

BROCKVILLE GENERAL HOSPITAL

Healthy People – Outstanding Care



ANDREAS VON CRAMON
Chair,
Board of Governors



RAY MARSHALL
President and Chief
Executive Officer

Overall, 2008-2009 has been an exciting year at Brockville General Hospital, and we continue to strive to provide excellent care to the people of Leeds and Grenville.

In our Annual Report last year, we informed the community that Brockville General Hospital was developing an updated Master Plan/Master Program. We are pleased to inform you that this plan was completed, has received support from the South East Local Health Integration Network and has been submitted to the Ministry of Health and Long-Term Care.

The plan proposes that we build a three-storey addition on our Charles Street Site, attached to the 2003 addition. The estimated cost of the project, in 2009-2010 dollars, is approximately \$107 million.

The next step in the process is to work with the Health Capital Infrastructure Branch of the Ministry of Health and Long-Term Care to get our plan approved and a date to begin construction.

To assist in the process, the Board of Governors has established an Advocacy Committee to work with the hospital in making this project

a reality. The Advocacy Committee members are Andreas von Cramon, Hugh Bates, Jean Macintosh, Clarence Marshall, Robert Lawn, Dave Publow, Tony Barnes and Sarah-Jane Dumbille.

The strategic planning process wrapped up in September 2008, when the Board of Governors approved Brockville General Hospital's Vision, Mission, Values and Strategic Directions.

The Strategic Directions are found within this Annual Report. Our focus has now turned to developing and implementing action plans under each of the strategic directions to continue to move the hospital forward. A concrete example of an action plan being implemented is the new Cardiovascular Program, which opened in spring 2009.

Surveyors from Accreditation Canada completed the on-site portion of our on-going accreditation commitment on Oct. 27 to 30, 2008. The surveyors were very complimentary toward Brockville General Hospital and recognized the high quality of care we provide. The organization was compared against 1,414 standards and we were found to be compliant in 1,331, or 94 percent.

Accreditation Canada identified some opportunities for improvement as well. Teams have been working on these improvements since the site visit. An update on our progress was sent to Accreditation Canada on April 30. We expect our final

accreditation award in June.

Our Laboratory is accredited by the Ontario Laboratory Association (OLA). The Quality Management Program – Laboratory Services is operated by the Ontario Medical Association, serving as an agent of the Ministry of Health and Long-Term Care, to carry out a quality management program for all licensed medical laboratories in Ontario.

Assessors for OLA visited Brockville General Hospital on Feb. 24 to 28, 2009. Overall, the assessors were complimentary regarding the quality services provided by our laboratory. They identified a number of opportunities for improvement, and hospital staff have been following up on their recommendations.

Thanks to the generosity of Don and Shirley Green, the hospital purchased a digital mammography unit which we began using for patients on July 24, 2008. Dr. Jonathan Lasich, Chief of Diagnostic Imaging, said there are many benefits to the new technology, including lower radiation exposure for patients, faster through-put of patients resulting in potentially shorter wait times, and better visualization in women with dense breast tissue. Thank you to Don and Shirley for your generosity.

OUR VISION

Healthy People – Outstanding Care

OUR MISSION

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

OUR CORE VALUES

Commitment to compassion, respect, trust, accountability, collaboration and continuous improvement.

In January 2009, the South East Local Health Integration Network approved a request from Brockville General Hospital to fund a Mental Health due diligence process. This process will put in place all the groundwork necessary for BGH to assume responsibility for the acute care mental health services provided by the Royal Ottawa Health Care Group to the residents of Leeds, Grenville and South Lanark. The services expected to transfer to BGH are the 24 acute-care psychiatry beds at ROHCG's Elmgrove Unit, EEG, ECT, Assertive Community Treatment Team, Crisis Outreach Services, Outpatient Services and the associated support services.

The hospital's goal is to have the due diligence process complete this summer. Part of the process will be determining the cost of the renovations required at the Charles Street Site in order to accommodate the services. BGH would need to complete the renovations prior to the actual transfer of services.

The Ministry of Health and Long-Term Care has set a goal that

the majority of residents of Ontario will have an electronic medical record by 2015. Since the April 1, 2006 implementation of the first phase of the QuadraMed CPR system, BGH has been working steadily on changing the collection of patient information so that the majority is recorded electronically. We now have the following components live:

- Complete admission assessment
- Discharge instructions
- Multidisciplinary notes
- Shift assessment
- Specimen collection
- History and physical
- Admission medication reconciliation
- Transfer medication reconciliation
- Discharge medication reconciliation
- Vital signs
- Intake and output
- Braden Scale
- Workload measurement
- Interactive care grid
- Code status
- Lab results
- PACS (Diagnostic Imaging)

During 2008-2009, BGH signed service level agreements with the Brockville Family Health Team and the Front Avenue Resource Centre to provide Information Management and Information Technology Services to these groups. This is another step in enabling seamless electronic sharing of the required patient information. The end goal is to eliminate thousands of pieces of paper generated daily in the hospital and in physicians' and service providers' offices and make information immediately available to provide excellent patient care.

In 2006-07, BGH was chosen as one of the six hospitals across the province for a demonstration project on the use of Nurse Practitioners and Physician Assistants in the Emergency Department. The demonstration project was a success and the Ministry of Health has provided on-going funding support for our Nurse Practitioner and Physician Assistant. In 2008-09, the Ministry of Health announced the expansion of the Physician Assistant Program to create additional positions. BGH applied and was successful in obtaining approval and funding for an additional physician assistant. The hospital is currently recruiting for this position.

There is a separate report that provides you with information on the year-end financial status of the Hospital. We would be remiss if we did not thank all of the staff for their hard work in helping the Hospital to meet the ever increasing need for services within a restricted amount of funding. Thank you for all of your efforts.

We would like to thank the BGH staff, physicians and volunteers, including Board of Governors members, for their dedication in working toward our vision of Healthy People – Outstanding Care.

Andreas von Cramon, Chair, Board of Governors
Ray Marshall, President and Chief Executive Officer



2008-2009
Board of
Governors



ANDREAS VON CRAMON
Chair



HUGH BATES
Vice Chair



CHRYSTAL BROWN



DAVE HUNTER



ELIZABETH OSBORNE



DAN SMITH



JEAN MACINTOSH



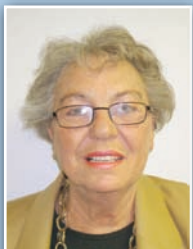
NORMAN MILLAR



JANET COOPER



TERRY McDERMID



JOAN SOMERVILLE



WILSIE HATFIELD



NICOLE ST-AUBIN



JOHN SOUTHIN



MARLA GILLILAND



GEORGE COOMBES



WAYNE BLACKWELL



RAY MARSHALL
President & CEO



DR. ROBERT BEVERIDGE
Chief of Staff



DR. JONATHAN WYATT
President, Medical Staff



DR. DENISE PAJOT
VP, Medical Staff



BROCKVILLE GENERAL HOSPITAL

STRATEGIC DIRECTIONS

SETTING OUR COURSE FOR THE FUTURE

OUR PATIENTS

We will achieve excellence in patient-centred care through the use of the best available evidence in everything we do.

We will optimize the range and volume of primary and secondary services.

OUR TEAM

We will inspire excellence.

We will be a progressive organization that lives its Vision, Mission and Values.

We will become an employer of choice.

OUR PARTNERS

We will become a collaborative leader, and an integral part of a strong local health integration network.

We will foster strong regional partnerships that ensure timely access to high quality health care.

OUR FINANCES

We will build financial strength and achieve long-term stability and sustainability.

OUR INFRASTRUCTURE

We will optimize the facilities, equipment and technology to support the provision of excellent patient care.

We will invest in key infrastructure to support innovation.

We will invest in Information Technology as a key enabler of an integrated health-care system.



High-Tech Digital Mammography at BGH

Through the generous donation of Don and Shirley Green, Brockville General Hospital began offering Digital Mammography in July 2008. This new technology increases the hospital's ability to detect breast problems at the earliest stages.

"Don and Shirley Green's continued support of our community facilitates BGH's commitment to provide enhanced care for our patients," said BGH President and CEO Ray Marshall.

A mammogram is an X-ray test of the breasts (mammary glands and tissue) used to detect breast problems. Tumours as small as one millimetre can be seen on a mammogram before they can be felt by the individual or their health-care provider.

Digital mammography represents the latest innovation in an ongoing spectrum of improvements in the field of mammography. A relatively new technology, this is rapidly replacing conventional mammography as the standard of practice. Using digital technology renders obsolete the use of x-ray film. Digital images also result in overall superior image quality as compared to conventional mammograms. This is especially evident in women who have dense breast tissue, a large number of whom are younger in age. Digital mammography allows for better visualization through the dense tissue.

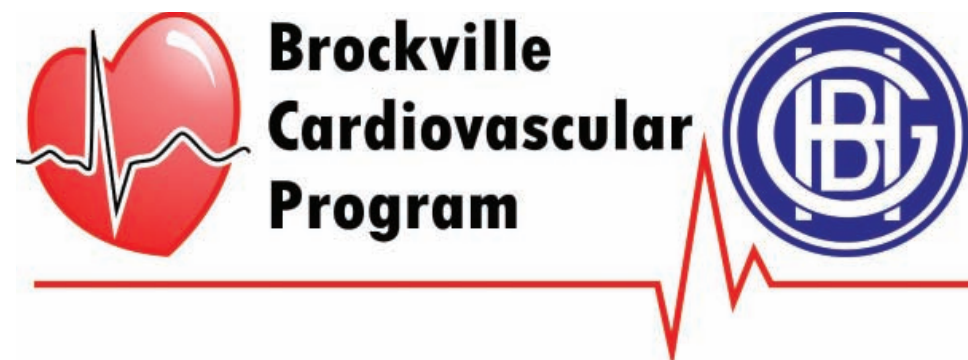
In addition, this technology allows the use of computer-assisted diagnosis (CAD), thereby increasing the sensitivity in picking up abnormalities on the images.

Dr. Jonathan Lasich, Chief of Diagnostic Imaging Services at BGH, said the advantages of digital mammography include "a lower radiation exposure dose to the patient."

He added, "Another advantage is faster through-put of patients, which can potentially result in shorter wait times. This technology also allows us to keep up with further improvements in mammography currently in the research stages."



Don and Shirley Green generously donated a digital mammography unit to BGH in July 2008.
From left: Dr. Doris Grant, Don Green, Dr. Jonathan Lasich, Shirley Green, Dr. John Quigley and Debbie O'Brien.



Cardiovascular program opens at BGH

Brockville General Hospital has brought something new and exciting to the community: The Brockville Cardiovascular Program, which officially opened in spring 2009.

The program is good news for Leeds-Grenville, says BGH President and CEO Ray Marshall. "Heart disease is a major issue in our area."

Treadmills, other exercise equipment and a small track are some of the features of the centre, located on the ground floor in the area of the former emergency department. BGH Facilities Department staff members worked diligently to construct the new centre.

The program provides health care close to home for cardiac patients in Leeds-Grenville, who previously had to travel to Kingston or Ottawa for rehabilitation following heart bypass surgery, for example.

Cardiac Rehab is an individualized program of exercise, education and counselling designed to help clients reduce their risk of future heart events and health problems.

At the new centre, Dr. Jay Bhatt, an internist, works with cardiologist Dr. Jamie Hynd and internists Dr. Jacobus Steyn and Dr. Bob Beveridge.

BGH's multidisciplinary team also includes physiotherapists, a dietitian, a nurse, a respiratory therapist and a pharmacist.

This professional team will help patients with:

- Monitored individual exercise programs
- Psychosocial counselling
- Risk factor identification
- Individual nutritional counseling
- Group education
- Stress management
- Smoking cessation
- Support groups
- Vocational counselling

Several generous donors have already stepped forward to support the program. This program is being supported entirely through donations.



"The treatment I received was excellent from surgical, medical and personal standpoints. The atmosphere was warm and inviting.... We are very lucky to have facilities such as BGH in our community."

RICHARD LYLE BARLOW, PRESCOTT

BGH patients have shorter waits for knee replacement, hip replacement and cataract surgeries

Brockville General Hospital has been successful in staying well below provincial targets on wait times for knee replacement, hip replacement and cataract surgeries.

For the months of January, February and March 2009, the 90th percentile wait time for knee replacement surgery at BGH was 101 days, well below the provincial target of 182 days for this type of surgery.

For the same three months, the 90th percentile wait time for hip replacement surgery was 63 days, much lower than the provincial target of 182 days.

For cataract surgery for the same time period, the 90th percentile wait time was 66 days, again well below the 182-day provincial target.

A 90th percentile wait time is the point at which nine out of 10 patients have completed surgery or have had their exams.

"Overall, this is really good news for residents of Leeds-Grenville," said President and CEO Ray Marshall. "We are well below the provincial targets."

Wait times are reported on the Ministry of Health and Long-Term Care Wait Times website at www.waittimes.net.



New music therapy program brings joy to Palliative Care patients

A new program at Brockville General Hospital is touching lives during the most difficult moments.

Accredited music therapist Courtney Radbourne works with patients during the final, difficult phase of life. Since September 2008, she has spent three days a week with palliative care patients in Leeds-Grenville through the hospice palliative care program, at both sites of Brockville General Hospital and in patients' homes.

Ms. Radbourne brings a variety of instruments to each session, including drums and smaller percussion instruments, a roll-up keyboard, and her own favourite, the guitar. She performs music with the patients, and they play and sing along. They discuss lyrics, music – and life. Some patients even compose their own music. She says the families occasionally join in, and it becomes a relaxing interlude in a stressful period of life.

The Music Therapy program is supported entirely through donations. The 1000 Islands Community Development Corporation was able to provide funding during the first year.



"Everyone I dealt with at BGH was professional, courteous, competent and pleasant.... I felt very safe and well cared for. I especially appreciated the call from Day Surgery in follow-up. Thank you. I'll come back any time."

BRENDA LOLLEY, GANANOQUE

BGH moves into future with e-documentation



Brockville General Hospital took another big step forward in the electronic documentation of patient information this past year. In February, the newest phase of implementation of the QuadraMed CPR system came into effect.

QuadraMed CPR is a system that is allowing BGH staff to ensure patient safety by monitoring medication distribution, providing rapid access to hospital reports and retrieving laboratory reports and x-rays.

BGH implemented the first phase of QuadraMed CPR in April 2006, with electronic documentation of diagnostic imaging, lab results and medications. In May 2008, the next phase began with nursing documentation, allowing nurses to document such items as allergies and home medications, patient check-in and initial nursing assessments.

The newest phase, rolled out on Feb. 18, 2009, means the following information is now online and accessible on the Computers on Wheels the nurses use at the bedsides of patients:

- Complete admission assessment
- Shift assessment
- Specimen collection
- Discharge instructions for patients

POSITIVE IMPACTS

The changes are having a positive impact on patient care because the information is now available at nurses' fingertips. With one click, nurses can see a graph of the patient's vital signs, for example.

STAFF TRAINING

BGH nurse educators and the Information Technology

Department were busy providing training to implement each phase. "Superusers" with additional training were available to help ensure each phase was rolled out successfully.

New Computers On Wheels (mobile workstations) were deployed.

The change means information is more accessible for staff, who no longer have to hunt through papers to find important patient information. Now, it's available with the click of a mouse to nurses and others involved in the patient's care, while remaining confidential.

Having the information available electronically decreases the chance of error if, for example, someone is trying to decipher handwriting. Electronic documentation increases patient safety and improves access to information for health-care providers. Another benefit is the decrease in paper usage, a positive step forward for the environment.

THE NEXT PHASE

The next phase of QuadraMed CPR will bring Computerized Physician Order Entry (CPOE) to Brockville General Hospital. Instead of writing their orders, physicians will enter them into the new system. This will eliminate transcription errors and be another step forward in patient safety.

This phase will also see the introduction of on-line medication administration documentation, and allied health departments will begin receiving referrals and documenting online.

By fall 2009, the entire multidisciplinary team at BGH will be charting online, including physicians, nurses, laboratory technicians, physiotherapists and occupational therapists.

"We were very pleased with the professionalism and caring attitude shown by all the emergency room staff and would like to thank them for their kind words of reassurance. This is our first visit to BGH, and we are so impressed with the personal manner your staff showed toward us that we will be returning if the need arises once again. Thank you."

LYNDA TURCOTTE, LANSDOWNE

Just Clean Your Hands

In October 2008, Brockville General Hospital launched Just Clean Your Hands, a program developed by the Ministry of Health and Long-Term Care and Safer Health Care Now to help reduce the spread of hospital-acquired infections.

Clinical staff members have been trained on the most essential times during patient care when hand hygiene must be performed. These times are called the Four Moments of Hand Hygiene:

- Before patient/patient environment contact
- Before aseptic (sterile) procedures
- After body fluid exposure risk
- After patient/patient environment contact.

The BGH Just Clean Your Hands program will take 13 months to fully implement. The program began with baseline observational audits, followed by staff training. Information from these audits is now posted on the BGH website as public information. Program implementation also took into consideration the extent to which hand hygiene products are readily available throughout the organization. The Just Clean Your Hands program, still in progress at the time this annual report was printed, is an important component of creating a safe patient care environment and will help BGH work toward its vision of Healthy People – Outstanding Care.

"The staff is absolutely amazing. They always ask if you need something and they are right there."

JAMIE THORNE, SPENCERVILLE



Patient Safety Indicators

Brockville General Hospital publicly reports seven key patient safety indicators as directed by the Ministry of Health and Long-Term Care. These indicators help us monitor our practices and provide the best possible patient care.

The indicators are:

- C. difficile infection rates
- Methicillin-resistant staphylococcus aureus (MRSA) bloodstream infections
- Vancomycin-resistant enterococcus (VRE) bloodstream infections
- Ventilator-associated pneumonia rates
- Central-line infection rates
- Surgical site infection prevention
- Hand hygiene compliance rates

These rates are reported monthly, quarterly or annually for posting on the ministry website and our own BGH website. Reports can be found at www.health.gov.on.ca/patient_safety.



Jean McFeely and Rob Adams give baby Declan a kiss in Brockville General Hospital's Maternal/Child unit.

More mothers choosing to give birth at BGH

Brockville General Hospital is experiencing an increase in the number of births.

For the months of November 2008 to January 2009, for example, births were up 18 percent compared with the same months a year earlier.

"We have been really busy," reported Anne Rodger, Director of Surgical Services and Maternal/Child at BGH. "We have people coming from outside the area because they've heard of the good care we give here."

In total, 383 babies were born at BGH during the April 2008 to March 2009, compared with 366 during the previous year.

Some mothers have ventured from as far away as Cornwall and Carleton Place to give

birth at BGH during the past year.

The increase also means more mothers are choosing Brockville General Hospital as their hospital of choice instead of travelling to hospitals in Ottawa or Kingston.

For the physicians, nurses and other caregivers, the increase in births is not just a statistic: It means extra mothers and extra babies need their care. Despite the added pressure on staff, many families are pleased with the care at Brockville General Hospital, as illustrated by the many flower bouquets and other gifts the new mothers have sent to nurses and other hospital staff.

"The nurses were there for us, answering our calls after we went home. That's service – that's going over and above what they needed to do."

ROB ADAMS, BROCKVILLE



Report of the Chief of Staff

DR. ROBERT BEVERIDGE

QUALITY CARE: eHEALTH, PERFORMANCE MANAGEMENT AND EMBRACING CHANGE

Every hospital includes quality and excellence in their mission statement, but how often do we succeed? The only easy way hospitals can measure success is to count volumes of services and the amount of money spent delivering them. This, of course, does not allow us to understand the many dimensions of quality. For meaningful indicators, we must assess ease of access, timeliness of care, health outcomes resulting from intervention and, most importantly, the health of our community's citizens.

To understand our successes and shortcomings, we must continuously measure performance. Finding ways to achieve excellence sounds noble, but before designing or redesigning a systematic approach to health-care management, we must understand what it is. We have inherited many perceptions and myths about health and health care. Individuals have opinions on what satisfies their sense of security, whether they are protected from harm, and whether help is timely and offered in a dignified, respectful way. They expect that all known complications or adverse outcomes can and will be avoided.

The best outcomes are open to many subjective and some objective measures that assess people's physical and emotional well-being. Blood pressure and cholesterol levels can be easily measured, but stress, anxiety and peace of mind cannot.

eHEALTH AND INFORMATION TECHNOLOGY

The province has introduced an ambitious plan to promote the use of electronic health records. This includes family health networks, provincial lab information, diagnostic imaging (x-rays) and hospital systems. In 2006, Brockville General introduced a new hospital information system that put us in a position to participate in these initiatives. eHealth provides opportunities to improve patient safety and also provides great advantages for measuring performance.

Our accomplishments to date reflect a tremendous commitment from all of our staff. While not everyone has an equal appetite for change, the underlying belief that there will be important benefits for patient care keeps us moving forward. Electronic information begins in Emergency with triage data, home medications and nursing assessments, including vital signs. Medication reconciliation using online information allows physicians and nurses to review home medications, new drug orders and medications to be used at each transfer, including discharge. Automatic drug interaction screening and assessment of changes in drug therapy during different phases of hospital care allow us to reduce the risks of error related to medication use.

All dictated physician notes, vital signs, nursing notes, x-ray reports, digital x-ray images and laboratory information can be accessed within seconds by nurses and physicians. In collaboration with local family physicians, we have also introduced a secure method of remote access to the hospital systems so that physicians can view all forms of vital patient care information, whether they are in their offices or at home.

Front-end voice recognition software has allowed us to report on x-rays within minutes rather than waiting days or weeks. Similar opportunities for other physician reports are being actively evaluated in conjunction with our plans to introduce electronic report distribution.

Important system upgrades in October 2008 and February 2009 moved us into a relatively elite group of Canadian hospitals in regard to extensive electronic records. The next step will be the implementation of computerized physician order entry (CPOE) with enhancements to medication management. Evidence-based order sets with interactive rules that link lab and medication choices are being programmed into our system. This will translate current best practice guidelines into a more efficient and safe approach to investigation and treatment.

PHYSICIAN MANPOWER

The community has faced many important challenges relating to manpower supply shortages. In 2006, with an Emergency Department close to collapse and no family physicians accepting new patients, our community was missing the front end to a system struggling with a broad spectrum of overall capacity issues. The past three years has witnessed steady improvement in our primary care availability. The Emergency Department has been fully staffed for two years. Despite some optimism, the reality of patient and physician demographics still requires a broad-based community approach to renewal. The average age of family physicians one to two years ago was 55, with seven over the age of 65. Depending on health concerns and retirement, our manpower supply and access to primary care could change very rapidly.

We are still facing ongoing concerns with the stabilization and improvement in several specialty areas, most notably in General Surgery. Despite active recruitment for the past three years, we have not been successful. Efforts to work collaboratively within the South East Local Health Integration Network have been ongoing, however, no agreeable solutions have been found as yet. We were successful in recruiting two new orthopaedic surgeons. One started in September 2008, and the other is due to begin July 2009. Following the resignation of one obstetrician, we were able to recruit a new person to begin in September 2009.

TAKING STOCK AND MOVING FORWARD

The pace of change has been very rapid, and we now have the most extensive electronic information system in Eastern Ontario, with few rivals province-wide. Each step along the way has not been easy or without controversy. The accomplishments to date are a true testament of everyone's commitment to excellence in patient care. There is willingness by most to accept and by others to embrace change. Health-care culture and person-to-person contact are not and should never be forgotten in any of the advances we consider.

Manpower management and access to physician services will be an ongoing challenge for the foreseeable future. It will be critical to remain competitive and always strive to be a community of choice for new physicians.

Dr. Robert Beveridge, Chief of Staff



KEVIN TACKABERRY
Chair, Board of Directors
Brockville and District Hospital Foundation

Brockville & District Hospital Foundation celebrates a successful year

*O*n behalf of the Board of Directors of the Brockville and District Hospital Foundation, I am pleased to present our 2008-2009 annual report, highlighting the activities over the past year and showing how your donations have supported the Brockville General Hospital.

The Brockville and District Hospital Foundation is supported by a generous group of businesses, organizations and community members who understand the importance of quality health care. Because of their hard work and generosity, Brockville General Hospital is able to provide quality programs and modern equipment to the residents of Leeds-Grenville and continue to work toward its vision of Healthy People – Outstanding Care.

The foundation has two signature events each year: The 1000 Islands Toyota Hole-in-One Shootout and the Friends of Palliative Care Golf Tournament.

In 2008, the 1000 Islands Toyota \$1 Million Hole-in-One Shootout raised \$50,000, which was used to buy hospital equipment for total joint replacements. This equipment is giving BGH patients a better quality of life.

The Friends of Palliative Care Golf Tournament raised more than \$150,000 to help ensure the continuation of Brockville and District Hospice Palliative Care Service in our community. In 2008, the Brockville and District Chamber of Commerce recognized the Friends of Palliative Care Golf Tournament with the Community Excellence Award. The Palliative Care Service is an important part of Brockville General Hospital and provides holistic and compassionate care at a difficult stage of life.

New this year was the Incredible Shrinking Coffee Party, an event designed to raise awareness of Brockville General Hospital and raise funds for the Brockville and District Hospital Foundation. The money raised was used to purchase equipment for the Brockville Cardiovascular Program, an important new clinic providing cardiovascular rehabilitation to patients after heart events.

*Kevin Tackaberry, Chair, Board of Directors
Brockville & District Hospital Foundation*

COMMUNITY PARTNERSHIPS

In 2008, the communities of Leeds and Grenville continued to support the Brockville and District Hospital Foundation by holding third-party events to raise money for hospital programs and equipment not funded by the provincial government. Some of the community groups that contributed to our success include:

- Palliative Care Telethon
- Royal Canadian Legion Ontario Provincial Command Branches and Ladies Auxiliary Charitable Foundation
- Tim Hortons
- Gold Key Realty
- Taylors Sewing Centre
- Rotary Clubs of Brockville and The 1000 Islands
- Leon's
- Quickie Community Foundation
- Donna Kyle Swing & Sweep Bonspiel
- 1000 Islands Street Machine Association
- Brockville Cardiovascular Program Committee
- Trivia Challenge
- Brockville General Volunteer Association

With the combination of the signature events, appeals and third-party events, the Foundation continues to raise money that is vital to providing excellence in health care to the people of Brockville and area. In the past year, we helped provide the following equipment and programs for the Brockville General Hospital:

- Brockville Cardiovascular Program
- Palliative Care Service
- Physician Recruitment
- Wheelchairs – including a bariatric wheelchair
- Insufflators
- Bariatric beds
- Defibrillators
- Bilicheck analyzer for Maternal/Child Unit
- Digital mammography equipment
- Hysteroscope for surgical suite

These important programs and equipment were only possible thanks to the generosity of individuals, families, businesses, service clubs and organizations in Brockville and the surrounding communities. We are very fortunate to live in a generous, caring community.

I would like to take this opportunity to thank everyone who contributed in any way, large or small, to make 2008-09 a successful year for the Brockville and District Hospital Foundation. Your contribution is vital in providing quality health care for you and your neighbours in Leeds and Grenville.



Ray Marshall of BGH, Thea Redmond and Trudy Primeau of Tim Hortons, and Bernadette MacDonald of BGH celebrate a donation from Tim Hortons in October 2008. The Smile Cookie campaign raised \$5,800, used to purchase a Bilicheck analyzer for the Maternal/Child Unit.

"We couldn't be happier with the care we received at Brockville General Hospital. All the nurses were spectacular."

JEAN MCFEELY, BROCKVILLE



Marla Gilliland, President
Brockville General
Volunteer Association

The Brockville General Volunteer Association has had another wonderful year

*W*e have welcomed several new volunteers to help provide patients on both sites with helping hands and warm smiles. As well, more than \$45,000 worth of equipment was provided with funds raised by dedicated volunteers, who put in 28,000 hours. A donation of \$20,000 was made to the Brockville Cardiovascular Program, four infant care centres were purchased for Maternal/Child Care, and the Catherine Gray Memorial Lounge was refurbished on I East. Three transport chairs were provided to the Information Desk, and one new wheelchair was bought for Day Surgery from the Memorial Fund. Gail Parslow donated a wheelchair to the hospital as well.

An Awards Tea was held in the Fall, and several members received service pins, certificates and thanks for all the work they have done and continue to do in our facilities. Shirley Benson and Marj Wolthausen were presented with Provincial Life Memberships at the HAAO Banquet in Toronto last November.

Enough praise cannot be heaped upon our Decorating Team, headed by Gail Parslow and Colette Naylor. Not only do they put up and decorate more than 20 holiday trees on both hospital sites, but there are always special touches in evidence during Valentine's Day, St. Patrick's Day and other special occasions. Patients and staff continue to comment on how much their spirits are lifted by the efforts of these special people.

The Wagon Gift Shop and Eleanor's Café continue to do exceptionally well, even in today's economic climate. They are the heart and soul of the Volunteer Association. The Fundraising Committee continues to realize impressive profits with their projects, including the Corridor Art Gallery, Bakeless Bake Sale and the popular December Lunch and Bazaar.

The 30-Hour Telethon was another huge success in January, surpassing its goal. Countless volunteers ensured that the Silent Auction realized a profit of more than \$16,000 (the Quilt Raffle profit reached \$3,200). BGVA has also been pleased to help the Brockville and District Hospital Foundation with the 1000 Islands Toyota \$1 Million Hole-in-One Shootout, as well as stuffing envelopes for the Annual Appeal.

Brockville General Hospital thanked our volunteers by holding a Tea in April. It is always heartwarming to see members chatting and enjoying this annual treat. The words of thanks from members of staff were very much appreciated.

One upcoming event that must be mentioned is the 120th Anniversary Celebration, to be held at the Robb Farm on August 19, 2009. BGVA is the fourth oldest auxiliary/volunteer association in Ontario.

In conclusion, I want to wish Maureen Overy all the best as she assumes the presidency on May 19. It has been an honour and a pleasure to have served over the past two years.

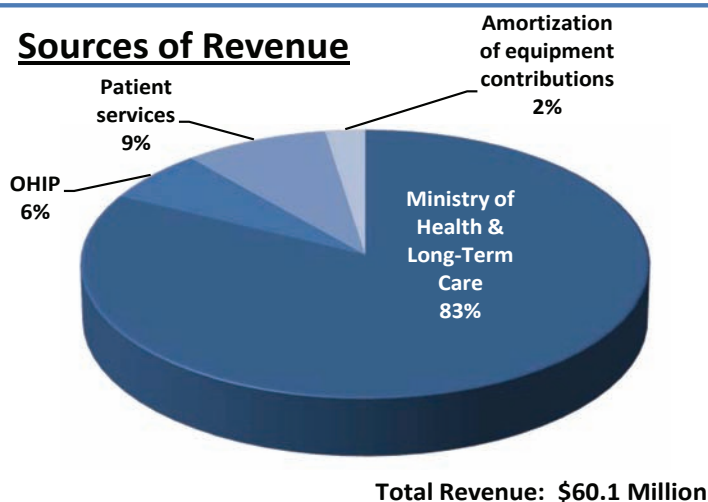
*Marla Gilliland, President
Brockville General Volunteer Association*



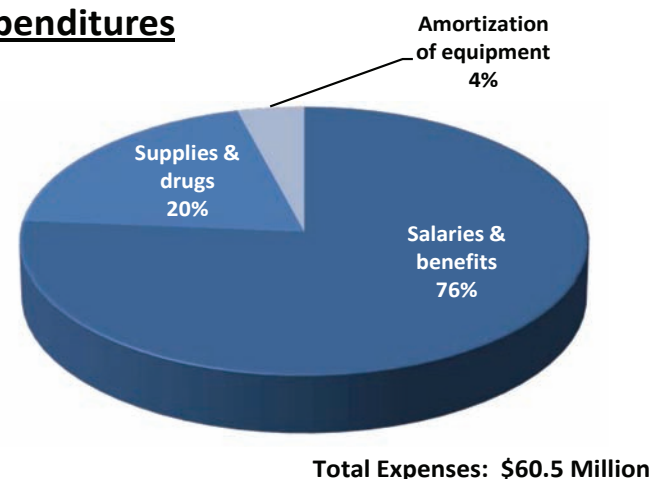
Report of the Chief Financial Officer

STEVE READ

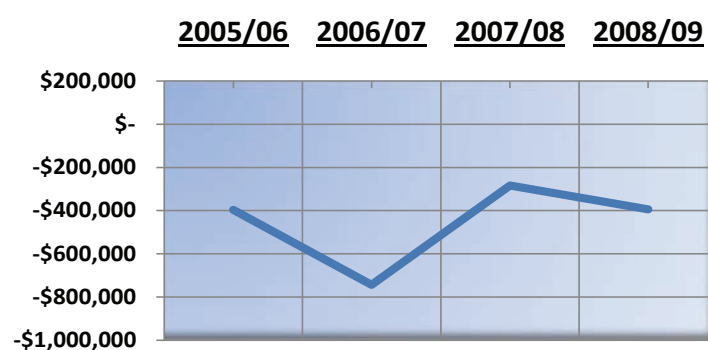
Sources of Revenue



Expenditures



Net Surplus/(Deficit)



Brockville General Hospital's financial performance shows a near-balanced total margin for 2008/09. Continued efforts to find innovative and cost-effective ways to deliver care have allowed us to maintain service levels in a time when cost increases generally outpace opportunities for supplemental revenue.

As BGH pursues a leadership position in our regional health-care system, we are committed to supporting our growth with a strong financial foundation. We have a responsibility to operate efficiently and to continuously improve our financial outcomes, so that we can deploy our limited resources toward value-added services and strategic investments in technology and infrastructure.

The Board of Governors has approved an operating plan for 2009/10 that will allow us to meet our obligations within the Hospital Service Accountability Agreement.

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, 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.

What does BGH do for the people in your hometown?

ANNUAL STATISTICS*	Popula- tion*	Emer- gency Visits	Inpa- tient Visits Total	Day Surgery Total	Hips and Knee Proce- dures	Colono- scopies	Cataracts Procedures	Diagnostic Tests	Number of Staff
TOTAL Leeds- Grenville	102,911	22,050	4,084	8,724	260	1,261	1,375	8,053	683
Athens	3,251	873	187	190	10	41	Fewer than 5	361	32
Augusta	8,108	1,121	288	805	21	114	8	739	95
Brockville	22,257	12,041	2,071	3,695	121	39	93	5,410	372
Edwards- burgh- Cardinal	7,030	1,128	232	566	17	6	8	693	20
Elizabethtown	10,461	2,259	345	1,109	32	129	22	1,224	57
Front of Yonge	2,918	1,107	187	425	17	9	6	510	40
Gananoque	5,428	112	54	431	14	13	6	136	NA
Leeds & 1000 Islands	9,511	372	67	327	7	Fewer than 5	Fewer than 5	188	NA
Prescott	4,231	2,642	543	842	26	95	15	1,734	66

* Population figures from 2006 Census. Annual Statistics Apr. 1, 2006-Mar. 31, 2007

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