 1997," Harwood says, and adds jokingly, "I just wish BGH gave Air Miles."

2011/12 Financial Accountability Report

Fiscal year 2011-12 was a very challenging one, financially, for Brockville General Hospital. Consistent efforts to reduce costs to match new Ministry funding levels are being encumbered by significant increases in both patient acuity and patient volume. Increases to key drivers such as emergency visits and inpatient weighted cases led to much higher inpatient occupancy and as a consequence, higher variable costs. The high occupancy has had the additional effect of limiting opportunities for traditional revenue streams, particularly fees for preferred accommodation.

Service volume increases in 2011-12 led to additional costs for staff compensation and medical/surgical supplies. These cost increases combined with high amortization of new capital investments to yield a total margin deficit of $1.18 million for 2011-12.



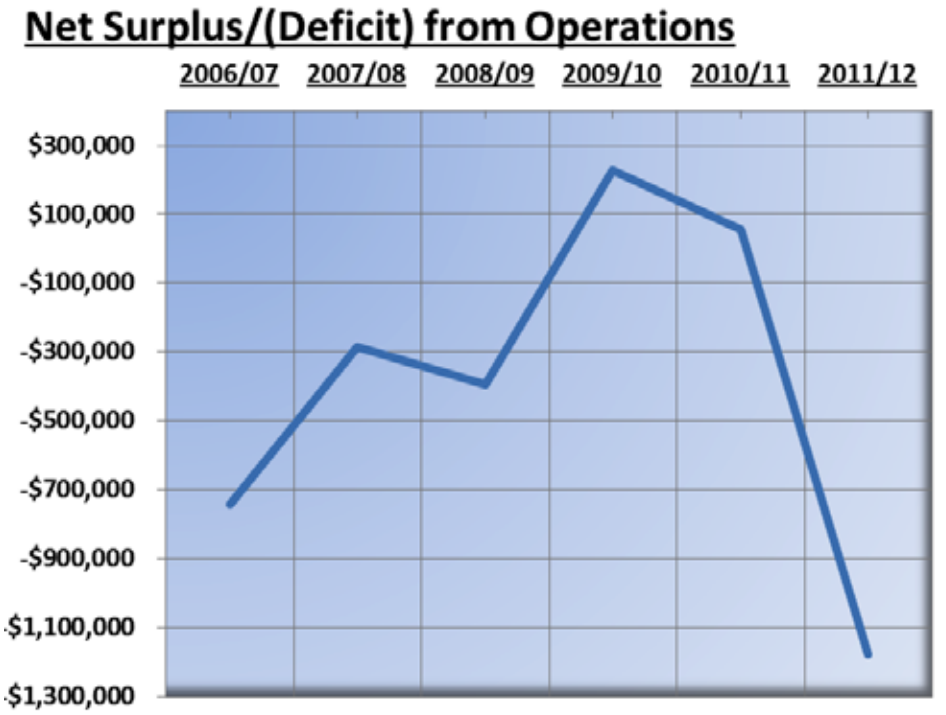


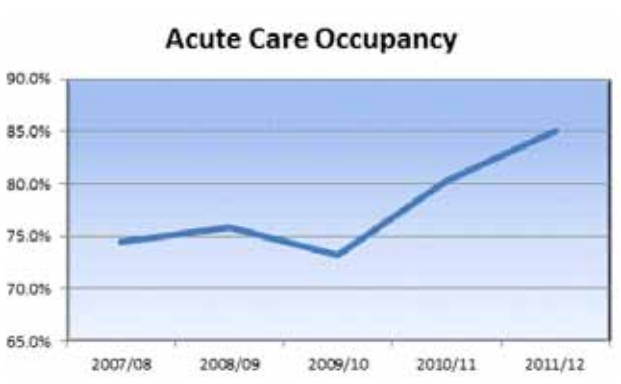
Notes:
1. All currency figures are reported in thousands.
2. Amortization of buildings and related deferred contributions, as well as interest costs on long-term capital acquisitions, are not included for the purposes of computing the balanced total margin requirement, and accordingly are not included in the above figures.

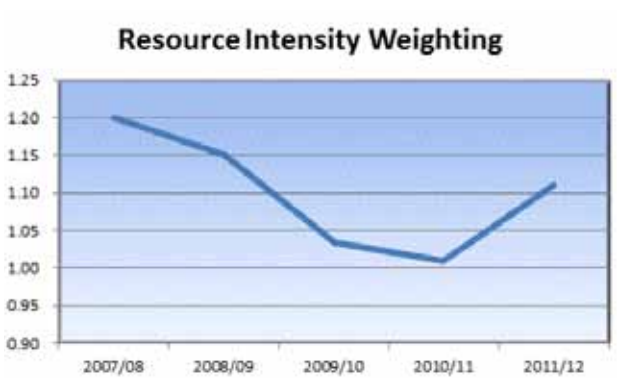
Looking forward to 2012-13, additional funding reductions will present difficult new challenges, particularly in light of annual staff compensation increases and the inflationary impact on medical supply costs. Nevertheless, our obligation under our Hospital Service Accountability Agreement is to return to a positive total margin.

In collaboration with the South East Local Health Integration Network, BGH is finalizing a plan to deliver further cost reductions to address the widening gap between funding and traditional service delivery costs. Initiatives include investments in technology, increased collaboration with health system partners, supply chain efficiencies, and a continued emphasis on productivity.

BGH Leadership and staff have shown a remarkably strong resolve and commitment to finding innovative ways to respond to the economic challenge at hand, and to work together to ensure that scarce resources are directed to the support of our mission and vision.







Audited financial statements are available upon request. Please contact Steven Read, Vice President Corporate Services and Chief Financial Officer, at **(613) 345-5649 x 1-1042**, or email your request to reast@bgh-on.ca.

Volume of Service

		2010/11	2011/12
Number of Beds		123	123
Admissions			
	❑ Acute Care	4,162	4,115
	❑ Newborn	377	317
	❑ Complex Continuing Care	305	375
	❑ Rehabilitation	57	52
Patient Days			
	❑ Acute Care	22,509	23,953
	❑ Newborn	771	702
	❑ Complex Continuing Care	13,730	14,137
	❑ Rehabilitation	1,888	1,912
Priority Programs			
	❑ Hip & Knee Replacements	332	338
	❑ Cataract Surgeries	1,396	1,353
	❑ Emergency Room Visits	25,644	25,804

BGH **Clinical Document Repository Pilot**

Successful & Expanding

One of the Information Technology (IT) pilots hosted by Brockville General Hospital (BGH) as lead agency has not only proven successful, but will now expand to include more hospitals in two Local Health Integration Networks (LHINs).

The Clinical Document Repository (CDR) is a regional electronic repository of primary patient records—and a key component toward developing an electronic health record (EHR) for citizens of Eastern Ontario. With the CDR, the primary document is the Discharge Summary, based on eHealth Ontario's Discharge Summary specification. Once a patient is discharged, the discharge summary and diagnostic imaging reports are immediately downloaded and directly integrated into the patient record. This makes information automatically available in the physician's office records, allowing health care professionals to be better informed…and faster.

The CDR pilot, successfully managing over 20,000 health records in its one-year trial period, was conceived of and created by a partnership with eHealth Ontario, the South East LHIN (SE LHIN) and the Champlain LHIN. Initially connecting BGH and Upper Canada Family Health Team in the SE LHIN, and The Ottawa Hospital and the Osgoode Family Health Team in the Champlain LHIN, the CDR has been given the green light by eHealth to expand to connect with 10 more hospitals, five in each LHIN.

"Our challenge now is to develop additional document interfaces for these 10 hospitals," says Rene Melchers, BGH IM/IT Manager. "Different hospitals use different systems to record health records electronically, such as Epic, QuadraMed or MEDITECH. In order to expand the CDR, it has to be able to accept these various types of records into the repository and also share them onward with other hospitals or family health team physicians and allied health professionals, using a common electronic language so to speak."

The expansion—or the CDR Document Interfaces Project as it is technically called—will bring significant benefits to patient care:

- patient information will be more broadly available;
- community physicians and allied health professionals, who may not have privileges at a particular hospital, will be made aware of their patients' discharges from that hospital;
- clinical decision-making will improve, based on more complete information and improved continuity of care;
- paper flow between stakeholders will decrease;
- staff activities devoted to filing, retrieving, scanning and management of reports will reduce (and electronic reports are less likely to be misplaced, not received, or misfiled).

Rowland Taylor, BGH Project Manager for the CDR creation and expansion, says a key component in the successful expansion of the project in this phase is the partnership with OntarioMD— who will be responsible for the delivery of the clinical reports to family physicians. BGH will expand to become the central repository for all reports coming in from the newly connected hospitals and will provide these reports to OntarioMD for delivery to the appropriate physician as the CDR continues to expand as a regional EHR hub for Eastern Ontario.

"OntarioMD offers physicians information technology resources," explains Taylor, "to assist in their adoption of electronic health records (EHR). OntarioMD manages eHealth Ontario's EMR Adoption Program, which is designed to make the transition from paper records to EMRs as smooth as possible for physicians."

Brockville General Hospital
Maternity 1912 to 2012

On August 17th, 2012, Brockville General Hospital's Maternity will celebrate 100 years of community service. The BGH maternity unit was created in 1912 by a generous donation from then-mayor of Brockville Charles MacLean in memory of his wife Martha Fulford MacLean, who had died in childbirth the year before. Since then, the maternity unit has provided decades of quality obstetrical care and support to generations of Leeds and Grenville families.

First 2012 Baby Born at BGH

Jamison Xavier Gordon Burns was born on January 2, 2012 to proud parents Anthony Burns and Brooke Jacques, and happy big brother Donovan. Here, Jamison has his first media moment sporting the special "First Baby" cap provided by the Brockville General Volunteer Association knitters.

2012 LEAP YEAR Babies at BGH

The Leap Year 2012 brought not one but two Leap Year babies to BGH—a baby boy and a baby girl.

Son Cameron was born to proud parents Jennifer Probert and Robin McMillan, and big sister Tobon.

Daughter Isabella was welcomed by happy first-time parents Travis Shepherd and Carley Sabourin.

Did You Know...

...that last November, the Brockville General Hospital Workplace Wellness Committee found a unique way to celebrate National **Take Your Child to Work Day**? November 2nd is National Take Your Child to Work Day, an event that many hospital staff cannot share due to clinical restrictions. The BGH Workplace Wellness Committee came up with a new solution—posters by staff family members that depict what the children think their parents or grandparents look like at their work.

"We wanted a way to celebrate the children of our staff, and the connection between them and the work their parents do," explains Thomas Hanson, BGH staff and Wellness Committee member. "It is not possible for most of our staff to bring their children in to the hospital to see firsthand."

Admiring some of the posters created and on display at BGH are Wellness Committee members Hanson (right) and Adonica Keddy. The Take Your Child to Work Day—BGH Style! event was part of a Year of Celebration hosted by the Wellness Committee to highlight and share the positive elements in the lives of BGH staff.

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