

# Community Connection



## Annual Report To The Community 2009/2010

*Leading, Learning,  
Caring For You*

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### Hospital Delivers Quality Programs And Services In Challenging Times

Emotions run high in a hospital...sadness, fear, joy, relief.

When you work in a hospital you see it each day. You feel it. It becomes part of the reality of your work and despite the other challenges facing you or the budget you know you have to balance, when you walk through the halls you are reminded of the emotions experienced by patients, families, staff and physicians and you know that you need to make things work. You know that people are counting on you. You know you need to deliver.



**Pierre Noel**  
PRH President/CEO

During the past year we have had no shortage of issues and challenges on so many fronts. We have tackled these head on and turned many of these challenges into opportunities.

We have worked with our partners and with our own talented team to develop solutions that work best for our community. We have done this always with our patient's best interest at heart and in a way that allows us to continue to grow and to improve the programs and

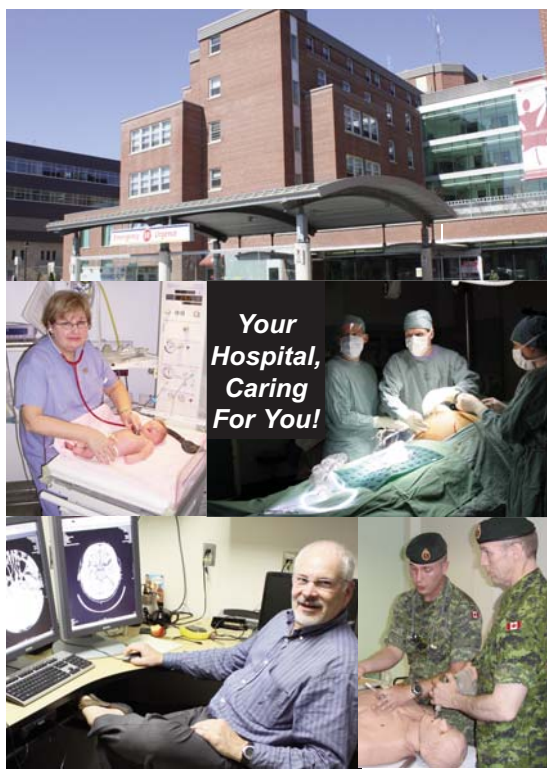
services that we deliver. One of our greatest challenges this past year was the financial uncertainty we faced about future funding.

While a balanced budget is a requirement under our Hospital Service Accountability Agreement, we were firm in our resolve to balance our budget without reducing hospital services to our community. Of course, this process is never easy and it takes a great deal of care to ensure that funds are directed in the best way possible to support high quality patient care.

While most hospitals had little opportunity in the current environment to create balanced budgets without affecting patient services, fortunately we were able to identify opportunities to bridge any gaps through cost avoidance and efficiency measures.

At the heart of this was the development of a plan to reduce "conservable hospital days".

**Continued on page 4**



**Your  
Hospital,  
Caring  
For You!**

### Mission, Vision And Values

#### MISSION

We are a regional community hospital committed to delivering a wide range of quality health services.

Following Catholic tradition, we will meet the physical, emotional, and spiritual needs of all.

#### VISION

We will be recognized for excellence in health services; effective health care partnerships workplace wellness and fostering a learning environment

#### VALUES

We uphold and promote compassion and caring; excellence and innovation social and fiscal responsibility; mutual respect and community spirit

### Versions Francaises Disponibles

À l'avenir, si vous préférez recevoir cette publication en français, veuillez communiquer avec:

Carolyn Levesque au (613) 732-3675, poste 6165, ou au [carolyn.levesque@pemreghos.org](mailto:carolyn.levesque@pemreghos.org).

### Hospital Board Experiences Growth In Terms Of Role And Responsibilities

Working in the healthcare field has become increasingly more and more challenging.

Those who work in your community hospital work hard to provide quality and compassionate care for your family, your friends and your neighbours while they deal behind the scenes with bed pressures, physician shortages, and funding challenges. They work as a dedicated team to



**Barbara Schoof**  
PRH Board Chair

achieve what is required and they develop innovative solutions to many of the challenges they face in order to ensure that the level of patient care their community needs and deserves is not affected.

Through all of this, they continue

to advocate for their patients, ensuring that the right tests and the right technologies are readily available in our community today, and looking ahead, despite these challenges, the leaders of our local hospital continue to plan for growth and expansion, to meet the healthcare needs of our community for tomorrow and the years to come.

As a Board, our volunteer members are very proud of the care and the work that goes on at the Pembroke Regional Hospital and we are privileged to have the insight into everything it takes to run this progressive healthcare facility.

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Pembroke Regional  
Hospital Foundation



Fondation de l'Hôpital  
Régional de Pembroke



**Did a physician, nurse, staff member or volunteer make a difference during your visit at Pembroke Regional Hospital?  
Ask how you can say thank you!**

### Guardian Angel

On May 26, the PRH Foundation honoured their Guardian Angels at the second annual appreciation event for their dedication and commitment to improving patient care at Pembroke Regional Hospital.  
Congratulations Angels!

### Honour Roll of Angels 2009/2010

Dr. Joseph O. Foohey	Colleen Morris
Dr. Kong C. Li	Nancy Spilchen
Rose Meadows	Sheila Broome
Dorothy Bechamp	May Seto
Debbie Wegner	Al Baker
Dr. Jeff B. Jones	Sandra Presley
Brenda Lacroix	Kristie Tousignant
Dr. Wasantha Ratnayake	Vincent Newman
Gina Godin	Debbie Kincade
Miroslaw Rebis	Jennifer Andrews
Betty Ann Kennedy	Judi Ringlet
Shawn Lazarus	Lisa Keon
April Giroux	Pam Gaudette
Roger Hurdle	Jennifer Lemay
Connie Doering	Jennifer Gray
Judy Lamarche	Connie Hawthorne
Kim Hicks	Kim Laronde
Alexandria Klatt	Karen Gauthier
Jenny Lyn Bouthillier	Greg Tate
Sandra Dick	Megan Melcher
Tom Ferrigan	Wendy Briscoe
Crystal Kranz	Sarah Meilleur

**We are located on the 1st Floor in Tower A at Pembroke Regional Hospital  
phone: (613) 732-2811 ext. 7408  
fax: (613) 732-6360  
foundation@pemreghos.org  
www.prhfoundation.com**

### BLACK & WHITE GALA

Our 2009 signature event was once again an overwhelming success raising more than \$114,000 for our Hospital with over 95 sponsors.

Save the date...**October 16, 2010**

PRH Foundation's Fifth Annual Black & White Gala  
Normandy Officers' Mess, CFB Petawawa  
Ticket and Sponsorship Packages Now Available!  
Please contact the Foundation Office for more details.

### Board of Directors 2009/2010

Marnie Stunt, Chair  
Dr. Christy Natsis, Vice-Chair  
Michael Deane-Freeman, Treasurer  
Drew Scott, Secretary  
Norm Carroll, Francis Downey, Rod Loftus,  
Robert Cotnam, Jack Neville  
Pierre Noel, PRH President and CEO (Ex-Officio)  
Barbara Schoof, PRH Board Chair (Ex-Officio)

### Monthly Giving

Our Community...Our Hospital! The PRH Foundation will soon be launching a new initiative - the Circle of Friends monthly giving program.  
What a great way to help make a difference to the health of our community.

### Donor Appreciation Event



On Feb.11, the Pembroke Regional Hospital Foundation chose a Valentine's Day themed reception to recognize and thank its many donors for their exceptional support of the Pembroke Regional Hospital and the many programs and services it offers to the community.

"Thanks from the bottom of our hearts" was the message that echoed from each and every guest speaker at the evening reception held in the Rehabilitation dining room which was attended by more than 130 donors, guests, PRH staff and members of the Hospital's management team.

### Third Party Events...A Year In Review

The PRH Foundation is grateful for all levels of support.

We would like to extend a special thank you to a few of our fundraising friends...

**Knights of Columbus** - held their annual Pat Harrington Golf Classic in September and raised \$30,000 toward their Building Campaign pledge.

**Dr. Kim Armstrong Turkey Trot** - raised over \$3,400 for the Rehabilitation Unit.

**Cobden & District Civitan Club** - raised \$3,000 at their charity golf tournament.

**Shoppers Drug Mart** - 2009 Tree of Life campaign raised over \$1,400.

**East Side Mario's in partnership with Gearheads in Petawawa** - held their annual charity BBQ in August and raised \$1,300 for our Hospital.

**Valley Window and Door** - celebrated the Grand Opening of their new expansion - Valley Backyard Leisure Centre - in March with a charity BBQ and raised \$500.

**Bank of Montreal in Pembroke** joined forces with us to launch a new initiative that began in March. For every new MasterCard application made until August at the Pembroke Branch of the BMO, the bank will make a \$50 donation to the Hospital Foundation. So far, over \$5,000 has been raised.

### Seasonal Initiative

This past holiday season, the Pembroke Regional Hospital Foundation offered a unique way to support our Hospital by offering the opportunity to purchase a stunning holiday wreath for a friend, neighbour or loved one.

This initiative proved to be quite successful and we're hoping to offer it again in 2010.



### Donors tour new birthing suites.



## Medical Staff Uses Team Approach To Face Challenges, Develop Solutions And Teach

*"Overcoming barriers to performance is how groups become teams." Author unknown*

As I look back on the events of the past year, and reflect on how our medical staff has reacted to the challenges we have faced and come together to develop solutions and find better ways to deliver and enhance the services we provide to our community, I truly believe that no quote could be more fitting.



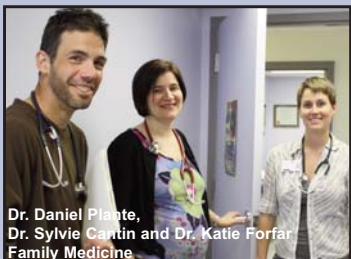
**Dr. Michael Ferri**  
Chief of Staff

The fact is the challenges of the past year weren't new, they were issues we have faced for the past several years – a shortage of local physicians to staff our Emergency Department and bed pressures throughout the organization, predominantly caused by high numbers of patients no longer requiring acute care, but awaiting placement in long-term care facilities in our region. What made this year different was that the issues were more challenging.

In our Emergency Department, the roster of local physicians willing and able to provide coverage has gradually thinned out to the point where only three physicians in our community, two of whom also have full family practices, are available to take shifts.

Reasons for this are numerous. Many of our family physicians have chosen to concentrate on their own patients within their practice, as a result dropping their ED duties, and additionally, some of our newer physicians are not fully qualified to work in the ED due to ever-increasing educational requirements which not all family physicians have.

Because of this, the number of open shifts requiring coverage has been quite high at times, and while we have been successful in filling these shifts by physicians from outside of our community, it has been a difficult and stressful task, and it is not a permanent solution.



**Dr. Daniel Plante,**  
**Dr. Sylvie Carlin and Dr. Katie Forfar**  
Family Medicine

Faced with the alternative of not having coverage and having to consider what that would mean for our community, we are doing everything we can to maintain the service our community deserves.

To this end we have initiated an intensive recruiting program by our physicians, staff and leadership team focusing on both the short and long term, part of which involves the offering of a cash incentive to the community at large for anyone who can help secure an ED physician willing to locate within the community for at least one year.

The good news is that some relief is on the way which we hope to be able to speak about more publicly towards late summer or early fall.

In terms of other hospital-based specialists, we have had several opportunities to celebrate the arrival of some new recruits including Dr. Ali Shoughary (ophthalmologist), Dr. Siddhartha Mukherjee (obstetrician /gynecologist), Dr. Fred Matzinger (radiologist), Dr. Joel Ward (anesthetist) and Dr. Declan Rowan (hospitalist).

The Madawaska Valley Midwives (Kilmeny Heron and Leslie Chapley) have also been practicing at the Hospital for the past year and



**Dr. Tom Hurley**  
Emergency Medicine

have been fully integrated into the Hospital's Department of Obstetrics, offering a different type of birth experience for women with low-risk pregnancies.

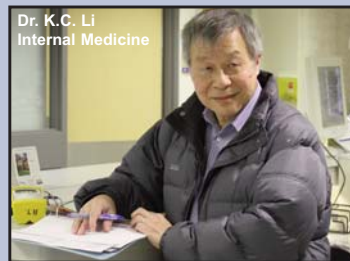
We have also been focused this past year on our "conservable day" initiative. Recognizing that much of the detail about this is in Pierre's report, I will simply acknowledge this as an ongoing and important quality improvement challenge.

Bringing the medical program's efficiency level up to provincial norms will also help us improve flow in other areas such as admissions from the Emergency Department where patients have been experiencing longer than acceptable wait times.

Additionally, as has been noted by our Medical Staff President, Dr. Colin Macpherson, it's important that our patients be discharged from hospital at the appropriate time since there are real risks in staying longer than necessary, such

as loss of function in the elderly and the potential of acquiring a new infection.

Our medical staff will be working with patients, their families and the rest of the healthcare team to ensure that each patient stays in hospital for the right amount of time for their condition, and until the condition for which they were admitted has been resolved.



**Dr. K.C. Li**  
Internal Medicine

Given all that we have been faced with over the course of the past year, and as often happens when faced with challenging situations, the physicians in our hospital have risen to these challenges and become more of a team than ever.

I believe that part of the reason for this is that our department Chiefs have worked together longer, providing more continuity for ongoing issues and our Medical Advisory Committee, as a group has evolved and matured.

Our teaching program has also grown considerably over the past year with more and more medical students and residents coming here to learn from our local family doctors and specialists.

I believe this has not only improved morale as we see first-hand the potential for a number of these individuals to return to the community and possibly stay here on a more permanent basis, but it has also improved collaboration amongst our medical team who often share teaching opportunities.

Being able to share one's expertise with the next generation of doctors is something that is very gratifying and keeps you on your toes and we are very fortunate as a community to be able to perform this role which is often limited to more urban settings.

I am currently starting my seventh year in this role which has certainly grown and changed over years. Going forward, as Chief of Staff, my focus will continue to be on physician recruitment and on improving the quality of care we deliver.

At the end of the day, we are all working for the betterment of our patients and it is only through collaboration, innovation and heart-felt thought about what is best for those in our care will we be able to succeed and be ready to face the challenges of tomorrow.

## Volunteers Contribute Time And Special Skills

Currently there are 169 active volunteers. In 2009, these hard working volunteers donated 11, 000 hours.

Volunteers can be seen assisting in various areas throughout the hospital. They enhance service delivery in clinical areas by providing water and magazine delivery, friendly visiting, music and pet therapy.

They also assist in specific programs such as the 'More Like Myself' Program, the Geriatric Mobile Day Hospital, the Surgical Day Care Program and the Community Mental Health Woodworking Shop and Craft Program.

Volunteers can be seen providing direction and information to patients and visitors at the Ambulatory Clinic desk and the Volunteer Information desk. The beautiful plants seen throughout the hospital and grounds are lovingly maintained by dedicated volunteers.

Volunteers working in the Pastoral Care Program visit patients on admission and provide hospitality and information about available Pastoral Care services. In October 2009, volunteers in the Pastoral Care Program participated in a half day retreat. This event was the result of joint planning between the Hospital and Marianhill.

Volunteer Eucharistic Ministers administer the Sacrament of the Eucharist to Roman Catholic patients on a daily basis. Weekly Mass is offered on Wednesdays from September to June. And on-call clergy provide around the clock emergency spiritual assistance to patients.

All volunteers including students, Auxiliary members, Board members, Foundation Board members, CHAP volunteers (Cardiovascular Health Awareness Program), Pastoral Care volunteers, and on-call Clergy were honoured at an appreciation dinner held during Volunteer

Week in April. Long Service awards and pins were presented to 12 volunteers for five and ten years of service. A special Prayer Service to honour volunteers was held April 20 in the Chapel followed by a reception in the cafeteria.



**Bill MacKenzie**  
Volunteer

This past fall, Volunteer Services participated in a Volunteer Fair held at the Petawawa Civic Centre. This was a great information sharing and recruitment opportunity.

The entire healthcare team is very appreciative of the many hours, acts of kindness and assistance provided by our dedicated group of volunteers.

## Hospital Delivers Quality Programs And Services Continued (From Front Page)

This involves a complex strategy to normalize the amount of time patients spend in hospital, as our Hospital has had an average length of stay for medical patients that is significantly longer than patients of the same age and with the same conditions in other similar-sized hospitals in the province.

Until now, delivering on this strategy had been difficult because of the additional pressures caused by a high number of Alternate Level of Care (ALC) patients in our Hospital waiting for long-term care beds in the community. Earlier this year, these pressures were largely alleviated by the opening of 30 new transitional care beds operated by Marianhill at the Marguerite Centre. Through the leadership of the Champlain LHIN



Employer Champion Award

and the hard work of our partners, together we were able to bring these new interim beds to our community which has served to decompress the Hospital and provide care to those former patients in a warm, supportive and more suitable environment.

While addressing financial and bed pressures, we also took on the task of completing a planning exercise looking at service projections and space requirements for the next 20 years. In the more immediate term we completed a more detailed level of planning for our surgical program, ambulatory care services and our inpatient pharmacy.

This planning dovetailed nicely with a new opportunity for the Hospital to secure additional space from the West Champlain Healthy Community Corporation on the third floor of the

Ottawa Valley Health Centre in which to house new state-of-the-art operating rooms. The renewal of our surgical facilities has been a key strategic priority for the Hospital, recognizing that our current operating rooms are more than fifty years old and in need of significant updating. The new operating rooms in the new building are nearing completion and will be linked by an overhead walkway to our existing third-floor surgical unit.

Just before Christmas, we were delighted to celebrate the announcement of a new Family Health Team for the Pembroke area, adding to those that have been established recently in Petawawa and Pikwakanagan. The West Champlain Healthy Community Corporation put together this latest winning proposal and I believe that these new primary care models will be of critical importance to our local family physician recruitment efforts and promise to change the landscape on how primary care will be delivered in our community in the future.

Another asset we have in terms of family physician recruitment is the Family Medicine Teaching Unit which is about to celebrate the graduation of its first full-time residents. So successful has it been to date that two of our community's family doctors, Dr. Judith Plante and Dr. Daniel Plante who head up the unit, were recognized by the Ontario College of Family Physicians' Committee of Family Medicine Residents as "Community Teachers of the Year"!

Other successes continued from there. This past May, the Pembroke Regional Hospital was selected to receive a Passport to Prosperity Employer Champion Award for 2010 for the Hospital's ongoing commitment to providing experiential learning opportunities for high school students. Presented at a business leadership dinner hosted by Algonquin College in Pembroke, the Hospital was one of only four organizations recognized province-wide for this honour and only one of two local groups to receive this award in the ten-year history of the program.

In Toronto last November, staff took part in the Celebrating Innovations in Healthcare Expo 2009 at the Metro Toronto Convention Centre. Our submission on "Integrated Geriatric Management

in Rural Communities" was selected from hundreds of applicants and was one of 200 showcased initiatives that are helping to drive healthcare system renewal in Ontario.

Last summer we, along with other hospitals and healthcare facilities throughout the province connected via Telemedicine to celebrate the provincial Telestroke program which began in Ontario in 2002, and to date, has helped more than 1,000 patients who have experienced a stroke and survived its debilitating effects. As part of the celebration, Pembroke resident Frances Andrews, who suffered a serious stroke in 2007 and has since enjoyed a full recovery, spoke about her experience and the benefits of Telestroke.

We have also celebrated the expansion of our



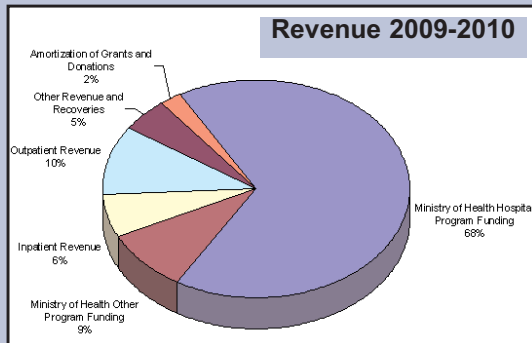
Telestroke Celebration

Cardiovascular Health Awareness Program (CHAP) which now includes sites in Eganville, Deep River, Pembroke and Petawawa where residents can attend any of the monthly sessions for free blood pressure monitoring and heart and stroke risk assessment. Lead by PRH, CHAP is a free, community-based program that encourages family physicians, pharmacists, volunteers and community organizations to work together to prevent cardiovascular disease and stroke.

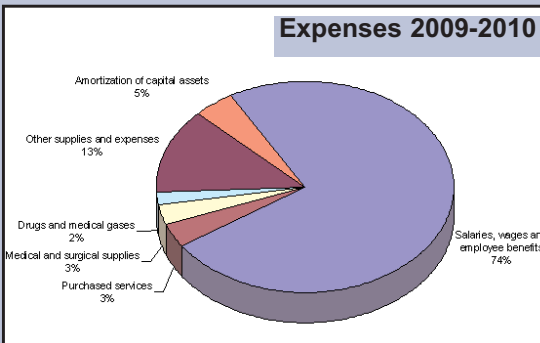
So it's been a busy year, full of challenges and successes, but as I reflect on all that has happened I do so with a sense of pride. Pride in our people and pride in just how far our local hospital has come over the years. Please know that we will continue to do everything we can to ensure your local hospital is here for you, delivering on the promise of high quality healthcare close to home.

## Understanding The Financial Picture

Revenue 2009-2010



Expenses 2009-2010



- PRH has an operating budget of \$75 million.
- For 2009-2010 we created a balanced budget and were able to deliver all programs and services within the allotted amount.
- Our Hospital received additional funding in the amount of \$750,000 from the Champlain LHIN (Local Health Integration Network) for a number of wait time initiatives which funded additional CT hours, cataract surgeries, colorectal screenings (colonoscopy), and general surgeries.
- This year we spent \$1.73 million on equipment. While most was to replace existing items, some was for brand new equipment.
- We also revised our 5-year equipment purchase plan – predominantly for anticipated replacement items but also including strategic investments for new items.

- One of our greatest challenges involved the large number of Alternate Level of Care (ALC) patients awaiting long-term care with occupancy at 117% in our Medical program, predominantly related to ALC.
- Coupled with a longer-than-average length of stay for our Medical patients we were tasked with looking for ways to improve efficiencies within our operations.
- Moving into 2010-2011 the challenge in these tough economic times will be finding more efficient ways to deliver services given that we have been asked by our LHIN to plan for an inflationary revenue increase between zero and 2 %.
- A lot of work completed this past year has been in preparation for the challenges we are anticipating in the coming year.

## Hospital Board Experiences Growth Continued (From Front Page)

Faced with today's challenges and new realities, the role of hospital Boards, ours included, has changed, with increasing emphasis on good governance, oversight and quality and risk monitoring.

Much of what we do as a Board involves broad oversight to ensure that all we are accountable for to the Ministry of Health and Long-Term Care, our Local Health Integration Network (LHIN), our service partners and the greater public, has gone through the proper processes and procedures.

One of the ways in which we review operations is through the use of a locally-developed "balanced scorecard" which covers the categories of financials, learning and growth, integration and partnerships, and core business (patient care/services).

This past year, we reviewed and updated that tool, and have as a Board, accepted the task of a larger role in public reporting.

Provincial reporting and accountability on a number of quality of care indicators has been overseen by our Board's Quality and Risk Management Committee and, with excellent staff support, has done a thorough job of keeping us fully on track to meet these new public reporting requirements for rates such as C. Difficile, MRSA, VRE, mortality, emergency department wait times, and hand hygiene.

In order to assist us with some of these new and expanded roles, Board member education has been an important focus. A number of our Board members have taken part in the Ontario Hospital Association's "Essentials in Healthcare Governance" certificate program which we were once again successful in bringing to Renfrew County.

As a result, eight Board members have now completed the two part Governance Certificate program and two have completed part one of this course.

Additionally one of our Board members completed a certificate course in Risk Management for healthcare-based Boards of Directors and another attended a course on CEO Compensation and Evaluation hosted by the Ontario Hospital Association.

The latter was very helpful as we annually perform comprehensive evaluations of our President and CEO and Chief of Staff as well as

evaluations of our own Board members and overall Board effectiveness. Part of this involves an evaluation of our monthly Board meetings to ensure our time is well spent and our mandate is being appropriately met.

At a Board retreat in March, and again as part of our ongoing process of checks and balances, we took time to review the Hospital's Mission, Vision and Values, determining that they are still relevant. We also reviewed the organization's strategic directions and made modifications to reflect some of our newly identified goals and objectives.

Some of our revised directions include: more actively participating in clinical service planning with the LHIN for Renfrew County and supporting ambulatory services within the Ottawa Valley Health Centre; developing specific strategies to deal with physician recruitment, retention and

### DID YOU KNOW...

Another role the Board has involves granting privileges to physicians, dentists, nurse practitioners and midwives.

This past year alone, following a thorough credentialing process, our Board has granted privileges to 304 of those professionals.

succession planning while strengthening marketing and recruitment strategies to become an "employer of choice" and a "community of choice"; and working with the Champlain LHIN and other providers on collaborative e-health initiatives.

In addition, we will be actively supporting the development of a common platform for the management of key chronic diseases (cancer, cardiovascular and diabetes) in collaboration with the LHIN and community health partners and continuing to pursue collaborative opportunities with our Renfrew County partners.

As we face challenges in healthcare, working together has become a necessity and a norm rather than an option, and as a result, Board Chairs are becoming more involved with LHINs.

As Chair of the Board for Pembroke Regional Hospital, I meet regularly with other hospital Board Chairs in the Champlain LHIN and, going forward, I will be participating in the Champlain Governance Advisory Council which will bring

together Chairs from every regional health service provider in Renfrew County for opportunities to network, share strategies and work together.

Working closely with the community we serve is also a strategic direction of the Board, and community engagement is a priority.

In the coming year, we will be continuing the roll-out of our new community engagement plan which includes an overhaul of our website in terms of content and self-serve features. We will also be rolling out community-based presentations about the Hospital's programs and services as a way of informing the community first-hand about the significant asset we have in our community hospital.

In addition, we will continue our new print media-based column, "Your Hospital, Caring For You" which focuses on the patients we serve, the programs and services we provide, and the healthcare team that makes a difference in the lives of the people they care for each and every day.

We are also very happy to welcome three new Board members joining us for the 2010-2013 term: Heather Ball, Joanne King and Jennifer Kennedy who is returning for a second term.

Each of our Board members gives countless hours each year because they have an interest in local healthcare and want to make a contribution to improving what our hospital has to offer for those who need it most, and for that I extend my thanks.

I would also like to thank those volunteers who sit as community representatives on our nominating committee, ethics committee, resource and audit committee, and fiscal advisory committee. Each brings a wealth of experience and expertise to the table which helps enhance the community-based leadership we have.

The Pembroke Regional Hospital is your hospital, and in it we care for you and the people you know. It takes a great team faced with many challenges, from the day-to-day to the broader political, to look after those in our care; but, in the end we make it work, not only because we have to, but because we want to and we want to do it well, with the compassion of those who have gone before us.

## Pembroke Regional Hospital Board of Directors 2009/2010

Barbara Schoof (Chair), Richard Dickinson (Vice-Chair), Dr. Misheck Mwaba (Vice-Chair)  
Lianne Dozois-Bowles, Kelly Hollihan, Jennifer Kennedy, Steve Hartmann, Wayne TerMarsch, and Shayne Hoelke

### Ex-Officio Members:

Pierre Noel (President and CEO), Dr. Michael Ferri (Chief of Staff),  
Dr. Colin Macpherson (President of the Medical Staff),  
Dr. Joan Tyler (Vice-President of the Medical Staff), Anne Sloan (Auxiliary President),  
Marnie Stunt (Foundation Chair), Sister Shirley Lehovich (GSIC), and Mary Whelan (CHCO)

## Senior Leadership Team



**Pierre Noel**  
President and CEO



**Sandra Keon**  
Vice-President  
Patient Services &  
Chief Nursing Officer



**John Wren**  
Vice-President  
Corporate & Support  
Services, CFO/CIO



**Dr. Michael Ferri**  
Chief of Staff

## A Typical Day At Your Community Hospital

### On average, each day we have:

- 160 admitted patients
- 2-3 births
- 85-100 emergency visits - 30% of ED patients don't have a family physician
- 21 surgical cases
- 17 day Surgeries
- 75 outpatient clinic visits
- 2,750 lab tests
- 150 diagnostic imaging exams
- 275 prescriptions filled
- 2,400 lbs. of laundry processed
- 530 patient meals served
- 140 meals served in the cafeteria
- 298,000 sq. ft. of space cleaned, heated and lit
- 2,000 - 2,500 incoming phone calls
- 25 volunteers giving their time
- 760 staff

## The Pembroke Regional Hospital Auxiliary - Celebrating 50 Years Of Fundraising

Congratulations to us on our 50th Anniversary as the Pembroke General/Regional Hospital Auxiliary. The Hospital Auxiliaries Association of Ontario is also celebrating 100 years of existence! It all started with 36 women from 10 hospitals.

We have so much to be proud of over the years: We achieved our \$1M commitment to the building fund in 2009, in addition to sponsoring a \$75,000 birthing unit and a \$50,000 station in the dialysis unit in 2008. The list goes on...over 50 great fundraising years of rigorous work and accomplishments to enhance health care services within our Hospital and for the people of the Pembroke area.

This year, the Mural Café and the Sunshine Gift Shop experienced another excellent 12 months of sales. The Café netted over \$39,000. The Gift Shop netted over \$32,000.

The Bingo proceeds were over \$40,000 this year. Convenors Dorothy Devine and Carmel Harrington informed us that bingo, through its volunteers, has contributed in excess of \$800,000 over the past 18 years. Unbelievable!

The HELPP (Hospital Equipment Lottery Program for People) lottery (Nevada) ticket sales were more than \$10,000 this year. Convenor Vina Hearty (and before her Eileen Brennan) and her faithful volunteers have been fundraising for close to 20 years. Our records track only the last 10 years and they show that a whopping total of \$164,000 has been raised.

The Annual Fall Tea, TV rentals, the Mural print sales, the Memorial Fund, and the operation of the ATM machine round out our fundraising efforts for the past year.

We are thrilled to welcome Helene Giroux, as our new Treasurer of the Auxiliary. Helene has been learning from the "master" for years: firstly while working in the hospital accounting office and now as our new Treasurer. Thank you, Sister St. Mark, for all your years of dedication with the books. We know that you will be nearby if Helene has any questions.



**Anne Sloan**  
Auxiliary President

The Gift Shop will be losing the talented Christine List this year, as she and Sjoerd plan to return to Port Hope this September to be closer to their children and grandchildren. We extend our sincere thanks to Christine for all her hard work over the past seven years. Port Hope will be gaining two wonderful volunteers. Thankfully, Brenda Long has stepped forward to help us out. Christine will be giving Brenda and the rest of us some guidance until her departure (but we will know where to find her).

Our new milestone: At our March monthly meeting, we unanimously voted to concentrate our efforts to raise funds toward new cardiac monitoring equipment for the Hospital. It will be another multi-year project, toward a \$1.7 million commitment. We can do it, as we have so amply proven in the past.

Thanks again to the executive, the coordinators, and all the wonderful talented volunteers. By working and learning together, we

truly make a difference in promoting quality healthcare in our community.



### 2009/2010 Executive

- Anne Sloan (President),
- Sheila Schultz (Past-President),
- Pierre Noel (Honorary President),
- Mary Olsheski (1st Vice-President),
- Susan Morrow (2nd Vice-President),
- Sister St. Mark/Helene Giroux (Treasurer),
- Diana Gagne (Secretary),
- Eleanor Boire (Press & Publicity/Historian),
- Vina Hearty (HELPP),
- Christine List (Gift Shop Operations),
- Amelia Mackwood/Trudy Radke (Gift Shop Staffing),
- Judy Johnson/Pat Bergsma (Mural Cafe Operations),
- Iris Ball/Sheila Schultz (Mural Cafe Staffing),
- Dolly Pick (Special Events Telephone),
- Fran Kennedy/Janet Borne (Spiritual),
- Carmel Harrington/Dorothy Devine (Ways & Means/Fundraising),
- Janet Campbell (Membership)

## Planning For 2010-2012: A Summary Of New & Revised Strategic Directions

### Strategic Direction I

**Create additional capacity, consistent with our regional role, for selected secondary care services in order to bring patients back to Pembroke and provide care closer to home.**

- Continue work on enhancements to Surgical Services to ensure program sustainability
- Continue work on Orthopedics (in collaboration with The Ottawa Hospital) and Cancer Care (in collaboration with the Ottawa Regional Cancer Centre)
- Actively pursue our MRI proposal
- Actively participate in LHIN clinical service planning for Renfrew County
- Actively support appropriate ambulatory services within the Ottawa Valley Health Centre

### Strategic Direction II

**Support development of a comprehensive system of community-based, primary health services for catchment area.**

- Work with the West Champlain Healthy Community Corporation (WHCC) to assess the feasibility of locating additional primary care services (family physicians) in their ambulatory care facility
- Strengthen linkages with Renfrew County's primary care providers to explore collaborative opportunities and provide supports

### Strategic Direction III

**Develop a comprehensive human resources strategy.**

- Pursue innovative HR models based on collaborative practice, existing professionals practicing to their full scope of practice (e.g. nurse practitioners) and the most effective use of new emerging health professionals (e.g. physician assistants)
- Continue to strengthen our marketing and recruitment strategies in support of becoming both an 'employer of choice' and a 'community of choice'
- Develop specific strategies to deal with physician HR issues including recruitment & retention and succession planning

### Strategic Direction IV

**Support development of an integrated local healthcare system for the West Champlain area based on the health challenges of a large rural area.**

- Continue to pursue collaborative opportunities with Renfrew County partners
- Continue to support LHIN-wide regional initiatives across the hospital sector
- Play a leadership role in providing a strong 'rural voice' within the Champlain LHIN
- Work with the Champlain CCAC and other community health partners on developing strategies that improve the flow of patients between different parts of the system
- Continue to work with the Champlain LHIN and other providers on collaborative e-Health initiatives

### Strategic Direction V

**Support the development of a comprehensive plan for meeting the needs of our aging catchment population.**

- Continue to work with community health partners and the LHIN on appropriate solutions and strategies for Alternate Level of Care (ALC) patients, geriatric patients and End-of-Life patients
- Participate and support the development of a common platform for the management of key chronic diseases (cancer, cardiovascular and diabetes) in collaboration with the LHIN and community health partners

### Strategic Direction VI

**Promote a culture of quality & safety for patients, staff and visitors.**

- Continue to develop and promote safe practices for patients and staff
- Continue to analyze and regularly report on key indicators of patient safety through our Quality committee

### Strategic Direction VII

**Develop a communication & community engagement strategy in support of the board's accountability requirements.**

- Continue to refine our Balanced Scorecard as a tool for communicating to our internal and external stakeholders about our successes and challenges
- Roll out PRH's community engagement plan
- Proactively communicate with the LHIN about PRH's approach to integration and our integration success stories