



## Annual General Meeting July 9, 2009

### Annual Reports:

- Chairperson and Chief Executive Officer
- Treasurer
- Chief of Staff
- WDMH Auxiliary
- WDMH Foundation



Winchester  
District  
Memorial  
Hospital

## **ANNUAL REPORT OF THE CHAIRPERSON AND THE CHIEF EXECUTIVE OFFICER 2008-2009**

The Board of Directors is pleased to present the annual report to the communities served by the Winchester District Memorial Hospital. This past year has ushered in a number of events that are unprecedented and exciting at the same time.

The health care environment was significantly challenged over the last 12 months as provincial strategies, particularly the evolution of the Local Health Integration Networks (LHINs) and the effects of the global economy, impacted health care planning and delivery. The most significant impact of these two external environmental factors was the challenge associated with meeting hospital accountability agreements. The hospital's fiscally responsible approach included intense internal reviews as well as an external opinion on financial viability. The final plan, which includes a creative post construction plan, PCOP, and agreement with the Ministry of Health and Long-Term Care, has resulted in a balanced position for 2008-09 and a comprehensive strategy for 2009-10. This plan will be submitted to the Champlain LHIN.

The WDMH Board and management continue to emphasize and focus the decisions that emerged from the hospital's strategic plan published in June, 2006 and can be found on the hospital web site or upon request to the CEO's office. This plan has been reviewed each year and has supported annual decisions about clinical and academic services at WDMH.

The plan also forms the basis for the hospital's participation in the Eastern Champlain clinical services distribution review which has been initiated by the Champlain LHIN. Participants include: Winchester District Memorial Hospital; Cornwall Community Hospital; St. Joseph's Continuing Care Hospital; Hawkesbury District General Hospital; Glengarry Memorial Hospital; Hôpital Montfort and The Ottawa Hospital. The Project Charter and Terms of Reference will be posted on the hospital web site as soon as they are approved by all Boards.

The hospital's strategic plan also formed the basis for Board decisions about the investments in facilities; equipment; information technology and information management; human resources; organizational structure and performance management.

The opening of the new acute care hospital, officially on March 27, 2009, ensures that WDMH is at the forefront on rural health care delivery in this province. This new hospital, in the hands of the finest physicians, midwives; staff, volunteers and students, and in partnership with local communities and the broader health system, ensures the availability of appropriate services that can be offered 'close to home'. The same planning principles apply to the newly renovated complex continuing care and ambulatory care environment which is scheduled for completion in October 2009. It should be noted that the final target for total project completion, which includes demolition, is March 2010.

The facilities plan, service provision and system connectivity is made available through the investment in equipment, such as the CT scanner and digital mammography unit, and in the integration of building automation, nurse call and clinical equipment that "talk to each other", and is supported by a common technology infrastructure. The information produced by this automated system will feed into the electronic health record. Phase One will go live in July 2009 and be completed within 36 months.

The Hospital Board and the Hospital Foundation Board hosted a number of events to mark the 60<sup>th</sup> anniversary of the hospital and celebrate the opening of the new acute care facility. Of significant importance will be the Family Day celebration that is planned for June 27, 2009. This event will provide an opportunity to say a **special thank-you** to the donors in our communities. It will also demonstrate the precious gift that has been produced which is fundamental for the future of community hospital services.

In 2008, the Board adopted a new governance model and amended its bylaws to ensure that best practice remains the standard for hospital governance. As a result, there was a change to the structure of Board Committees to include: Governance; Stewardship and Medical Advisory. While the consolidation of committees was sound, the evaluation at the end of the first year will be used to formulate plans for the upcoming year.

The hospital continues to invest in partnerships with universities and colleges, thus ensuring a constant incentive for continued learning and potential future recruitment possibilities. We look forward to initiating the two year medical residency program in the coming year as well as the continuation of the research in professional practice models.

In May 2009 the hospital reported the results of the December 2008 NRC Picker employee satisfaction survey, which reported a change in employee commitment, respect in the workplace, and communication. Based on these indicators the hospital has initiated a research project, with an international expert, on the factors related to the quality of work life for employees and appointed staff.

The clinical and corporate performance scorecard for WDMH is a new tool that has been implemented at all levels of the organization. The Board monitors numerous indicators of hospital performance. In particular, the Board has been attentive to the number of patients who are waiting for nursing home beds as well as Alternate Level of Care Patients. These indicators provide the organization with the subject matter for quality improvement and service improvement. The nursing home issue remains a high priority for WDMH.

The annual report provides an opportunity to thank all those involved in ensuring the ongoing success of our community hospital. This includes our physicians, staff and clinical and student volunteers as well as the many volunteers on our Board, the Auxiliary and Foundation.

The Winchester District Memorial Hospital continues to move toward a future where the heart and technology provide the ingredients for our continued success and the future of this valued local resource for its communities.

Respectfully submitted,

Peter Sorby  
Chairperson, Board of Directors

Trudy Reid  
Chief Executive Officer

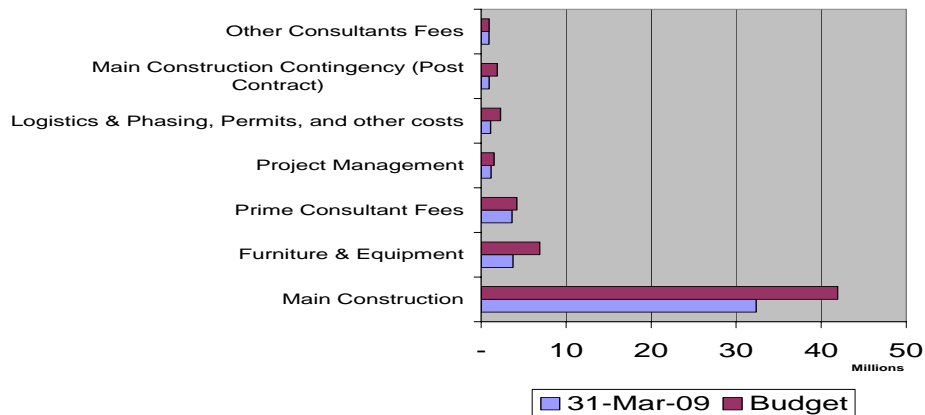


# ANNUAL REPORT OF THE TREASURER 2008 – 2009

## Capital Development News:

After more than 16 months of construction, Winchester District Memorial Hospital (WDMH) opened the doors to its new expanded services in February 2009. Two thirds of all services are now located in a new building while the remaining space is renovated before demolition takes place to remove half of the old building. Before the demolition happens, that space is being used to temporarily house complex continuing care, ambulatory care and some administration / support services. With actual construction costs, ancillary costs such as the prime consultant's fees and project management costs, and furniture and equipment costs, the total capital development project budget is at over 60 million dollars. The Ministry of Health's share is approximately \$45 million and the community share, from the Vision Campaign is \$15 million.

The construction work began on October 3, 2007 with Phases 1.1 to 1.3 completed March 3, 2008. Patients and Staff moved into the new D and Y wings in February 2009 with completion of the entire project scheduled for March 2010. As of March 31<sup>st</sup>, 2009 construction was 87% complete and 73.5% of the budget had been expensed.



The Capital Development project also coincides with the implementation of WDMH's Strategic Information, Communication Technology (ICT) Plan. As the ICT infrastructure is put in place by the construction team, the design and investment in computerized applications for things like building control, security, nurse-call and telephony provides a common platform and open architecture for leveraging future integration opportunities. A fully redundant medical grade augmented wire and wireless ICT system is now in place to house the clinical and administrative applications that will lead to the electronic health record. For the past 12 months, under the stewardship of the IM/IT steering committee, a team of dedicated hospital employees and Quadramed technicians and consultants have been diligently at work in preparing for the launch of WDMH's phase one - clinical information system. This year, the hospital also invested in the implementation of an Ormed financial and administrative software suite for Material Management, Finance (general ledger), Accounts Receivable and Accounts Payable. Through the wireless technology, point of care equipment will allow for more timely patient bedside diagnostics and treatment. Together, the integration of technology and equipment with administrative and clinical systems will provide a state of the art patient information record for healthcare providers and managers to provide the very best in patient care close to home.

***Before (as at December 28, 2007):***



***After (as at June 3, 2009):***



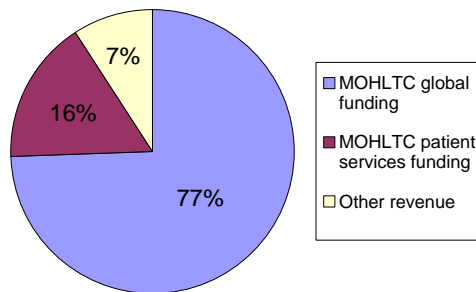
***Completion (March, 2010):***



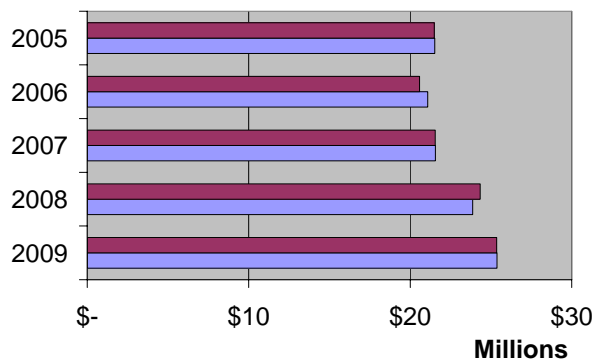
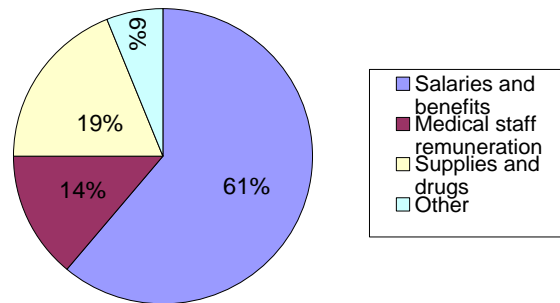
## Financial Results:

The hospital completed the year with a small surplus \$19,490 from hospital operations, and a total deficit of \$472,594. The surplus from operations was realized by a combination of Post Construction Operating Plan funding by the Ministry of Health and Long Term Care and cost reductions in Drugs and Medical gases, and other expenses.

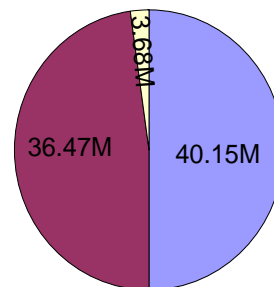
### Revenue Sources



### Expenses



### Balance sheet

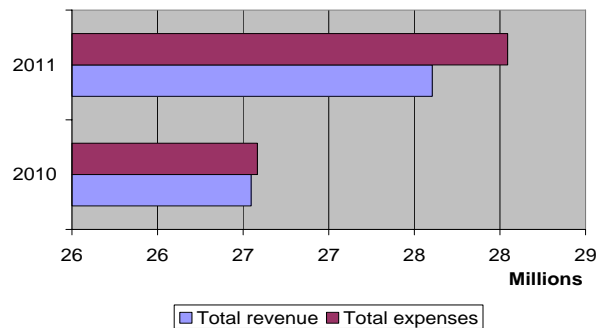


■ Total revenue ■ Total expenses

■ Total assets ■ Total liabilities ■ Total Net assets

Based on approved revenue increases and cost avoidance/reduction plan, the Winchester District Memorial Hospital is projecting operating deficits, totaling \$476,247 from hospital operations, for the next two fiscal years (March 31, 2009 projection is \$36,108, and March 31, 2010 2010 is \$440,229).

### Budget

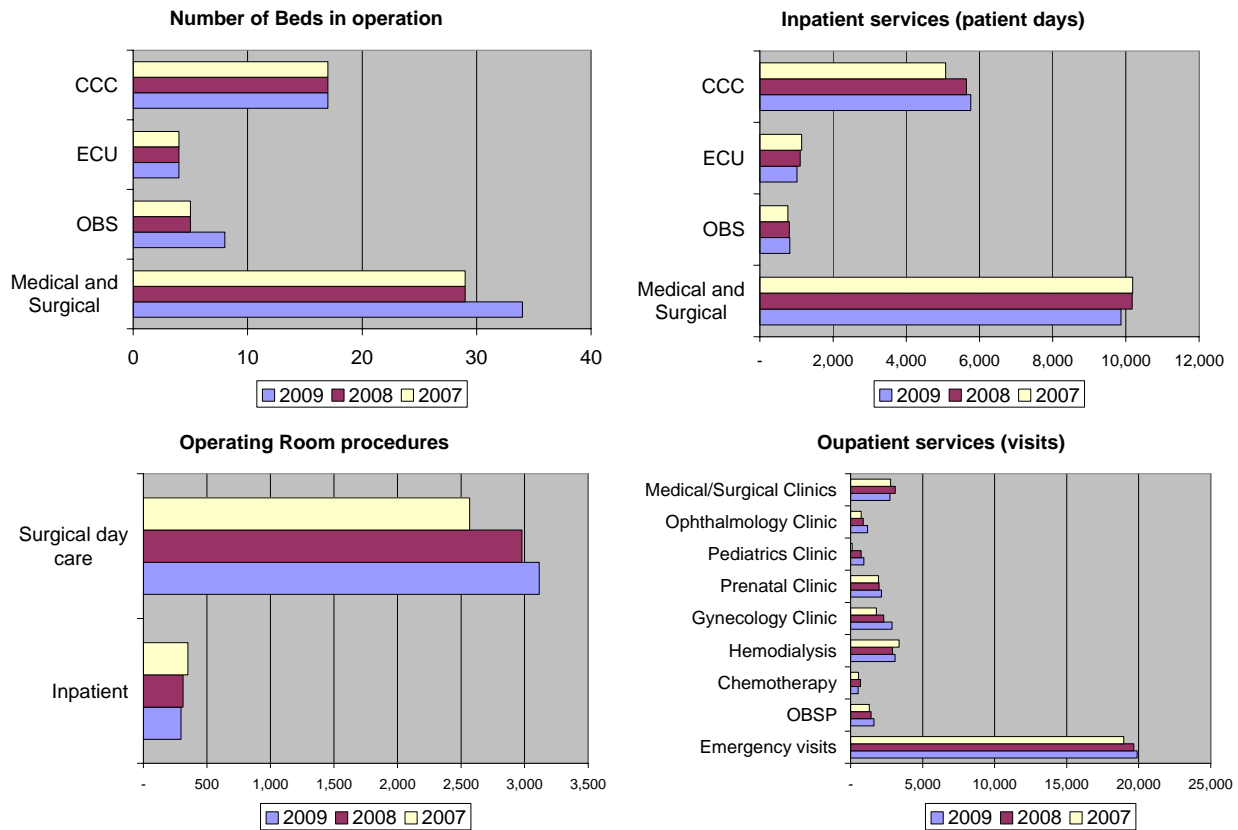


■ Total revenue ■ Total expenses

The hospital received 1.87% increases in MOHLTC base funding, which was a significant challenge associated with meeting hospital accountability agreements. The hospital completed intense internal reviews as well as an external opinion on financial viability. After a lengthy period of negotiations the hospital signed their 2008-10 Hospital Services Accountability Agreement with certain conditions and agreements on January 22<sup>nd</sup>, 2009. In February, 2009, the LHIN agreed to do a validation review, which would review all the work that the hospital had completed over the last couple of years to ensure that the hospital had completed all the necessary fiduciary duties. The report resulted in highlighting the importance of the PCOP funding, and the need to obtain all the necessary efficiencies through the PCOP funding allocation.

**Activity:**

This year has been a “ground breaking” year as the hospital opened their doors of their \$60 million redevelopment project, and therefore experienced some significant increases in several areas, which have been funded through the PCOP.



As Treasurer, I would like to take this opportunity to thank my fellow Stewardship Committee members for the contribution of their time and expertise: Peter Sorby, Nick Zrymiak, John Polak, Bruce Rowsell, Kendal Boje, Archie Byers, Dr. Brian Devin, Trudy Reid, Phil Marleau, Michelle Blouin, Lynn Hall, Dr. C. Su, Gillian Price, and Luann Woodcock.

Respectfully submitted,

Kathy Byvelds  
Treasurer



Winchester  
District  
Memorial  
Hospital

## ANNUAL REPORT OF THE CHIEF OF STAFF 2008-2009

Winchester District Memorial Hospital continues to lead, innovate and develop while remaining true to our core value of care closer to home. The past year has seen us take a quantum leap forward in terms of space and technology. We have now occupied our beautiful new patient care space, with up to date facilities that allow us to better serve our patients and community. On the technology front, our CT scanner is now operational thanks to ongoing commitment and support from the communities we serve. It acts as the cornerstone of a new entirely digital diagnostic imaging space. We eagerly await completion of the redevelopment project and implementation of our electronic clinical information system.

Our credentialed staff group, including physicians, midwives and dentists, continues to grow. In the past year, we have had a large number of new radiologists join our physician community to support the CT scanner and continue our history of top-quality imaging at WDMH. We have also welcomed Drs. Naciuk, Hallili, Abbud and Bhagirath to our family physician group. We expect to be joined by a new obstetrician/gynecologist and a new general surgeon late this summer. In addition, WDMH continues to work with our other hospital partners in the Champlain LHIN to further develop our ability to bring care closer to home, including continued developments in community and on-site chemotherapy as well as heart failure monitoring at home. We continue to pay close attention to opportunities to repatriate other services to WDMH.

Like our other hospital partners, access to appropriate levels of care for our patients remains a challenge, with the average wait in Ontario for Long Term Care beds now at 4 months. The challenge in rural communities such as ours is especially great due to many factors including transportation and limited availability of alternatives such as assisted living and care in the home. As always, the effort is to provide the best care in the most appropriate environment and we remain active and vigilant in our efforts to achieve this goal.

Quality of care also remains central to our efforts. Emergency department volumes continue to grow and unfortunately the ER has become busier during some time periods, although our average and peak wait times remain very much lower than for many other hospitals in the LHIN and the province. Patient care satisfaction levels remain very high throughout the hospital and we continue to closely monitor patient outcomes.

The coming year will likely be a busy one, with ongoing developments within the LHIN, within our communities and within WDMH, and the Chief of Staff role will remain busy both at regional tables and within WDMH helping to ensure we maintain top quality care. In closing, I would like to express my appreciation for all of the members of the WDMH team including administration, building support services, lab, diagnostic imaging and nursing. I would also like to thank the credentialed staff for their ongoing support of patient care at WDMH and for their continued participation in the team effort required to bring the best care as close to home as possible.

Respectfully Submitted,

Brian Devin BSc(Hons) MD CCFP FCFP  
Chief of Staff



Winchester  
District  
Memorial  
Hospital

## ANNUAL REPORT OF WDMH AUXILIARY 2008 - 2009

It is said that there is an oriental curse that is, "May You Live In Interesting Times", meaning that with change comes chaos. I tend to look at change as a challenge, and we have been challenged. It has also been a year of firsts. March 1<sup>st</sup> the first patient was welcomed into the new hospital starting a whole new language, old hospital vs new hospital. Then March 3<sup>rd</sup> welcomed our first baby born into the new Maternal/Child Unit. Then with much fanfare and richly deserved, the Official Opening of the Hospital was March 27<sup>th</sup>. Close on the heels of that was the March 30<sup>th</sup> first patient to use the CT scanner.

Of course nothing invites trouble like success and that came in the form of a rather tactless April Fools Day joke perpetrated by one of our local papers. Through it all, we, the Auxiliary for Winchester District Memorial Hospital has been there.

We have been directing patients to Day Surgery, to their appointments, making sense of a new language for them, interpreting technical terms (Yes, Diagnostic Imaging really means X-ray, Mammograms and the CT scanner) and all the while with a smile and the personal touch which shows what this hospital has more of than any other, and that is heart.

Our collective thanks goes out to Trudy Reid (have you hugged your CEO today?), Philippe Marleau, Michelle Blouin and Luann Woodcock who took time out of their busy schedules to answer questions, conduct tours and in general keep us up to date with all the changes.

Thanks go to Dawn Cooper and her staff for updating us on the Foundation and all its activities such as the unveiling of the new Donor Wall.

My thanks goes to Hilda Vandekemp for her tireless work in keeping track of volunteer hours worked (3,431 this year), and keeping the volunteers, new and old, organized. Hilda is still collecting pennies for Oma, her personal and very effective fund raiser.

Then there are those involved with the new Gift Shoppe. They had their grand opening on May 1<sup>st</sup> and have a marvelous new store. If you haven't been there yet, go! It is well worth the trip. After fourteen years of great buying from Joan Farlinger and Elinor Jordan they are giving the job of being buyers for the Gift Shoppe over to Joyce Francis and Kim Link. Thank you Joan and Elinor for keeping the Gift Shoppe stocked with all those wonderful things to buy and I know that Joyce and Kim will be following in your footsteps by giving us just as wonderful things to spend our money on. Also, thanks to the 25 committed people manning the counter, keeping track of money and hours. This hospital would not be the same without the Gift Shoppe and your work there. Just this year alone they gave \$6,000.00 to the main auxiliary and have a total sales for this year of \$31,635.79, with an ATM income of \$1,786.50. The total number of hours for the Gift Shoppe are 2,093. Thanks go to Diane Crummy for keeping things going, despite growing pains of a new hospital. They are still open from 9am until 4pm weekdays and 2pm until 4 pm weekends.

Then there are those who work in Complex Continuing Care, giving of themselves most unselfishly.

You keep the joy and the happiness flowing and that is what helps to make this hospital such a wonderful and caring place. Despite not having many Sunshine Circle days this year due to construction, Sharon Vanderveen and her group provided 565 hours of entertainment for the patients. When the dust settles and the Complex Continuing Care Unit is back in its renovated area, so will the Sunshine Circle shine again.

The H.E.L.L.P. Lottery still continues despite challenges of all kinds. Roy Campbell, Jim McVey and Linda Foster with all their volunteers have persevered despite still being a bit shifted (they need a home for their cart). They are now front and centre at the Information Desk and are only too willing to sell you tickets. This year they sold \$1,322.83 worth of tickets and gave \$4,000.00 to the main auxiliary.

Thanks go to Dorothy Houze for her work for the In-Memoriam Fund, keeping track of donations coming in, receipts and sending all those thank you cards out etc. It is a job she does with care and diligence. This year the In-Memoriam has a total of \$222,886.03 and \$50,000.00 was donated to the Foundation for the CT scanner and the Close To Home Campaign. If that is not enough, she puts on her second hat as Special Event coordinator and organizes our Bazaar and Tea and Card Party annual events that people look forward to. Both events raised \$10,856.00.

Thanks go to Marj Phillips for keeping the notes and the minutes, sending out thank you's and keeping the press up to date on all our activities. As the saying goes, I have got to see it in Black and White to believe it and Marj makes sure it gets recorded. She has also taken it upon herself to keep track of the changes we are making in our By-laws and updating our phone lists. Regretfully, Marj has resigned as of this fiscal year. She will be greatly missed and I wish her great success in her endeavors.

Thanks go to Edith Baker and her Purchasing Committee. They have been holding back until the construction was done and the move into the new hospital was completed, so that there would be a better idea as to "needs and wants". However they could not resist asking the main auxiliary for \$28,000.00 for a new Stress Cardiac Assessment system which replaces a broken stress machine and was in use in the old hospital until moved, as well as \$130,000.00 for an Ultrasound machine with echocardiogram capability. They never have to work too hard at asking.

Thanks to Kim Link, my Vice President who is always on the phone: "What can I do to help?", and when she sees a job goes for it and gets it done. Thanks to Marion Carkner, 2<sup>nd</sup> Vice, who is there when needed. Thanks to our Treasurer Karen Graham for keeping our books in order and making sure our money is ready for the purchases that the hospital will want, not to mention keeping money available for education purposes for our members.

Thanks go to the individual units with their fund raising efforts:

- Morrisburg - donated \$1,000
- Summers Cass Bridge Maple Ridge - Donated \$1,721.00
- Winchester – Donated \$945.00
- Chesterville - Donated \$2000.00

This year has had its challenges and there will be more as we undergo the transition, as Trudy says, from Wagon Train to Star Trek. For every down there are more ups and we are ready for them. The Auxiliary has been part of this hospital for 60 years and we will be part of this hospital for 60 or even 100 years more. As long as there is a hospital there will be an auxiliary and we will continue to do what we have always done - give service to the patients with a smile.

Thank-you to all the members of the Winchester District Memorial Hospital Auxiliary, we do ourselves proud.

Respectfully submitted,

Dawn Ouellette  
President  
Winchester District Memorial Hospital Auxiliary



## ANNUAL REPORT OF THE WDMH FOUNDATION CHAIR 2008 / 2009

On behalf of the Board of Directors of the WDMH Foundation I am pleased to present our annual report for fiscal year 2008/2009. Without a doubt this past year has been a momentous one for our hospital, and a very busy one for the Foundation. The hospital redevelopment has had significant impact on the institution and its staff, on the communities it serves, and on this organization. With the opening of the new hospital we have drawn an end to the highly successful Vision campaign that was so integral to that building redevelopment. And we have begun a transition to the funding of capital equipment and technologies that will ensure this hospital is positioned to offer the best of health care services to its patients, keeping them close to home.

Let me summarize some of the significant accomplishments of the Foundation in 2008/2009. In the past year we raised \$1.3M in donations and an additional eighty thousand dollars through return on investments. In the previous fiscal year (2007/08) we determined the need for a new campaign to raise funds for some additional equipment for the new hospital. During this past year that initiative was put into motion with the selection of a chairman, Doug Grenkie, and a name – the ***Close to Home Campaign***. Mr. Grenkie and the Foundation's Fund Development Committee have enlisted a team of fundraising volunteers; now they are identifying prospects and requests have begun. To date, approximately \$740,000 has been received.

The Foundation continued to sponsor its popular fundraising events, once again hosting the spring gala and a golf tournament. Although these events are as important for awareness-raising as for the funds collected, we continue to show significant profits through the hard work and diligence of the event committees. We were also the recipient of funds that were raised by numerous third-party events throughout our communities. Last year the total attendance at our sponsored events was approximately 675 people.

Of course the main purpose of a Foundation is to provide funding for the related institution or cause, and last year this foundation turned over almost \$8.2M to the WDMH. Of that, \$5.3M was for the capital redevelopment project, with most of the remainder going towards new equipment. Including payments in previous years, the Foundation has distributed a total of \$12.6M of the Vision funds to the hospital for the redevelopment project. In addition to our fundraising activities, the Foundation continued a program of donor awareness through community breakfasts, forums, presentations and special events. We leveraged the festivities which surrounded the opening of the new hospital to meet with members of the community and remind them of the benefits that come with having a state of the art medical facility in the local area.

Last summer we also conducted a "business blitz" wherein local businesses were enlisted to participate in a single day of fundraising for the hospital. This garnered significant public and media attention as well as receipts of twenty thousand dollars, and probably warrants a repeat in the upcoming year. To maintain ties with other local foundations we continued our relationship with the Ottawa Regional Cancer Foundation (ORCF); our Managing Director continued to meet with other Foundation managers in the Champlain LHIN.

In 2008/2009 the foundation board furthered its progress on the development of a Strategic Plan by confirming the short-term goals and resource requirements. Many of the activities in the past year were prompted by goals and objectives laid out in that Plan. To summarize –

*Align with WDMH strategies*

The focus of fundraising was shifted to support programs, equipment and technologies. E.g., Maternal/Child program, CT Scanner, Clinical Information System, Bone Mineral Density equipment.

*Carve out a distinct identity for the Foundation*

We made joint presentations with WDMH representatives, describing the role of each organization and explaining the relationship.

All funding transactions are part of a documented formal process including a authorized request, an approval process through the Finance Committee and Board, and transfer of funds.

*Increase the number of Directors*

An effort is in progress to add two directors to the Board, and should be complete for the new fiscal year.

*Increase office resources*

The Foundation has added a full-time Fund Development Associate.

The Managing Director has also contracted an additional fundraising resource to focus on large corporations.

Implementation of the Strategic Plan has also had some direct impact on the Board of Directors. There has been greater involvement of board members in committees due to full operation of the Fund Development and Executive Committees. More directors have been participating in public events such as donor recognition, presentations, etc. Over the past year board committees have reviewed financial and donor recognition policies. To date there has been no need to amend the policies, but this process is ongoing, and will continue as one means of governance quality improvement. Board members also completed a self-evaluation questionnaire, the results of which will be reviewed at a board retreat in the new fiscal year.

There have been some changes in the Foundation's personnel roles with the addition of a new fundraising position as was mentioned earlier, and also the repatriation of accounting functions from the hospital Finance Department to the Foundation office. The opening of the new hospital necessitated relocation of Foundation offices from the Dillabough Building – the "new digs" are much appreciated. We also replaced the Donor Wall that formerly occupied the old main entrance, with an updated version that will allow room for growth of our donor lists.

Looking forward, it is not difficult to decide where the foundation's focus will be, at least for the near term. The ***Close to Home Campaign*** will occupy much of our staff and volunteer resources over the next year. With current revenues from that effort below what had been anticipated for this fiscal year due to a slow start, we recognize that we could be well short of the five million dollar goal at the end of the next fiscal year. Moreover, as I reported last year there has already been an acknowledgement by the Board that in order to sustain capital investments at WDMH we shall need to provide two million dollars per annum.

With these challenges comes the obvious conclusion that we are entering a new era in this Foundation wherein one-time campaigns will not achieve the results that we need. We must move into a mode of continuous donor involvement that will provide sustainable revenue, ensuring the maintenance and replacement of hospital assets.

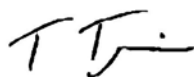
One of the ways to move us down that path is through the relationship with the ORCF whose expertise we must exploit through an action plan defining resources and a timetable. However, this organization must look at its overall approach to generating revenue, and begin a transition from ad hoc fundraising to the encouragement of ongoing philanthropy. As a start, there will need to be a public awareness program targeted at the appropriate sector of our donor population. We may need to acquire the relevant expertise and experience, at least on an interim basis, to lead this initiative.

Next year this board will follow up on the results of the self-evaluation questionnaire. We shall determine areas for improvement and draft an action plan. Relevant areas of our bylaws and policies will be examined and, if necessary, we shall propose amendments to present at next year's annual meeting.

In closing I want to express our Board's appreciation of the hard work and extra effort so often provided by the Foundation staff. We also are very thankful for the great cooperation and support that we receive from the hospital executive and their staff whenever we request their assistance. The biggest thanks must go to the residents of our communities who continue to support our efforts as we strive to make WDMH the excellent healthcare facility that they expect and deserve.

Lastly, on a personal note, I wish to thank the members of the Foundation Board who continue to donate their energies and ideas to our important work, and who have supported me so well over the past year. A special big "thank you" goes out to the two directors who are leaving our board at this time. Not only have Vicki Byers and Eric Duncan been excellent contributors to our board and committee discussions, but they also willingly rolled up their sleeves whenever there work to be done. Thank you so much.

Respectfully submitted,



*The friendship of those we serve is the foundation of our success.*