

BROCKVILLE GENERAL HOSPITAL

Annual Report 2009-2010



Chair, Board of Governors - Hugh Bates



President & CEO - Ray Marshall

Brockville General Hospital - AGM Report

Our 2009/10 fiscal year was one with many successes and its share of challenges. The Brockville Cardiovascular Program started in May 2009. Please take the time to read the separate story regarding the success of this new initiative. Both the Cardiovascular Rehabilitation and our Hospice Palliative Care Program receive no government funding for staff or equipment, so fundraising is a major and continual initiative in these areas.

BGH received its final Accreditation Report in June 2009. We are extremely proud that the Hospital received a full three-year accreditation. Staff and the Board continue to work on quality improvement initiatives as we prepare for our next Accreditation Canada visit in the fall of 2011.

On July 1, 2009, all hospitals in Ontario adopted new definitions and criteria for determining when a hospitalized patient becomes an Alternate Level of Care (ALC) Client. Over the late summer and early fall, the volume of ALC clients at BGH increased dramatically—to the point where one-third of all of our inpatient beds at both sites were occupied by patients who no longer required the care BGH provides, but were waiting for more appropriate care in long-term facilities or at home with necessary supports.

In December 2009, with the assistance of the South East Local Health Integration Network (SE LHIN), the South East Community Care Access Centre (SE CCAC) and local Community Support Service Agencies, we implemented Home First, which was successful in dramatically reducing the number of ALC clients in the Hospital. Please see the separate article explaining this program.

With the support of the SE LHIN, BGH completed a due diligence process to determine the magnitude and cost of renovation or new construction; as well as the annual operating dollars required to move the Acute Mental Health Services from the Brockville Mental Health Centre Site of The Royal Ottawa Health Care Group to our Charles Street Site and the Front Avenue Resource Centre. This work was completed in the summer of 2009 and submitted to the SE and Champlain LHINs. The LHINs have been reviewing the document to analyze the options for renovation/new construction and the differences in operating cost. No decision has been made on next steps as we write this report. BGH remains committed to the transfer of the acute mental health services to our Charles Street Site in order to integrate this service with the other acute care services offered by the hospital.

The Hospital has embraced LEAN as a structured way to review our processes and to eliminate/change the steps in the processes that do not add value. So far we have held Kaizen events to review how patient information flows from the Hospital to the primary care provider, how patient trays are assembled in Dietary, and how supplies are ordered/received and stored in the Operating Room and Maternal/Child. The outcome of each event was positive.

We continued to move forward with the implementation of an electronic health record. The latest step was to go live with a pilot group in Emergency and Internal Medicine, testing Computerized Provider Order Entry (CPOE) for Laboratory and Diagnostic Imaging.

The economic situation facing the provincial government was front and centre as we began our planning for the 2010/11 fiscal year. Our planning used funding scenarios based on 0%, 1% and 2% increases to our base funding from the Ministry of Health and Long-Term Care. Based on these scenarios, the organization was faced with difficult choices. The success of the Home First Initiative meant that from January 2010 on there were significant numbers of empty beds in the organization on a daily basis. Based upon commitments from our partners to continue the Home First Program, Administration and the Board decided to reduce the acute medical/surgical bed complement at Charles Street by 15 beds. At the same time, we are changing the way we are using some of our Complex Continuing Care beds at the Garden Street Site to create a slow stream rehabilitation or convalescent care program. Initial results from the slow stream rehabilitation have been very positive. Please see the separate article on this program.

The closure of the medical/surgical beds and other internal changes resulted in a reduction of approximately 17 Full Time Equivalents (The majority of this staff reduction was mitigated through offering early retirement to our long term staff, with a total of 15 accepted.). As you will see in the separate financial report, for the fiscal year, the day-to-day operation of BGH finished the fiscal year with a surplus of \$216,928. The one-time early retirement costs associated with the staffing changes noted above totaled \$836,863. This means the year-end operating position is a deficit of \$619,935. When amortization and interest on our capital loan is included, the deficit becomes \$1,074,186.

We would like to close by thanking everyone associated with BGH: our staff, our medical/dental/midwifery staff, our Extended Class Nurses, our volunteers and community supporters for all their support during 2009/10—and for the last 125 years.

BGH has been an integral part of the Brockville and Leeds-Grenville community since 1885 and we will continue to do so.

Although the changes announced in March 2010 are difficult, they do position the hospital well as we move into our 126th year, working with our partners in the community and the SE LHIN to achieve our vision of —

*Healthy People –
Outstanding Care*

Respectfully submitted,
Hugh Bates
Chair, Board of Governors
Ray Marshall
President & CEO



Your 2009 - 2010 Board of Governors



Hugh Bates
Chair



Norman Millar
Internal Vice Chair



Wilsie Hatfield
External Vice Chair



Andreas von Cramon
Past Chair - Resigned April 20, 2010.



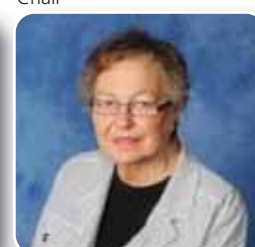
Maureen Overy



Wayne Blackwell



Dan Smith



Joan Somerville



Chrystal Brown



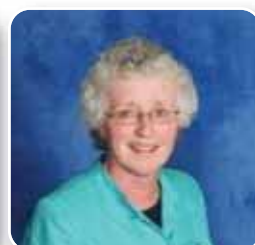
Nicole St Aubin



George Coombes



Janet Cooper



Charlotte Patterson



Dave Hunter



Anne Warren



Jean Macintosh



Neil Bhatt



Ray Marshall
President & CEO



Dr. Robert Beveridge
Chief of Staff



Dr. Jonathan Wyatt
President, Medical Staff



Dr. Denise Pajot
VP, Medical Staff



John Southin

BROCKVILLE GENERAL HOSPITAL...

Vision

Healthy People... Outstanding Care

Mission

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

Core Values

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

Historical Highlights of 1885

- The Northwest Rebellion breaks out, ending with the execution of Métis leader Louis Riel.
- The Canadian Transcontinental Railway is completed.
- Arthur Lismer and Lawren Harris, both members of the Group of Seven, are born.
- Banff National Park, the first national park in Canada, is established.
- Sir John A. MacDonald is Prime Minister of Canada.
- Suzanna Moodie, author of *Roughing it in the Bush*, dies.
- Mark Twain's *Adventures of Huckleberry Finn* is published.
- American Telephone & Telegraph (AT&T) incorporates.
- First photograph of a meteor is taken.
- Gottlieb Daimler patents first bicycle in Germany.
- World Middleweight Champion Jack Dempsey defeats 12 challengers over the year, most by knockout.
- Grover Cleveland becomes the 22nd President of the United States.
- Queen Victoria is on the throne of England.
- The first skyscraper, the Home Insurance Building in Chicago, Illinois is completed.
- Brockville General Hospital incorporates from the former Brockville Free Medical Dispensary.



Ray Marshall

Ray Marshall has been President and CEO of BGH since June 2001. When previously living in Hope, BC, Ray spent six years with the Silver Creek Flood Laidlaw Volunteer Fire Department—eventually becoming Tanker Captain.



Hugh & Gloria Bates

Board Chair Hugh Bates has volunteered with the hospital for the last 10 years, including eight on the Board of Governors. He and his wife Gloria regularly help run Eleanor's Café with the Volunteer Association. Hugh is also the announcer for the Brockville Braves games, and for the last 15 years at area elementary and secondary school track and field competitions.



Brockville Cardiovascular Rehabilitation Program...



...Celebrates Successful Inaugural Year!

Brockville Cardio Rehab offers individualized programs of exercise, education, and counseling with the assistance of a multidisciplinary team including a kinesiologist, a dietician, a nurse, a respiratory therapist and a pharmacist.

"It's a program that helps patients dealing with heart surgery, angiogram with stenting, bypass surgery, angina, or valve replacement," explains Margriet deBruyn, Director of Critical Care Services. "Our aim is to address patients' modifiable risk factors and improve their quality of life."

"This program gets no government funding," says Sherri Hudson, Chair of the Brockville Cardiovascular Program Fundraising Committee. "We operate on an annual budget of approximately \$100,000, all from generous corporate and private donations."

The unit operates without charge to the patient and has a waiting list. "Our next goal is to extend the program's work week from three days to four," says Hudson.

Through the vision of many medical personnel, the Brockville General Hospital Board, and the Brockville and District Hospital Foundation, with the driving force of Dr. Jay Bhatt, the Brockville Cardio Rehab Unit opened its doors just one year ago. Already the success is measurable.

"We graduated 70 patients this year in the Leeds and Grenville area," says Dr. Bhatt. "Our success rate is 100% in terms of providing real benefit and quality of life to our clients."

Recovering cardiac patients from Brockville and surrounding area no longer have to travel to Ottawa or Kingston to access information, and get support in making lifestyle changes toward a healthy recovery.

Volunteer Association President's Report



Past Presidents from 1975 to today:

back, left to right
Marg Alexander, Gloria Purcell,
Maureen Overy, Marla Gilliland;
front, left to right

Tina Van Bolhuis, Renate Lexmond,
Dorothy Brannen;
missing are
Gail Parslow and Hugh Bates.

has also been refurbished. The walls were repainted to match new window treatments. Some of the fittings, left from when the room was three inpatient rooms, were removed. A 50" flat screen TV, extra speakers for "surround sound," along with DVD and VCR players that can be operated by residents in wheelchairs were purchased as well as a lightweight, washable table. This equipment is being used by several departments for residents' activities.

Brockville General Volunteer Association members continue to give generously of their time in many areas of the hospital. From April 1, 2009 to March 31, 2010 our membership averaged 238 and these people gave 27,678 hours of service to the hospital, on both sites. Many volunteers work with patients and can be identified by their royal blue jackets as they go quietly about their work.

This year the provincial organization, Hospital Auxiliaries Association of Ontario, is celebrating their 100th anniversary and has published a book about volunteers in Ontario. The title of the book, taken from the auxiliary prayer, explains what volunteers do, "To bring comfort and hope".

Brockville General Volunteer Association members congratulate Brockville General Hospital on its 125th anniversary of service to the community.

Respectfully submitted,
Maureen Overy,
President



Maureen Overy, President

Now in her second session as president, Maureen Overy first joined the VA in 1975—rejoining in the early '90s after a break for education and career demands. Maureen has a passion for community theatre, and enjoys directing and stage management.

This has been an eventful year for the Brockville General Volunteer Association, with the celebration of 120 continuous years of volunteering at Brockville General Hospital.

A garden party to celebrate our anniversary was held at the Robb farm in Lyn on August 19, 2009. Over 100 members, past and present, attended. Local dignitaries Gord Brown MP, Bob Runciman MPP, Vice Chair of the Brockville General Hospital Board of Governors Norman Millar and Brockville Mayor David Henderson each presented congratulatory plaques to the Volunteer Association. Hospital President and CEO Ray Marshall and Elizabethtown Kitley Mayor Jim Pickard were also in attendance, as well as many of the hospital management. Honorary President Renate Lexmond and Past Honorary President Dot Brannen cut the cake.

Brockville General Volunteer Association has had a successful year and was able to donate \$50,000 towards equipment for the hospital. A donation of \$20,000 was also made to the Cardiovascular Rehabilitation program, our second donation of this amount. Six transport chairs were purchased for use at the front entrance. An epidural pump and ceiling lift were also purchased.

The Volunteer Association has been busy in the Garden Street Site too. The ground floor Residents' Lounge was refurbished, using the profits from the HELPP (Hospital Equipment Lottery Program for People) break open ticket sales. The tickets are sold at Garden Street Site gift shop so the Volunteer Association board decided the money should be spent there. The walls were repainted; new flooring, ceiling fan, furniture, window treatments and an electric fireplace were all purchased; and the lounge is now in constant use. The 4th floor activity room



Congratulations BGH on...



1900 Brockville General Hospital



1920 Brockville General Hospital



1953 Brockville General Hospital



1970 Brockville General Hospital

As the Member of Parliament for Leeds-Grenville, I am pleased to be able to congratulate the Brockville General Hospital on 125 years of excellence in the community.

As health care has changed through the years, the BGH has always been at the forefront to ensure area residents receive the best in care.

*Congratulations on your past successes
and good luck in your future endeavours.*



Gord Brown,
Member of Parliament
Leeds-Grenville

As Warden of the United Counties of Leeds and Grenville, I am pleased to congratulate the Brockville General Hospital on 125 years of excellent patient care and services to the Leeds and Grenville community.

During the past 125 years, the community has witnessed the hospital's evolution from a charitable dispensary to a modern institution that has consistently adjusted to meet the needs and demands of a growing community.

Congratulations again on reaching this great milestone. Your commitment to compassion, respect, trust and accountability has served the residents of our communities well.



W.L. Thake, Warden
United Counties of
Leeds-Grenville

Medical History Timeline 1885 to Today

- 1895** - Wilhelm Conrad Röntgen discovers medical use of X-rays in medical imaging.
- 1901** - Karl Landsteiner discovers the existence of different human blood types.
- 1901** - Alois Alzheimer identifies the first case of what becomes known as Alzheimer's disease.
- 1906** - Frederick Hopkins suggests the existence of vitamins and that a lack of vitamins causes scurvy and rickets.
- 1921** - Frederick Banting and Charles Best discover insulin.
- 1927** - First vaccines for tuberculosis and tetanus.
- 1928** - Alexander Fleming discovers penicillin.
- 1935** - First vaccine for yellow fever.
- 1936** - Egas Moniz discovers prefrontal lobotomy for treating mental diseases.
- 1943** - Willem Kolff builds the first dialysis machine.
- 1949** - First implant of intraocular lens, by Sir Harold Ridley.



BLACK & WHITE

Benefit Gala

The Brockville and District Hospital Foundation is hosting a Black and White Benefit Gala to mark the Brockville General Hospital's **125th Anniversary**.



125 Years of Community Service!



Steve Clark, MPP
Leeds-Grenville

As the MPP for Leeds-Grenville I would like to extend to the members of the Board, staff and volunteers my sincere congratulations as you celebrate your 125th anniversary. For over a century, the Brockville General Hospital has been a trusted health care facility serving Leeds and Grenville residents. I mailed all constituents a comment card right after my election and asked what issues are important to them. Many local residents indicated health care was their top priority and their feeling that having a strong local hospital was a must. It is my hope that we can work together to achieve future success at the BGH.

Kind regards,

Steve Clark, MPP Leeds-Grenville



1900 St. Vincent de Paul



1920 St. Vincent de Paul



1955 St. Vincent de Paul



1970 St. Vincent de Paul

*Archival photographs courtesy of the Brockville Museum.



Mayor David L. Henderson
City of Brockville

It is my great pleasure, on behalf of City Council and the citizens of Brockville and area, to extend greetings and congratulations to the staff and volunteers upon reaching your 125th anniversary. This is truly a very important milestone.

It goes without saying how important your services are to Brockville and the surrounding areas. The dedicated staff and volunteers are to be commended for their excellent care and service.

*Best wishes on your 125 years of serving,
and all the best for the future.*

- 1952** - Jonas Salk develops the first polio vaccine.
- 1957** - William Grey Walter invents the brain EEG topography (toposcope).
- 1960** - Invention of cardiopulmonary resuscitation (CPR).
- 1964** - First vaccine for measles.
- 1965** - Frank Pantridge installs the first portable defibrillator.
- 1965** - First commercial ultrasound.
- 1967** - Christiaan Barnard performs first human heart transplant.
- 1970** - First vaccine for rubella.
- 1971** - Sir Godfrey Hounsfield invents the first commercial CT scanner.
- 1978** - Last fatal case of smallpox.
- 1980** - Raymond Damadian builds first commercial MRI scanner.
- 1981** - First vaccine for Hepatitis B.
- 2003** - Carlo Urbani, of Doctors without Borders, alerts the World Health Organization to the threat of the SARS virus— triggering the most effective response to an epidemic in history. Urbani succumbs to the disease himself in less than a month.
- 2005** - Jean-Michel Dubernard performs the first partial face transplant.
- 2010** - Dr. Joan Pere Barret leads a team of 30 professionals to perform the world's first full face transplant in Barcelona, Spain.

This significant event will be celebrated on
Saturday, September 25th, 2010
 at the Brockville Armouries. The evening will be a celebration of
 our communities' dedication and commitment to improving
 patient care at the Brockville General Hospital.

Contact the Foundation
613-345-4478
foundation@bgh-on.ca



Maintaining optimism in the **face of change**

Regionalization and rationalization of health services have occurred in every Canadian province in one form or another in the past 20 years. In every situation, cost reduction, efficiency and improvements in quality have all been stated as the rationale. Without casting an unfair judgment or minimizing many advances made, it does not appear that any single model or approach can clearly be identified as superior. In 2006, Ontario introduced a regional concept defined in the Local Health System Integration Act. This is a decentralized approach to a substantial part of health care planning and funding to be managed within 14 geographic regions.

Despite the introduction of this new model to Ontario, we have not witnessed any clear organizational changes in regard to the day-to-day management of our clinical programs. High occupancy rates and capacity issues at our tertiary care sites continue to restrict or delay access to some specialized services. However, through a series of committees and working groups, there are ongoing efforts to establish policies and standards in regard to exchange of information and the improvement of patient transfer.

There are many successful programs that have been established which demonstrate excellent integration of services between facilities in our region. As a result of well-developed protocols and agreements with Kingston, patients with strokes and heart attacks gain rapid access to tests and procedures that ensure the best possible outcomes. Our cardiovascular rehabilitation program is a model of community and hospital partnership. The generous support from the community and the tireless efforts of BGH staff have allowed us to introduce state-of-the-art care at the local level.

Progress in computerization:

Electronic health records for BGH and the community continue to expand at a pace that exceeds most Ontario communities. This is laying an important framework to make accurate, timely patient care information available to care providers. Patient safety and reduction in errors remain central to these efforts. Electronic documentation from registration to hospital discharge contributes to informed decision-making. Computerized order entry for diagnostic imaging and laboratory has been evaluated this past year and the many requirements for full implementation are being reviewed. Standardized evidence-based order sets for medication administration are under review. These are expected to improve the efficiency in the way in which patients are treated as well as reduce errors related to drug interaction, and dose adjustments relative to body weight and kidney function. We are the first hospital in Eastern Ontario to take on this initiative.

Physician Manpower supply and access to care:

Most jurisdictions in Canada as well as Ontario have experienced significant stress as a result of reduced manpower supply. The past five or more years, Brockville and area have witnessed a steady growth in the availability of family physicians and specialists. In the past year alone we have had three new specialists, a family physician and several new appointments in Emergency Medicine. A new Obstetrician and Gynecologist, a certified specialist in Critical Care and Internal Medicine and a General Surgeon joined our staff. In addition seven new physicians (part-time and Locums) have helped our core of skilled full-time emergency physicians maintain continuous coverage.



Dr. Robert Beveridge

has been Chief of Staff at BGH for three years. He is an outdoor enthusiast, coaches hockey and enjoys creative cooking.

Having a new specialist in critical care will allow us to continue to improve the organization of our ICU with additional capacity in the management of more complicated patients. Our most recent recruit is a General Surgeon who will give us even better access for urgent and elective surgical problems. As a result of physician turnover and changes in practice profile, we need to continue assessing our manpower supply and anticipate future demands.

The rich and productive relationship between our communities and our hospital has continued to pay dividends. Change is what life is about and the best way to predict the future is to invent it.

Respectfully submitted by

Dr. Robert Beveridge, Chief of Staff

Adjunct Professor of Medicine, Queens University

SLOW STREAM REHABILITATION IS PILOT PROGRAM

Early in 2010, in response to consultations with community partners regarding other Aging at Home strategies, a new program of Slow-Stream Rehabilitation was launched at the Garden Street Site of BGH to fill one of the identified gaps in service. Slow-Stream Rehab provides assistance to those patients who cannot be served immediately by enhanced community care, with the goal of preventing these patients from becoming Alternative Level of Care (ALC).

"We've just begun this program informally and it's very exciting," says Sherry Anderson, Director of Complex Care, Palliative Care, & Rehab for BGH. "It's also very uplifting for our staff to see progress in our patients." The program is a pilot one in this area, with direction and support from Bruyere Continuing Care in Ottawa.

"We're planning a trip soon to take a close look at their program," says Anderson. "Their willingness to help us is encouraging. So far, it seems we've been doing things right."

The service change is to convert 15 Complex Continuing Care beds at Garden Street to a Geriatric Functional Enhancement Program designed as a resource to aging and adult medically-complex patients.

"Although our goal is to prevent unnecessary Long-Term Care (LTC) placement," says Anderson, "a functional enhancement program will improve patients' functional health status regardless of their long-term destinations."

The first success is the discharge of 11 patients from the original 20 admitted to the program. The primary outcome expected from Slow-Stream Rehab is to decrease pressures in the system related to Emergency Room (ER) wait times, and numbers of ALC patients. At this time, the program receives no additional funding but a proposal has been forwarded to the South East LHIN for consideration.



Brockville & District Hospital Foundation *Report*

You make a difference

This annual report is our way of thanking you for your commitment to the BDHF. Your generosity has made the Brockville General Hospital what it is today.

Donations made to the Brockville and District Hospital Foundation support the strategic efforts of BGH and allow funding to be targeted to programs and equipment needs. These donations are the only source of funding to support programs such as Palliative Care Services, Brockville Cardiovascular Program and most of the ongoing medical equipment needs for BGH across Leeds and Grenville. Your charitable donations are impacting the lives of local people and the health of our communities.

HOW DOES BDHF RAISE FUNDS OVER THE COURSE OF THE YEAR?

We raise funds through special events such as the Friends of Palliative Care Golf Tournament, other third-party special events, and direct mail appeals held throughout the year in addition to your generous donations. Such gifts are made by individuals, businesses, service clubs and other organizations.

WAYS OF GIVING

Giving should be easy. What one individual finds suitable isn't necessarily the same for another. At the Brockville and District Hospital Foundation, we help people find options that fulfill their wishes.

HERE ARE SOME OF OUR OPTIONS:

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



Linda Dilabio

is congratulated on her retirement following 16 years as Coordinator of the Brockville and District Hospice Palliative Care Service. **Dave Publow** (left) and **Jim Cooper** (right) serve as co-chairs for the Friends of Palliative Care Annual Golf Tournament, a major fundraiser for Palliative Care Services.

Joan McLaughlin has been Executive Director of the Foundation for two years. She has a passion for helping people, and a long history of being involved in community activities.

Kevin Tackaberry has volunteered on the Foundation Board for seven years, two as Chair. He is an active part of G. Tackaberry & Sons Construction, and an avid collector of antiques.



Each gift is a personal and generous donation that is greatly appreciated. The Foundation respects your privacy and safeguards your personal information. **For more information, please call 613-345-4478.**

The Brockville and District Hospital Foundation extends congratulations to the Brockville General Hospital staff, medical staff, volunteers and Board of Governors for their dedication and commitment to improving patient care over the past 125 years.

Respectfully submitted,

Kevin Tackaberry, Chair
Joan McLaughlin, Executive Director



Photos from the 2009 Annual Appeal:

The BDHF Annual Appeal for 2009 set a goal of \$135,000 and raised **\$183,000**.



HOME FIRST Initiative Supports Clients in Making *Long-term Care Decisions from Home*

In December 2009, Brockville General Hospital became a partner in the local implementation of a new patient care support initiative called Home First. This initiative is designed to help patients go home from hospital with support once their treatment has ended, instead of waiting in beds for other levels of care.

Patients who have completed their acute treatment and are waiting for care in another setting are known as Alternate Level of Care (ALC) patients. ALC patients face special and significant challenges in that acute-care hospitals do not offer the resources such as social programming, common dining rooms and activities as do retirement or long-term care homes. Over time, their conditions can deteriorate due to lack of activity. Until now, ALC patients had no other option but to wait in hospital.

Now with Home First, these patients can leave hospital and make life-changing decisions with their families from the comfort of home. Along with the regional planning and funding agency South East Local Health Integration Network (LHIN), partners providing this service are local physicians, the BGH, South East Community Care Access Centre (CCAC) and local community support service agencies (CSS).

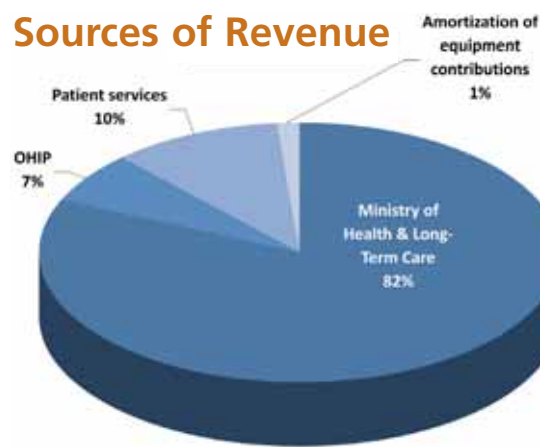
"The collaboration between BGH and CCAC along with our local partners in CSS has been a really positive experience," explains Laurie Dube, Director of In-patient Medicine and Surgery, Physiotherapy, and Central Staffing. "The outcome for our patients is positive and facilitates people making decisions about their futures in the best possible place...home.

"The team work and team building that have been employed in this initiative have many positive side effects for our patients," she continues. "Early discussion with patient and family members about plans as well as a real engagement with the multidisciplinary team is just one of the positive outcomes. Home First is the right thing to do for our patients if at all possible. We are really happy with the level of success Home First has achieved so far. The goal as always is to provide the right care in the right place at the right time."



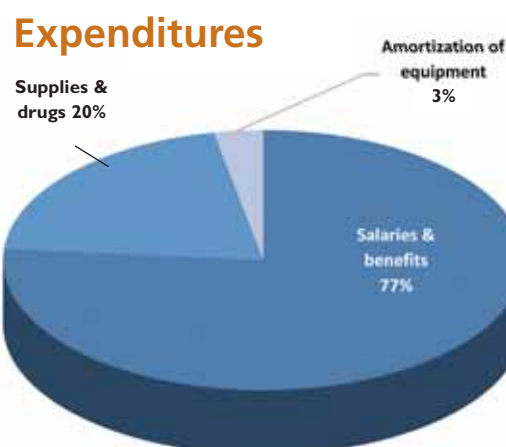
Chief Financial Officer's Report

Sources of Revenue



Total revenue: \$61.6 million

Expenditures



Total expenses before restructuring costs: \$61.4 million

Net Surplus/(Deficit) from Operations

2005/06 2006/07 2007/08 2008/09 2009/10



Accountability Report

Brockville General Hospital showed continued improvement in its financial performance in the 2009/10 fiscal year. The identification and pursuit of new strategic revenue streams, coupled with the ongoing focus on finding innovative and cost-effective care models, have led to a strengthened balance sheet and a surplus from ongoing operations. One-time labour restructuring costs incurred near year-end caused total expenses to exceed total revenues for 2009/10, but will allow us to respond effectively to reduced funding increases in 2010/11.

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 2010/11 that will allow us to meet our obligations within the Hospital Service Accountability Agreement.

Notes:

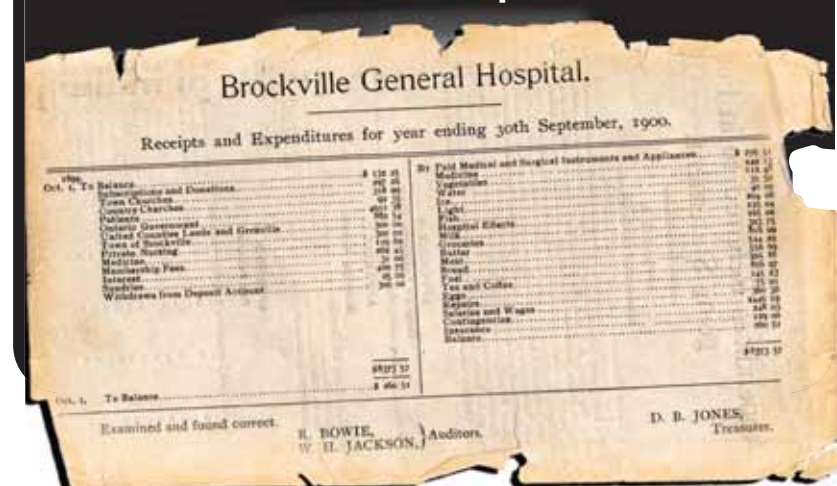
1. Expense figures do not include one-time labour restructuring costs incurred in 2009/10 amounting to \$836,863.
2. Amortization of buildings and related deferred contributions, as well as interest costs on long-term capital acquisitions, are not included for the purpose of computing the balanced budget 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.



Steve Read

has been Vice President, Corporate Services and Chief Financial Officer of BGH since January, 2008. A former hockey referee, Steve is a major Sens fan, coaches minor hockey, and still plays goalie himself. He loves to golf with his children, and is an active Brockville Rotarian.

BGH Financial Report 1900



SAFE SURGERY ✓CHECKLISTS

As part of the new 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.

The new safety measure builds on the government's Patient Safety Indicator Initiative launched in 2008. The list is based on a worldwide study of eight hospitals, including Toronto's University Health Network consisting of Toronto General, Toronto Western and Princess Margaret hospitals. Also included in the study were hospitals in Jordan, India, the Philippines, the U.S., Britain and New Zealand and Tanzania.

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 are required to run regular audits with a goal of 100% compliance, and report these quarterly to the Ministry beginning this July.

Underway at Brockville General Hospital

BGH staff welcomed this new addition's contribution to enhancing the hospital's "culture of safety." "At Brockville General Hospital, patient safety is a top priority," explained Anne Rodger, Director of Surgical Services and Maternal/Child. "While we currently have safety checks in place in the operating rooms, the use of the surgical safety checklist will help to improve the delivery of evidence-based standards and increase communication between nurses, doctors and patients." BGH staff nurses Helen Ulickij and Mary Jane Wyatt attended the training session in Kingston, and then customized the checklist to reflect operating room procedures performed at BGH. This was presented to their colleagues at an April 9 education session, followed by hospital implementation on April 12.



Safe-Surgery Checklist TRAINING WORKSHOP:

Brockville General Hospital RNs Helen Ulickij and Mary Jane Wyatt led an effective training workshop April 9 to begin implementation of the new Ontario Ministry Surgical Safety Checklist Initiative.

