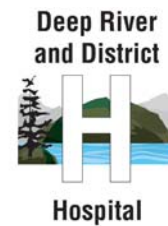




# **2009/2010 Annual Report**

## **Deep River and District Hospital**

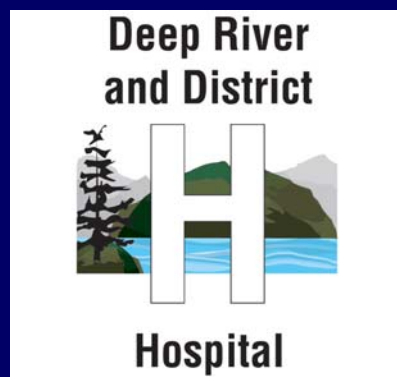


## VISION STATEMENT

Every client's healthcare  
experience will be exceptional.

## VALUES

Caring  
Partnering  
Integrity  
Safety  
Innovation  
Excellence



This report is published by the Deep River and District Hospital

Design and production: Katie Robertson, Communications Coordinator

## MISSION

To provide a broad range of high-quality health care services for our local communities.

## WHO WE ARE

The Deep River and District Hospital (DRDH) is a 16 acute-care bed facility providing 24/7 emergency, active medical, Diagnostic Imaging and Laboratory services, specialized cardiac care and an additional fourteen long term care beds in our Four Seasons Lodge. In addition to its primary role, DRDH plays a vital role as a healthcare campus offering in its facility: North Renfrew Physiotherapy Centre, Community Care Access Centre (CCAC), North Renfrew Family Services (NRFS), North Renfrew Family Health Team (NRFHT), Hospital Auxiliary Gift Shop, Deep River and Area Food Bank, Tele-medicine access, speech language pathology, physician offices , diabetes program and other specialized services from time to time based on population needs.



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**Innovation doesn't always come in the form of technology,** sometimes it's simply prudent planning. This was the case with DRDH's recognition of the importance of pandemic planning and our subsequent ability to cope with the H1N1 influenza virus outbreak in the fall of 2009. The outbreak created a surge in emergency department visits and knowing the impact this would have on patients, staff and the overall quality of patient care the Hospital's Infection Control



Committee quickly went into action. A flu assessment screening clinic was established in less than 24 hours with the mobilization of resources including additional nursing staff who provided the service for people presenting to the Hospital with signs or symptoms of flu. With this strategy the Hospital was able to divert more than 400 patients from the emergency department with less than 1% having to return with ongoing or more severe symptoms. Those diverted were given health education, information on self care and managing symptoms to reduce the risk of their illness becoming worse. This clinic ensured we were providing the best possible care to everyone in our communities who presented at the Hospital.

## A message from the Board of Directors Chair, Paul Fehrenbach



2009-10 has been another eventful and successful year for the Deep River and District Hospital and its Board of Directors.

Early in the year, we revised the structure and terms of reference of the Board Committees to put more emphasis on quality, patient safety, and governance, consistent with Provincial Ministry priorities. We also established a number of hospital goals for the year which were derived from the first year of our 3 year strategic plan. That plan was developed with your help in January 2009 for the period 2009-2012.

### Strategic Directions

### 2009-10 Hospital Goals

1.Enhance Quality Management and Patient Safety Initiatives	1.1 Secure 2009 Accreditation standard 1.2 Develop an internal quality management program 1.3 Strengthen patient safety tracking and reporting
2.Strengthen Primary Care Delivery in our communities	2.1 Improve sustainability of Family Health Team 2.2 Evolve emergency medicine delivery to meet increasing needs
3.Increase use of technology to reduce geographic requirements of health care	3.1 Establish more specialist ambulatory clinics 3.2 Complete DRDH integration into PACS repository 3.3 Increase telemedicine delivery
4.Strengthen relationships with local and regional partners in health care	4.1 North Renfrew Long Term Care 4.2 Pembroke Regional Hospital 4.3 CFB Petawawa and Petawawa Family Health Team 4.4 Community Care Access Centre
5.Strengthen physician recruitment process through municipal and community engagement	5.1 Secure funding for incentive program 5.2 Increase and effectively manage community visits by prospective physicians 5.3 Successfully recruit at least one new family physician
6.Increase community awareness and engagement in the Hospital and in personal care	6.1 Establish "Health Matters" as a regular community health publication 6.2 Ensure regular articles and presentations in the community press 6.3 Actively champion a local community health fair
7.Deliver hospital operations in a fiscally responsible manner	7.1 Meet all financial and service obligations contained within the 2009-10 LHIN contractual agreements 7.2 Prepare an operational plan to enable the signing of the 2010-2012 Health Service Accountability Agreement with the LHIN 7.3 Work to clarify and support the evolution of the DRDH Foundation into an effective long-term fund-raising tool for the corporation

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Almost of our annual goals have been achieved or exceeded as a result of hard work and dedication by our CEO Larry Schruder, the hospital management team, and the hospital staff. I want to point out several of the most important achievements.

First, we are pleased that we have received accreditation for the next three years through Accreditation Canada.

Secondly, our coordinated physician recruitment efforts have resulted in the addition of two new family health doctors in our community, and a physician who specializes in emergency room practice.

The final area I would like to note is that we achieved our operational objectives within the LHIN approved budget, thanks to the hard work of staff and the management team. Our CEO also led the development of a very good financial and operational plan for the next two years, which has allowed us to again sign the required accountability agreement with the LHIN for 2010/11, in spite of serious financial constraints in health care budgets across the province. Elsewhere in this annual report, you will find the goals we have recently developed for 2010-11, again based on our current Strategic Plan.

Looking forward, we see some challenges ahead of us. Further work is necessary to stabilize future physician resources for our emergency department, as the formal arrangement with all four of our local physicians, who have been carrying a lot of the responsibility for ensuring 24/7 operation, is up for renewal later this year.

Another major challenge is related to the fact that health care is currently consuming nearly 50% of Provincial expenditures, and at its current rate of growth could rise to 70% to accommodate the needs of an aging population over the next 10 or 15 years. We need to ensure we are making the right care at the right time available in the most cost-effective way. Healthcare does not always have to be delivered in a hospital setting, and a good example of that is the excellent pilot program for Aging @ Home being led by North Renfrew Long Term Care Services. The Champlain LHIN is advocating a greater degree of integration in delivery of healthcare services on a local level, as one way to provide health care locally in a cost-effective way. At the same time, the Provincial Ministry has recently proposed changes to the Public Hospitals Act, and introduced an "Excellent Care for All" Act containing provisions designed to increase quality and patient safety. We need to participate actively in discussions and planning concerning all of these initiatives to ensure we maintain local access to quality healthcare, and this will be a central theme in the upcoming review of our strategic plan.

The Board wishes to thank all of our many volunteers, including the Hospital Auxiliary and the Foundation, who have provided support and funds for critical hospital needs and to cover important capital equipment purchases this past year.

The Board would also like to acknowledge the excellent work of our doctors, nurses, and all of the other hospital staff for their dedication, and for their excellent work in helping us move toward our vision of making "Every Client's Healthcare Experience Exceptional". Their collective efforts are recognized not only in the successful 3 year accreditation we earned this year, but in the very positive feedback we receive from most people who have occasion to use our hospital services.

Finally, I would like to thank the members of the Board of Directors for their tireless support and ongoing efforts this year. I would especially like to thank Rosanne Burtch, and Jean Cooper, whose current terms expire this year, and Ailsa Eyvindson who is stepping down from the board after four years. To those that are not seeking re-appointment, we shall miss your collective efforts and individual contributions.

*Paul Fehrenbach, Chair*



## Healthcare without borders: Deep River and District Hospital helping throughout the world

The Deep River and District Hospital is committed to providing exceptional healthcare to our communities and sometimes that community stretches across all borders of the World.



Tanzania - The United Republic of Tanzania is located in central East Africa and lays on the Indian ocean. Stricken with many of the economic problems much of Africa faces, its people are plagued also with limited access to healthcare. Staff members from DRDH joined a group of volunteers from Pembroke who answered a call to action and embarked on a journey that would change the lives of a small community forever. While in Tanzania the group helped a local hospital set up a computer network (donated from Canada) and an accounting system; technology and know-how we can all take for granted and yet one that plays an ever-important role in delivering exceptional healthcare anywhere in the World.



Haiti- More recently a staff member from DRDH travelled to Haiti to assist people through Doctors Without Borders providing relief for the people of the country who have been greatly affected by the devastating 7.0 magnitude earthquake on January 12, 2010.

## A message from the Chief Executive Officer, Larry Schruder



Two words have guided and challenged your Hospital's organizational efforts in 2009-10. The first is **Leadership**- in quickly aligning our resources and our efforts to make visible progress on the strategic directions that you, our public, helped us articulate early in 2009 and the second, **Stewardship**-in taking the necessary actions to ensure that the our assets and resources are well positioned to deliver quality health care to you, our communities, not only today – but also well into the future.

Our key strategic directions were translated into a detailed operational plan, with clear organizational goals. On behalf of all our staff, I am pleased to report significant progress against these areas – and taken in its entirety, they create an exciting story to share with you on our combined accomplishments this year. Thank you to all the staff for all your hard work and dedication.

**Strengthen Quality and Patient Safety:** This topic is at the front of every leadership, Board, and team meeting – and it remains a focal point for all of our activities. Our successful Accreditation result and our positive results on all internal and required public reporting are indications that our efforts are yielding positive dividends for our clients.

**Improve Access to Primary Care:** As a result of significant Hospital, physician, municipal and community effort, we are pleased to welcome three new physicians to our communities. Our Family Health Team is on more secure operational footing. We have also put into place stronger community recruitment infrastructure and are well positioned to continue our success into the years ahead.

**Reduce the Impact of Geography on Health Care:** We successfully completed our Diagnostic Imaging Repository project, allowing specialists and family physicians to have immediate access to images and reports regardless of where generated. We installed a secure wireless system to allow physicians and North Renfrew Long Term Care Centre faster and safer access to appropriate health information. Telemedicine usage continues to grow, giving our clients local access to distant specialists, and providing improved levels of support to those living with chronic diseases.

**Strengthen Partnerships with Other Providers:** Our future will be secured through strong collaboration and partnership behaviors with other health providers. We have new external signage, identifying us as a Health Campus rather than solely a Hospital. We have strengthened our ties with providers within our community, specifically with North Renfrew Long Term Care Centre and Community Care Access Centre. We have reached beyond our communities to Petawawa, working closely with the CFB Petawawa Medical team – and with the Petawawa Centennial Family Health Centre. We continue our collaborative relationship with the Pembroke Regional Hospital, and are poised to announce exciting partnership developments with Children's Hospital of Eastern Ontario.

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**Increase Community Awareness:** Our leadership team and Board have adopted a more open style of sharing our business and news with the communities we serve, through a more active participation on the community presentations circuit, increased volume of media coverage, and through the broader distribution of Health Matters - our Hospital community newsletter.

**Demonstrate Fiscally-Responsible Management:** We are pleased to report a positive financial year, generating strong numbers, while meeting or exceeding all financial and service commitments to the Champlain Local Health Integration Network

(C-LHIN). Strong fiscal management and significant increases in external revenues from several areas of our operation, specifically out-of-province and DND revenues were major contributing factors to our financial success this year. Major contributions to a healthier financial position came from the application of community funds to cover all 2009-10 capital equipment purchases and other critical operational items from both the Hospital Foundation and Auxiliary. I ask that you continue your ongoing support for these two critically important Hospital-related organizations. The end result of our ongoing prudent financial management and planning is that we are entering the fiscal year 2010-11 with a strong commitment to maintain all current service delivery levels, despite the net reduction in funding levels from the Ministry.

**Stewardship:** We have met all of our capital equipment replacement targets for the year and have committed to invest approximately \$300,000 annually into new or replacement medical equipment, the “tools of the trade” for healthcare. We have invested in a badly needed upgrade to our Laboratory Department, front-end entrance and appearance of our Hospital. We’ve taken care of some long-standing infrastructure projects, including enhancements to our facilities on our medical wing, and a plan to replace the aging telephone system. We have committed to an ongoing stewardship plan for the people and physical resources required to continue on our journey.

**Looking Ahead:** We will revise and update our current 2009-2012 Strategic Plan in a few months to ensure it is still focused on what lies ahead for our business. Our Organizational Goals for 2010-11 are front and center of our operational planning for the year. There are no apologies for the stretch nature of these goals – it is only by stretching ourselves do we achieve the full potential of service delivery you deserve.

On behalf of everyone in this organization, I want to express our collective appreciation for your ongoing support and enthusiasm. A Hospital exists to make a positive impact on the health of its community. With all of your support, we commit to continuing to ensure you have access to the best possible healthcare we can provide.

*Larry Schruder, Chief Executive Officer*

**2009-2010 at Deep River and District Hospital recognized many milestones in technological advances.**

Most recently we joined the NEODIN Diagnostic Imaging Network Repository (DI-r) becoming the first in Renfrew County to join the initiative and the smallest hospital in the C-LHIN to be operating as a main “hub.”

In the Spring the Hospital became the first Hospital in the C-LHIN to “go-live” with the Health Outcomes for Better Information and Care (HOBIC) Information System. HOBIC is leading the way with the collection and analysis of information on indicators and health outcome measures thereby also creating a more efficient, effective and accountable health system overall.



## A message from the Chief of Staff, Dr. Terence McVey

DRDH has had another successful year with many new and exciting changes. What hasn't changed is the strength and backbone for our organization - the dedicated and caring staff who often go beyond the call of duty to provide an exceptional level of care for our patients, recognized not only locally, but throughout the C-LHIN. All our staff at DRDH should be commended for their excellent service to the hospital, making this a "preferred stopping place" for healthcare. Our emergency department continues to get busier with more and more distant patients. The lack of family physicians in other communities puts an increased demand on our facility and it means increasing difficulty in staffing our emergency department to ensure 24/7 coverage.

Our diagnostic imaging (DI) department continues to be at the forefront of technology. Our DI department was the first in Renfrew County to join the Northern and Eastern Ontario Diagnostic Imaging Network (NEODIN). Sadly our previous radiologist, Dr. David Lyons, has left to pursue new career opportunities in Calgary; however, he continues to return periodically to oversee our bone densitometry unit and perform other radiologic services. Our laboratory department has also been busy and is currently undergoing a much needed renovation and redesign for the lab and phlebotomy unit. This will further improve an already efficiently run service to our community.

Telemedicine use at DRDH continues to grow. We are also looking into a new initiative called E-Consult where consult and specialist input can be received quickly by email. This will hopefully mean fewer trips to Ottawa for our patients. There has been a number of continuing medical education events hosted at our Hospital for staff, to further our education and to keep abreast of new technology, protocols and treatments.

There are currently four physicians on active staff at DRDH, including myself, Dr. Barbara Bushby, Dr. Tom Greenfield, and Dr. Elizabeth Noulty. Dr. Donald Park belongs to our courtesy staff and continues to run a busy independent practice. We have been fortunate to recruit two new physicians to the North Renfrew Family Health Team- Dr. Erin Harrigan and Dr. Hanene Ben Amor. We are also fortunate to have Dr. Terence Woods join our courtesy emergency staff, who does regular shifts in our emergency department. The addition of any physician to our community is very positive in an ever-increasingly competitive market. Physician recruitment, in my opinion, remains the highest priority of this Hospital and community. There are only four physicians on active staff at this time but when one of us decides to retire or change the scope of our practice it will have a significant impact on our ability to sustain current Hospital services. There is a real need in our community for more primary care physicians, not only to care for unattached "orphan" patients, but to contribute to hospital and nursing home duties. While the local physicians and Hospital have been courting young doctors and medical students encouraging them to hang their shingle here, I will emphasize this is a "community" issue. It is clearly a competitive market out there and the recruitment of more doctors is essential for the future viability of our Hospital. The same argument can be made for our nurses. They are the backbone of this institution. The care they provide is exemplary and this is done under increasingly difficult conditions especially with increasingly complex patient care needs.

The major challenge for our hospital in the year to come will be to continue providing excellent services, within shrinking budgets and scarce human resources.

*Dr. Terence McVey, Chief of Staff*

**Deep River and Area welcomes three new doctors** who are practicing in our community, specifically in the Deep River and District Hospital and the North Renfrew Family Health Team. It takes an entire community to recruit healthcare providers and to show potential candidates the endless possibilities in the Deep River area in terms of gaining valuable employment, recreation, cultural enrichment and entertainment. We as a community have made great strides toward ensuring our communities have access to ongoing healthcare services for everyone's needs. Dr. Erin Harrigan is welcomed into our NRFHT, Dr. Terence Woods comes to our community to work in the DRDH emergency department and Dr. Hanene Ben Amor joins us in the DRDH emergency department and the NRFHT as a primary care physician. The three physicians are a welcome addition to the five community physicians who practice here and have been supporting continued healthcare delivery for many years now. As we celebrate our successes, it is pertinent to emphasize that this recruitment work continues and we as a Hospital are dedicated to the sustainability of healthcare services in our community and make a commitment to you to continue our leadership and partnering efforts in order to continue this important activity.



Dr. Erin Harrigan



Dr. Terence Woods



Dr. Hanene Ben Amor

## DRDH awarded another three-year Accreditation

In the months leading up to Accreditation, nary a day went by without the mention of the impending Accreditation Canada surveyor visits. Everyone was abuzz with a much needed energy to carry us through the scrutiny and rigorous process of having all aspects of our healthcare delivery evaluated against a set of 864 quality and safety standards. Our hard work paid off and we were awarded with three-year Accreditation in November 2009. By voluntarily participating in the program we are demonstrating to ourselves and our communities the commitment to provide quality care and service.



**ACCREDITATION CANADA**  
**AGRÉMENT CANADA**

*Driving Quality Health Services*  
*Force motrice de la qualité des services de santé*



## Statistics at a Glance

### Total Emergency Visits      Total In-Patient Days

09/10	08/09	09/10	08/09
16,678	16,688	4,539	3906

### Non-ALC Patient Days      ALC Patient Days

09/10	08/09	09/10	08/09
2,373	2391	48%	38.8%

## 164 Number of Staff at DRDH

### Lab Test Performed

09/10	08/09
130,000	135,111

### OTN\* Clinics Held

09/10	08/09
439	No Data

### Diagnostic Imaging Visits

09/10	08/09
10,844	9,979

\* Ontario Telemedicine Network

## **Board Committees**

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**The Strategic Planning & Partnership Committee** is tasked with ensuring the Hospital has the appropriate strategic plan and goals in place including looking ahead for up to five years at a time.

This year the committee fulfilled its obligations first by developing a committee work plan for 09/10 with an emphasis on improving stakeholder engagement and communications processes. The committee also conducted a quarterly review of progress being made against the current operational plan related to the six strategic directions of the 09-12 Strategic Plan that was adopted in April of '09. In the process of the Board year, the strategic planning committee also initiated a review of ongoing information requirements to enable the committee fulfill its governance function and have also begun recommending measures for the Service Integration quadrant of the Balanced Scorecard reporting tool. In addition to the work already completed a small planning task team has been formed to review the goals, timeline and theme for a strategic planning event in Fall 2010.

A big thank you is in order for the members of the committee for all their time and efforts in fulfilling our mandate to the Board.

Jim Macmillan, Chair

**The Quality and Patient Safety Committee** was created in 2009 and replaces the previous Management and Quality Review Committee to reflect the increasing priority on formalizing activities related to patient safety and healthcare quality.

This year the committee focused on developing it's overall obligations to the Board and the Hospital from a governance perspective. The committee then set out to fulfill its governance role by reviewing the quarterly reports related to Hospital's Balanced Scorecard to ensure it is reporting accurate reporting of indicators against targets.

The Hospital successfully underwent a quality and safety audit for its 3-year Accreditation in the fall of 2009. There were areas for improvement highlighted with required completion dates and the QPS committee has been monitoring the progress of these actions and is pleased to report that most have been completed and the remainder are on target to be completed with the required timeframe. The successful outcome of the audit is something the entire Hospital can be proud of and our communities can take comfort in the excellent care available.

Ailsa Eyvindson, Chair

**The Governance Committee** had a busy year with, at minimum, monthly meetings. The term began with the creation of the terms of reference and membership of the Committee, and the drafting of the goals, objectives, and work plan for the DRDH Board of Directors. A detailed Governance Committee work plan was also drafted, with progress closely monitored. The Committee achieved its objectives for the year.

The Governance Committee's major accomplishment was its preparation of revised Corporate Articles of the DRDH Corporation By-laws, and the approval of these revisions by the Board. The By-laws, which are composed of both Corporate and Board-Appointed Professional Staff By-law Articles, are being reviewed to reflect current governance and legal practices based on recommendations by the Ontario Hospital Association.

The Committee also reviewed and revised, where appropriate, the existing governance policies and procedures of the Hospital. In addition, a new administrative policy and procedure was presented to the Board in compliance with provincial government direction to address providing services to people with disabilities.

Thank you to all the committee members and Hospital staff for your hard work and dedication.

Jean Cooper, Chair

**The Resource and Audit Committee** oversees the financial, human resource and physical plant assets of DRDH. The committee's principal functions are to review the Corporation's financial statements and is to nominate and recommend the appointment of the Corporation's external auditors. The Committee also has responsibility for overseeing an effective system of internal control, risk management and investment policy.

This year began with a new terms of reference that more clearly defines the role for the committee. While supervision of financial information remains an important function, the oversight role extends to the effective stewardship of all corporate assets including the organization's most valuable resource – staff, and the physical plant.

The level of provincial funding presented significant challenges to the committee during the year. All members and staff were committed to maintaining services and worked diligently to maintain a balanced budget for the year. The committee continues to consider new opportunities to increase hospital revenue and ensure the financial stability of the organization.

The most tangible evidence of committee oversight this year is the renovation to our entrance, gift shop and laboratory. In the coming year, the members will be considering the next phase of this work and look forward to working with staff to further upgrade the facility.

In some areas, the committee's work is ongoing. Effort is underway to revise a purchasing policy, specifically related to the procurement of local services. The coming year will provide an opportunity to apply this policy and assess its effectiveness. As well, new financial criteria were added to the organization's balanced scorecard and it is the committee's expectation that application of these indicators will continue to help all Board members and others assess and oversee the financial health of the organization.

The year ended with a private review of the year-end audit process by the Corporate auditor and an in depth review of the final audit statement and report to management. Thank you to the committee and DRDH staff for all your hard work this year.

Chris Carroll, Chair



The health campus concept is more than just a sign; it's the beginning of a new kind of community- A community of health serving it's community of people as one. The Deep River and District Hospital strives not only to provide emergency care services but also with a "campus" rich with a wide range of healthcare services to ensure the needs of the community are met through collaboration, partnership and integration. It's also the beginning of one of our greatest success stories in fulfilling our mission and reaching our vision.



Deep River & District  
Physiotherapy Centre



What makes a health campus? In a word: **Partnerships**. Deep River and District Hospital continues to create and maintain relationships with healthcare providers from all across the Champlain LHIN, from the partners who are tenants in our facility to those as far away as Ottawa, such as The Children’s Hospital of Eastern Ontario. We acknowledge those who assist us in ensuring best practices are always in place to provide the highest quality patient care.

Our Hospital would be much smaller without our partnerships and we thank each and every one of them for their continued support including some of those shown here.



NR Family Health Team



North Renfrew Family Services



NR Long Term Care Centre



Renfrew Victoria Hospital

**The Deep River and District Hospital Auxiliary** raised \$47,692.56 for the 09/10 year in support of providing healthcare services in our community made possible through the 14,845 volunteer hours in the Whistle Stop, Hospital Gift Shop, Nutrition, Knitters, Four Seasons Lodge visitors and the Palliative Care Group.

In recognition of service, five our Auxiliary volunteers were given long-service awards from the Ontario Government for the thirty-five plus years they've been donating their time and energy. The recipients of the award were Marg Crocker, Carol-Ann O'Brien, Jean Cameron, Heather Wright and Clare Curley. Our Palliative Care group, consisting of six members of the Auxiliary, completed their training earlier this year and are doing a wonderful job; this is not an easy task to perform, emotions are involved in every one of their cases, and I sincerely thank them for their dedication. Two students from the High School, Cristen Plaice and Renee Lance were awarded our \$1,000.00 grants, toward their continuing education.

The Whistle Stop and Gift Shop, held a successful 2nd annual yard sale in August 2009. The 09/10 year marked the first time the Auxiliary hosted a community-wide "Wellness Day", held at the Lion's Club Hall in Chalk River. The Auxiliary recognizes Joanne Vollmer and Eileen Burke for the efforts in coordinating this event. Approximately 20 health promotion booths were present—including jewelry, soap making, travel and DRDH. The Auxiliary is looking forward to hosting the event again this year in amalgamation with our annual "Shopping Spree" event usually held in the Fall each year at the Bear's Den. The Auxiliary thanks the Blimkie family who donated the space and the coffee for the Shopping Spree event. The annual Christmas Tea for Hospital Staff and Auxiliary Members was very busy this year and it was lovely to see so many members attending.

In total \$25,000.00 has been given to the Hospital in the past year; \$15,000.00 for the linens purchased the year previous and \$10,000.00 to cover the cost of the Speech Therapy program for one year. We have also guaranteed that we will give the Hospital \$10,000.00 per annum for the next five years towards the program.

In closing I thank the Executive and all the volunteers for their time, energy and support during the past year and I look forward to another successful year in 10/11.

Annebell Harvey, Auxiliary President

**The Deep River and District Hospital Foundation** was formed in 2005 with a One million dollar fund transferred from Hospital reserves. Since 2005 the Foundation has provided \$970,000 for the Hospital to purchase capital equipment as the Ministry of Health only provides operating funds. The Hospital capital equipment requirements for the next five years is an estimated \$1.5 million. The Foundation currently only has enough funds to cover the next two years of capital equipment requirements, hence the Foundation Board has decided it must launch a major fundraising campaign in order to achieve sustainability. To assist the Foundation in developing and coordinating the campaign the Foundation Board has hired a part-time Fundraising Director, Jennifer Cummings. All funds raised will be spent in the Hospital to help meet its equipment needs, and the Foundation Board is committed to full transparency in how the money is spent. It is hoped the campaign will launch in the Fall and more details will be available soon.



Thank you to the Foundation Board members and all of our donors for your ongoing support and contribution thus far.

Mike Watson, Chair

## Deep River and District Hospital Priority Goals 2010-2011

Strategic Directions	2010-2011 Goals
<b>1: Enhance Quality Management and Patient Safety Initiatives.</b>	1.1 Implement an organization-wide Quality Management and Process Improvement program.  1.2 Achieve top quartile performance on all relevant quality and patient safety metrics.
<b>2: Strengthen Our Health Care Service Delivery.</b>	2.1 Finalize space needs for the revitalized Family Health Team and initiate actions to secure appropriate space.  2.2 Implement a sustainable physician staffing process to ensure stable 24/7 Emergency Department coverage.
<b>3: Strengthen our Winning Team through a Comprehensive Human Resources Strategy.</b>	3.1 Update the Human Resources Plan to ensure the organization's people capacity.  3.2 Ensure that DRDH is perceived as a health care employer of choice in the Ottawa Valley.
<b>4: Ensure Optimal Management of Resources.</b>	4.1 Meet all requirements of our 2010-11 Hospital Service Accountability Agreement (H-SAA) with the Champlain LHIN.  4.2 Develop and implement a sustainable longer-term financial performance plan to support delivery of health services to our communities.
<b>5: Champion More Integrated Local Health Care.</b>	5.1 Secure agreement with at least one other health services provider / community organization for enhanced service integration.
<b>6: Create a More Informed and Engaged Community for Health Services.</b>	6.1 Partner with the DRDH Foundation and DRDH Auxiliary to ensure sustainable community financial contributions required for the organization's capital equipment needs.
<b>7: Additional Governance Direction: Ensure appropriate leadership and governance practices are in place to support a modern health care organization.</b>	7.1 Review and update the current Strategic Plan to address the operational period 2010-13.  7.2 Develop and implement an organizational risk management policy and program.  7.3 Review and update the Corporate and Professional Staff By-Laws of the Corporation.

## Financial Statements

### **AUDITORS' REPORT TO THE MEMBERS**

We have audited the statement of financial position of the Deep River and District Hospital as of March 31, 2010 and the statement of operations, changes in net assets and cash flows for the year then ended. These financial statement are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statement based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluations the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2010 and the results of its operations and the changes in its financial position for the year then ended in accordance with Canadian generally accepted accounting principles.

Pembroke, Ontario  
May 28, 2010



Chartered Accountants  
Licensed Public Accountants

Deep River and District Hospital ~ March 31, 2010, with comparative figures for 2009

<b>Statement of Financial Position</b>		
	<b>2010</b>	<b>2009</b>
<b>Assets</b>		
Current assets:		
Cash	999,977	562,225
Accounts receivable	391,661	378,217
Investments and marketable securities	189,488	165,986
Inventories	63,236	73,221
Prepaid expenses	89,175	108,192
	<b>1,733,537</b>	<b>1,287,841</b>
Investments	31,595	32,269
Capital assets	4,107,821	4,395,346
Trust assets:		
Cash		2,438
Residents' deposits		(2,438)
	<b>5,872,953</b>	<b>5,715,456</b>
<b>Liabilities, Deferred Contributions and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued liabilities	1,033,435	741,391
Wage and benefits payable	248,757	274,590
Current portion of obligation under capital lease	41,328	39,033
	<b>1,323,520</b>	<b>1,055,014</b>
Obligation under capital lease	559,289	600,617
Deferred contributions:		
Expenses of future periods	185,344	152,407
Capital assets	2,192,736	2,199,772
	<b>2,378,080</b>	<b>2,352,179</b>
Net assets:		
Invested in capital assets	1,629,570	1,773,962
Unrestricted (deficiency)	(17,506)	(66,316)
	<b>1,612,064</b>	<b>1,707,646</b>
	<b>5,872,953</b>	<b>5,715,456</b>

Deep River and District Hospital ~ March 31, 2010, with comparative figures for 2009

**Statement of Operations**

	2010	2009
<b>Revenue:</b>		
Ministry of Health	7,166,971	6,973,663
Patient revenue	912,022	768,455
Differential and co-payment revenue	259,679	242,293
Other income and recoveries	581,998	528,192
Amortization of deferred contributions	213,547	237,598
	<u>9,134,217</u>	<u>8,750,201</u>
<b>Operating expenses:</b>		
Salaries, wages and employee benefits	5,082,493	4,696,759
Medical staff remuneration	1,853,270	1,673,591
Medical and surgical supplies	119,564	96,515
Drugs and medical gases	120,106	104,620
Other supplies and expenses	1,470,054	1,703,081
Amortization on equipment	310,977	318,396
	<u>8,956,464</u>	<u>8,592,962</u>
Excess of revenue over expenses before amortization on buildings and non-operating revenue	177,753	157,239
<b>Building revenue and expenses:</b>		
Amortization of deferred contributions	75,281	69,189
Amortization of building and building improvements	(153,955)	(156,466)
	<u>(78,674)</u>	<u>(87,277)</u>
Excess of revenue over expenses before Four Seasons Lodge and Family Health Team operations	99,079	69,962
<b>Four Seasons Lodge:</b>		
Four Seasons Lodge Revenue	930,782	880,813
Four Seasons Lodge Expenses	(1,127,546)	(1,067,729)
	<u>(196,764)</u>	<u>(186,916)</u>
Excess of revenue over expenses (expenses over revenue) before Family Health Team operations	(97,685)	(116,954)
<b>Family Health Team:</b>		
Family Health Team Revenue	694,290	557,717
Family Health Team Expenses	(692,187)	(557,260)
	<u>2,103</u>	<u>457</u>
<b>Excess of revenue over expenses (expenses over revenue)</b>	<u>(95,582)</u>	<u>(116,497)</u>

# Thank you for another successful year!

## Leadership and Governance

### 2009-2010 Board of Directors

Paul Fehrenbach, Chair

Chris Carroll, Treasurer

Jeff Bishop

Jean Cooper

Mike Blore

Dr. Barbara Bushby, President of Medical Staff (2010)\*

Jim Macmillan, Vice-Chair

Ailsa Eyvindson

Ian Towner

Rosanne Burtch

Dr. Terry McVey, Chief of Staff (2010)\*

Nora Waddell, Auxiliary Representative\*

\* *Ex-officio*



### Executive Leadership Team

Larry Schruder, Chief Executive Officer

Lianne Wheeler, Chief Nursing Officer

Stacey Mortson, Chief Financial Officer

### Auxiliary Executive

Annebell Harvey, President

Marie Charbonneau, Vice President

Rosanne Burtch, Treasurer

Sue Lachance, Vice-Treasurer

Eileen Burke, Recording Secretary

Carol Gilks

Betty Anderchek

Betty Condie

Kelly Walker

Evelyn McNaughton

Nora Waddell

## Foundation & Auxiliary

### 2009-2010 Foundation Board of Directors

Mike Watson, Chair

Colleen Payer, Vice-Chair

Larry Schruder, Secretary/Treasurer

Jean Cooper

Richard Rabishaw

Annebell Harvey

Jon Stephenson

Brian McInall

Cindy Hogue

Margo McIntyre

Jennifer Roche