

Brockville General Hospital AGM Report



Ray Marshall, BGH President and CEO, and Hugh Bates, Board Chair, serve complimentary beverages to Dr. Jay Jaworski and Dr. David Beattie during BGH Physicians' Appreciation Week in February.

The 2010/11 fiscal year saw decisions made by the South East Local Health Integration Network (SE LHIN), Champlain LHIN and the Ministry of Health and Long-Term Care (MoHLTC) in response to the hospital's Mental Health Due Diligence Process. Approvals were received for one-time costs and wage harmonization costs totaling just over \$1.6 million. The SE LHIN and the MoHLTC also came to an agreement on the ongoing operating costs of the program once it is transferred to Brockville General Hospital (BGH).

As we write this report, detailed budgeting and planning is occurring to complete the transfer of governance of the acute care mental health services from the Royal Ottawa Health Care Group (ROHCG) to BGH. Our goal is to complete the transfer by the end of the 2011 calendar year.

The Brockville Cardiovascular Program celebrated its first anniversary in May of 2010. Since May 2009, the program has provided care to nearly 200 people. The program evaluation demonstrated that it is delivering excellent results. Clients who completed the program have lowered their cholesterol levels, lost weight, and improved their fitness levels. The program receives no Ministry/LHIN funding. A sincere "Thank You!" to our dedicated donors and fundraising volunteers who provide the dollars required to fund this valuable service.

The Hospital continues to increase its focus on Restorative Care/Slow Stream Rehab. We have seen tremendous improvement in the condition of clients who use the service—clients who once would have been referred to a long-term care home improve enough to be discharged home with the necessary community supports.

The Hospital also continues to work closely with the South East Community Care Access Centre (SE CCAC) to help patients receive the services they need so that they can stay in their homes as long as possible. Through this increased cooperation and programs such as Home First, the system has been able to reduce the percentage of Alternate Level of Care (ALC) days to under 6% (March 31, 2011). This represents a dramatic improvement from July 2009, when almost one-third of the patients in the hospital were ALC—occupying acute care beds when other levels of care were more appropriate.

In the 2010/11 fiscal year, the SE LHIN initiated a review of selected services across the seven hospitals in the LHIN, called the Clinical Services Roadmap (CSR). The

areas of focus are: Cardiac Care, Emergency Department Wait Times, Healthcare Acquired Infections (HAI), Maternal & Newborn Care, Mental Health & Addictions Services, Restorative Care, and Surgical Services.

The Surgical Services Review has received the most publicity due to the inclusion of a dramatic suggestion for centralization of services. The centralization option was removed from further discussion at the end of April. The team is now focused on concrete achievable objectives that should improve access to services. All the teams will be providing information to the hospitals and CCAC in July for review over the summer.

Work continues on updating our Master Plan to construct an addition at our Charles Street Site to accommodate Complex Continuing Care, Rehabilitation, Palliative Care, Mental Health and wsome replacement acute care beds. We have chosen Stantec Inc. to be our prime consultant to help us with this project. Work also continues on an interim project to renovate the 3rd floor of the Charles Street Site to accommodate the 24 acute care beds from Elmgrove until the major project is completed.

The Government of Ontario introduced several pieces of legislation in the last year that required follow-up from the Hospital. The Excellent Care for All Act required us to amend our bylaws and to create a Quality Improvement Plan. The plan was submitted to the Ontario Health Council prior to March 31st, as required, and is now posted on our public website. The three areas of focus for improvement in this plan are: Hand Hygiene, Patient Falls and Medication Reconciliation in the Emergency Department.

In February 2011, our Laboratory Department completed the mid-term self assessment submission. This is a requirement of the 4 year accreditation program that the Hospital participates in through the Ontario Laboratory Accreditation system. One of priorities identified in our self-assessment was the implementation of an interface between our point of care testing devices (such as glucometers) and our electronic patient record. This interface is currently being tested and is scheduled to "go live" late in June.

Last fiscal year saw the Hospital celebrate its 125th year of providing service to the area. Thanks to the tremendous work of a

dedicated group of volunteers, we celebrated at the "Black and White Gala" on September 25, 2010 and were successful in raising enough funds to purchase sentinel node biopsy instrumentation. This represents the current standard of care for breast cancer diagnosis.

The Hospital worked with the Regional Cancer Centre in Kingston to increase the number of patients who can receive their chemotherapy treatments in Brockville versus having to travel to Kingston or Ottawa for every treatment. This is a continuing focus of the Hospital to provide this service closer to home.

Late in the year, the Hospital was informed of an opportunity to acquire a replacement CT Scanner at a much reduced price. Thanks to the generosity of the Brockville & District Hospital Foundation, the hospital was able to purchase the CT Scanner and it was installed early in April. It is due to the ongoing generosity of the community that the foundation was able to provide this support.

As a result of the hard work of staff across our organization, the hospital ended the fiscal year with a positive total margin, as required by our Hospital-Service Accountability Agreement. We would like to thank all the staff across the organization for your ongoing efforts to provide excellent patient care within our budget constraints.

We also wish to express thanks to the members of the Board of Governors and Senior Leadership Team for their hard work and diligence over the last year.



RAY MARSHALL
President & CEO



HUGH BATES
Board Chair



Brockville General Hospital

Healthy People – Outstanding Care

Elected Board of Governors Members

Hugh Bates (Chair)

Board member since 2005

Hugh was a principal in Leeds and Grenville for 30 years, before retiring in 1993. He is an active volunteer with the Brockville General Volunteer Association, and chaired its board for two years. Hugh's past five years on the Board of Governors for BGH include two years as Vice Chair before becoming Chair of the Board.

Norman Millar (Internal Vice Chair)

Board member since 2005

Before retiring, Norm was Vice-President and Senior Project Manager of Reliance Construction of Canada, Ltd., where he modernized Reliance's construction management strategies through the introduction of computerized estimating, critical path and problem-solving procedures.

Wilsie Hatfield (External Vice Chair)

Board member since 2002

Wilsie spent nine years in the military before joining Du Pont Canada (Maitland), retiring after 36 years. He has served on the boards of the Brockville YMCA, St. Vincent de Paul Hospital, and St. Lawrence College. Wilsie is also a life member of the Brockville and District Chamber of Commerce.

David Gilliland

Board member since 2010

David worked for Du Pont Canada, with the last third of his career as a project manager for capital projects aimed at capacity increase and cost reduction. After retirement, he was a project manager for INVISTA Canada Company in Maitland. David has also served on the Board of Directors for Sherwood Park Manor.

Wayne Blackwell

Board member 2004-2006 & 2008 to present

Following a 33-year career with BICC Cables Ltd., living across Canada and in the USA, Wayne retired and returned to the Brockville area in 2000. He has been active as a volunteer board member with such groups as Loaves & Fishes and the Thousand Island Area Residents' Association (TIARA).

Janet Cooper

Board member since 2003

Janet has practiced as a Registered Nurse at the Brockville Mental Health Center since 1981. Her experience at the BMHC includes working in psycho-geriatric, rehabilitation units, and fifteen years in the Forensic Program as a Forensic Outreach Nurse.

Jean Macintosh

Board member since 2003

Jean's professional background is as a Registered Nurse. For 22 years, she was employed as Director/Manager of Placement Coordination Services and In-home Services with the Lanark, Leeds & Grenville District Health Unit and the Access Centre for Community Care.

Neil Bhatt

Board member since 2009

Neil is a partner at Lekki Hill Duprey & Bhatt, P.C. He concentrates his practice in Bankruptcy Law, Corporate Law, Trusts and Estates, Estate Planning, and Asset Protection. Neil stays active in the community through his involvement with the Ontario District Free Masons and other charitable organizations.

Robert Pickens

Board member since 2010

Robert was Executive Director of Family & Children's Services of the City of Brockville and the United Counties of Leeds and Grenville until retirement. Via his professional work, Robert has participated in community initiatives such as the Health Forum of Lanark, Leeds and Grenville, and "Healthy Babies, Healthy Children."

Sally Wills

Board member since 2010

Sally was the founding Chief Executive Officer of Child and Youth Wellness Centre of Leeds & Grenville, the regional children's mental health centre, serving in that capacity for 14 years. She has spent 30 serving on boards across Ontario and Canada, including a national task force.

Chrystal Brown

Board member since 2007

Chrystal is a Registered Nurse, formerly a Public Health Nurse with Leeds, Grenville and Lanark District Health Unit. She is currently working as a Health and Safety Consultant with Workplace Safety and Prevention Services. Chrystal has also served as Board Chair for the Brockville and Area YMCA.

Nicole St Aubin

Board member since 2008

Nicole is a Certified Managerial Accountant, with an extensive background in data analysis, budgeting and reporting. She is the Finance Manager of the Brockville and Area YMCA, and also serves as the Treasurer of the Athens and Brockville Branches of the Canadian Cancer Society.

George Coombes

Board member since 2007

George is a Chartered Accountant and is currently an Investment Advisor with BMO Nesbitt Burns in Brockville. His professional experience includes governance, investing, private and public accounting, banking, manufacturing, human resource and general management.

Charlotte Patterson

Board member since 2009

Charlotte is Superintendent of Human Resources for the Upper Canada District School Board. Prior to her current assignment, she served as a Superintendent of Education and Principal throughout eastern Ontario.

Anne Warren

Board member since 2009

Anne is currently serving a third term on Gananoque Town Council, becoming Deputy Mayor following last fall's election. She is Chair of the Gananoque Police Services Board, and has served as Gananoque's representative on the Board of Directors of Leeds, Grenville & Lanark District Health Unit since 2003.

Appointed Members of the BGH Board

Maureen Overy

President of Brockville General Volunteer Association

Maureen has been a volunteer at BGH for 24 years, mainly in leadership positions. She has been an office manager and bookkeeper for 28 years, and in her spare time is actively involved, off stage, in area community theatre productions.

Dr. Robert Beveridge

Chief of Medical Staff since 2007

Dr. Beveridge joined the BGH Medical Staff in the Department of Internal Medicine in 2001, and has served as BGH Clinical Information Technology Advisor. He is also an Adjunct Professor of Medicine with Queen's University.

Dr. Jonathan Wyatt

President of Medical Staff and member since 2008

Dr. Wyatt joined BGH as an Associate in the Departments of General Practice and Anaesthesia in 1982, becoming Chief of Chronic Care in 1985. He was elected President of the Leeds & Grenville Medical Society in 1985, and President of the BGH Medical Staff in 2008.

Dr. Denise Pajot

Vice President of Medical Staff and member since 2008

Dr. Pajot first joined the BGH Medical Staff as an Associate in the Departments of General Practice and Emergency in 1991, and is currently an Active member of General Practice.

Ray Marshall

BGH President & CEO since 2001

Before coming to BGH, Ray served as Operating Officer for Regional Facilities Support, Fraser Valley Health Region, British Columbia. He also sits on the boards of the Canadian Mental Health Association of Leeds/Grenville, Sherwood Park Manor, Ontario Telemedicine Network, Shared Support Systems of Southeastern Ontario (SSO), and the Rotary Club of the 1000 Islands.

VISION

Healthy People –
Outstanding Care

MISSION

To provide an excellent
patient service – guided by the
people we serve, delivered by
people who care.

CORE VALUES

Commitment to Compassion,
Respect, Trust, Accountability,
Collaboration & Continuous
Improvement



Report of the Chief of Staff



Dr. Robert Beveridge, Chief of Staff Adjunct Professor of Medicine, Queen's University

Regionalism Under Construction

The concept of regionalism embodies a spirit of cooperation in a patient-centric model. The efficient movement of patients between communities has been a longstanding requirement for rural Canada. The formation of local health integrated networks (LHINS) established opportunities to improve sharing of resources and standardizing the approach to care delivery. The South East LHIN has undertaken a review of clinical services in order to assist in planning and operation of facilities and programs. The process itself is well-founded in ideals; however, it is inevitable that proposals for change will not always address many of the local requirements. This is based in part on a complex series of interrelationships that exist between services. There have been honest attempts to seek broad input but despite this, serious controversy has arisen in regard to several models proposed in relation to surgical services. After receiving input from the public and key stakeholders, the planning process has been reevaluated.

Some of the initiatives proposed with the Clinical Services Roadmap review (CSR) are about standardizing an approach to care with protocol development and standard measurement tools. A common thread in all the projects involves greater access to electronic data for all providers within the circle of care. The introduction of more substantive program changes will be enabled by a more robust network of clinical information sharing and collection and refinement of important performance indicators. Whatever models are adopted, a strong commitment to principles of patient-centered care, delivered close to home, in an efficient and effective manner, will ensure our communities will continue to receive the best possible care.

eHealth And Data Sharing

Electronic health records have continued to expand in primary care and hospital environments, but connectivity and sharing of information has been slow to occur. Developing methods for allowing a broader network of health care providers involved in the circle of care to access information using safe secure methods has been no small task.

As a result of a generous donation from the community, the BGH electronic record has been greatly enhanced by the introduction of digital cardio diagnostic information (GE MUSE). This system was developed in cooperation with the Kingston hospitals so that physicians from Brockville or Kingston could view EKG, home monitoring studies (holter monitor) and stress tests whether they

have been done in Brockville or Kingston. This allows for timely access to accurate information that is vital in decisions about care provision, including the requirements for patient transfer.

We have also entered into agreements with the Ottawa Hospital as well as Kingston Hospitals for a much broader capability for sharing information with health care providers within the region. This will include physician reports, lab information and diagnostic imaging. These will be implemented in the upcoming several months.

Technology Advances

Enhancements continue to be introduced to our hospital information system (Quadramed) that improve the scope of our electronic record and evolve to more use of electronic order entry. Major changes to the platform, scheduled for September 2011, will see substantive enhancements to medication management and reconciliation of medications at admission discharge and transfer. This is seen as a

major potential for improvements in patient safety. Our diagnostic imaging department acquired a new 128 Slice CT scanner, which will significantly improve diagnostic capabilities including opportunities to do cerebrovascular and cardiovascular imaging. Previously, these studies have been available only in Kingston or Ottawa. This will improve local management of stroke as well as heart disease patients. A new OR management software system will also contribute greatly to efficiency of scheduling as well reporting on performance.

Physician Manpower Supply And Access To Care

Brockville has continued to be quite successful in attracting physicians to the area. This has included new appointments in Anaesthesia, Family medicine, General Surgery and Orthopaedics.

After experiencing a period of unprecedented shortages of family physicians, with reduced access to primary care, we are now dealing with some of the benefits as well as consequences of large family health networks/teams. There are many family physicians accepting new patients and there is also greater use of electronic health records and chronic disease management tools. Unfortunately, some of the expectations and requirements being placed upon physicians working in these models have affected both the willingness as well as capacity for some physicians to continue to participate in inpatient care.

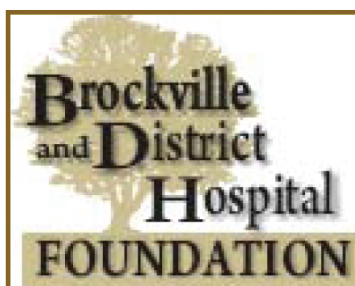
While the number of patients presenting to the hospital Emergency Department with no family physician has dramatically declined, the number of patients being admitted with no local family physician that is still managing inpatients has grown significantly. This increase in pressure on those physicians still seeing inpatients has led to a recommendation that Brockville introduce a blended "hospitalist" model. This would see new physicians hired specifically to care for inpatients who did not have a local family physician participating in inpatient care. Many of the local family physicians will continue to be involved in patient care primarily for their own patients or those patients that a part of a defined on call group.

Changes in models of inpatient care, the Mental Health transfer and regional initiatives developed in the Clinical Services Roadmap review will all continue to create both challenges and opportunities to do better.



Photo Credit: Steve Pettibone

The first baby of 2011 welcomed at BGH was Jemma-Lynn Catherine Barham born 8:20 p.m. January 1st to proud parents Krista Flaro and Skyler Barham-Dier. Photo credit: Steve Pettibone, Recorder & Times



Screen for the Cure Golf Committee



Family donation to Intensive Care Unit



Palliative Care Telethon 2010

Message from the Volunteer Chair

A year to remember, a year to be proud...

The Brockville and District Hospital Foundation is committed to and actively involved in raising funds for Brockville General Hospital and the healthcare needs of Leeds and Grenville. Our Foundation raises funds to purchase vital medical, diagnostic and surgical equipment as well as supporting patient programs and services such as Palliative Care and Brockville Cardiovascular Program.

The Foundation would be nothing without its donors. Generous individuals, corporations, service groups, third party events have made the Brockville General Hospital and the Brockville and District Hospital Foundation what it is today!

The Brockville and District Hospital Foundation would like to take this opportunity to acknowledge and recognize our donors, businesses and organizations who continue to give to our community hospital—Brockville General Hospital—and the people it serves.

David Bryer

Chair, Board of Directors
Brockville and District Hospital Foundation



David Bryer

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. Here are some of our options:

- 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

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

A Story we would like to share...

A Death or Life Decision for Gary Merkley

Gary Merkley swore to his friends that he would smoke until the day he died—and then he died.

"They brought me back," Merkley says simply. "The Brockville General Hospital Emergency was excellent. I flat-lined, I was gone, and they got me back."

"The nurses in ICU were wonderful," says Merkley. "Naturally, I had lots of time to think. I was afraid to fall asleep that night. Afraid I wouldn't wake up again. Dr. Bob Beveridge and Dr. Jay Bhatt both came to see me. Dr. Bhatt said 'Gary, it's a book. Flip the page and go on.'"

So Merkley did. First thing was to quit smoking, which he approached cold turkey.

"I haven't had one cigarette since the day I died—October 29th, 2010," he says firmly. "I have a stent in my heart now, and smoking just isn't an option anymore."



Gary Merkley

"The BCP is a wonderful program," Merkley states. "It's been a lot of years since I did something physical but they helped me get started. Helen (Ostap) and Jason (Lafave) are just great.

The first time I stepped on a treadmill, I did seven minutes. Now Jason has to make me stop at 45 minutes. I want to keep going!"

"The people at the Brockville Cardiovascular Program are just great people," says Merkley. "They make it easy for you to change for the better, for your heart health.

"If I could stay with the BCP," he adds with a smile, "I would."



Ophthalmology Equipment Donation

Isotope Indicator



Friends of Palliative Care Golf



Laughter for the Heart supports BCP



Legion purchased a microscope for the Lab



BCP supporters

Ever wonder exactly how your donations make a difference?

Thanks to the generosity of individuals, families, businesses and organizations in Brockville and the surrounding area, these equipment purchases were made in 2010-2011 as well as supported two very important programs.

Palliative Care Program

Brockville Cardiovascular Program

Isotope Indicator
Colonoscopy equipment
Hospital Beds
Hospital Bed for Bariatric Patients

Glide scope for Emergency
LRI Knives for Ophthalmology
Vital signs monitor
Arthroscopy equipment
Humidifier for ventilator (Maternity)
Microscopes for Laboratory
Portable flexible Intubating Scope
Ophthalmology Microscope
Ultrasound machine

C-Arm for Xray machine for orthopedics
Yellow Fin Stirrups for surgery
Video Esophograph
Bili Bed
Orthopedic package
(saws, drills, positioning devices, camera)

By The Numbers

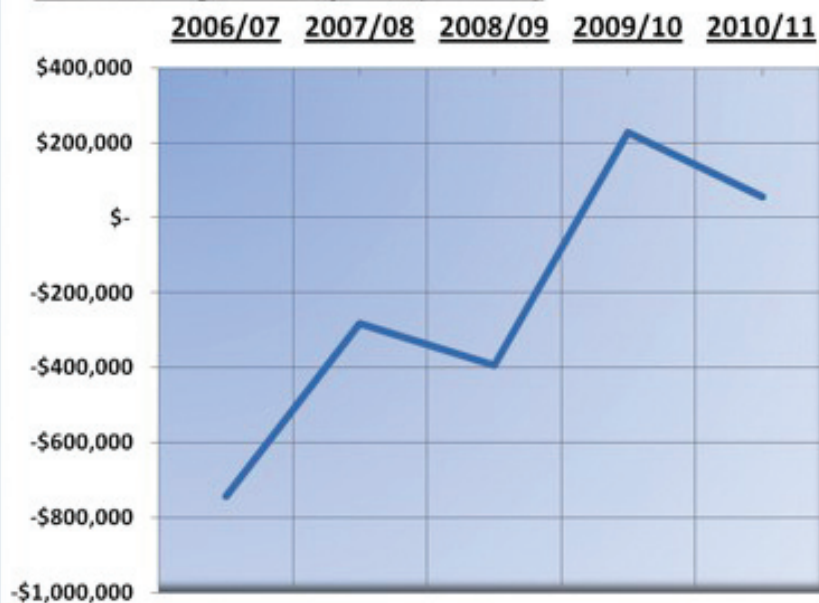
Chief Financial Officer's Report

Activity Levels April 1, 2010 to March 31, 2011

		Births	377	Outpatient visits	43,700
Number of beds	123	Day surgery cases	9,636	Employees	688
Admissions	4,901	Hip & knee replacements	332	Nurses	296
Patient days	38,898	Cataract surgeries	1,396	Volunteer hours	26,563
Emergency room visits	25,644	Clinic visits	34,550		

Accountability Report

Total Margin - Surplus/(deficit)



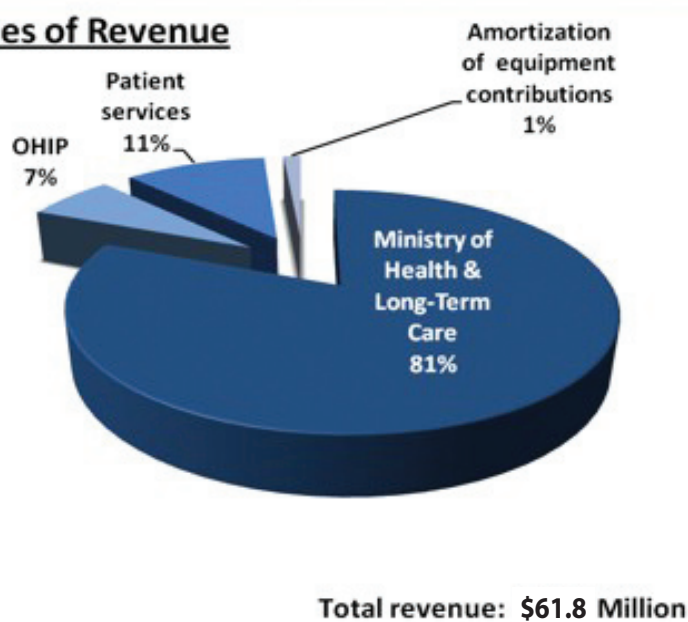
Steve Read,
Chief Financial Officer

Rockville General Hospital continues to deliver on its fiscal commitment to operate within the resources provided. The aggressive pursuit of new revenue streams and a steady transformation towards cost effective care delivery models have led to a strengthened financial position and a positive total margin at year end. A deliberate focus on systematically identifying and eliminating non-value-added activities and costs have increased capacity and allowed for more efficient use of scarce resources. This is critically important as unit costs and service volumes continue to increase at a faster pace than our base funding.

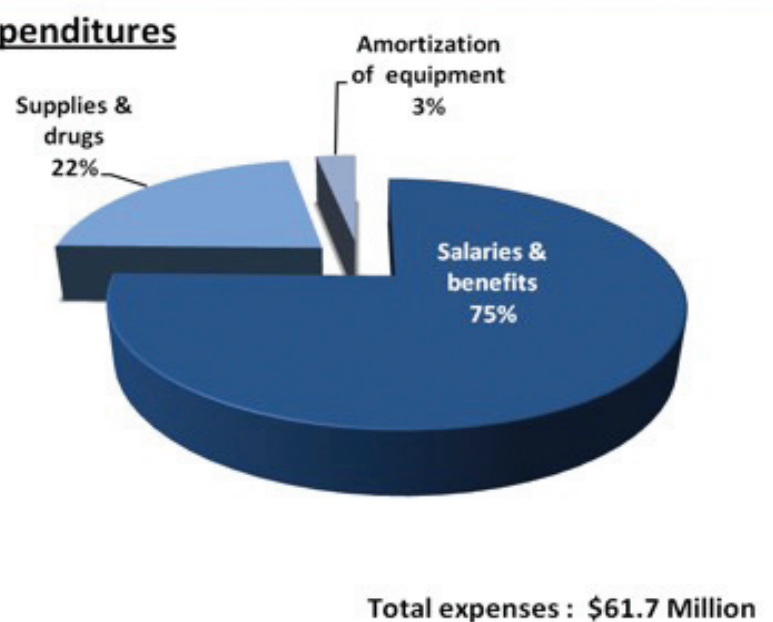
Looking to the future, BGH is well positioned to take a leadership position in the development of a regional health-care system, and our financial strength will continue to support strategic technology and infrastructure investments.

The Board of Governors has approved an operating plan for 2011/12 that will allow us to meet our obligations within the Hospital Service Accountability Agreement and its amending agreement for the current year. The plan calls for cost reductions in administrative and support functions that will allow increasingly higher proportions of our total budget to be directed towards clinical services.

Sources of Revenue



Expenditures



1. All the currency figures are reported in thousands of dollars.

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, and accordingly are not included in the above figures.

3. Audited financial statements are available upon request. Please contact Steven Read, Vice President Corporate Services and Chief Financial Officer, at (613)345-5649 x1042, or email your request to reast@bgh-on.ca



Brockville General Volunteer Association Report



Over the past year, the 230 women and men who are active members in the Brockville General Volunteer Association (BGVA) generously donated a total of 26,563 hours of service to the two sites of Brockville General Hospital.

BGVA members work in many areas. At the Charles Street Site Information Desk they welcome everyone to the hospital and help them to find their destinations. In the Gift Shops at both sites they can be found both behind the counters, and behind the scenes. Volunteers buy stock, make crafts or silk flower arrangements, knit items such as sweaters and baby outfits for sale. At Charles Street Site they also take the Wagon out to the patients' floors six days a week so that patients and visitors can purchase comfort items, and newspapers. The profits from sales in the shop, along with Eleanor's Café and the Fund Raising Committee, go towards the purchase of hospital equipment.

In Eleanor's Café the volunteers, who work in teams of two people per shift, begin work early in the morning, around 7 a.m. They open that early in order to have coffee and snacks available for staff to purchase as they go to work. Eleanor's Café is the major fund raiser for Brockville General Volunteer Association.

Other volunteers who start early in the morning are the people who go on to the patient floors. They deliver iced water, tidy tray tables and flower arrangements, visit and generally offer comfort.

At Charles Street Site there are volunteers who work in Day Surgery and, among other duties, wheel patients down to the front door when it is time to go home.

There are other "behind the scenes" volunteers who work in the Joy Short Linen Room, which is located off the kitchen in what was originally the hospital bakery. These ladies work one day a week, mending hospital linens and cutting and sewing various items as required. The room was named in honour of Joy Short who led the program for many years.

The Hair Care volunteers are a dedicated group who work weekly. They wash patients' hair, and will cut it if requested, by appointment in their specially equipped "Get Set Room". Some of these ladies have been working in the service since the mid 1970s.

At Garden Street Site volunteers work with the patients in Recreation Therapy. They assist as porters for bingos, movie shows and other recreation activities.



The Spiritual Care volunteers visit patients and, once a week, help with the ecumenical service provided by the department. A small number of volunteers assist patients at meal times. These volunteers receive training in this process before going onto the patient floors to help where needed.

A new service was started in the winter. It is called Emergency Room Support Service. Volunteers go in to the Charles Street Site Emergency Room on weekdays at 4:30 p.m., until 8:30 p.m., to help the patients and staff. They liaise between the patients in the waiting room and the staff, as well as find blankets and pillows for patients in the examining rooms. One of the volunteers described it as "basic mothering".

The Fund Raising Committee members all work in other areas but still find time to plan events throughout the year. They have raised funds from garage sales, silent auctions, Christmas bazaars, bus trips and the many vendors who rent tables in the main hallway to sell their wares. This past year has been very successful.

A small task performed by BGVA volunteers but appreciated by out-patients, is the weekly distribution of fresh reading material to waiting areas throughout the building. Selling lottery tickets on behalf of the hospital is another way BGVA volunteers help raise funds for the Brockville & District Hospital Foundation.

Brockville General Volunteer Association members are often called upon for time, or baking, over and above their scheduled work. They give generously so that the organization can sell raffle tickets; daffodils for the Cancer Society; carnations for the Multiple Sclerosis Society; help prepare mailings for the Brockville Hospital District Foundation; sell Tim Horton's Smile Cookies; register organ or tissue donors; guide school children around the hospital; plan the redecoration and furnishing of a patient lounge; decorate 23 Christmas trees throughout both sites; sell a "homemade" Christmas lunch.

I am very proud to have been elected President by such an amazing group of people.

Respectfully submitted

Maureen Overy, President

Did You Know...

that BGH scored high in patient satisfaction levels in the annual Patient Satisfaction Survey conducted by the Ontario Hospital Association published March 2011?

Positive patient responses for BGH:

Overall Acute Care **90.0%**

Overall Emergency Care **86.6%**

The survey was conducted between April 1, 2009 and December 31, 2010, using indicators set by the Canadian Institute for Health Information and other health organizations. Full results can be found at www.myhospitalcare.ca.



Pictured is the 7th Annual Silent Auction for Palliative Care that the BGVA has staffed at the 1000 Islands Mall. The Silent Auction is held in late January concurrent with the 36 hour Palliative Care Telethon and this year raised approximately \$14,000. The donated items for sale are recruited by the Palliative Care Committee.



BGH Restorative Care Program Sees Dramatic Success in First Year

Too many Alternative Level of Care (ALC) patients in the Ontario hospital system currently pose a significant challenge, but BGH has seen its Restorative Care Program cut the hospital's own ALC to Long Term Care numbers by half in just over a year.

"In 2009," says Sherry Anderson, BGH Director of Complex Continuing Care, Rehabilitation and Palliative Care, "our number of ALC patients waiting for a Long Term Care bed at Garden Street Site was 177 patients. After introducing Restorative Care, our number dropped to 101 for 2010. If the trend for this calendar year continues," she adds, "we project a total of only 57 ALC patients waiting for Long Term Care for 2011."

That's a drop of 68% in two years, a change in one group of ALC numbers most other hospitals would like to share.

Who are ALC patients and why do they pose a challenge to the hospital system? Patients in acute care hospital beds are there because they need acute care services. This means they need short-term, intensive medical treatment for an illness, injury or recovery from surgery. Once patients complete this "acute care" phase of treatment, they often require an alternate level of care (ALC). ALC patients are individuals in hospital beds who would be better cared for in an alternate setting—long-term care, complex continuing care, convalescent care or rehabilitation. Not only does the ALC patient not get the right care he or she needs, the acute care bed remains unavailable for someone else needing acute care services.

Restorative Care was one of the initiatives undertaken at BGH to respond to the increased numbers of ALC patients.

"We introduced the Restorative Care program in January of 2010," explains Heather Crawford, BGH VP of Clinical Services and Chief Nursing Executive "under the name of Slow Stream Rehab. We have since changed the name to Restorative Care for a number of reasons. The program is not general rehab. As well, the South East LHIN (Local Health Integration Network) has identified Restorative Care as one of the priority areas in its new Clinical Services Roadmap, so this brings our program in line with that."

Home First, a province-wide program to help hospital patients wait for alternate care options in the comfort of their own homes with enhanced at-home service, led the way. One of the options researched as part of Home First was Restorative Care, which seemed to offer a positive and viable alternative for some ALC patients.



In the studio that holds the Patient On-Site Art Classes program as part of Restorative Care are (l – r) Sherry Anderson; Cari Bailey, Discharge Planner; Frances Kennedy, RPN; and (seated) Lorraine White, Charge Nurse 2nd Floor Garden Street Site.

The premise of Restorative Care is to target frail or elderly acute patients in hospital whose recovery takes more time. These clients may stay longer in acute care beds not designed for the care they require post-treatment. The first step in the new process is having the rehab charge nurse complete rounds in acute care, working with the inter-professional team to identify those who would qualify for Restorative Care. Once a patient is identified as a possible candidate, the discharge planner meets with family and patient to identify barriers to discharge.

Late last year, drawing on the initial success of the new program, a proposal was forwarded from BGH in partnership with the South East Community Care Access Centre (SE CCAC) to the South East LHIN for funding to expand the Restorative Care Program. One-time funding was received to create the Enhanced Activation Therapies in Acute Care pilot project—a way to begin the restorative process while patients are still in acute care. In the BGH

Medical/Surgical unit, selected patients (with the help of a physiotherapist to create a program) can begin work on their mobility right away to avoid the physical de-conditioning that too often takes place when people stay in hospital. At the other end of the care spectrum, the SE CCAC can also now provide additional therapies to patients once they are home along with necessary supports, covering the gap that existed with the original inpatient-only program.

"The Restorative Care Program at BGH Garden Street Site is proving to be very successful," says Anderson. "We are providing a new level of care that fosters independence and enables patients to live a meaningful life with positive self esteem."

Did You Know...

that since July of 2010, Brockville General Hospital has posted its Safe Surgical Checklist compliance results at a consistent 100%?

As part of the provincial mandate that went into effect April 2010, Brockville General Hospital began using surgical safety checklists to enhance patient safety. These checklists cover the common tasks and items that surgical teams deal with, and function to increase communication between staff before, during and after surgery. While BGH had existing checklists for surgical preparation, the Safe Surgery Checklist served to standardize the process province-wide.

This safety measure built on the Ontario government's Patient Safety Indicator Initiative launched in 2008. According to

Ministry of Health and Long-Term Care web site information, the checklist initiative has been shown to reduce rates of death and complications among patients by standardizing elements such as review of test results, administration of antibiotics, and post-surgical recovery steps. Along with implementation, Ontario hospitals were required to run regular audits with a goal of 100% compliance, and report these quarterly to the Ministry as of July 1st, 2010.

You may view our 100% results at www.bgh-on.ca under the blue "Balanced Scorecard" tab.

Brockville General Hospital teams up with Canadian Cancer Society Smokers' Helpline to support patients quitting tobacco



(Below) Happy with the status quo—Ottawa Heart Institute staff Pamela Heise and Kerri-Anne Mullen (standing centre and right) check in with BGH staff (standing left) Heather Houlahan, Respiratory Therapist; (seated left to right) Carlene MacDonald, SCP Program Coordinator; and Heather Crawford, VP Clinical Services/Chief Nursing Executive.

Brockville General Hospital (BGH) has partnered with the Canadian Cancer Society Smokers' Helpline to offer follow-up to patients who are quitting smoking. Patients are offered brief counselling and nicotine replacement therapy while in hospital, and follow-up support from Smokers' Helpline is arranged upon discharge.

The partnership is in collaboration with the University of Ottawa Heart Institute's (UOHI) Ottawa Model for Smoking Cessation (OMSC) program. BGH was among the first hospitals to join the program in 2008. Participation means that BGH health professionals systematically identify smokers on admission, administer a bedside assessment, and provide cessation medication during hospitalization.

Until now, when patients in the program received a series of mandatory automated calls following discharge, UOHI smoking cessation nurses would provide counselling, by phone, for those identified as requiring further follow up. The new partnership with the Canadian Cancer Society ensures that a Smokers' Helpline Quit Coach will make

the call and offer practical tips, support and referrals to additional resources.

The Canadian Cancer Society Smokers' Helpline is a free, confidential service that offers personalized support, advice and information about quitting smoking and tobacco use. Smokers' Helpline is available in English and French by phone, online and text messaging, and more than 100 additional languages through an interpreter by phone. The service can be accessed at 1 877 513-5333 or www.smokershelpline.ca

"By integrating with Smokers' Helpline, we can sustain the program since we are able to triage the patient to community follow up upon patient discharge," says Carlene MacDonald, program coordinator at the Brockville General Hospital. "We are able to rely on the Quitline's Quit Coaches who are trained exclusively in tobacco cessation."

To date, 70 hospitals in Canada currently employ the Ottawa Model for Smoking Cessation program, and 12 are integrated with Smokers' Helpline as part of their participation, with three more identified for future implementation.

Brockville General Hospital Acquires New CT Scanner

It's great healthcare news for the residents of Brockville and area, no matter how you slice it. Thanks to the quick work of the Brockville and District Hospital Foundation, BGH Diagnostic Imaging (DI) Department, BGH Board of Governors Executive Committee and Toshiba Canada, Brockville General Hospital substantially upgraded its CT capabilities at a substantially reduced cost in the spring of 2011.

"Each year, the Radiological Society of North America has a large conference and equipment show in Chicago," explains Debbie Wilson, Manager of DI for BGH. "Manufacturers bring new equipment to demonstrate. This scanner was one Toshiba brought this year."

Toshiba could not sell the demo model as new, so the company made it available to their representatives in Canada to sell at a discount. The salesperson serving BGH contacted the hospital last month, wondering if there was any interest. Wilson and Dr. Jonathan Lasich, BGH Chief of DI, traveled to Hull to view a similar scanner in operation. Impressed, both recommended making the purchase for BGH if possible. The Brockville and District Hospital Foundation, which fundraises to meet the equipment and program needs of the hospital, agreed to fund the cost of the new machine. The Toshiba offer was found to be in accord with the Broader Public Sector Guidelines and subsequently forwarded to the Board of Governors Executive Committee, where it was accepted.

CT or Computed Axial Tomography Scanners (often called CAT Scans) offer a more sophisticated diagnostic image over the X-ray. CT imaging uses X-ray equipment and computers to produce multiple images or pictures inside the body. Each picture is called a "slice" and these are merged digitally to produce a cross-section image of the area under study.

The previous CT Scanner at BGH—a four-slice scanner—was purchased in 2003 through the generosity of a single donor, and nearing the end of its useful life. The new model is a Toshiba Aquilion 64/128 slice machine, the highest resolution needed for services at a primary and secondary care facility such as BGH.

"Higher performance in image quality and speed will truly contribute to the enhancement of care for our patients," says Wilson. "Our patient throughput will be faster and the quality of images superior to our existing scanner, thereby optimizing productivity and enhancing diagnosis."

As a new model, the Aquilion Scanner sells at between \$1.1 and \$1.3 million, depending on the options chosen. Toshiba removed the previous machine at BGH and provided the new one fully installed for only \$740,000—a savings of over 40%. Changes to the current scanning room to accommodate the installation cost an estimated additional \$10,000.

The transition began at noon on March 18th, with the last scan on the old machine. By April 9th, the new Aquilion was installed and taking patients.

"The Hospital is extremely pleased to be able to have worked with Toshiba to provide upgraded CT Scanner services to our community," says Ray Marshall, BGH President and CEO. "Our existing scanner had been in operation since the fall of 2003 and was nearing the end of its useful life. We had been thinking about a replacement scanner for a number of months, but the regular price tag of \$1.1 to \$1.3 Million was a major hurdle.

"The substantial discount offered by Toshiba for this particular unit was a huge incentive," he continues. "This machine will enable us to perform tests that, up to now, people had to travel to Kingston or Ottawa to receive. This upgrade supports our goal of making healthcare services more accessible to the people of Leeds & Grenville."



(Above) Welcoming the new addition to the BGH family are (l – r) Deb Wilson, BGH Manager of DI; Joan McLaughlin, Executive Director of the Brockville and District Hospital Foundation (B&DHF); and Tom Blanchard, Vice Chair of the B&DHF Board. Photo credit: Darby Scotland, Recorder and Times.

Brockville General Hospital Posts Quality Improvement Plan

On April 1st, 2011, as part of the on-going Excellent Care for All Act (ECFAA), Brockville General Hospital posted its Quality Improvement Plan (QIP) for 2011-2012 on its web site for public view.

"BGH has had a Strategic Plan in place for some years now that is updated regularly," explains Heather Crawford, CNE/VP Clinical Services for BGH, "but with ECFAA the hospitals need to pinpoint three main focuses, steps chosen to address improvement, and how these would work with other related initiatives."

The three areas of improvement targeted by BGH for the coming year are medicine reconciliation, increased fall and injury prevention, and hand hygiene. "These areas were chosen for a variety of reasons," Crawford says. "Medication reconciliation is a requirement of Accreditation Canada, and BGH has a focus on medication reconciliation throughout the organization. We are not 100% compliant yet, and need to ensure that this first step (in the Emergency Department) is completed accurately. BGH has noticed an increase in falls," she continues, "so we want to focus on our fall and injury prevention program to ensure it is reflective of best practice in reducing falls. Hand hygiene reporting is mandated by government, and

is fundamental to our ability to contain infection and to prevent infection from occurring in hospital."

In June 2010, the Ontario Government passed the Excellent Care for All Act—legislation designed to support hospitals to further improve the quality and safety of care they provide. One element of this support is through public reporting of Quality Improvement Plans 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.

"Ultimately," says Crawford "the quality plan ensures that we are accountable to both the patient and his/her family, and to our staff. This formalizes a process that has been in place for many years in healthcare."

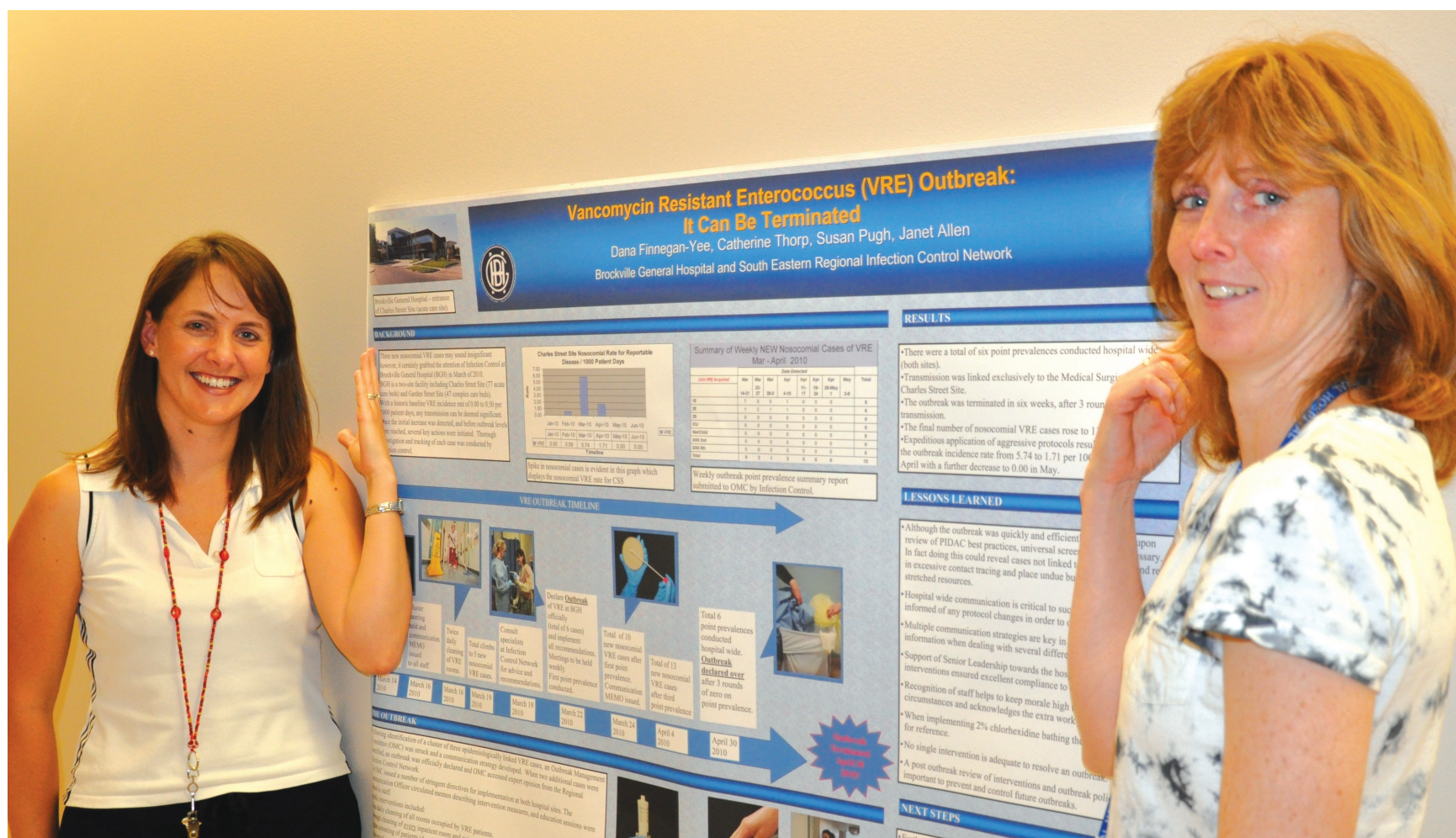
The Brockville General QIP can be found at www.bgh-on.ca.

Focus on Hand Hygiene

Why is hand hygiene so important?

With health care services, it is vital for health care providers, patients and families to wash their hands frequently. According to the Canadian Patient Safety Institute, each year in Canada 8000 to 12000 patients die as a result of complications of healthcare associated infections. The simple act of optimal hand hygiene can cut that number *in half*.

In hospital, in public, at work or at home—**Just Stop, Wash Your Hands!** Use soap and water or hand sanitizer. Wash often, when visiting hospital or a healthcare provider. If you are being seen by healthcare professionals, ask them to wash their hands before examining you. At home, your four moments of hygiene are **before** you start your day with others (first thing in the morning), **before** you do any food preparation or first aid, **after** going to the bathroom or doing other chores around the house, and **after** shopping and errands or visiting. For more information on hand hygiene, visit www.handhygiene.ca for tools, information, and resources to reduce healthcare associated infections.



Did You Know...

that BGH staff earned presentation space at the Community and Hospital Infection Control Association (CHICA) Annual Conference held in Toronto May 29 to June 2?

Pictured are Dana Finnegan-Yee (left), BGH Infection Control Coordinator, and Catherine Thorp, BGH Medical Laboratory Technologist, showing the poster display they hosted that explained our successful containment and eradication of the VRE outbreak in

the hospital last year. Invited to make a 10-minute oral presentation on a new regional information system was Sue Schaub, BGH Medical Laboratory Technologist and Laboratory Information Systems Specialist. BGH partnered with the Southeastern Ontario Infection Control Network and four other hospitals in the region to create RICS—a Regional Infection Control System for tracking hospital acquired infections.

Brockville General Hospital Patient Bill of Rights and Responsibilities

1. You have the right to considerate, respectful care from your doctors and other health care providers, free from discrimination. You are expected to treat your health care team and other patients with respect.
2. You have the right to accurate and easily-understood information about your plan of care, including having your questions answered.
3. You have the right to privacy in personal care, and confidentiality in information.
4. You have the right to know who is looking after you while in hospital.
5. You have the right to talk privately with your health care providers.
6. You have the right to know treatment, care and placement options, and to take part in care decisions in collaboration with the most appropriate and informed health care providers. Parents, guardians, family members, or others and persons with Power of Attorney for Health Care whom you choose, can speak for you if you are unable to make your own decisions. Having you involved in your care increases the chances of the best possible outcomes and helps support a high quality, efficient and effective health care system.
7. You have the right to assistance if you speak another language, have any type of disability, or don't understand something. Help will be given so you can make informed health care decisions.
8. You have the right to have spiritual and cultural needs addressed, including having a spiritual care provider as part of your care team.
9. You have the right to read and copy your own medical record, subject to applicable legislation, in the presence of your health care provider. You have the right to ask your doctor to amend your medical record if it is incorrect or incomplete.
10. You have the right to full disclosure of adverse events that affect you directly.
11. You have the right to a prompt and objective review of any complaint you have about your treatment, any team member, or the health care facility. This includes complaints about wait times, hours of operation and any action of health care personnel.

(May 4, 2011)

BGH Drafts Patient Bill of Rights and Responsibilities

The Excellent Care for All Act (ECFAA), which became law in June 2010, 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 of the requirements was the drafting of a Patient Bill of Rights or Declaration of Values, in consultation with the public. In partnership with various stakeholder groups within the hospital, a draft was created and posted for public input from March 30th to April 30th. Once consultation with the public had been completed, the draft was finalized and posted on the BGH web site in May, for public reference and in accordance with the ECFAA requirements.

Bill 168 Compliance Against Workplace Violence and Harassment “No Hassle” for Brockville General Hospital

When it comes to implementing Bill 168 in the workplace, Brockville General Hospital can say “no hassle.”

“We implemented our own policy on workplace violence and harassment in 2007,” says BGH Manager of Occupational Health and Safety Patricia Hoy-Berrea. “We’ve been ahead on this for some time, so we’re not facing any major changes with the new bill.”

Bill 168 came into force on June 15, 2010, bringing significant amendments to the Occupational Health and Safety Act in Ontario. Workplaces in Ontario where more than five workers are regularly employed are now required to develop written policies addressing both violence and harassment in the workplace, and to review those policies at least once a year. Employers are also required to conduct training on these policies to help meet their due diligence.

Although Bill 168 was enacted six months after receiving royal assent December 2009, few Ontario workplaces complied with the new workplace violence and harassment legislation by the time it came into force and were subsequently working to meet compliance criteria.

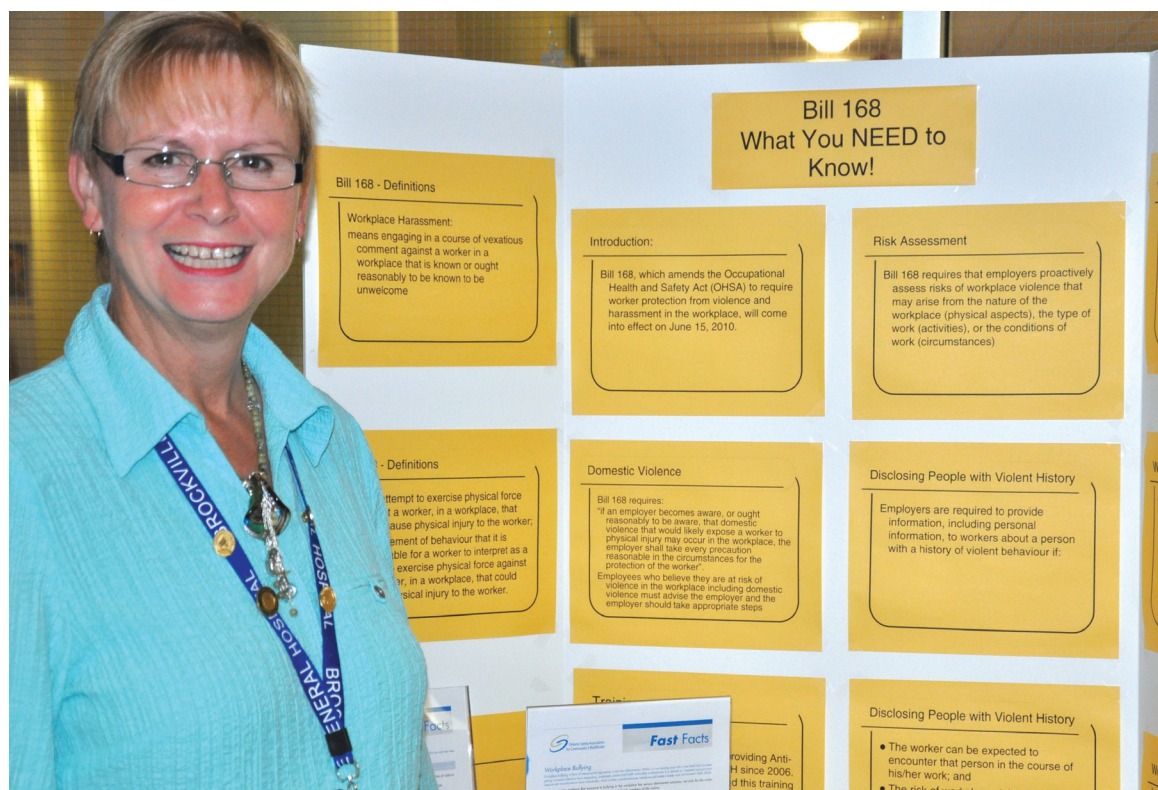
“We already do incident reporting with our Joint Health and Safety Committee,” explains Hoy-Berrea. “That’s been since Day One for BGH. We’ve also seen tremendous success with our Code White (Violent Person) Training and Gentle Persuasion Application Training for staff.”

BGH has alarms in rooms, especially Emergency which has the highest risk for violence. Hoy-Berrea says the police response to hospital alarms is very good.

Bill 168 compliance identifies what BGH already addressed, in terms of employee/management responsibility for violence or harassment in the workplace. With a workplace violence policy in place via Human Resources, the hospital covers the additional issues of identifying harassment and dealing with it as part of the BGH employee Core Program. Departmental risk is also assessed. As Bill 168 requires, this material is reviewed by all staff each year. Hoy-Berrea sees Bill 168 as an important addition to workplace safety and efficiency.

“Violence or harassment in the workplace can affect all business sectors and occupations,” says Hoy-Berrea. “Patients, clients, customers, students, workers, intimate partners or family members may hurt, threaten, or harass workers while they are on the job.

“Employers need to protect workers against violent acts and threats of violence, and to create an atmosphere in which workers feel free to come forward with concerns or complaints,” she adds. “That’s already a priority at Brockville General Hospital.”



Patricia Hoy-Berrea shows some of the Bill 168 material available for staff at BGH.



Brockville General Hospital's
Fast Facts for Residents of
United Counties of Leeds & Grenville
 (April 1st, 2010 to March 31st, 2011)

2006
 Population:
102,911*
 Ministry
 of
 Finance

Total Emergency Visits at BGH: 25,644

**Emergency Visits at BGH by
 Residents of Leeds & Grenville: 23,686 (92%)**

Total Day Surgery Procedures at BGH: 9,636

**Day Surgery Procedures for Residents
 of Leeds & Grenville: 7,920 (82%)**

Total Colonoscopies at BGH: 2,201
Colonoscopies for Residents of Leeds & Grenville 1,898 (86%)

Total Cataracts Procedures at BGH: 1,396
Cataracts at for Residents of Leeds & Grenville 1,030 (74%)

Total Inpatient Visits at BGH: 4,517

Inpatient Visits for Residents of Leeds & Grenville: 4,241 (94%)

Total Hips & Knees Procedures at BGH: 332
**Hips & Knees Procedures for
 Residents of Leeds & Grenville: 291 (88%)**

Our Patients... In Their Own Words

As a newcomer to this region, I just felt the need to express my opinion on the services provided by your hospital. On the few occasions I've had to use the Hospital's services, I find myself impressed with the friendliness and helpfulness of all staff members. Their friendly demeanor goes way beyond any I've encountered. Your staff could give classes to other hospitals on how to provide a warm atmosphere to people that are there under sometimes very stressful circumstances. Their speed and efficiency are indeed impressive. I raise my hat to a job very well done.

Sincerely,
 Ginette Mallar

I went in for day surgery to have kidney stones removed. From beginning to end, regardless of a few setbacks, my experience was one of total satisfaction: everybody was pleasant, professional and most of all caring...All in all, the sum of your qualities made this a well controlled and great experience for someone that is not that comfortable with facing any type of surgery...and who is anyway? May you go to work everyday knowing that even with the littlest of things, you can have such a great impact on your patients, let alone supporting them and protecting them in their weakest moments.

Sincerely,
 Daniel Breton

Did You Know...

that surgery at Brockville General Hospital covered new ground November 24, 2010, with the first laparoscopic colon resection performed in the hospital's history?



Dr. Karim Somani (l), BGH General Surgeon, and Anne Rodger, BGH Director of Surgical Services and Maternal/Child, flank two vital pieces of laparoscopic surgical equipment—the energy source and the connective ligasure (on table) that divides and cauterizes tissue safely and efficiently.

Laparoscopic surgery is done with small incisions and special, minimally-invasive equipment. This type of surgery has been done at BGH for gall bladder removal, but laparoscopic colon surgery for cancer is something new. Dr. Karim Somani, BGH General Surgeon who performed the new surgery, says that the clinical evidence shows equivalent recurrence and survival rates after laparoscopic surgery for colon cancer, as opposed to traditional methods.

The minimally-invasive technique offers secondary benefits to patients—less post-operative pain, faster return of bowel function, and consequently shorter hospital stays. Fiscal benefits are gained with these decreases in healing time as hospital resources can be distributed elsewhere more quickly. Other surgeons and departments at BGH are interested in continuing to expand the areas in which advanced laparoscopic procedures will be offered.

