

2018/2019

# Report to the community





“ I’m privileged to have been able to come to work every day and be the best I can be; and I believe our successes can be attributed to the great team of healthcare professional I work with every day at QCH.

— PATRICIA KAVANAGH  
*Care Facilitator*

# Newsweek names QCH top hospital in region

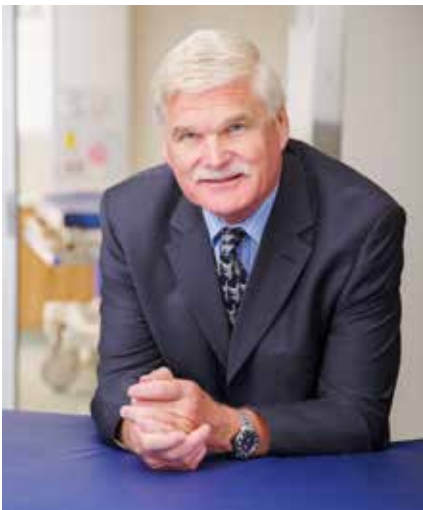
*Newsweek Magazine* named Queensway Carleton Hospital one of the top 25 hospitals in Canada, and #1 in Ottawa in 2019.

QCH was also listed alongside healthcare institutions in Canada like Toronto General Hospital and Sunnybrook Health Sciences Centre, and international leaders like the Mayo Clinic and Johns Hopkins.

“We’re excited to have been named #1 in the region,” said Leah Levesque, interim CEO at QCH. “We’ve worked very hard to create and maintain a culture at QCH that puts the patient at the centre of every decision we make in terms of high quality, safe care.

“It’s a testament to the commitment of our team that we’ve been ranked so highly. And we’re committed to continually improving, because there’s always more that we can do.”

And that drive for continual improvement is a reflection of the leadership of the late **Tom Schonberg**, who served as QCH’s CEO for nearly 20 years before he unexpectedly passed away in February.



Schonberg was well-loved for his steadfast dedication to the QCH community. He led the hospital through some its’ most fundamental expansions, encouraged advancement in patient-centred care, and helped QCH attain recognition for care and innovation beyond Ottawa.

“Tom was truly committed to lifting our hospital – all of us – to be everything we can be. He was so proud of QCH,” stressed Levesque. “He was a remarkable man, and his commitment to this organization and our community was unwavering.”

And it’s as a reflection of that devotion that we dedicate this annual report to his memory.

# Tackling the challenge of hallway medicine

An aging population, and a city population that now tops one million people, were both contributing factors to the busiest year in Queensway Carleton Hospital's history.

"West-end Ottawa and its surrounding region has a population that is both growing and aging," said Leah Levesque, interim Chief Executive Officer. "QCH has needed to be agile and responsive to the changing needs of our community."

The biggest challenge is the difficulty for patients to find appropriate living arrangements – those who are well enough to be discharged from hospital, but cannot yet return home. On average, there were 60 patients each day waiting for "Alternate Level of Care (ALC)," which is about a third of the hospital's medical beds.

"This is tough on the ALC patients – having to wait in the hospital for a more appropriate care setting in the community. It is especially tough on other patients who are required to receive care on stretchers in Emergency because no beds are available," said Levesque.

Over the last year, the hospital was more than completely full 100% of the time – with admitted patients overflowing into Emergency and other "unconventional spaces." In fact, there were more than 3,100 patient days spent overnight in these areas while waiting for an in-patient bed – a 26% increase over the previous year.

This past year the hospital also managed the additional challenge of a pair of unfortunate events in the city. A tornado in September, followed by the OC Transpo bus crash in January, which added additional strain to the already-full hospital. Despite the unexpected and tragic circumstances surrounding both events, they showcased the commitment and dedication to care that the QCH team provides to our patients each and every day.

"They've not only been incredible dealing with the unexpected, they've also shown a resilience and adaptability to a constantly changing healthcare environment," added Levesque.

To help deal with the capacity challenge, the hospital took on dozens of initiatives, including:

- Opened unfunded beds in unconventional spaces
- Formed partnership with community hospitals to move ALC patients to a more appropriate setting



- Reduced length of stay and readmissions in key areas
- “CTAS 1,2,3 project” to reduce wait times in Emergency
- Surgical smoothing project to reduce cancellations
- Added special patient navigator for elderly patients
- Added more mental health crisis nurses in Emergency
- Implemented a Surge policy and Internal Code Orange policy
- Worked with small hospital partners to accept ALC patients who are waiting for alternative levels of care

“It’s not always easy ensuring that we’re able to meet the growing needs of our community, but the QCH team will do everything in their power to make sure that happens,” said Levesque.



“ We’re no longer a small community hospital. We’re a regional leader with one of the busiest Emergency Departments in the region.

– DR. BHASKAR GOPALAN

# Life in one of the city's busiest Emergency Departments

Dr. Bhaskar Gopalan completed a residency placement in the Emergency Department at Queensway Carleton Hospital in 2006 and knew it was the place for him. "I fell in love with it – the culture, the people, and the supportive nursing staff." And, of course, that surge of adrenaline. He joined the team a year later and became Chief in 2015.

"You have no idea what is coming next," he explains. "Each patient is unique and needs to be treated that way. I love the complexity of the cases and working with like-minded professionals who value the benefit of teamwork."

That teamwork is more important than ever considering the changes Dr. Gopalan has seen in the last decade. "We're no longer a small community hospital," he says. "We're a regional leader with one of the busiest Emergency departments in the region. Back in 2007, our team cared for 180 patients each day. That number has risen to 230 patients each day – or more than 80,000 visits each year."

Patient care needs are also changing. "We are serving a bigger area with a fast-growing population. Elderly patients can have more complex issues with multiple medications and health concerns. About a third of them will be admitted to QCH."

To ensure the very best care, QCH is adapting too. Our recent ED 1,2,3 Project looked at every process to see how things could be improved. New medical directives are helping to streamline care as soon as patients arrive. For example, patients may have immediate blood work, urine analysis or heart tests. A new tool with built-in business intelligence standardizes the triage process to ensure the sickest patients are seen first, improving patient safety. And the addition of a second emergency physician overnight has also improved patient flow.

"The Emergency Department is the first line of health care," says Dr. Gopalan. "If you walk in, you will see everyone working 120%." These changes will help physicians get essential information faster, resulting in more rapid diagnosis and treatment.

Dr. Gopalan says that solving those patient problems is what drives him every day. "Recently, a colleague shared a letter he received from an elderly patient who had arrived in the ER very ill. She went into cardiac arrest and the whole team helped to save her. One month later, she said she wanted to meet all the health care providers who had looked after her to say thank you. That's very rewarding, and that is why we do what we do."

# “I was terrified”

Stephanie Emard’s husband knew it wasn’t a good sign when he was told his wife was the sickest person in the hospital that day. Perhaps thankfully, Stephanie was too sick to realize it herself.

“It was a typical busy day,” Stephanie remembers. “I was at my son’s hockey game and started having chills and stomach cramps. I never get sick and I just thought it was the stomach flu.”



But two days later, things were much worse, and Stephanie’s husband rushed her to The Queensway Carleton Hospital’s Emergency Department. It was here that her whirlwind experience began.

The final diagnosis was toxic shock syndrome caused by a staph A infection — and the treatment was anything but simple. Emergency surgery, two weeks in the Intensive Care Unit, kidney failure and dialysis, a ventilator, fevers that wouldn’t subside, blood transfusions, infectious disease specialists, endless tests, nutrition consults, physiotherapy, and many more challenges followed. Stephanie was a patient at QCH for almost a month, and while things often seemed bleak, they slowly improved.

Stephanie doesn’t remember all the details, but she does remember how she felt: “Gosh I was terrified, but everyone was so amazing. And the care seemed so seamless. Whenever we asked a question, the team had the answer. And everyone was concerned about my mental health too - how I was handling a situation that was so hard to handle.”

Stephanie says her life was pulled out from under her and she is so thankful that the team at QCH was there to catch her. They care for nearly half a million patients each year, but Stephanie says she felt like the only one. “The nurses were so caring, and the care was so personal. I remember a nurse washing my hair so gently and another nurse brought me toast in the middle of the night when I finally started eating again.”

And that personalized care went beyond the bedside. “Everyone was so friendly and helpful, including the people who transported me to so many tests, the people who took my blood almost every day, and the cleaning staff. Even my physiotherapist Kim



was lovely, though I dreaded seeing her coming because the exercises were so challenging. She was so patient with me.”

Thankfully, Stephanie has made a full recovery and is back to her busy life as a kindergarten teacher and mother of two teenage boys. “There are so many people to thank and I’m sorry I’ve forgotten many of their names,” sums up Stephanie. “I want to thank them all for helping me. Everything was top-notch. It really is a miracle and I am very lucky and very blessed.”



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Photo: Stephanie Mason

## Major renos make major improvement

Patient care isn't only about doctors, nurses, and medication. Often it's about also about creating an environment that promotes healing.

That's why last year the hospital completed a major renovation to its C4 unit.

"Believe it or not, 40-years ago when C4 was built, hospital design didn't include amenities like an open patient and family lounge," explains interim CEO Leah Levesque. "In fact, you'd be surprised at the things that were not considered a priority then, like the number of private rooms, wheelchair and walker accessibility, even sinks for staff to wash their hands in the rooms.

"And that's why we undertook this significant and much-needed renovation to the oldest of our in-patient units." For patients, these updates mean an increase in comfort, accessibility, and mobility.

For QCH staff, the renovations enable them to adjust to future technological improvements, streamline their work, and address any safety issues they may have previously identified. The renovations are being performed with input from staff and patient advisory groups. Renovations will be completed on two additional units in the upcoming year.



*The C4 was fully renovated last year.*



### QCH becomes flagship hospital

Queensway Carleton Hospital has recently become the Canadian leader for equipment sterilization – a key step in improving patient safety.

The hospital is now using a leading edge smart technology that allows the entire sterilization process to be computerized, eliminating the risk of entry or user error and increasing compliance.

QCH is now only the fifth institution in the world to use this technology, and the first in Canada. Our designation as a “Centre of Excellence” means that Johnson & Johnson and Advanced Sterilization Products Inc. – the product distributors – will showcase QCH, flying representatives from hospitals across Canada to QCH to view the technology in action, and learn from our experience.

## Taking care of the heart

With a little TLC, Queensway Carleton Hospital was able to reduce the number of missed appointments and increase the number of cardiopulmonary patients seen by over 20% in a single year.

The department determined there was an opportunity to improve the no-show rate for booked appointments.

“We realized that these no-shows led to several issues – delayed access of care, an increase in staff workload, and decreased staff morale,” explains Dr. Dan Locke, the Cardiopulmonary Manager.

One of the first improvements the team made was taking an extra minute on the phone with patients when they book appointments to ensure that patients fully understand the details of their appointment.

“We wanted to give the patient a higher degree of comfort,” Locke continues. “And the hope was that if they were more prepared, they’d be less likely to cancel.”

## Surgically precise scheduling

Last-minute cancellation of surgeries is stressful and has a negative impact on patients and their families.

A QCH team including surgeons, nurses and anesthetists decided it was time to tackle the issue – which had directly led to 79 cancelled surgeries related to a lack of available beds in 2017.

“We recognized that we had challenges in terms of the availability for patient beds in surgery,” explained Kerry Cook, Clinical Director at QCH. “So we needed to identify where our peaks-and-valleys were.”

This revealed a broad variability in both the number of available surgery beds on any given day as well as the surgical demand, and highlighted some pressure points for the hospital. The team reviewed weekly surgical schedules and adjusted them to help alleviate pressure on high volume days.

Since the go-live of the revised schedule in September 2018, only four surgeries were cancelled, as these patients required an ICU bed post operatively.

## Just what the patient ordered

A new discharge process is making an immediate impact on patient satisfaction, and has triggered a 20% increase in patients reporting that they understood what to do in case their condition changed after discharge.

The original discharge process had often been highlighted by patients as stressful and rushed, leading to confusion about important instructions for a safe discharge.

Last year, QCH introduced a new discharge instruction tool that provides easy-to-understand, written instructions. This tool helped to reduce readmission rates and improve patient satisfaction with their discharge preparations.

Tried between September 2017 and May 2018, the new transition tool also led to patient-reported discharge preparedness survey results increased from 66 to 73%.

“Patients just want to get home safely,” stressed Lianne Learmonth, the Clinical Director for Medicine, Geriatrics, Chronic Disease Management & Discharge Services. “Sometimes the things we tell them don’t resonate until they are home, so giving them that written piece of information is really crucial.”

### Childbirth Link improves patient safety

This year QCH built a special hallway to directly attach the Childbirth Unit to the Operating rooms.

This link is designed for use in emergency situations to ensure that patients have immediate and direct access to urgent care if needed while in the Childbirth Unit.



# How surgery can change the quality of life

Pamela Cripp is a 64-year who postponed getting knee surgery for a decade. When her knee started to “clunk and grind,” her family doctor reviewed her x-ray and confirmed it was time for a total knee replacement. Within six months she had been assessed, paired with a surgeon and fitted with a new knee.

“I can now enjoy taking my dog on walks and I’m looking forward to being able to sit on the floor and play puzzles with my grandchildren,” Ms. Cripp said.

Not too long ago, a patient like Ms. Cripp would have had to wait a year to 18 months. But Queensway Carleton Hospital and its partners have rebuilt their surgical program with a view to reduce wait times and improve the patient experience.

This new process funnels all referrals to a single location for triage. The patients are then referred to an assessment clinic at one of our hospital clinics – Cornwall, Montfort, QCH, The Ottawa Hospital or Pembroke – whichever is closest to their home where they’re assessed by specially-trained physiotherapists or nurses. Patients deemed appropriate candidates for surgery are given the opportunity to select their orthopedic surgeons based on both wait times and the location of the hospital, and educated on what to expect. This has cut wait times for assessments from one year to approximately one month, and cut wait times for surgery in half.

## Expanding on this success

The success of the central intake program for hips and knees has resulted in the Ministry of Health and Long Term Care providing funding for a review to determine feasibility and benefits of expanding this program to include other orthopedic musculoskeletal conditions. These include foot and ankle, shoulder disorders, knee arthroscopy, cervical and thoracic spine conditions.

## There’s no place like home

This year, Queensway Carleton Hospital also began to pilot same-day discharge for total joint surgeries. With the development of more advanced surgical techniques, total joint surgeries have become safer and more efficient than ever. By moving to same-day discharge patient satisfaction increases, there is a reduced risk of infection, and the hospital can help more patients each year.

## Bringing physio closer to home

QCH and Montfort were chosen to lead a new 'bundled care' program for the region. This program works to ensure that patients can choose where to get their post-operative physiotherapy – either at the same hospital where their surgery took place, a hospital closer to home or community physiotherapy clinic. It also ensures that no matter what choice the patient makes, they receive the same timely standardized care. This helps to improve the patient experience and outcomes, and reduces wait times.

"I could have done my surgery sooner if I had wanted to go to another hospital and with a different physician," explains Nathalie Henkel, a mother-of-two who recently had both hips replaced. "(But) it is closer for me to come to QCH – it's only a 20-minute drive from my home. Also, I wanted to stick with the surgeon that I knew."

For years Ms. Henkel hadn't been able to enjoy the active lifestyle that had always been second-nature to her, but surgery gave her her life back.

"Today, my physiotherapist said that I can start going to the gym and doing those things that I hadn't been able to do in several years."

The program success reflects how QCH strives to not only meet the needs of the Ottawa community, but to foster innovation and constantly improve – ensuring patients timely, quality care.

QCH will be sharing its program expertise with other hospitals over the coming year.

*Pamela Cripp (right) and Maureen Sly-Havey (left), During a Post-Surgery Consultation at the Central Intake and Assessment Centre, Queensway Carleton Hospital, Ottawa*



*Patient Nathalie Henkel (right) and Physiotherapist Raphail Au, after a post-surgery physiotherapy session at the Queensway Carleton Hospital*



*Photo: Farouq Samim, Champlain Local Health Integration Network (LHIN)*

# A Growing Community of Support

This has been another outstanding year for fundraising at Queensway Carleton Hospital Foundation, thanks to the generosity of our growing community of supporters.

We have now reached over 85% of our fundraising goal for our HOPES RISING campaign, bringing us that much closer to a renovated Mental Health unit, and improved emergency care for people in a mental health crises.

In May 2018 the Foundation hosted 450 guests for Hope Blooms at the Farm. The evening was a resounding success with an exceptional \$520,000 raised in support of Mental Health at Queensway Carleton Hospital – making this the most successful fundraising gala in the history of the Foundation.

This was a unique and memorable event, with powerful patient stories, auction bidding, live music by Séan McCaan founder of the band Great Big Sea, and great outdoor family-style dining - all at the award-winning Saunders Farm, in southwest Ottawa.

This special event brought together an extraordinary group of dedicated donors, sponsors and volunteers, all focused on improving care and services for mental health patients in our community. Key to this group were 10 city councillors - the Ambassadors Raising Hope - who in 2017 committed to raising \$500,000 for the HOPES RISING campaign that inspired an outpouring of community support.

2018 also marked the start of a new community of supporters for QCH through the launch of the Foundation's Women in Philanthropy program.

This exciting new initiative brings together like-minded women who want to help transform healthcare for Ottawa and our region. Members pool their donations to create a fund that is awarded annually to one of three QCH short-listed projects that address urgent healthcare challenges within our community.

Catherine Clark, Honourary Chair, and Shawn O'Rourke, Chair and former QCH staff member, were joined by other inspiring community, healthcare and philanthropic leaders in Ottawa to kick-start this new model of donor funding for our hospital. A variety of events were hosted this past year to engage women across the city in this new venture, including a glamorous launch event at the Château Laurier, and a stimulating panel discussion about the influence Canadian women have on charitable giving.



“I am particularly delighted to be part of the Women In Philanthropy initiative, which will see women from across Ottawa transform healthcare in our region through our collective giving and leadership.”

– Catherine Clark, Honourary Chair, Women In Philanthropy

More than ever our hospital is benefiting from the tremendous support from our community, with an increasing amount of local fundraisers being hosted throughout the year in support of QCH. From golf tournaments, balls and fashion shows, to bowling nights and Mahjong tournaments– our community of supporters is engaged and growing.

This year, despite the damage and devastation caused by the Dunrobin tornado, our hospital was still the honoured recipient of the Dunrobin Village Meat & Grocery 15<sup>th</sup> Annual Charity Golf Tournament. We are so fortunate to be part of such a giving community.

Thank you to all our dedicated and generous donors who throughout the year have supported our campaigns and helped us purchase much-needed medical equipment.

Thanks to you we can continue to invest in advanced patient care and healthcare excellence for our community and save even more lives!

**Learn more & get involved at [qchfoundation.ca](http://qchfoundation.ca)**

*Founding members at the Women In Philanthropy launch, December 2018.*



*Event Co-Chair Sara Cinq-Mars with Ottawa city councillors Michael Qaqish, Rick Chiarelli, Allan Hubley, Keith Egli, and Mark Taylor at Hope Blooms at the Farm, May 2018.*



# Our Care – by the numbers



**82,477**

Emergency Visits



**20,274**

Day Surgery Cases



**4,803**

Surgical Inpatients



**5,180**

Medical Inpatients



**10,796**

Mental Health Patients



**27,712**

Rehabilitation Outpatient Visits



**617**

Rehabilitation Inpatients



**2,396**

Births



**92,592**

Clinic & Day Program Visits



**155,638**

Diagnostic Imaging Tests



**54,052**

Cardiopulmonary Procedures

## Volunteer stats:

Number of hours contributed: **50,500**  
Number of volunteers: **541**

## Employees:

Total physicians for 2019: **330**  
Total midwives for 2019: **11**  
Total nurses for 2019: **868**  
Total allied health for 2019: **341**  
Total staff for 2019: **2,102**

## OPERATING REVENUE

Ministry of Health Allocation	167,097,000	77%
Patient Revenue:	25,410,000	12%
Other Revenue:	25,455,000	12%

## OPERATING EXPENSES

Staffing	146,521,000	69%
Supplies and Other Expenses	49,206,000	23%
Depreciation	16,942,000	8%

# Report from the QCH Board

As the Board of Directors, we are proud of the work completed by the Queensway Carleton Hospital this year – moving swiftly to address emerging challenges while continuously focusing on high quality care for which we have become recognized across the province.

Our work this year as a Board continues to be in support of the Hospital, its staff and its patients. First and foremost, of course, was to support the team after the sudden and heartbreaking loss of CEO Tom Schonberg. We moved quickly to appoint and support interim CEO Leah Levesque, who led this team with courage, grace, compassion, and wisdom in its acute time of need. After a thorough search and selection process, Dr. Andrew Falconer was chosen as the next CEO – putting in place a respected leader for this next important phase in the hospital’s journey.

Earlier in the year we also followed a formal process and appointed a new Chief of Staff – Dr. Sanjay Acharya, a recognized physician champion of QCH and its patients.

We are pleased to have had patient representatives join us on the selection panel for both these critical roles.

As part of our ongoing commitment to good governance, we also reviewed and revised 36 policies to ensure they continue to map to emerging best practices, along with updating the Terms of Reference for four board committees. As we do each year, we recruited new members to our Board that reflect a range of leadership skill-sets and the diversity of our community.



This Board takes its role in patient safety very seriously, and we conducted regular and thorough reviews of the hospital’s quality improvement plan and initiatives – hearing directly from patients, families and staff throughout the year.

Late last year, we directed the hospital to begin discussions with other healthcare providers in the region – in preparation for future work to build an Ontario Health Care

Team. We believe there is great opportunity for QCH and its patients, and we’ll continue to work to help the organization define a path forward.

As a Board, we are very proud of the work the hospital has done this year in support of patients, families, and the community we all serve.



f @QueenswayCarletonHospitalFoundation

t @QCHottawa

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