

# TRANSITIONS



Brockville  
General Hospital  
*Healthy People – Outstanding Care*



## 128TH ANNUAL REPORT



YOUR COMMUNITY HOSPITAL  
SERVING LEEDS, GRENVILLE AND SOUTH LANARK



# REPORT OF THE BGH BOARD CHAIR AND PRESIDENT & CEO

In keeping with this year's theme of Transitions, we thought we would comment on a number of the changes that have occurred at Brockville General Hospital during the past fiscal year. A major focus of the 2012/2013 fiscal year was planning for the interim Mental Health renovations to the third floor of the Charles Street Site and the renovations required as a result of displacement of individuals and departments from the third floor to various locations throughout the organization. There will be 24 acute mental health beds on this unit. In addition, significant time and effort has been focused on the major redevelopment project. You will recall that the Ministry of Health required us to re-scope the Stage 2 Functional Program Submission—Parts A and B in order for it to coincide with our Master Plan. Complex Continuing Care, Palliative Care, Rehabilitation and Mental Health are included in this endeavour. This project was accomplished and submitted to the SE LHIN and the Ministry of Health and Long Term Care for their approval and comment in February 2013. We await their questions and approval to move forward with additional design work.

We successfully recruited a new Chief of Staff to our organization — Dr. Stephen McMurray. He was not a “newcomer” to our community, because of his previous involvement with the Hospital and the Upper Canada Family Health Team. He is well respected by the physician population and BGH staff. He replaced Dr. Robert Beveridge who was an exceptional former Chief of Staff, who assisted the Hospital with such significant activities as recruitment of physicians, the articulation of policies and procedures, physician engagement and championed the utilization of technology to the organization.

Last year, BGH was approved for a waiver from the South East Local Health Integration Network with respect to the requirement to finish the year in a non-negative total margin position. One of the requirements of this waiver was to submit a Performance Improvement Plan to the SE LHIN to demonstrate how the Hospital would be able to achieve a balanced budget position. We are pleased to announce that BGH successfully executed this Plan and is approaching the elimination of its total margin deficit.

The donor community has continued to provide exceptional support to the program and equipment needs of the hospital. The Palliative Care and Cardiovascular Rehabilitation Programs would not exist without your commitment. Every dollar helps these programs provide great service to the community. One hundred per cent of the money collected from parking goes back to the hospital to fund various programs and services. Your generosity has also enabled the Foundation to support the purchase of many pieces of equipment this year.

A key piece of our community engagement strategy has been spearheaded by the Board of Governors—the establishment of the BGH Community Advisory Council. The council was created through invitation from the BGH Board of Governors to all local municipal offices in Leeds and Grenville, asking for residents each community thought would be good representatives on the hospital council. We have a dynamic and engaged group from across the counties and look forward to their continued input to BGH.

Thank you to all members of the Brockville General Hospital family. 2012/13 was a very busy and challenging year, but you met those challenges and continued to live BGH's mission and values. We welcome our new President & CEO Tony Weeks to the hospital team and look forward to new directions for the future.



*Heather Quesnelle*  
Acting President & CEO



*Norman Millar*  
Board Chair, BGH Board  
of Governors

# BGH BOARD OF GOVERNORS 2012/2013

## Elected Members



*Norman Millar*  
Board Chair  
Board member since 2005



*Hugh Bates*  
past Board Chair  
Board member since 2005



*Jean Macintosh*  
External Vice Chair  
Board member since 2003



*John Southin*  
Board member 1996-2005  
and since 2007



*Robert Pickens*  
Board member since 2010



*Neil Bhatt*  
Board member since 2009



*Anne Warren*  
Board member since 2009



*William Spencer*  
Board member since 2012



*Charlotte Patterson*  
Board member since 2009



*Sally Wills*  
Board member since 2010



*Bruce Lounsbury*  
Board member since 2012

## Appointed Members



*Tony Meeks*  
President & CEO



*Heather Quesnelle*  
Acting President & CEO,  
VP Clinical Services/CNE



*Dr. Robert Beveridge*  
Chief of Medical Staff



*Dr. Stephen McMurray*  
Chief of Medical Staff  
(May 1st)



*Dr. Denise Pajot*  
President of the  
Medical Staff



*Dr. Karim Somani*  
Vice-President of the  
Medical Staff



*Dave Bessant*  
President,  
Volunteer Association

## A Message from the new PRESIDENT & CEO

It is a privilege to be writing to you as the new President & Chief Executive Officer of Brockville General Hospital. My family and I are excited to be returning to Southeastern Ontario, and I am so very thrilled to be joining the BGH team. I would like to take this opportunity to share with you some early thoughts about the year ahead of us—aptly themed “Transitions”.

There is a national trend underway to drive the transformation of healthcare, and while it often presents in different ways, it can be boiled down to a handful of meaningful deliverables: enhancing patient and family-centered experiences, improving the quality of the services we provide, becoming stronger financial stewards, holding ourselves accountable, and being transparent when we do good but also when we make a mistake. We must continually assess our performance in these areas, and course correct as required.

For more than 125 years BGH has delivered high quality healthcare to the residents of Leeds & Grenville. As your new CEO, I want us to build on that milestone by aligning organizational momentum towards greater visibility, broader stakeholder engagement, and rigorous continuous improvement. These aren't just buzz words—they will be the foundation of our success, and everyone has a role to play.

We should all look forward to the year ahead with enthusiasm and energy. Together, we will create depth of relationship, shared understanding, and trust. These are the underpinnings of a high performing team, and ultimately a high performing organization.

*Tony Weeks*  
President & CEO  
Brockville General Hospital



## 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**



# REPORT FROM THE CHIEF OF MEDICAL STAFF

As the new Chief of Staff (May 1, 2013), I am excited about the prospects for the coming year. In this report, I would like to highlight several medical staff developments and initiatives that I am encouraged by and hope to progress with this year.

The first is **Physician/Hospital re-engagement**. There has been a period of relative lack of engagement between Physicians and Senior Leadership that has been expressed to me by several members of the Medical Staff. This has led to a feeling of frustration with respect to meaningful change in process and care. I hope to establish a collaborative group combining Medical Leadership and Senior Leadership Team (SLT) that will work to identify root causes of this sense of disengagement, and to offer up strategies to bridge the gap and move forward. Such areas as systemic quality improvement, physician voice and re-establishment of a strong patient-centered hospital physician group will be among many areas to explore.

The second area of interest is the **re-engagement of the Primary Care group** in the responsibility and management of the unassigned (a.k.a. “orphan”) patient population. These are the patients that present at hospital without a family physician. There appears to be a renewed enthusiasm and commitment at BGH to managing this cohort of hospital patients without the revolving door system of itinerant locum hospitalist physicians. With the move to Health Links, LHIN involvement, and collaboration among the various community Family Health Teams and Family Health Organizations, it appears to be a fertile time for this re-engagement and commitment. I am encouraged to have a large group of Primary Care Physicians on the BGH medical staff express this renewed sense of commitment.

Thirdly, a collaborative initiative between **Specialty Physicians and Primary Care Physicians** in the hospital is taking root and we hope to see a firm understanding of the various roles that each is expected to play in the management of all patients in the hospital, whether it be the fragile hip fracture patient, unstable cardiac patient or elderly medical patient in transition between different care models. Such established terms as “Most Responsible Physician” and “Consulting Physician” will be clarified, and new terms such as “Co-managing Physicians” will be introduced—all with the aim of clarifying roles and improving patient care.

In addition, we are moving forward with new and existing specialty staff to **develop a comprehensive Pain Management Program**, as well as **new involvement in the Regional Stroke Program**.

All of this invites a new enthusiasm within the Medical Staff to work collaboratively with SLT as well as ancillary staff in all areas of Brockville General Hospital to move ahead with improvement of our existing programs and establishing new programs.

*Dr. Stephen J. McMurray*  
BA, MD, CCFP(EM)  
BGH Chief of Staff



## OUR NEW PHYSICIANS AND NEW CHIEFS OF DEPARTMENTS

### SPECIALISTS:

- Dr. Yervant Arzoumanian, Radiologist
- Dr. Kristin Finkenzeller, OBGYN
- Dr. Karen Lee, Hospitalist
- Dr. Tammy LeRiche, OBGYN
- Dr. James Middleton, Anesthesia (Part time)
- Dr. Alison Tilley, General Surgeon

### FAMILY MEDICINE

- Dr. Rebecca Irvine
- Dr. Samreen Riyaz

### NEW PHYSICIANS 2013/14

- Dr. Drew Knight  
Emergency Medicine (April 30th)
- Dr. Regina duToit  
Psychiatry (June)
- Dr. Elizabeth James  
Psychiatry (April)

### NEW APPOINTMENTS

- Dr. Stephen McMurray  
Chief of Staff
- Dr. Basem Hafazalla  
Chief of OBGYN

# WHAT IS ECFAA?

In June of 2010, the Ontario Government passed the **Excellent Care for All Act (ECFAA)**—legislation designed to support hospitals to further enhance the quality and safety of care they provide. ECFAA reflects the importance of putting patients first by improving the quality of their care through the application of evidence-based health care. The intent of the Act is to make health care providers and executives accountable for improving patient care and enhancing the patient experience.

**At Brockville General Hospital, we welcome this initiative as it embodies the tenets of our BGH mission statement: To provide an excellent patient experience—guided by the people we serve, delivered by people who care.**

One requirement of ECFAA is the drafting of a **Patient Bill of Rights or Declaration of Values**, in consultation with the public. In partnership with various stakeholder groups within Brockville General Hospital, a draft “BGH Patient Bill of Rights and Responsibilities” was created and posted for public input from March 30th to April 30th, 2011. Once consultation with the public had been completed, the draft was finalized. Then it was posted on the BGH web site in May 2011, for public reference and in accordance with the ECFFA requirements.

Another element of ECFAA is public reporting of **Quality Improvement Plans (QIP)** to enhance accountability. The QIP is made up of two parts: the Short Form document that gives a brief overview, and the Chart of Targets and Initiatives spreadsheet.

## OUR QUALITY IMPROVEMENT PLAN

**The Quality Improvement Plan for 2012-13 had five Aims, including the following:**

1. **Effectiveness: Attendance**—to improve effectiveness by improving attendance based on the current complement of BGH staff. As a result, a new Attendance Enhancement Program was implemented in the organization. The initiative was intended to reduce sick time hours by 30%. The Attendance Enhancement Program reduced sick time in the first two quarters, as intended; however, with a highly active influenza season and higher than expected long-term absences, the annual projected sick time average was measured at 10.29 days.
2. **Safety: Hand Hygiene**—to improve safety by expanding the hand hygiene audit to include all staff and physicians who work at BGH for moments 1 and 4. The introduction of a new audit tool further increased the compliance rate. 90% of staff washed their hands at Moment 1 (prior to patient contact) and 98% washed their hands at Moment 4 (after patient contact).
3. **Integration: Enhanced Activation**—to improve integration by expanding the Enhanced Activation and Restorative Care initiative to 2 East to reduce the loss of functional ability in the elderly. All of the improvement initiatives were met.
4. **Access: ED Wait Time**—to improve access by reducing wait time in the Emergency Department. The low acuity wait time was reduced from 5.3 hours to 4.6 hours. This is still above the provincial target of 4.0 hours.
5. **Patient Centred: Satisfaction**—to improve the patient experience by improving patient satisfaction in the Emergency Department. We expected to see a reduction in complaints and improvement on the NRC Picker evaluations and increased response to NRC Picker Satisfaction Questionnaires. The NRC Picker evaluation of overall impression of the hospital was 83.8% and 82.5% recommending this hospital to others, with a response rate of 27.3%. There were a total of 17 written complaints during the year, predominantly related to access and respect for patient preferences.

## The Quality Improvement Plan for 2013-14 includes

- **Patient Satisfaction** in the Emergency Department
- **Improving Wait Times** in the Emergency Department for low acuity patients
- **Decreasing the “left without being seen” rate** in the Emergency Department
- **Increasing the number of staff who receive the influenza vaccination**
- **Reducing the number of readmissions within 30 days** for a select group of diagnostic types.

*Please look for regular updates on our website with our results.*

# THOUSAND ISLAND HEALTH LINKS

Health Links have been created to provide a network of linked health care providers to work as a team to collectively manage the needs of patients with multiple complex conditions. This collaboration between patient, family, community and health care providers aims to allow the patient to move seamlessly through the health care system. Coordinating care is an important step in improving the services available to patients with complex conditions. Typically, these patients are seniors who have multiple chronic diseases including mental illness. These patients often default to the emergency department for care and are repeatedly re-admitted to hospital when they could be receiving care in the community.

With improved coordination and information sharing, patients will spend less time waiting for services and will be supported by a team of health care providers at all levels of the health care system. Ultimately, this team support aims to reduce avoidable emergency department visits, duplication of services, unnecessary

hospital admissions, improved access to primary care, reduced wait time for specialist referral and most importantly, enhanced patient outcomes and experience.

Prescott, Gananoque, Lansdowne, Seeley's Bay, Athens and Brockville have been identified as one of the seven "primary care Health Links" in the South East LHIN (based on an analysis by Michael Spinks, Director, Knowledge Management). Feedback from primary care groups and providers have confirmed Brockville and surrounding area as a natural grouping, based on patient population, service utilization, and existing relationships amongst providers including hospital, Community Care Access Centres, mental health and some Community Support Services. The Thousand Islands Health Link area population is approximately 74,606.

*Sherri Fournier Hudson, Executive Director*  
Upper Canada Family Health Team

## Healthcare Pilot Partnership Closes Gap

**An innovative partnership with the Upper Canada Family Health Team (UCFHT), Community Care Access Centre (CCAC) and Brockville General Hospital (BGH) is improving the transition of patients from hospital to community while providing additional supportive health care options.**

The "Nurse Navigator" Pilot project launched in early 2013 to increase the service capacity of primary health care providers, in the context of increasing pressure on health care organizations and current fiscal restraints.

"We want to fill gaps and avoid duplication wherever possible," explains Sherri Fournier Hudson, Executive Director of the UCFHT. "There was more we felt we could do to provide enhanced primary care within the hospital setting, to not only improve the quality of care during transition from hospital to the community, but also increase overall efficiency and utilization of healthcare resources and services."

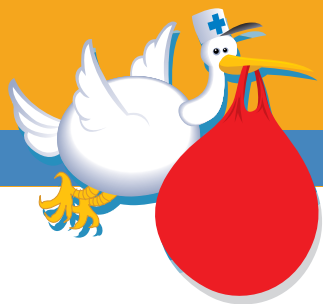
With funding from the South East Local Health Integration Network, the pilot project created the role of the "Nurse Navigator," a registered nurse who is on staff at UCFHT but working in BGH as liaison to the health team, the hospital, the CCAC, and patient and caregivers. Patients identified as needing education or support with certain illnesses are connected to the appropriate UCFHT allied health professional to provide the needed services.

Brandice Hartin, the UCFHT Registered Nurse who has taken on the role of Nurse Navigator, began her work at BGH in January.



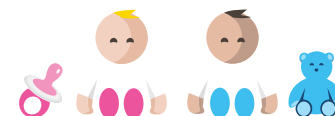
*Partners in healthcare (l – r): Executive Director of UCFHT Sherri Fournier Hudson, Nurse Navigator Brandice Hartin, and BGH Acting President & CEO Heather Quesnelle.*





# BGH MATERNITY CENTENNIAL

## BGH Maternity Services Mark 100 Years in 2012



On August 17th, 2012, Brockville General Hospital's Maternity department celebrated 100 years of community service. The BGH maternity unit was created in 1912 as the MacLean Memorial Maternity Ward by a generous donation from then-mayor of Brockville Charles MacLean in memory of his wife Martha Fulford MacLean, who had died in childbirth in 1910. Since then, the maternity unit has provided decades of quality obstetrical care and support to generations of Leeds and Grenville families. Several events were organized to acknowledge the milestone, and the centennial day was marked in two special ways:

### BGH Reinstates MacLean Name to Mark Maternity Centennial

Brockville General Hospital commemorated the milestone of its maternity services by reinstating the original name to the unit—becoming the new MacLean Maternal Child Unit. Reinstating the original name as part of marking the centennial was approved by the BGH Board of Governors in the spring. The new signage was sponsored by the descendants of Charles MacLean, and was unveiled August 17th by one of his grandchildren —Charles MacLean Cochand of Salisbury, England.

After the official unveiling of the new name, the Brockville General Volunteer Association sponsored and hosted a Centennial Tea. Both the unveiling and the tea were attended by representatives from across Leeds and Grenville, the Maternal Child department, and many partners within the hospital organization.



Attending the unveiling of the new unit name were (l—r): Ray Marshall, former BGH President and CEO; Jennifer Torode, Unit Director; Charles Cochand, grandson of Charles MacLean; Mel Campbell, Warden of Leeds/ Grenville; Maggie Wheeler, BGH Communications Officer; and David Henderson, Mayor of Brockville.

### Fulford Place Museum Hosted “Love and Loss” Exhibit to Mark BGH Maternity Centennial

As part of marking the centennial of the Brockville General Hospital (BGH) Maternity in 2012, Brockville's Fulford Place Museum hosted a “Love and Loss” exhibit showcasing the tragic love story that led to the creation of the hospital's maternity ward.

“The exhibit tells the story of Martha Fulford and Charles MacLean,” explained Pamela Brooks, curator for Fulford Place, “and how it led to the opening of the MacLean Memorial Maternity Ward at BGH. We displayed photographs, newspaper clips and memorabilia in Martha's old bedroom here at Fulford Place. These indicate two people who loved each other, and it ended tragically.”

“The Fulford family had close ties with Brockville General Hospital,” said Maggie Wheeler, BGH Communications Officer, “and were generous supporters of the hospital in its early years. We were very pleased that Fulford Place partnered with us in marking this special milestone in our history.”



Fulford Place Museum curator Pamela Brooks views some of the pieces on display in the museum's “Love and Loss” exhibit, created to mark the centennial of the BGH Maternity department.

### BGH Gets “Baby Day” Across the Region

The City of Brockville and the United Counties of Leeds and Grenville officially declared August 17, 2012 “Baby Day” in honour of 100 years of service by the Brockville General Hospital (BGH) Maternity Department.



### First New Citizen of 2013 Arrived at BGH

**Brockville General Hospital (BGH) was pleased to announce the arrival of the first new citizen born at BGH for 2013.** Axton James Cass was born at 1:44 p.m. January 3rd, weighing in at 8 pounds, 10 ounces. Mother Jordan Wheeler and father James Cass were delighted to welcome their first son, along with daughter Leanna Cass aged two.



### Brockville Museum Hosted “BGH Maternity History Mystery” Initiative

Another community partner, the Brockville Museum, marked the centennial of BGH maternity department in 2012 by launching a “BGH Maternity History Mystery” Initiative for the summer months.

“When BGH first came to us to participate with marking this milestone in their history,” explained Bonnie Burke, former Curator of the Brockville Museum, “we took stock and realized that we didn't have much history on file or in our archives on the maternity ward in particular. The hospital wanted to fill that gap and we did too.”

“The Brockville Museum was very helpful to us in 2010 when we were marking 125 years of service to this community,” said Maggie Wheeler, Communications Officer for BGH. “It was during that time, doing research, that the volunteers turned up an article on the opening of the maternity ward in 1912. We quickly realized we had a centennial approaching.

“We know the beginnings of the unit and the success it is today,” she adds, “between then and now we had a major gap. With the help of the Brockville Museum, we were able to ask the public to help us out.”



Taking stock of history in the museum storage are (l – r): Brenda Foss, Volunteer Researcher and Collections Manager; Bonnie Burke, former Curator; and BGH Communications Officer Maggie Wheeler. The crib, circa 1920, was rescued from the former Comstock Nurses' Residence that was demolished in 2000 to make way for the 2003 expansion of the hospital.

# BGH PLUGS INTO REGIONAL SYSTEMIC TREATMENT PROGRAM

**Brockville General Hospital “went live” in the winter of 2013 with a regional program that optimizes chemotherapy delivery to patients. The Regional Systemic Treatment Program is hosted by the Southeast Regional Cancer Program out of Kingston General Hospital (KGH).**

Provincially, Cancer Care Ontario developed the Systemic Treatment Information Program (STIP) to reduce prescription errors and improve patient safety and quality of care. STIP implements the use of OPIS (Oncology Patient Information System), an electronic portal they created for automating chemotherapy drug ordering. With OPIS, physicians can use automated order entry for chemotherapy and related drugs. For the patient, OPIS enhances the efficiency and safety of medication delivery which contributes to reduction of adverse drug reactions.

Regionally, this program is managed as the Regional Systemic Treatment Program (RSTP).

At BGH, the implementation of the Regional Systemic Treatment Program was a multi-disciplinary effort with contributions from Information Technology, Facilities, and Critical Care. Identified users with the project include three Ambulatory Care nurses, three Pharmacy technicians and five Internal Medicine physicians.

With the proposed expansion of the chemotherapy program at BGH, the implementation of the RSTP is another key piece in enhancing these local services available to patients.



*Some of the BGH Team are (standing, l—r): Sandra Graham (IT), Tracy Giff, Cheryl Wheeler (Pharmacy), Shannon Jones, Deb MacDonald (ACU). Seated are IT staff Mike Shupe (left) and John Montgomery.*

## High Praise for the BGH Team from the Southeast Regional Cancer Program:

Good Morning Everyone,

I wanted to send a quick e-mail to say how proud I am to be working with all of you with the Regional Systemic Treatment Program.

Yesterday was by far the easiest, most organized “Go Live” I have ever been involved with. All of you pulled together as a team and worked so hard to make this happen, thank you.

I look forward to the future of expanding this wonderful RSTP program with all of you and positivity impacting the lives of many oncology patients and families!

Kardi Blasko, RN B.Sc.N CON(C)  
Regional Systemic Treatment  
Program Coordinator  
Southeast Regional Cancer Program  
Kingston General Hospital

## South East Local Health Integration Network's Clinical Services Roadmap Update

BGH Staff and Physicians have continued to work with their colleagues across the SE LHIN on the Clinical Services Roadmaps. The areas of focus include Cardiovascular Disease, Emergency Department Wait Times, Healthcare Acquired Infections, Maternal Newborn, Mental Health and Addictions, Restorative Care and Surgical Services. Implementation, with varying levels of progress, is well underway in each of the initiatives.

The Cardiovascular Heart Failure Disease Network has an integrated service model of care which has been validated, based on best practice standards and guidelines. Service delivery will be provided by the SE Health Link clusters, comprised of Primary Care Providers, Cardiovascular Specialists and local hospitals. BGH is participating with the Thousand Islands Health Link.

BGH participated in the ED Wait Times – Patient Flow and Bed Utilization project, predominantly by improving bullet rounds. The intent of this initiative is to have timely discharge and improved patient flow in the Emergency Department.

All hospitals in the SE LHIN have participated in the ED Wait Times – Transportation initiative. A request for proposal was issued in the Fall of 2012 to vendors to provide a non-urgent transportation service for the SE LHIN. The final evaluation and selection was to take place in April 2013. This is the service that will provide transportation among the BGH sites for in-patients, as well as longer distance transportation for in-patients to such places as Kingston for appointments.

The Maternal Newborn - Community Practice initiative was developed to focus on establishing levels of care definitions and developing Caesarian Section indicators. The Co-Chairs of the Network have been established. Level of care definitions were reviewed by the hospitals. Results and recommendations are expected by April 2013.

The Mental Health and Addictions project with respect to the Health Services Restructuring Commission culminated for BGH in the transfer of acute mental health services to BGH in April 2012.

The Mental Health and Addictions – Health Human Resources Strategy affects all mental health facilities. A draft competency framework has been developed and agreement to adopt was sought from all hospitals with acute mental health services. A competency training plan will be based on Concurrent Disorder project deliverables, and a toolkit will be developed based on this work.

The Mental Health and Addictions – ED Strategy was focused on more effective use of ED services including a collaborative development of a shared care plan for mental health and addictions patients who frequently visit emergency departments. BGH has participated on this initiative. BGH was identified as an early adopter of the Restorative Care initiative. A high risk screening tool was identified and licenses for the screening tool were purchased. The “go live” date for BGH has been confirmed for June 2013. The process and education for BGH staff and the community will be finalized shortly.

The Surgical Roadmap – a General Surgery Agreement has been developed and approved by hospital executives and the SE LHIN and the Regional Work Group. An Ophthalmology Work Group has been identified for future work.

The result of all of these Roadmap initiatives should be improved service and outcomes for our patients.



# VAC PUMP

## Brockville General Hospital Acquires Canada's First State-of-the-Art Sysmex XN-2000™ Automated Hematology Analyzer

*Revolutionary technology to benefit physicians and patients*

**Brockville General Hospital became the first hospital in Canada to own a new Sysmex XN-2000™ Automated Hematology Analyzer. This is the first analyzer of the new Sysmex® XN-Series suite of products to be installed in Canada.**

This revolutionary compact automated hematology analyzer provides the hospital's clinical laboratory with expanded clinical and operational capabilities to meet changing workload demands and testing complexity that may accompany an aging population, while withstanding future medical technologist shortages. Sysmex is a global leader in clinical laboratory systemization and solutions, including clinical diagnostics, automation and information systems and services hospitals and healthcare networks, reference laboratories and physicians' offices worldwide.

"Our laboratory processes approximately 34,000 CBC hematology samples annually. Therefore, it was imperative for us to purchase technology with a history of known reliability. Less down time means continuity of care. The analyzer's simplified processes also make operation easier, giving us the flexibility to schedule personnel without the intensive training needed to maintain proficiency on different types of analyzers," says Susan Pugh, BGH Lab Director.

"Above all, this new generation of technology provides us with expanded clinical capabilities that help our physicians impact treatment guidelines, care pathways, patient flow, and therefore quality outcomes," adds Dr. Naguib Yassa, BGH Chief of Pathology. The hospital's purchasing decision was determined via a competitive due diligence process whose committee members included clinical laboratory experts in the areas of laboratory medicine, medical technology and information systems.



***BGH Lab Staff with the new Automated Hematology Analyzer (l – r): Susan Schaub, Mary Grant, Ruby Locke, Dr. Naguib Yassa (BGH Chief of Pathology) and Susan Pugh (Lab Director).***

## Community Effort Purchases VAC Pump for BGH



***Admiring the new VAC Pump are (l – r): Joan McLaughlin, Executive Director of the Brockville and District Hospital Foundation; Diane Bowen, former BGH Nurse Educator; and Peter Hoogendam.***

**A combined effort by community donors over the end of 2012 and into 2013 achieved the purchase of a Vacuum Assisted Closure (VAC) pump for Brockville General Hospital (BGH).**

Peter Hoogendam of Reliable Home Furniture launched the Retire the Penny Campaign in the early summer of 2012 in partnership with Brockville Home Hardware Building Centre (HHBC), in hopes of raising awareness of the need for the pump and funds to cover its purchase for BGH. A VAC pump is used with large, open wounds to help remove infection when the body cannot meet the challenge on its own. VAC therapy treats complex wounds by making them heal quicker, with less infection, fewer dressing changes and less staff time. This provides the opportunity to save limbs and lives.

"Peter came to us with the idea," says Paul Blakney of HHBC, "when he became aware of the pump and how important it would be to have one here for our community. He saw it as a win/win for the hospital and for Home Hardware Building Centre as part of the Brockville and area community."

Support by the penny "rolled in" over the subsequent months, and other community donors joined in supporting the funding drive—including the Ross W. McNeil Foundation, who granted \$10,000 toward the pump purchase as requested by application from the Brockville and District Hospital Foundation.



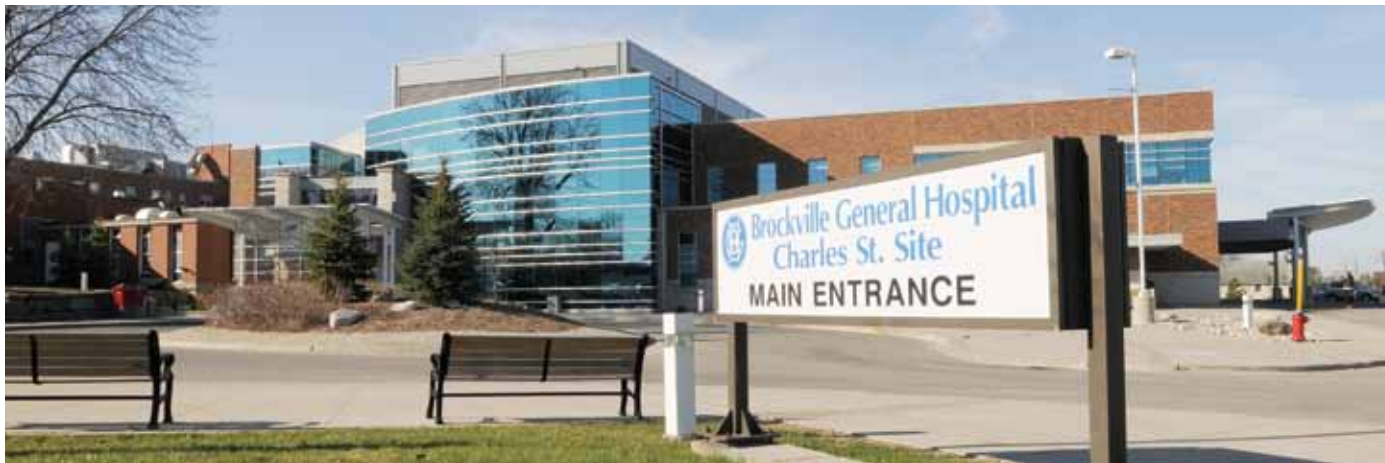
# BROCKVILLE AND DISTRICT HOSPITAL FOUNDATION

## Message from the Chair

Once again, the Brockville and District Hospital Foundation had a remarkable year. Through the support of many donors, businesses and community organizations, the BDHF was fortunate to be able to provide new equipment for the hospital, and funding for both the Palliative Care and Brockville Cardiovascular Programs. I personally want to thank our generous donors for their continued support, and acknowledge staff and volunteers who help make it all happen.

*Tom Blanchard, Chair*

Brockville and District Hospital Foundation



The Brockville and District Hospital Foundation  
...rooted in our community...ensuring Brockville  
General Hospital has the best equipment and services  
so that you have the care you deserve!

## 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 options that fulfill their wishes.

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](mailto:foundation@bgh-on.ca).** The Foundation respects your privacy and safeguards your personal information.

### WAYS TO GIVE:

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

For more information please contact:

*Joan McLaughlin, Executive Director*

*Brockville and District Hospital Foundation*

*75 Charles Street, Brockville, ON K6V 1S8*

*[foundation@bgh-on.ca](mailto:foundation@bgh-on.ca) ~ 613-345-4478 [www.bdhfoundation.com](http://www.bdhfoundation.com)*

### Beauty and The Breast, May 2012 raised \$10,483.

The funds raised purchased single use biopsy guns, which are used to aid in the diagnosis of breast cancer.



### Community Care and Share Golf Tournament August 2012 raised over \$41,000.

Brockville Cardiovascular Program is the primary recipient of the tournament's support, with the remaining 20% split among four charitable initiatives chosen by three service clubs.



### Friends of Palliative Care Golf, The Brockville and District Hospital Foundation's signature event, raised over \$150,000 at the 2012 golf tournament.



### A combined effort by community donors

over the summer and fall achieved the purchase of a Vacuum Assisted Closure (VAC) pump for Brockville General Hospital.



### Screen for the Cure — Ready to take the greens in support of colon cancer prevention are the Screen for the Cure Golf Tournament Committee members. In 2012, the Screen for the Cure Tournament raised over \$32,000 for cancer screening equipment.





# BROCKVILLE GENERAL VOLUNTEER ASSOCIATION REPORT

The Brockville General Volunteer Association (BGVA) has had another busy year! A total of 32,053 hours were given by over 350+ active volunteers! This includes all of our volunteers in Palliative care at the Garden Street Site in their many roles, our Spiritual Care volunteers, and all of our volunteers at the Charles Street Site.

**We expanded our Volunteer Services** to meet patients' needs and we now have volunteers in the Ortho Clinic and Maternal Child, including hosting the Art Cart of activities that offers children access to books, arts & crafts, and toys. In addition, our Spiritual Care Department has expanded its services to include the new Elmgrove Site. A new Youth Volunteer Committee was formed to explore ways of including youth and teens into our Volunteer Programs. May Court members generously gave 150 infant sleepers to assist us in putting together "We Care" baskets for young Moms in need that give birth at BGH. We also have revived a program called Memory Pillows for the parents of stillborn or very young babies; and we continue to provide lunch vouchers for patients in the ACU, at the discretion of staff. We have started to provide handmade IV gowns, made of brightly patterned fabrics for pediatric patients and the ER room as required. These items are all donated by the BGVA throughout the year and are in addition to the major equipment purchases.

Through all our many Volunteer fundraising efforts including Eleanor's Café and our two Gift Shops, we are pleased to report that a **total of \$64,000 was given to the hospital for the following areas** (a wish list is prioritized by hospital senior administration each year and presented to BGVA):

- **\$10,000 Cardiovascular Program**
- **\$10,000 Stroke Program**
- **\$35,000 Bariatric Equipment**
- **\$9,000 Wheelchairs**



Thank you to ALL our volunteers for all that you do to make our hospital a better place!

Respectfully Submitted,

*Dave Bessant, President*  
Brockville General  
Volunteer Association



To kick off National Volunteer Appreciation Week 2012, Brockville General Hospital (BGH) hosted a Volunteer Showcase at its Charles Street Site. On display were the many areas and services available for those who wish to donate the valuable commodity of time to their community hospital. On hand to answer any questions were (l – r) Janet Stark, Spiritual Care Manager; Cheryl Marshall, Volunteer Coordinator; Dodie Ryan, Spiritual Care Volunteer; Patricia Howlett, Palliative Care Volunteer Coordinator; Maureen Duff, Recreation Therapist; Sharron Fairgrieve, Spiritual Care Volunteer, and Brenda Harrison, Palliative Care Volunteer.



The Brockville General Hospital Volunteer Association (BGVA) donated \$20,000 to Brockville General Hospital—\$10,000 to the Brockville Cardiovascular Program (BCP), and \$10,000 to the Stroke Clinic. This brings the total funds donated by the Association to the BCP to \$110,000 over the past six years. Sharing in the presentation to Dr. Jay Bhatt (second from right), BGH Internist and Coordinator of the BCP, are BGVA members (l – r) Ann Carter, Marla Gilliland, and Maureen Overy (Association Past President).



The May Court Club of Brockville partnered with the Brockville General Volunteer Association (BGVA) to provide "We Care Baskets" in the Brockville General Hospital (BGH) MacLean Maternal Child Unit for new families in need. This was the first time the two Brockville volunteer groups partnered on an initiative. Accepting the donation is Jennifer Torode (far left), BGH Director of Maternal Child Services from (l – r) Margaret Lauridsen, Lynda Cavanaugh (Club President), and Diane Saxton of the May Court Club, and Maureen Overy, Past President of the Brockville General Volunteer Association.



On Ontario Doctors' Day (May 1st), one of the kudos all BGH physicians received was free coffee all day at Eleanor's Café, courtesy of the BGVA. Serving a free coffee to BGH Chief of Medical Staff Dr. Stephen McMurray (right) are BGVA volunteers (l – r) Donna Cameron and Lynn McGuire.

# REPORT FROM THE CHIEF FINANCIAL OFFICER

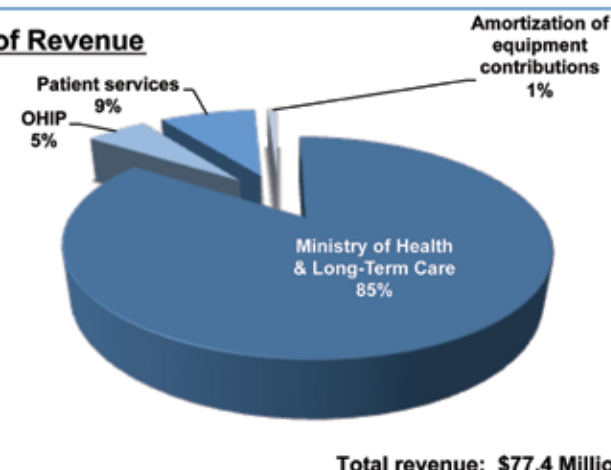
From a financial accountability perspective, fiscal year 2012-13 was characterized by two key areas of focus for Brockville General Hospital – the efficient onboarding of the Acute Mental Health services which took place on April 1, 2012, and the execution of a LHIN-approved Performance Improvement Plan to eliminate the total margin deficit.

Specific attention was given to optimizing the length of stay for inpatients, and the positive impact – both clinically and financially – of improving patient flow through their continuum of care. Notwithstanding increases in acute care admissions and delivered babies, average length of stay returned to requisite levels, and consequently, total patient days decreased by 7%. This has the combined positive effect of reducing direct costs and opening up capacity for crucial revenue streams that have been trending downwards in recent years, particularly fees for preferred accommodation.

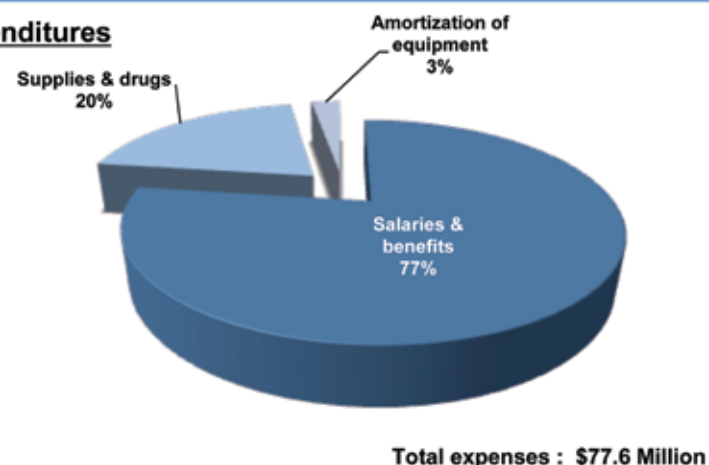
## Volume of Service

	2010/11	2011/12	2012/13
<b>Number of Beds</b>	123	123	147
<b>Admissions</b>			
Acute Care	4,162	4,115	4,221
Newborn	377	317	355
Complex Continuing Care	305	375	372
Rehabilitation	57	52	51
Mental Health			555
<b>Patient Days</b>			
Acute Care	22,509	23,953	22,346
Newborn	771	702	649
Complex Continuing Care	13,730	14,137	13,771
Rehabilitation	1,888	1,912	1,738
Mental Health			7,027
<b>Priority Programs</b>			
Hip & Knee Replacements	332	338	333
Cataract Surgeries	1,396	1,353	1,209
Emergency Room Visits	25,644	25,804	26,272

## Sources of Revenue



## Expenditures



### 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 budget requirement ("Total Margin"), and accordingly are NOT included in the above figures.
- 3) Comparative figures for 2010/11 and 2011/12 have not been adjusted for the Public Sector Accounting Board's changes that are now recognized and restated in the 2012/13 financial statements.

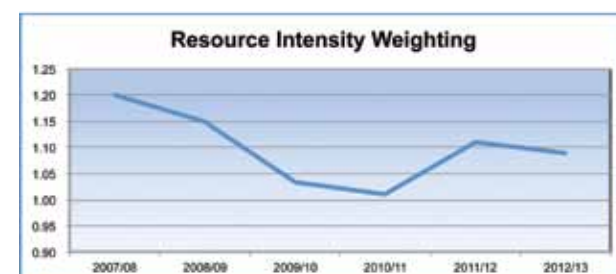
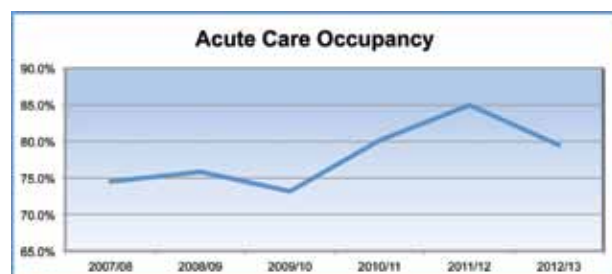
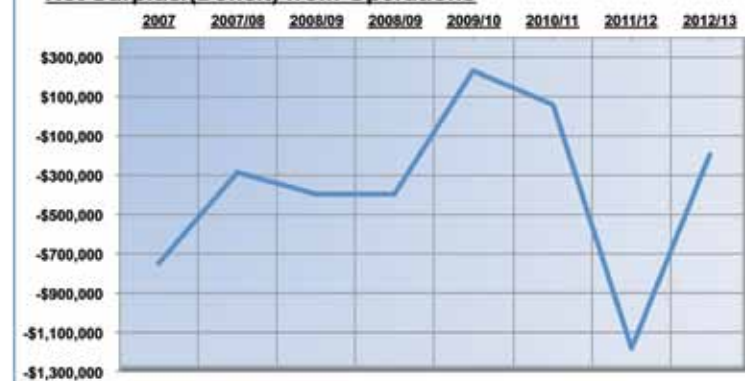
Looking forward to 2013-14, continued funding reductions will present difficult new challenges, particularly in light of annual staff compensation increases and the inflationary impact on medical supply costs. Nevertheless, our obligation under our Hospital Service Accountability Agreement is to deliver a positive total margin. An uncompromising determination to identify and eliminate all forms of waste and non-value-added costs will be critical to the achievement of this objective.

The elimination of the operating deficit was an important step forward, yet BGH Leadership and staff understand the importance of improving further on this performance in order to be able to re-invest in innovation and clinical program delivery. The Board of Governors has approved an operating plan for 2013-14 that will allow BGH to address the challenging economic demands of today's healthcare environment, and to deliver on our mission.



Steve Read

## Net Surplus/(Deficit) from Operations



Audited financial statements are available on request. Contact Steve Read, VP Corporate Services and Chief Financial Officer at 613-345-5649, ext. 1042 or [reast@bgh-on.ca](mailto:reast@bgh-on.ca).