



QUEENSWAY CARLETON HOSPITAL ANNUAL REPORT



Michael Ralph, a Crisis Intervention Nurse at Queensway Carleton Hospital. SUPPLIED

Introducing the next generation of mental health care

Faced with a significant increase in demand for mental health services, Queensway Carleton Hospital conducted a soul-searching review of its program and made big changes. The results: higher patient satisfaction, lower readmissions and better health outcomes.

Here is how it unfolded. Over the last five years, QCH faced a 32 per cent increase in mental health visits to the Emergency Department. The in-patient unit had been full or spilling over to other units almost every day.

"Attitudes about mental health are changing our society," said Dr. Andrew Falconer, Chief of Staff at QCH. "More people are talking about mental illness. More people are coming through our doors looking for help."

It's for that reason that QCH undertook a full-scale review of its mental health program — the first in the hospital's 40-year history. They brought together an inter-professional team, including patients with lived experience.

"It has really changed the way we think about our care. We had to take a step back and ask ourselves who the community needs us to be and what we need to be doing differently," said Falconer.

The team had two goals in view: improve access to care and improve the patient experience. From bricks and mortar to programs and outcomes, big changes have been introduced across the board.

THE NUMBERS

Patient outcomes vary from 10 to 20 per cent higher than peers. 5 per cent improvement in patient satisfaction scores for quality of care. 8 per cent increase in satisfaction for access to care. 30 per cent improvement in readmissions year-over-year: from 10.8 per cent to 7.5 per cent.

Busiest year in history

Last year, clinicians at Queensway Carleton Hospital peered into the future and predicted that the coming viral season would be a tough one — and that the bed shortage would be the toughest one yet.

They decided to create a "surge plan" — a plan to be activated if the hospital runs out of beds and traditional space.

"If you build it, they will come," it turned out. In 2017/18, QCH saw more patients walk through its doors than any other year in its history.

A particularly aggressive flu season was the primary culprit in a massive spike in the number of patients admitted through Emergency, but it wasn't the only factor. There were also fewer beds available. Last year, almost 13,000 bed days were not available for acute care because patients were waiting for care in the community. Patients were well enough to be discharged from hospital, but not well enough to go home without additional care. This is a tough problem faced by hospitals across the province.

For patients at QCH, it

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meant that 70 surgeries were cancelled during the viral season, and up to 38 patients per night were kept on stretchers in Emergency or in "non-traditional spaces" because there were no beds left in the hospital. By the end of the fiscal year, that added up to nearly 2,500 patient days without a bed.

"No hospital wants to practice hallway medicine," said Leah Levesque, chief nurse. "It was our new reality in 2017/18, even in the summer. The teams did everything they could to maintain quality of care, no matter the circumstances around them. We are very proud of them."

Staff converted a waiting room and a surgical recovery area into temporary in-patient units. And they evaluated every area of the hospital to look at

where else patients could be cared for safely.

Despite the challenges, the team in Emergency managed to keep wait times on par with previous years. It was no easy feat. They saw a record 80,000 patients — the most of any Emergency Department in the region.

Even with "surge" protocols now in place, QCH and other hospitals are still in need of support. Through discussions with government, hospitals seek to address continued challenges in care and capacity, such as needs for Alternative Level of Care patients.

No matter what lies ahead, QCH continues to do everything it can to plan and prepare in order to provide each patient the same kind of care we would want for our own families.

More than a hospital: Jenn's survivor story

Breast cancer is not usually top of mind for a young, active woman in her 30s. But just six years after she lost her mother to breast cancer, Jenn was diagnosed with the same disease.

It was in 2015 that Jenn had her first mammogram and initial needle biopsy, when doctors told her the cancer was at stage 0. Based on her diagnosis, Jenn opted for a double mastectomy procedure.

“This is the machine that will be testing my friends in the future.

"It's a very personal decision, every woman approaches it differently," Jenn explained.

Through the surgery, Jenn learned the cancer had spread. Decisions began to mount. And time in hospital, along with it.

It's then that QCH and the Irving Greenberg Family Cancer Centre became something more. "I felt comfortable here," Jenn shared. "And it was close to home, which we didn't even realize would be part of the convenience factor until you



have to come to the hospital every single day."

For Jenn, the biggest impact came in unexpected ways. It was the little things.

With cancer now behind her, Jenn shares a new story. "One of the reasons I am passionate about the new mammography machine is because I am younger; none of

my friends are being screened yet. This is the machine that will be testing my friends in the future."

For Jenn, QCH became more than a hospital. No matter your story, QCH strives to be more than a hospital for you, too.

Learn more about our mammography campaign at www.qchfoundation.ca.

Thank you for your generosity

This has been an outstanding year for fundraising at Queensway Carleton Hospital. Over \$3.7 million has been raised towards our \$5 million HOPES

RISING campaign. We are now much closer to delivering a renovated Mental Health unit that supports hope, healing and recovery, as well as improved emergency care for people in the midst of a mental health crisis.

HOPES RISING A CAMPAIGN FOR MENTAL HEALTH AT QCH

More than \$470,000 has been raised to purchase a new mammography machine, putting us just within reach of our \$800,000 goal. The new machine will allow for earlier diagnosis through the 3D mammography technology and replace a unit that will soon reach end of life.

We are also grateful to the thousands of donors who have donated throughout the year to help us purchase

much-needed medical equipment. Funds will help support our expert physicians and medical teams with the technology they need to provide the best care possible.

Together we are advancing health care and saving lives. Thank you!

Learn more at www.qch-foundation.ca.

Improving seniors' care in Emergency

It's the busiest Emergency Department in the region. Over 80,000 people visited last year. But despite an increase in visitors, the Emergency Department team prevented an increase in wait times. Further still, they've continued to introduce new ideas to help improve patient care.

Last fiscal year, there was a concerted effort to improve emergency care for seniors. Here's a glimpse of some of what was accomplished:

- Improved access to physicians with geriatric specialization.
- Introduced additional specially-trained Geriatric Emergency Nurse Education nurses, known as "GENE" nurses, increasing capacity at the front lines.
- Trained a Behavioural Emergency Response Team (BERT) to respond to calls to help prevent escalation of patient behaviours in the Emergency Department using specialized geriatric knowledge and techniques.
- Implemented new Identifying Seniors at Risk (ISAR) documentation and risk assessment practices, including improved screening for delirium.

As the Emergency Department continues to receive record numbers of visitors from the community, QCH staff remain committed to learning how to care even better for each and every person that walks through its doors.



900 improvements in how we care

Queensway Carleton Hospital prides itself in its culture of continuous improvement. This year, QCH staff completed 900 improvements — big and small — to provide better patient care. Here are a few small examples:

- Staff worked to reduce noise levels for in-patients by turning off the sound of the call
- Staff implemented a "path to home passport" to help better inform patients on their plan of care from their time of admission to their time of discharge.
- Teams worked to improve the transition of patients

from Emergency to the Mental Health unit to improve the patient experience during transition.

- Staff helped increase surgical patient satisfaction by reviewing surgery room bookings with an eye to improving efficiency in scheduling and reducing excess transition time.



Maureen Sly-Havey, QCH Nurse and Clinical Lead, Musculoskeletal Program, stands beside a patient. SUPPLIED

Program reduces wait times for surgery

"It's a record low." Words rarely uttered in a time of hospital overcrowding. But that's exactly what Queensway Carleton Hospital and its regional partners have achieved with wait times for hip and knee replacement surgery.

People used to wait 12 months or more to meet with a surgeon and then another 12 months or more for surgery. Today, wait times have been cut in half, and patients have more choice in the process.

At the root of the success is the Total Joint Assessment Clin-

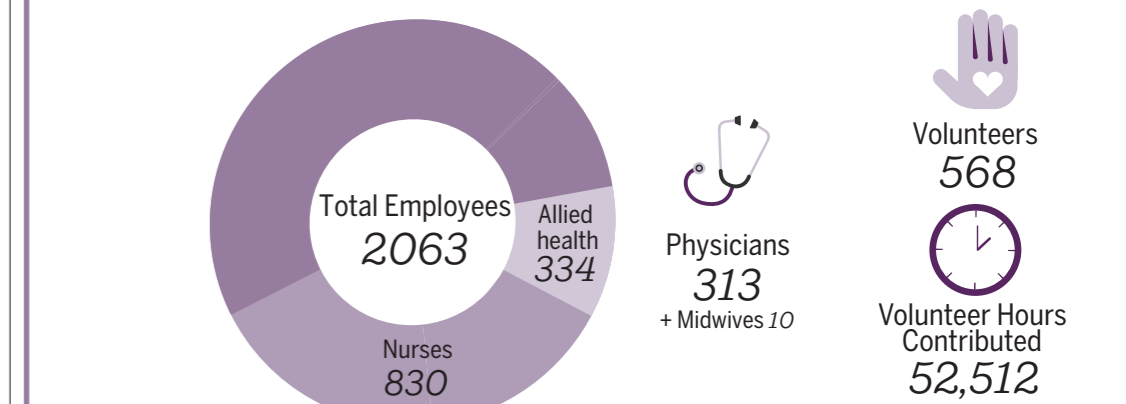
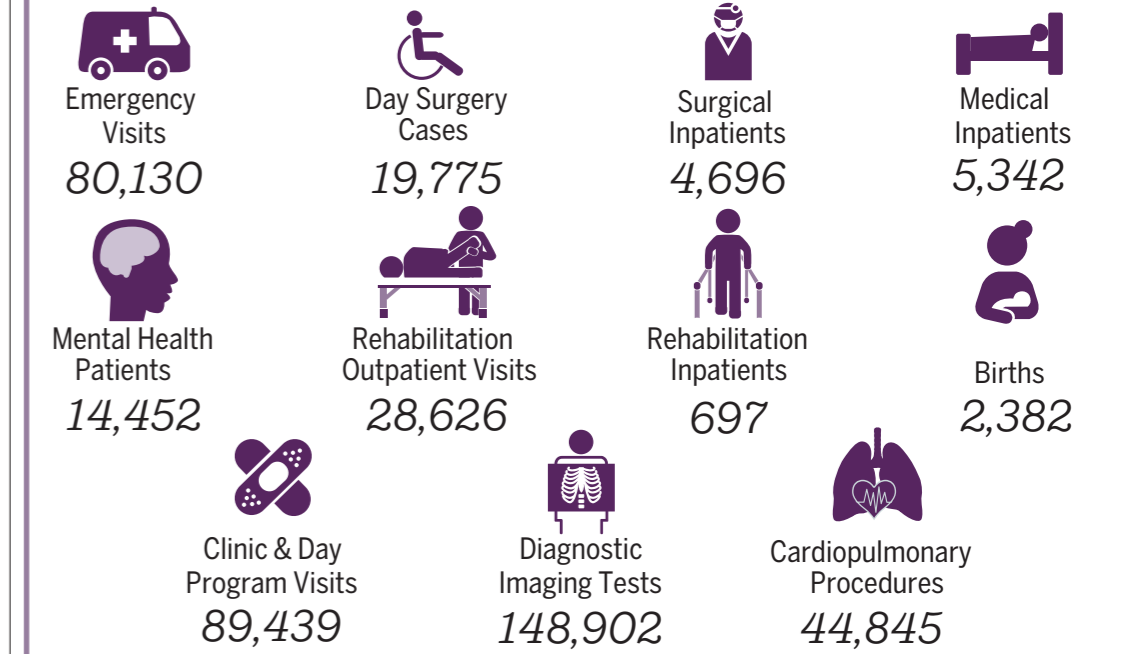
ic (TJAC) program. QCH and its regional hospital partners have received the go-ahead to expand the central intake program, adding shoulder, foot, ankle, arthroscopy of the knee and mid and upper back surgeries.

QCH nurse Maureen Sly-Havey was recently recognized with a national nursing award for her work on the program and other orthopedic initiatives within QCH. She led an initiative that helped reduce how long people have to spend in hospital after the surgery — with over 50 per-

cent now returning home after just one day, and no increase in readmissions. That adds up to over 1,000 bed days saved — more open beds for other patients who need care.

The Total Joint Assessment Clinic has been a good news story since its launch in 2007, the first of its kind in the region. It went regional in 2010 with QCH at the helm. It now receives 7,000-plus referrals a year and is having a real impact on the community. QCH is excited for continued expansion on the horizon.

Our care - by the numbers



OPERATING REVENUE		
Ministry of Health Allocation	\$163,817,000	(76%)
Patient Revenue	\$25,537,000	(12%)
Other Revenue	\$27,076,000	(12%)

OPERATING EXPENSES		
Staffing	\$142,740,000	(69%)
Supplies & Other Expenses	\$47,465,000	(23%)
Depreciation	\$15,938,000	(8%)

Audited financial statements for April 1, 2017 to March 31, 2018 are available at www.qch.on.ca