Meeting the needs of our local communities, and then some
To be a progressive Hospital meeting the needs of our local communities, and then some.

To be the recognized healthcare provider of choice, employer of choice and valued community partner.

**Teamwork**
To succeed, we need to trust one another and believe in the power of our combined and aligned efforts.

**Leadership**
In leading, we must provide a sense of purpose, directing and inspiring others to reach for shared goals.

**Communication**
To enhance our performance, information must be effectively given, received and understood by everyone with a right to know, always mindful of our obligations for confidentiality.
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Two years ago, I left you with an expression of confidence in our collective ability to deal effectively with the fact that Hospitals remain squeezed between high community expectations and constrained resources. Our communities are better informed and more demanding. Healthcare now consumes almost 50% of the Ontario budget—arguably, an unsustainable proportion.

Last year, I reported on the progress our Hospital had made and I provided reasons for continued momentum. Again I will report on our progress. I will frame this report in terms of our three key values—teamwork, communication and leadership—and show you our work with each of these and how together these values position us for ongoing success.

First, the teamwork. The Hospital employs 241 individuals each with unique knowledge, skills and abilities. Of these, 60 have over 20 years of service in this Hospital. Their wisdom and experience guide others during these challenging and complex times. We are kept fresh and energized by new employees—47 within the last year. There are 93 doctors associated with our Hospital. We are graced with scores of student nurses, interns and other learners from Queen’s, St Lawrence Trent University and Loyalist College. Close to 200 community members in Volunteer Services augment the Hospital’s activities through their open application of time and talent across an amazing array of activities. The Foundation Board has developed over 15,000 donors, including close to 500 who have contributed over $1,000 each and are now voting members of the Hospital Corporation. Our Foundation has handled over 3400 donations in the past 12 months. Volunteer Services, The Foundation and the Hospital Board through many and varied events, updates, committees and connections, add more members to the team that provides healthcare in our communities. Pastoral care, Jump Rope, training events, Art Exhibitions, Irish Stew –each recruits in its own way, more participants, more team mates.

Teamwork – one of our values—means that in order to succeed, we need to trust one another and believe in the power of our combined and aligned efforts.

Communication is the second of our values that I would like to address. In order to enhance our performance, information must be effectively given, received and understood by everyone with a right to know, always mindful of our obligations for confidentiality.

With teamwork and communication combined, we can develop understanding and agreement. In past years we had developed the shared mission, vision, and these values statements. Since then we have seen significant progress in a number of areas:

- We have a trained and active Quality Committee with a credible Quality Improvement Plan and a community-generated Patient Declaration of Values.
- The Hospital has earned a three-year accreditation under a new and more stringent process.
- The Governance Committee has developed new By-Laws with input from the community and the Foundation. These By-Laws have led to transparent and inclusive processes for the Hospital Corporation.
- Volunteer Services, in cooperation with the Hospital Staff, are expanding their services into new areas such as Triage and the Emergency Department.
- Open communication has led to improved Building and Property Committee decisions.
- The Medical Community is better served through ongoing improvements to Hospital facilities and equipment, support services and IT.
All of this progress flows from active engagement: collaborating, cooperating, sharing, arguing, debating, questioning, discussing—communicating.

**Leadership**—our third value—reinforces the need to provide a sense of purpose, to direct and to inspire others to reach for shared goals. To my thinking this is the element that brings everything together and guarantees our future ability to serve this community.

Hospitals are knowledge-based service centres. People are key. The ability of people to work together is essential. People must feel confident in their abilities to question, to speak up, to suggest. People need to be able to hear criticism or complaints and recognize them as “learning moments” because learning is absolutely what is needed in a knowledge-based business. Without learning there cannot be change. The CEO and his Directors—the principal leaders in our Hospital—are creating a climate of trust and collaboration, of challenge and accountability. Our Hospital is moving steadily toward its vision of being a recognized healthcare employer of choice.

Here are some interesting facts from Dr. Peter Jensen’s recent book *Igniting the Third Factor* which support the business case for stressing leadership and developing people in our Hospital.

1. First, we are facing demographic change. Recent statistics show that “From 2005 to 2025, the number of people of working age (15 to 64) will fall by 9% in Canada”. Also, 50% of the managers in the workforce are now eligible for retirement.
2. Secondly, emotional health at work is a factor. “Mental health’ makes up 79% of disability claims and costs $3.5 billion annually (in Canada) for stress related absence. The most important single variable is the relationship between employees and their direct supervisor.” Employees must be valued, and their voices heard. If people feel valued and cared for, they will value and care for their colleagues and clients.
3. The third factor pertains to performance expectations: “Last year’s numbers won’t do this year.” The Ministry of Health will continue to squeeze Hospitals—Hospital budgets do not increase commensurate with personnel costs. The only sustainable way to balance budgets is through change and improved process, and that can only be accomplished through people.
4. Fourthly, “change is accelerating”—or it needs to. Too much of Ontario’s budget is going to healthcare. Ontario will continue to increase the number of Doctors and have promised more Long Term Care and Home Care. However, in the face of a staggering deficit and the need to support other programs, like education, the Hospital sector will continue to be squeezed. So we need to be an organization able to deal with change: less foot-dragging, more good ideas implemented sooner, more trust and interaction, and constant learning.
5. Fifthly, we need to have more patient focus. Clinical improvements, complaint resolution processes, patient values, and freedom of information and privacy issues will continue to drive changes in record keeping, in clinical practices and in personal interactions with patients.

Challenged by these five issues, leadership must help all our healthcare workers to succeed in their own personal career development and to contribute to our collective team efforts to improve patient care.

In leadership, we are exceptionally well served.

- Our CEO and Chief of Staff are experienced and respected within the medical community and the SE LHIN. While participating fully in the “Clinical Services Roadmap” initiative, these individuals are keeping us all well informed on process and progress.
- With their sense of purpose and inspiration, the Hospital has expanded its services in Complex Contining Care, Mammography, Bone Densitometry, and clinics.
• We will be adding a full time general surgeon late this summer.
• We are making ongoing improvements to bring the entire physical building up to modern standards and to free up space for more services.
• Our President of Medical Staff provides leadership within the medical community and represents this community on the Board.
• We have a new Chief Nursing Officer and new leaders for Infection Control, Inpatient Care, and Ambulatory Care.

In summary, all of these people plus our Directors constitute an experienced and stronger clinical and business leadership team to provide the sense of purpose and inspiration for the future changes that will be needed to improve our care and sustain our Hospital.

So we come full circle to where we were two years ago: discussion about our collective ability to deal effectively with the ongoing stress felt as Hospitals remain caught between high community expectations and constrained resources.

We in this Hospital must maintain a balanced budget and create some discretionary spending to continue to grow and change. Our CEO, Directors and others in the leadership team have earned solid financials. Those results come in conjunction with building competence, commitment, capacity and passion in the people who serve. Leadership needs our support to create an environment that stimulates and encourages growth, including personal growth.

Our purpose in the Hospital Corporation is not to manage, supervise or control. Our job is to create a shared vision, to nurture an environment for growth and success of the Health Professionals, and to help people to succeed in making a difference in our community.

Teamwork, communication and leadership: three values for our Hospital, and three values for the larger community-based team.

John Carlson
Chair of the Board
REPORT FROM THE CHIEF EXECUTIVE OFFICER

Wayne Coveyduck

This annual report covers the fiscal period April 1, 2010 to March 31, 2011. It has been a very busy and productive year for our Hospital. With the renovation and construction project being completed over a year ago, we continued in our efforts to renovate those areas which were not included in the original renovation and construction project. These areas included the ground floor space, the cafeteria and the Hospital grounds.

As we closed out the past fiscal year, we were able to finally open all of our allocated Hospital beds. Under Ministry of Health and Long-Term Care policy, the Post Construction Operating Plan Funding for new beds is allocated over a three year time frame. That being said, we are anticipating receiving the final phase of PCOP funding this year. One of the difficulties in opening beds in phases is recruiting the right number of trained staff in a quick fashion. Our experience is that it takes a lengthy amount of time to staff up.

From a manpower planning point of view, we have seen an introduction of a number of new job classifications in our facility as well as an overall increase in the number of Nursing personnel. We now have the following para-professional staff on board:

- Occupational Therapist;
- Social Worker;
- Recreational Therapist; and coming soon
- Speech Language Pathologist; and
- Respiratory Technologist.

From a medical manpower point of view, our community and Hospital continues to be served well by having a good cadre of Family Physicians and Emergency Room Physicians. We anticipate a new Family Physician starting a practice this year which will be a nice addition to our current number. Recently, Dr. David Robertson joined Dr. Ven Hota in our General Surgery program on a part-time basis. In September, Dr. Raymond Rahn, General Surgeon, will open a full-time surgical practice in our Hospital.

Every three years, as part of the accreditation process, health services organizations take part in a self-assessment followed by a survey visit. The survey itself includes a review of documentation, team interviews, and facility tours and focus group meetings with various stakeholders. This accreditation process allows Accreditation Canada and the Hospital to evaluate the quality of the organization’s services by comparing them to nationally accepted standards. It is important to note that we did receive several recommendations in areas where it was felt that we could improve. We responded appropriately in changing our practices or introducing new practices and reported our success to Accreditation Canada. As a result, we are pleased that LACGH has received full accreditation (3 years) from Accreditation Canada. I want to thank our staff, physicians, volunteers, patients and community partners for their participation in the Accreditation process, with a special thanks to Nancy Manion, our Administrative Lead in Quality and Accreditation.

This past year highlighted a couple of high level policy changes from our Provincial Government:

**Boarder Public Sector Accountability Act**

The Boarder Public Sector Accountability Act (BPSAA) establishes a number of new requirements designed to improve accountability and transparency in Hospitals and across the Broader Public Section (BPS).
Having received Royal Assent in December 2010, of particular interest to Hospitals are the provisions in the act that:

- Ban the practice of hiring lobbyists using public funds;
- Establish new procurement rules;
- Establish new expense rules;
- Create new reporting requirements; and
- Bring Hospitals under the Freedom of Information and Protection of Privacy Act (FIPPA).

**BPS Procurement Directive**

Effective April 1, 2010, the BPS Procurement Directive replaces the BPS Supply Chain Guideline. The Procurement Directive applies to all Ontario Hospitals and is intended to achieve the following purposes:

- To ensure that publicly funded goods and services, including construction, consultant services, and information technology are acquired by BPS organizations through a process that is open, fair, and transparent;
- To outline responsibilities of BPS organizations throughout each stage of the procurement process; and
- To ensure that procurement processes are managed consistently throughout the province.

**Excellent Care for All Act, 2010**

On December 2, 2010, the Minister of Health and Long-Term Care filed Regulations 444/10 and 445/10 under the Excellent Care for All Act, 2010 (ECFAA). These Regulations, which were posted as Draft earlier last fall for public comment, operationalize the requirements of ECFAA regarding:

- Quality Committee membership;
- Definition of “Executive” for the purposes of executive compensation; and
- Expansion of the mandate of the Ontario Health Quality Council (OHQC).

**Regulation 445.10—General Regulation (Part 1—Quality Committee)**

Section 3 of ECFAA provides that every health care organization shall establish and maintain a Quality Committee for the health care organization that reports to the organization’s responsible body. Section 4 sets out the responsibilities of the Quality Committee. The membership, composition and governance of Quality Committees shall be as provided for in the regulations. Although these provisions were not in force when ECFAA was passed, the Lieutenant Governor in Council proclaimed January 1, 2011 as the date on which sections 3 and 4 of ECFAA came into force.

**Regulation 444/10—Executives**

Section 1 of ECFAA defines “executive”, with respect to a health care organization, as meaning the Chief Executive Officer of the health care organization, or anyone who holds a position equivalent to Chief Executive Officer, regardless of title, the members of the health care organization’s administrative and clinical executive staff that are provided for in the regulations, and any other person provided for in the regulations. Section 9 provides that every health care organization shall, in accordance with the regulations, ensure that payment of compensation for any executive of the organization under a compensation plan is linked to the achievement of the performance improvement targets set out in the annual Quality Improvement Plan (QIP).

Probably the biggest initiative that the LHIN and Hospitals have been working on in the last several years is the Regional Clinical Services Roadmap Initiative to Improve Access to Health Care across Southeastern Ontario.

Work on the Clinical Services Roadmap (CSR) began with the development of action plans for a number of clinical areas of opportunity that have been identified, through analysis’s conducted by the SE LHIN’s Knowledge Management Team, as the most pressing areas to address for residents of the South East. These areas include: Surgical Services, Health Acquired Infections, High Risk Maternal and Newborn Care, Mental Health Services and Restorative Care. Originally, Emergency Room Services and Cancer Care were
included in the list; however, it was agreed to drop these two for now to focus on the others. The focus of the CSR is on effective chronic disease management, patient self-management, reduction of Hospital readmission rates, and the improved coordination of care between sectors and providers to improve upon the availability of the right high-quality care, in the right place, at the right time, by the right provider.

Each of the Southeast Region’s Hospital and CCAC CEO’s, Chief’s of Staff and Chief Nursing Executives have worked collaboratively to develop the Clinical Services Roadmap process and all, including Board Chairs, have indicated their support to its success.

As I am well into my third year of being part of LACGH and the local community, I want to highlight that I am indeed having fun at what I do everyday. The people at the Hospital and in the community have great pride in our local healthcare facility and each works hard at making it better. As we expand and improve, we are becoming a little better at celebrating our successes. Our own Hospital is not without pressure and stress; however, in spite of all that we deal with everyday, most of us enjoy the fun aspects of our work.

In closing, I want to acknowledge the people who make my job easier every day. Shari Sampson, Ray Trowhill, Nancy Manion, Tracy Kent-Hillis and Gert Switzer make up our Senior Management Team. Tracy is a new comer to the group, having only been on board for a little over three months as our new Chief Nursing Officer. Together, this group works very well together. They are current in their knowledge and thinking and are quite independent in their decision-making capability. In their unique ways, they make sure that we continually expand our services to the community and never lose sight of the importance of maintaining a balanced budget. My Executive Assistant, Angela McCullough, has become very good at organizing me and ensuring that I don’t forget things, especially the important things. She also supports the many needs of the Board and Chief of Staff. On behalf of all of us, thanks Angela. Patti Scott is our Administrative Assistant who supports most of the Senior Management Leaders. Patti also handles a lot of our Hospital initiatives like special events, newsletters, media productions, art selection and placement and interior decorating activities. Thanks for all that you do Patti.

Dr. Tom Touzel is an absolute pleasure to work with. He understands the needs of the Hospital and is always willing to do his part in making things happen. I respect the professional relationship he has with his Medical Staff colleagues and appreciate all that he is able to accomplish in Medical manpower planning both locally and within our region. The clouds would have to be pretty dark before Tom would say it was a dull day. Thanks Tom.

Hospitals, large or small, require a tremendous number of volunteers to help make them successful. Locally, we have two volunteer Boards; the Hospital Board and the Foundation Board. Each of them are organized with a solid list of members who spend a lot of hours each month to conduct Board business. Under the leadership of Mr. John Carlson, for the Hospital, and Mr. Robert Paul, for the Foundation, the Hospital is in great shape. Through you, John and Robert, many thanks for your support to me over the past year.

The other Volunteer Group for our Hospital is the many people who permeate our building everyday. These people are the unsung heroes of our organization. If there’s something special needed to be done in the Hospital, you don’t need to ask a Volunteer a second time to do it. Through Maria Stebelsky, President of Volunteer Services, thank you so much for your time and talent.

Finally, to all our employees and Physicians. Congratulations on your many successes over the past year. I’m sure that the local population appreciates all that you do every working day of your life.

Wayne Coveyduck
Chief Executive Officer
What a year! Lots of good and exciting changes have happened here. The new Complex Continuing Care (CCC) Wing is fulfilling its promise in providing care for a high needs group of our patients. The Palliative Care rooms have been everything we’d hoped for. Dr. Andrawis is the Medical Director of the CCC ward and with his Team, has come up with some great ideas involving Rehab Therapy. The development of the unit has occurred within the scope of the regional services roadmap exercise for Restorative Care.

The new DI equipment and PACs – an image archiving and retrieval system- has been exactly what we’d hoped it would be: highly accurate, responsive, quick and reliable. The system has now been fully integrated with KGH’s imaging system. Although I expressed my thanks last year, I did want to reiterate the gratitude that we feel to the Foundation and, in particular, we want to thank our ex-DI fundraising co-chairs, Robert Paul and Chuck Airhart, along with their staff, for the countless hours and incredible effort. The new system has improved care in this building and, as a physician, it has been very gratifying to be a part of.

The redevelopment has really taken shape. What you see are bright clean colours, big windows and what you feel is a sense of spaciousness. But beyond the superficial is a very efficient building with adequate space and lighting for good care, washrooms that are large and safe, ventilation that means clean air. It is truly an inspiring venue to work in, and it fosters a positive working environment. Last year, it seemed that the building itself was the focus of our changes. This year, there have been some fabulous additions to the staff. I feel like we have the dream team running this place.

The ER renovation has been completed. The larger space in the trauma room and resuscitation room has been a blessing.

There are many individuals that I’d like to acknowledge…. First let me tip my hat and express my gratitude to Angela McCullough, who is our Executive Assistant par excellence. She is so on the ball, she can even make me look organized. She arranges things to make people feel included and valued. She is smiley, efficient and goes the extra mile every time. We are blessed.

This was a year of change in nursing. Beverley Townsend took over as Interim Chief Nursing Officer last winter and she was a godsend…full of energy, bursting with enthusiasm and had a knowledge base that was incredible. Bev stayed with us for 4 months and then…a second miracle… we stole Tracy Kent-Hillis from KGH. She is our new CNO. She is the future of nursing here and brings a great deal of experience, knowledge and fun to the job. I have been blown away by her ability to see problems developing and deal with them before they become issues.

Mary Anne Good has taken over the reins in the OR/ER. She too was stolen from Kingston…we’ve identified all the great people down there and are bringing them here one by one.

Angela Jodoin is now our Manager of Health & Safety Services which includes Infection Control. She too has been a wonderful addition and a timely addition to our staff. She has reinvented that department and her stamp is going on this building. I really like working with her and her handling of a recent infection outbreak was textbook.

Barb Donkersley-Osborne is now the Manager for the Acute ward and CCC. She has brought in some excellent systems and her manner and professionalism are great assets. She has truly made the nursing staff feel valued and appreciated.

Dr. Kim Morrison has taken over as the President of Medical Staff. She brings boundless energy and
enthusiasm, lots of experience, along with excellent medical skills, to everything she touches.

Dr. Ben Chen, our thoughtful and smart Internist, has moved to the Hospital full time. This is great for us. He is consulted and advises us regarding our most complex medical patients; he helps out in difficult situations in the ER, and SCU and has a clinic each day in the Hospital. He also reads the ECGs. He raises the bar in the Hospital.

Dr. Dave Robertson joined the surgical staff this year. He is a General Surgeon, working part time in Kingston and part time here. His skill set compliments Dr. Hota’s who now has a bit more breathing room.

I did want to acknowledge the work of the Quality Committee. This very necessary and dynamic group is chaired by Deb Lowry from our Hospital Board, with a lot of support from Nancy Manion and Patti Scott. I have been on many committees in my tenure and wanted to say that this one deals with the most important issues in the Hospital and does it in a very practical and professional manner.

We’re now well into the Coveyduck Era. I said it last year and I’ll say it again, we picked the right guy. I really feel the Hospital is in great hands and we are just beginning to see the fruits of his efforts. Stay tuned. We are going places. I think Wayne’s team is now reflecting his style and vision. We see lots of smiles in the building. The vision remains the same: to be the recognized healthcare provider of choice, employer of choice and a valued community partner.

Our teaching programs here remain bright lights…we had another successful year of teaching 2nd year clinical skills to medical students. It really is an enjoyable experience (for us as physician teachers and I think for the students as well) and we get to introduce these future physicians to our caring environment. This year marks the first year that we have participated in Community Week-a program directed towards first year medical students. The goals of this program include an introduction to rural medicine outside of the urban centres as practiced in Eastern Ontario. Placements last for one week in duration. We have had three medical students here this week and three more will be here later in June. We continue to have several family medicine residents in the building on the wards and in the ER and OR. We also have nursing students here for their consolidation and clinical teaching. We had a pharmacy student here for part of the summer last year. Teaching and passing on knowledge and experience is one of the fundamental duties of any health professional or health promotion organization. Two of our active staff are heavily involved in the Queens University Department of Family Medicine; Dr. Jeff Sloan is the Director of Community Teaching and Dr. Brian Mahoney heads up the Family Medicine Anaesthesia Program. Dr. Brown, who was a Family Physician/ER doc/Anaesthetist and Chief of Staff here for many years, is the head of Family Medicine at Queen’s University.

There are several great things to look forward to in 2011-12:

- Dr. Ray Rahn will join our surgical staff in the fall. He is a general surgeon with an excellent track record in community Hospital surgery. With our catchment now at >40,000, it was clear that we should and could be doing more general surgery here. Now that the OR renovations are completed, it is time to ‘see what the OR can do’.
- We plan to invigorate and ramp up the Urology program. Tracy and I have been in discussions with the Department of Urology at Queens University and are mulling over some possibilities.
- A new Family Physician, by the name of Colin Wilson, will join our team in Jan 2012. He will likely be sharing some space with us over in the old Lenadco building. He spent a good deal of time here as Dr. Lee’s resident this past winter and impressed all of us with his skills and work ethic. This successful recruitment comes once again with the help from the Town of Napanee who continues to provide support to get the new docs in town.

Dr. Tom Touzel
Chief of Staff
Volunteer Services’ accomplishments in the year 2010-11 have been remarkable. Both our membership and the services we are offering have expanded to meet the developing needs of our Hospital. I proudly note we have grown from 240 members in 2010 to 340 in 2011, of whom, 155 actively volunteer in programs within the Hospital. And that number grows weekly. And the programs! Reading the Direct Service Volunteer Convenor’s Report you will note that we are supporting staff and services in every corner of the Hospital. It has been a true joint venture between community and Hospital.

We have an experienced (and growing) corps of volunteers who serve in the Acute Care and Complex Continuing Care Units, Same Day OR and the Diabetic Clinic. Complementary to the vision Dr. Andrawis has articulated, we are working with Nursing and Physiotherapy to develop Volunteer Services to residents of Complex Continuing Care. Duties are being identified and training will be offered. We encourage you to consider participating in this initiative as your volunteering option.

We responded to the challenges facing patients and staff with the expansion of Hospital facilities and services. To ease “traffic” through the Hospital, a Courtesy Desk was placed at the front entrance with volunteers providing a greeter and guide role during peak hours of 8:30 to 4:00. A similar Triage Courtesy Service was set up in response to a request by the Emergency Department. Volunteers greet those needing triage as well as assist in guiding patients to day clinic and imaging services. They provide a watchful eye and can report to staff any concerns regarding those in the waiting room. Additionally, a number of Patient Care Volunteers are serving at peak periods in the Emergency Unit Floor, and have offered to be available “on call”. Recent developments have permitted volunteering opportunities in the Mammography Clinic and the Out Patients Clinic.

Our creative volunteers are responsive to other challenges in the care and comfort of our patients and clients. It used to be that issues of Infection Control deprived patients in isolation of the entertainment of a television set at a time when they most needed distraction. The Television Volunteers spearheaded the purchase of dedicated sets which have been installed in the rooms used most often for isolation. Our Hospitality Volunteers who circulate through the Hospital with magazines and books have also sought to provide colouring books and crayons to children who are held up waiting in Emergency. Our longstanding Coffee and Gift Shop continues to provide easy accessible snacks and gifts during the peak periods and on weekends. These volunteers are looking into the option of opening the Coffee Shop in the evening hours to support patients and visitors strolling through the Hospital during the evening visiting hours thus proving a place to poke about or sit and share a snack.

Off Campus, our volunteers enhance the camaraderie and good spirit of our membership by contributing to an array of fundraising activities and events. I encourage you to review the convenor reports detailing these activities. Our bakers, knitters, and craft makers are as vital to our work as the folks who spend time within the Hospital. Thanks to the cumulative profits of our activities, last December Volunteer Services donated $75,000.00 to the Hospital towards equipment for the Mammography Clinic.

As well, I would be remiss were I not to thank those who attend our functions and contribute to our success through their participation. We know the Open house April 20th 2011 permitted those attending to visit with old and new friends and tour the Hospital. Most of all, we were proud to show off our new office space on the
second floor which permits our Directors and Volunteer Conveners to plan and work comfortably with suitable furniture, bookshelves and the assistance of a fully functioning computer! With the help of volunteers skilled in administration, we are developing a system to compile all hours served by our volunteers. I am certain we will be amazed by how much time we log, in all that we do, so quietly with a generous smile.

I would like to thank all the volunteers for their tireless contributions in this joint venture and look forward with excitement to the creative ideas that will evolve to offer care and comfort where it is needed most.

Maria Stebelsky
President, Volunteer Services
Once again throughout 2010-2011 the Lennox and Addington County General Hospital Foundation continued to support the Lennox and Addington County General Hospital through its charitable fund raising efforts. All funds donated are used to enhance and improve patient care at the Lennox and Addington County General Hospital and specifically for the benefit of the residents of Lennox and Addington County and surrounding area.

Community spirit is the vital link in our success. I wish to acknowledge all individuals, families, employers, employees, organizations and corporations who have made donations to the Foundation in 2010-2011. From memoriam donations, school fundraisers, events such as the 2010 swim “Across Hay Bay for L & A” and Alpaca Day, clubs and associations and our annual benefit golf tournament, every donation makes a difference to the lives of our patients. We are grateful for the contributions made by the hundreds of volunteers and participants who support the Lennox and Addington County General Hospital.

Our donor recognition wall, continues to have our many donors recognized and serves as a testament to the many donors who have made contributions to our Foundation of $1000 or more.

The largest way we touched lives in 2011 was through the acquisition of Digital Mammography equipment.

I am grateful to the Foundation Board and Staff, Hospital Board and all of the Hospital and Medical Staff. All of these people have worked hard and contributed to the success of LACGH. It is with this team work approach that the Lennox and Addington County General Hospital Foundation celebrates a successful year and looks forward to continued success in 2011-2012.

Respectfully submitted,

Robert A. Paul
Chair, LACGH Foundation
LACGH is committed to the safety of our patients and staff. Our objective is to provide safe care to all patients, and to promote employee wellness and build the knowledge of our staff.

We have implemented or completed the following in order to improve the safety of our patients and staff:

- A Hospital-wide Medication Reconciliation program which has resulted in quick identification of drug discrepancies on admission, discharge and transfer.
- Further education on our Falls Prevention Program with the implementation of the “Leaves” program to assist staff members to focus on implementing interventions to prevent patient falls and to help healthcare providers in identifying patients at risk of falling.
- Hand hygiene audits with high compliance before and after patient contact.
- Physician Order Entry Module Phase I. It is anticipated that transcription errors will be eliminated following the full implementation of this module.
- A surgical safety checklist is used in the Operating Room for all surgical cases.
- Enhanced education and protocols developed to eliminate the transmission of Hospital Acquired Infections.
- Our Central Supply Room (CSR) received a major renovation of all areas and replacement of most components to meet new standards and sterilization requirements. Staff were given the opportunity to provide input into the new design which now provides improved flow for staff as well as safer flow of equipment to prevent cross-contamination.

LACGH is committed to delivering high quality healthcare with the focus on our client’s well-being, safety and satisfaction.

We successfully underwent a Hospital Accreditation in June 2010. The Hospital continues to work towards exceeding compliance to all standards in preparation for 2013.

We created a Quality Committee which is a standing committee of the Board of Directors. The Quality Committee is responsible for:

- Monitoring and reporting on quality issues at the Hospital.
- Making recommendations to the Board of Directors regarding Quality Improvement initiatives and policies. The LACGH Balanced Scorecard is one of the communication tools that provides quarterly statistical information on quality indicators to the Quality Committee and ultimately, to the Board of Directors.
- Oversee the preparation of the Quality Improvement Plan.

We will be renovating two rooms on the CCC Unit to provide a better quality of life for our bariatric patients.
OUR STRATEGIC IMPERATIVES

Consumer Expectations

LACGH will meet our customers expectations through our resources as well as through the resources of our Network of Partnerships. We are committed being an on-going valued community partner.

We have responded to the needs of our community through the addition of the following:

- Bone Mineral Densitometry (BMD)
- Established Mammography services and completed Phase 1 towards OBSP Accreditation.
- Recruitment of a 2nd General Surgeon to enhance our surgical program.
- Established new clinics for Plastic Surgery, ENT and Cardiology.
- Cataract and surgical procedures to decrease the wait time from patients requiring these surgeries.
- New Occupational Therapy Program as well as added Clinical Nutrition services.
- Establishment of a single point of access for Diabetes Services in L&A County in cooperation with the Community Health Centre (CHC).
- Joined the Hospital Diagnostic Imaging Repository Services (HDIRS) in February 2011. This partnership gives us access to Diagnostic Images from Brockville to Toronto East.
- Initiated the testing phase of the Lab (LIS) Integration.
- Introduction of social work.
- Enhanced services to patients in Complex Continuing Care including a garden and recreational activities.
- Patient satisfaction survey conducted in ER.

The LACGH Quality Committee was tasked with the development of a Patient Declaration of Values. After consultation with our community through various focus groups, five core patient values were identified; Respect, Access, Competency, Communication and Customer Service.
OUR STRATEGIC IMPERATIVES

Stable Workforce

LACGH is focused on ensuring adequate human resources to meet our strategic goals and operational plans.

The following highlights our activities to achieve these goals:
- We have recruited 47 new staff members in the past year.
- Introduced new job classifications including Occupational Therapist, Social Worker, Mammographer and recruitment is currently underway for a Speech Language Pathologist and Respiratory Technologist.
- The Complex Continuing Care Program continues to expand to meet the needs of our community with the addition of a System Navigator/Social Worker. Personal Support Workers (PSW’s) and a Team Leader will be joining the CCC Team soon.

Learning and Knowledge Organization

LACGH is dedicated to empowering, acknowledging and supporting our staff to make information in the Hospital accessible to all and help them manage change by anticipating change and creating the types of change desired by the Hospital.
- Additional Meditech modules successfully implemented during the year with staff knowledgeable in their use.
- Staff and Physicians have access to “Up-To-Date” software which is a reference tool.
- 2,550 hours were devoted to orientation of new staff or transfers to new areas.
- 730.5 hours were invested in education of our staff across the Hospital.
- Established several affiliation agreements with educational organizations to offer student placements (Pharmacy, Nursing, Physio, OT, Dietitians, and Laboratory).
- Participated in the New Grad initiative and successfully recruited 3 new grads.
- Staff have taken the initiative to launch an education session whereby staff are training fellow staff members in areas such as falls prevention and mock “Code Blue”.
- Regular monthly lunch and learns are scheduled.
- The Operating Room nurses have had the wonderful opportunity to welcome two new surgeons, Dr. Dave Robertson (General Surgeon) and Dr. John Davidson (Plastic Surgeon) to the department and this has increased their skills and knowledge around equipment and new procedures. Dr. Dave Robertson has settled in nicely to the OR and Ambulatory Clinics. Dr. John Davidson has held two ambulatory clinics and his first surgical date will be on June 23rd. A 3rd surgeon we look forward to welcoming is Dr. Ray Rahn (General Surgeon) who will be joining us later in 2011.
- One of our OR Urology Nurses who works closely with the Urology program at L&A has become a member of “Urology Nurses of Canada” and has initiated Lennox & Addington County General Hospital as a site to host one of the monthly meetings for this organization.
- Our OR nurses have welcomed our first RPN OR certificate program student into the OR for mentoring in the final clinical portion of her program from Loyalist College for the month of May and June.
- In keeping with the excellence in care for all levels of the Canadian Triage and Acuity Scale that our Emergency Department provides, 7 Emergency Room nurses received their certification in the Trauma Nursing Core Course in April.
LACGH is committed to balancing its budget on an annual basis to ensure that we meet the healthcare needs of our communities.

In closing out Fiscal Year 2010-11, we are indeed pleased to be in a cash surplus position. Our facility plans are to maintain appropriate controls that will ensure our maintaining a balanced budget for 2011-12.

In striving to have a cash reserve in any fiscal year end, the LACGH is committed to improving the services, the availability of new equipment and the continued improvement of the Hospital’s buildings and grounds. Additionally, the Hospital believes in the continued investment of resources into our people.
OUR STRATEGIC IMPERATIVES

Alliance Building

LACGH actively participates and will continue to seek out opportunities in collaboration, leading to partnerships and building alliances.

The following highlights some of our collaborative partnerships:
- Lennox and Addington County General Hospital Foundation
- Lennox and Addington County General Hospital Volunteer Services
- Cancer Care of Southeastern Ontario
- Community Care Access Centre
- Hospice Lennox and Addington
- SE LHIN Clinical Services Roadmap
- Ontario Breast Screening Program
- Osteoporosis Canada
- Queen’s University
- Loyalist College of Applied Arts and Technology Nursing Programs
- St. Lawrence College Nursing Programs
- Trent University Nursing Program
- Southeastern Ontario Palliative and End of Life Network
- QHC—regarding the feasibility of working together for the benefit of both organizations for IT initiatives
- 3SO

The nurses from the Emergency Department has been working closely with the nurses from the In-Patient Services Acute Care, the new Social Worker and CCAC on patient flow out of the ED and improvements are evident.

One CSR staff had the opportunity to visit another Hospital and view a complete surgery as well as follow the instrumentation through that Hospital’s CSR Department. This allowed her to visualize the processing around the instrumentation for our new plastic surgeon, Dr. Davidson. The improved impact to patient care is the sharing of CSR standards for proper equipment processing ensuring excellence in the sterile components that reach our sterile operative fields.

One of our OR nurses, Kelli Bowbeer, has taken on the lead for the Plastic Surgery program and spent two days in the OR at Hotel Dieu Hospital in Kingston observing Dr. John Davidson’s surgeries.

The OR and CSR staff at the Hotel Dieu Hospital in Kingston is to be thanked for their generous collaboration and assistance to our OR and CSR.
LACGH has adopted a risk management culture that emphasizes the importance of managing risk as part of each of our daily activities.

From a proactive perspective, the Hospital has established a safety briefing process which is practiced at the beginning of each shift on the Inpatient Unit. The safety briefing provides staff with an opportunity to discuss openly any issues they may be identified as a potential for risk.

Directors and Nurse Managers are required to conduct a safety walkabout in different areas of the Hospital once during their weekly on-call rotation to assess and identify areas of risk and ensure corrective action is completed.

A Risk Profile Summary was developed for the Governance Committee detailing what risk activities are reviewed by the Board Committees. The summary includes the process for the review, the frequency of the review and the last review date.

Auditors did not note any concerns regarding our internal controls for audit purposes.

The Hospital insurance policies were renewed by the Finance Committee with no concerns noted.

Software purchased and partially populated with Hospital policies making them more readily available to staff.

Soon, nurses from the Emergency Department and the Inpatient Unit will become part of the ED PIP (Emergency Department Process Improvement Program) team to assist in Value Stream Mapping, a process aimed at improving patient flow from registration in the Emergency Department to discharge to the Inpatient Unit.
VISITS
24,315 Emergency Department
10,427 Clinics
6,407 Physiotherapy
1,593 Nutrition and Diabetes

EXAMS
5,460 ECG
15,810 X-Ray
3,898 Ultrasound
73 Mammograms
55 Bone Densitometry

PROCEDURES
1,897 Surgeries
154,338 Lab Tests

1,205 Patients were discharged from Hospital
BOARD OF DIRECTORS

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Lennox and Addington County General Hospital

2010/11 Annual Report

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