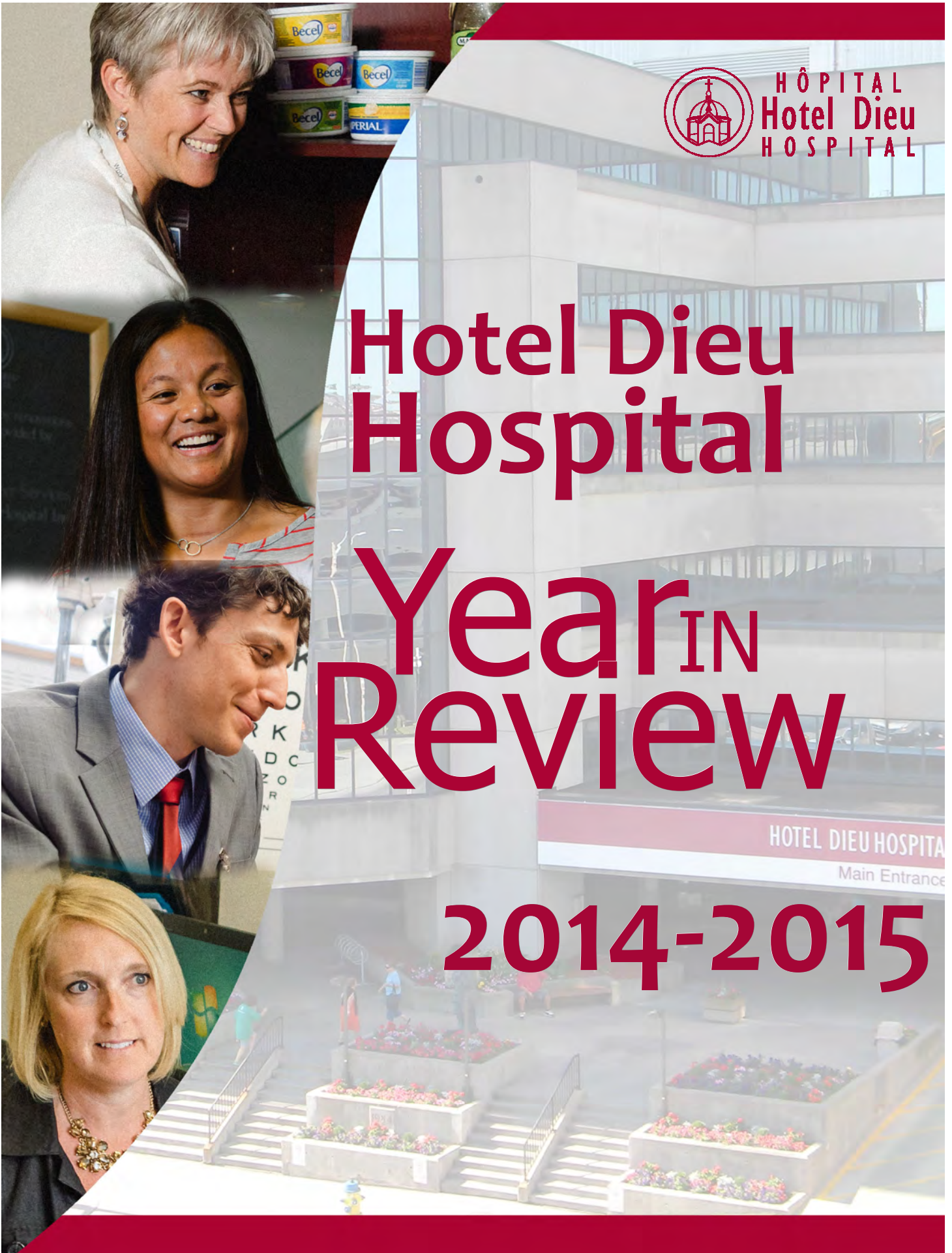




HÔPITAL
Hotel Dieu
HOSPITAL

Hotel Dieu Hospital Year IN Review

2014-2015



MARY AND GWEN CARTER, MARIA LARMON, PAULINE BELLINGHAM, ERICA SCOTT, RACHEL CUDDINGHAM, SUE BEDELL. IN THIS REPORT THESE PATIENTS AND THEIR STORIES SPEAK TO HOTEL DIEU HOSPITAL'S VISION OF ADVANCING AMBULATORY HEALTH CARE AND HOW THAT VISION TOOK SHAPE THIS YEAR AS WE INTRODUCED, EXPANDED AND PLANNED FOR NEW CLINICAL SERVICES; ACHIEVED RECOGNITION FOR HIGH PATIENT SATISFACTION AND ENHANCED EVIDENCE-BASED PRACTICES; AND CONTINUED BUILDING A ROBUST TEACHING AND RESEARCH ENVIRONMENT.

For Mary and her mother Gwen, for instance, our vision of excellence in outpatient care took the form of an exciting new clinic dedicated to helping patients manage multiple chronic diseases. After adding a second dermatologist this year, our dermatology program is set to launch a Mohs surgery clinic, and we submitted strong proposals to the Ministry of Health and Long-Term Care for expansion in our chronic pain clinic and for the addition of a surgical component in our bariatrics program.



Sherri McCullough
Chair, Board of Directors

Dr. David Pichora
Chief Executive Officer

Pauline played a role in our success in earning designation as a Best Practice Spotlight Organization, a three-year journey that fully incorporated into the fabric of patient care five RNAO Best Practice Guidelines. We continued working hard to meet patient needs in Urgent Care, where we successfully reduced wait times, and we opened a new retail pharmacy in our lobby for

the convenience of patients, families and staff.

And for Maria, legally blind and housebound, new ophthalmology research this year dramatically improved her quality of life. As well, our research culture was enriched by the opening of an exciting new neurosciences clinical testing lab and the start of construction on a high-speed skeletal imaging lab.

In 2014-2015, these stories and more defined excellence in ambulatory care at Hotel Dieu, and our patients and families acknowledged that excellence in a new point-of-care survey geared to capturing feedback immediately following a hospital visit. An impressive 96 cent of patients responded positively about their hospital care.

At a time of significant funding challenges, we have held fast to that standard of excellence thanks to the diligence, creativity and commitment of our staff, physicians and leaders. And we have been guided, as always, by the healing mission of the Religious Hospitaliers of Saint Joseph, the true definition of Hotel Dieu Hospital.

Mission

The **MISSION** of Hotel Dieu Hospital in Kingston, **ROOTED** in the **GOSPEL** of Jesus Christ, is to make **VISIBLE** the compassionate **HEALING** presence of **GOD** to all persons. We share in this **Mission** by being a **CARING** and **JUST** community. This is **Expressed** through the pursuit of **EXCELLENCE** in health service, **EDUCATION** and **RESEARCH**.

Vision LEADING *the* TRANSFORMATION of AMBULATORY CARE

Values DIGNITY of the Human Person
COMPASSION
JUSTICE **INTEGRITY**
EXCELLENCE

I began my role as Chief of Staff/Chief of Medical & Academic Affairs in September 2014 and can hardly believe my first year in the position is already almost over.

Hotel Dieu Hospital has been a hive of activity and change this last year. We have been preparing for hospital accreditation in September 2015, expanding ambulatory clinical activities despite budgetary challenges, revising our model of care and awaiting funding decisions related to expanding bariatric services and the chronic pain clinic.

As Chair of the Ambulatory Care Clinics Committee at Hotel Dieu and Kingston General Hospital, I have had the privilege of working with highly motivated, multidisciplinary professionals to increase clinic utilization and accountability, and to consider new and improved ideas for patient and family centred-care. We



Dr. Michael Fitzpatrick
Chief of Medical & Academic Affairs
Chief of Staff

now accommodate more physicians than ever before, have an impressively high clinic utilization rate and—most tellingly—have extremely high levels of patient satisfaction in our ambulatory clinics.

Also growing in strength and depth is the Hotel Dieu

Hospital Research Institute, and as ambulatory health research flourishes here, we anticipate the Institute will become a major support to researchers throughout the hospital.

As a new hospital Chief of Staff, I have also worked this year on the SE LHIN's Health Care Tomorrow project, which has the potential to transform health

care delivery in this region. As a member of committees addressing clinical direction-setting, physician change management and elective services I have been truly impressed by the collaboration and altruism of the health care professionals involved in this initiative.

It has been a privilege to serve the hospital Board and to work with the Senior Leadership Team to effect change at Hotel Dieu and beyond. Likewise, it has been a privilege to collaborate with senior leadership colleagues at Kingston General Hospital, Providence Care, Queen's University Faculty of Health Sciences and the South East LHIN to improve the many dimensions of health care, education and research in our region.

I look forward to another year of exciting challenges and opportunities!

2014/2015 Board of Directors

Sherri McCullough, Chair
Michael J. Hickey, Vice Chair

Robert Boucher	Peter O'Brien
Alan Cosford	Dr. David Pattenden
Marnie Dahl	Ex-officio Directors:
Lola Hulton	Dr. Michael Fitzpatrick
Sister Joan Kalchbrenner	Mike McDonald
Emily Leslie	Dr. David Pichora
Caroline Manley	Dr. R. Pokrupa
Peter Milliken	Dr. Richard Reznick
Laurie Newport	Dr. K. Thain



Board Members as of June 2014—Back: M. McDonald, L. Newport, R. Boucher, L. Hulton, Dr. D. Pichora, A. Cosford, Sr. Kalchbrenner, E. Leslie, Dr. J. Leverette. Front: M. Dahl, M. Hickey, S. McCullough, Dr. K. Thain and C. Manley. Absent: P. Milliken, P. O'Brien, Dr. R. Reznick, Dr. R. Pokrupa.

Senior Leadership Team

- Dr. David Pichora, Chief Executive Officer
- Dr. Michael Fitzpatrick, Chief of Medical & Academic Affairs/Chief of Staff
- Elizabeth Bardon, Chief of Public Relations & Community Engagement
- Scott MacInnes, Chief Human Resources Officer
- Mike McDonald, Chief of Patient Care & Chief Nursing Executive
- Steve Miller, Chief Financial Officer & Chief Operating Officer
- Janine Schweitzer, Quality Management & Organizational Improvement



Confronting the most complicated cases: New clinic manages complex chronic disease

Gwen and Mary Carter needed to find a family doctor ASAP when they moved to Kingston from Flesherton, Ontario in 2014.

In her 60s, Gwen lives with congestive heart failure, diabetes, arthritis and limited mobility. Like her mother, Mary, in her 40s, is overweight and suffers from diabetes and arthritis. She has had one kidney removed; the other is failing. In Kingston, 1000 people were ahead of them on the wait list for a family physician. Their concern only escalated when Gwen was hospitalized for several weeks and then fell through the cracks after discharge when a follow-up appointment was not booked. Enter the brand new Complex Chronic Disease Optimization Clinic.

“We know that about 5 per cent of patients consume about two-thirds of health care dollars. As our population ages and the prevalence of chronic diseases increases, the challenge is to support patients with multiple chronic conditions without crippling the health care system. The kind of coordinated care planning happening in the Complex Chronic Disease Optimization Clinic is one solution. It’s bringing care providers together in a different way so that those living with chronic care needs get the most efficient and effective care possible.”

*Mike McDonald, Chief of Patient Care
& Chief Nursing Executive*



Designed exactly for patients such as Gwen and Mary, its job is to create coordinated care plans for individuals with multiple chronic diseases and then to warmly “hand off” those patients to a community physician. The clinic is part of the Ministry of Health and Long-Term Care’s Health Links initiative, a collaboration of local and regional health care providers that connects people with the care they need.

“Patients referred to this clinic have a history of four or more chronic diseases such as chronic obstructive pulmonary disease, congestive heart failure, diabetes, hypertension and mental health conditions,” says Nurse Practitioner Jennifer Olajos-Clow.

“You can imagine the fatigue that sets in when someone has to repeat information to various health care providers, and how much better he or she would be served if everyone had access to one plan that clearly sets out the patient’s health conditions, medications and risks, plus health goals and strategies for self-management.”

Jennifer sits down with patients to look at everything from the doctors they need to see regularly to medications to

social supports. That information is consolidated into a coordinated care plan document that can be revised when required.

“The bottom line is making sure the patient and caregivers always have a whole health picture at their fingertips,” she says. “It’s a level of planning and education that puts patients and families squarely at the centre of care.”

On average, the clinic is attaching patients to a family practitioner within 45 days. It has been a godsend for Gwen and Mary. Within weeks of being hooked up with Jennifer, both women had the necessary appointments and referrals in place with specialists, community care providers and Hotel Dieu services that specialize in managing diabetes and congestive heart failure. With coordinated care plans almost complete, they are close to that dream of being attached to a family physician.

“We just want to keep Jennifer forever,” says Gwen, laughing. “We feel we’re on the right path now with our medications, diet and foot care. I’m even losing weight. This has been an excellent experience for both of us.”





Going beyond eye care: Research taps into smart devices for low vision rehabilitation

Twenty years ago, at the age of 30, Maria Larmon was diagnosed with retinitis pigmentosa, a condition that has left her legally blind, unable to read or watch TV and increasingly housebound. No wonder that an iPad was the last purchase she ever expected to make.

A research study in the Low Vision Rehabilitation (LVR) Clinic convinced her otherwise this year. Conducted by ophthalmologists Mark Bona and Zale Mednick, the qualitative study aimed to teach patients with low vision how to operate an iPad, with emphasis on optimizing its settings and accessibility features.

“Low Vision Rehabilitation is a growing field in Ophthalmology. It has been consistently demonstrated that patients with low vision suffer from reduced quality of life and functional status, and higher rates of psychological distress. Utilizing smart devices such as the iPad as a visual aid can address some of these deficits. The beauty of these devices is that they’re highly functional, portable and ubiquitous. There’s no social stigma to using one.”

*Drs. Zale Mednick and
Mark Bona, ophthalmologists*



"Visual impairment has a huge impact on people's lives, everything from increasing their risk of falls and clinical depression to reducing their income and chance of employment," says Dr. Bona. "The study looked past equipping patients with something that could help them better read text to improving their quality of life and their ability to function and participate in society."

Having struck out with magnifiers and other low vision aids, Maria jumped at the chance to participate in the study, which involved four training sessions and staged interviews before, immediately after and three months following the course.

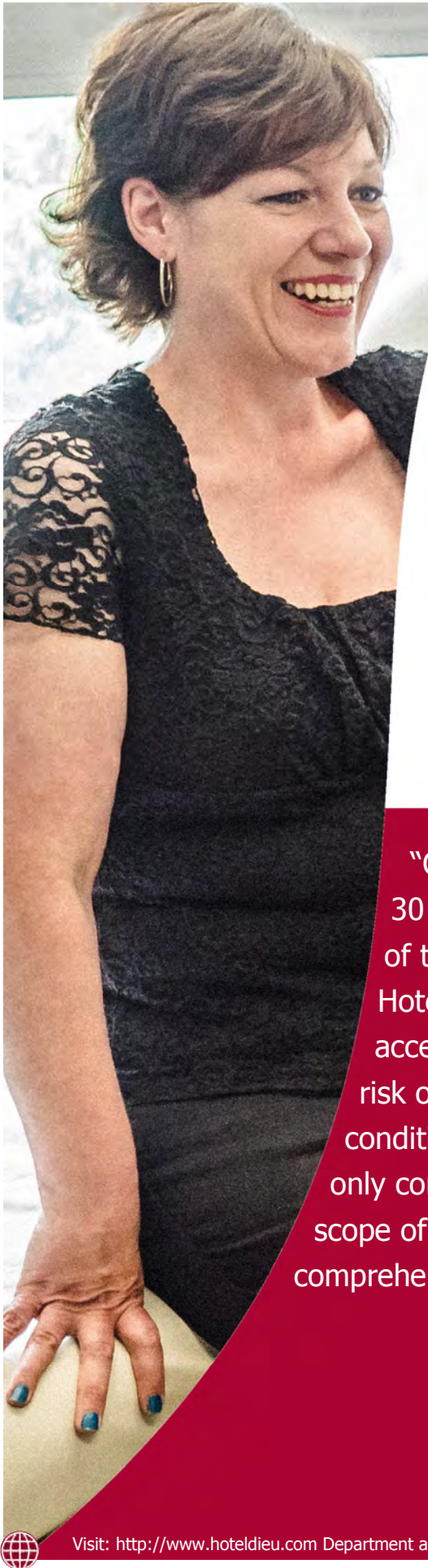
"It turned my life around," she says unequivocally, describing her discovery of the iPad's voiceover and virtual assistant (Siri) features that have opened the door to her pulling recipes off the 'Net, tracking appointments and reminders, texting and more. The smart device has also been a window to nifty applications such as TapTapSee that lets her photograph objects for immediate verbal identification.

"Before I had to hope like heck that someone else remembered my medical appointments," she says. "Now I can do many everyday tasks myself—a huge and unbelievable gain for me. I have my independence and privacy back and much hope for the future. I'd be nowhere without the Low Vision Clinic."

Five of the six patients in the LVR study were using the iPad on a daily basis three months after completing the course, and patient interviews revealed a heightened sense of independence and social connection. Based on those results, the LVR clinic is now offering iPad training sessions geared to both vision enhancement and vision substitution. A second, quantitative research study is in the works.

"We theorized that using the iPad as a low vision aid would result in feelings of greater self-worth, and the response of Maria and other research subjects seems to bear that out," says Dr. Mednick. "While it's not the only tool for low-vision patients, it has the potential to be a very valuable one."





Building excellence in bariatric care: Bariatric program is poised to expand

When the Kingston Bariatric Regional Assessment and Treatment Centre (RATC) opened its doors in 2012, Erica Scott was one of the first patients assessed for weight loss surgery. At 273 pounds, she had prediabetes, could not climb stairs without an inhaler and was fed up with the rollercoaster ride of weight loss plans that never let her stabilize and maintain a healthy weight.

"Friends recommended gastric bypass surgery," says the Iroquois, Ontario wife and mother of three kids, "but I had no interest in driving back and forth for the clinic appointments and surgery. After hooking up with the Hotel Dieu program I can say my only regret is not getting involved sooner."

"Our region has the highest rate of obesity in Ontario: 30 per cent in comparison to 20 to 24 per cent in the rest of the province. Situating a bariatric assessment centre at Hotel Dieu Hospital has made obesity treatment more accessible and helped to reduce the number of people at risk of serious health complications that can result from this condition. Bringing weight loss surgery under our roof can only continue to benefit patients. This would bring the full scope of bariatric services to the SE LHIN and provide a comprehensive program at one site in Kingston."

*Mike McDonald, Chief of Patient Care
& Chief Nursing Executive*



Erica's surgery was performed in Ottawa, while her pre and post-surgical visits were booked at Hotel Dieu. Now, the hospital is poised to take advantage of its existing services by adding a surgical component, which would bring the full scope of bariatric services to a region that has the highest obesity rate in the province. Well positioned to expand its RATC program, Hotel Dieu would be recognized as one of a handful of Bariatric Centres of Excellence in the province.

"We're very optimistic that we'll soon receive formal notification of funding from the Ministry of Health and Long-Term Care," says Mike McDonald, Chief of Patient Care and Chief Nursing Executive. "Adding surgery here will bring care closer to home, reduce surgical wait times, reduce out-of-pocket expenses for our patients and ensure care in an optimal environment within a single team."

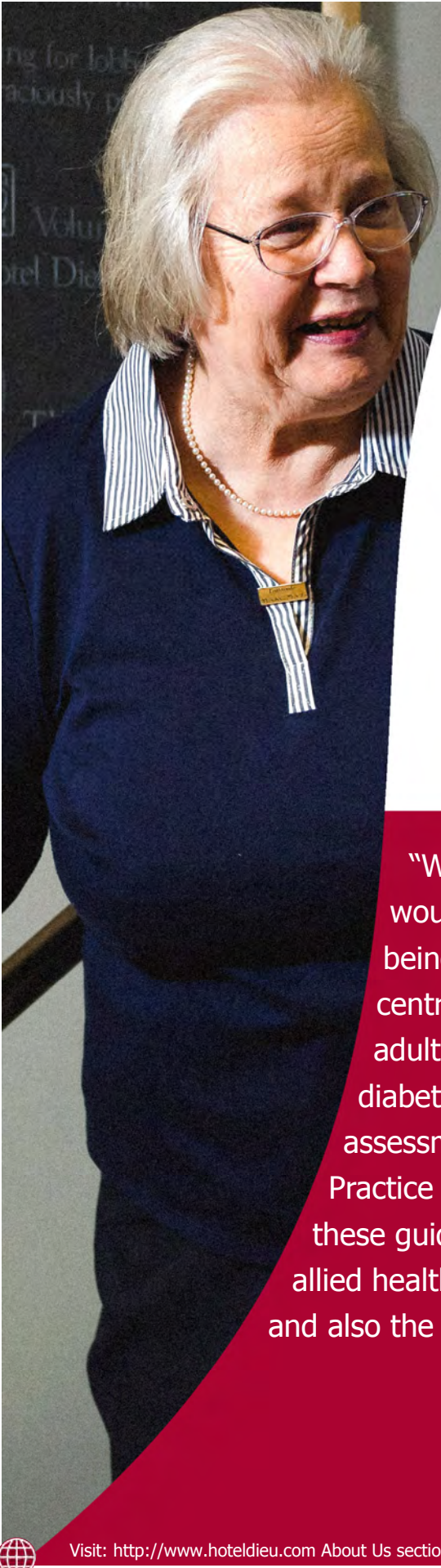
The RATC assesses more than 1000 patients annually, following one-third through surgery elsewhere. Constantly evolving to meet patient needs, it has quickly expanded

to include diabetes and sleep apnea sub-clinics plus a medical management program for those not on the surgical path. This year, the program launched a pre-operative internal medicine clinic, saving patients the long wait for a referral, as well as telemedicine conferences to speed up the consent process between patient and surgeon. The result? More timely care and more satisfied patients.

The surgical expansion cannot come soon enough, says Erica, who was so impressed with the calibre of care at Hotel Dieu that she blogged her own bariatric journey on YouTube. Now 100 pounds lighter, she acknowledges that weight loss surgery is not a magic bullet.

"You have to commit to some serious lifestyle changes," she says, "but the bariatric team at Hotel Dieu provided amazing support. I wasn't aiming to be a size 2. I just wanted to stop sitting on the sidelines watching my husband and kids play basketball. Now I can join in and do a whole lot more."





Transforming knowledge into practice: E-training reduces patients falls

Pauline Bellingham is precise and pragmatic about avoiding a bad tumble. After knee surgery in England years ago and two hip replacement surgeries at Hotel Dieu Hospital in two years, the 78-year-old is super cautious about a misstep.

"I don't want to be laid up any more," she says. "It puts extra pressure on my husband, likely means more hospitalization for me and also means I'm taking up a bed that could be used by someone else."

"We selected five RNAO Best Practice Guidelines that would have the greatest impact on the health and well-being of the patients and families we serve—client-centred care, prevention of falls and falls injuries in older adults, reducing foot complications for people with diabetes, assessment and management of foot ulcers, and assessment and management of pain. As a designated Best Practice Spotlight Organization we have fully incorporated these guidelines into the hands-on practice of our nurses and allied health professionals, enhancing patient care and safety and also the quality of our work environment."

*Jennifer O'Neil, Best Practice Spotlight
Organization Project Manager*



For all those reasons, Pauline was keen to participate in new hospital training this year to increase staff skills in identifying patients at risk of falling and in taking measures to reduce that risk. Such training is vital. In Canada, falls are the sixth leading cause of death among older adults, and one in three of those who fall develops a serious injury.

Pauline helped to create a new e-learning module that took centre stage in an initiative to implement and evaluate an Registered Nurses' Association of Ontario Best Practice Guideline (BPG) for preventing falls and fall injury. It was one of five successfully implemented BPGs that earned the hospital a Best Practice Spotlight Organization designation in early 2015, a three-year journey that involved inter-professional teams across the hospital making a positive impact on patient care by implementing and evaluating evidence-based practices.

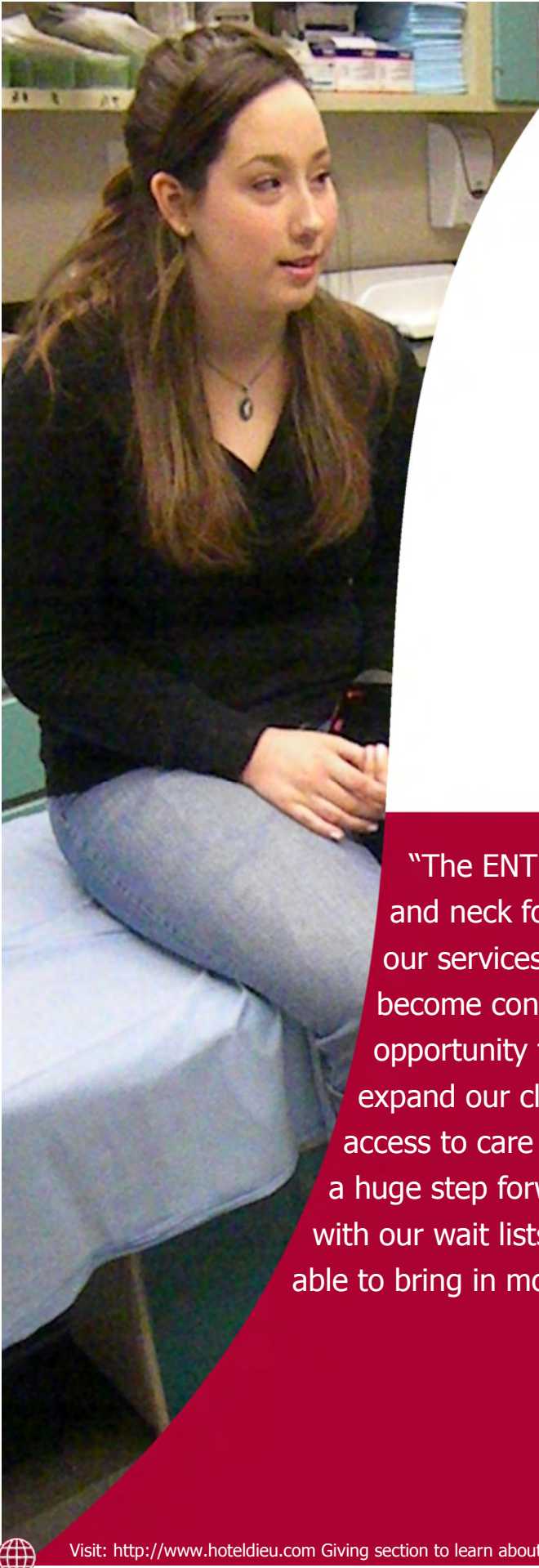
"While we had a policy about assessing patients aged 65 and older at each visit in specific patient care areas, our completion rate of that assessment was low," says

Professional Practice Leader, Allied Health Karen Bright, co-lead of the team that implemented the falls prevention BPG. "And we noticed that staff didn't have specific education on the assessment tool itself, including detailed information on how to administer it."

To fill the gap, Karen and an inter-professional team designed and delivered an e-learning course to support staff responsible for assessing patients at risk for a spill. Those health care professionals responded enthusiastically: in a survey, 99 per cent indicated the course boosted their ability to use the assessment tool. Between 2012 and 2015—the timeline of the BPSO project—the number of reported adult falls at Hotel Dieu decreased by 46 per cent and the number of falls in adults 65 years and older dropped by 39 per cent.

"It takes so little to trip and break a bone," says Pauline, "so I was delighted to do my bit to keep patients safe. It's fantastic that Hotel Dieu is putting such effort into keeping people on their feet."





Aiming for bigger, more accessible space: Campaign aims to double size of ENT clinic

When a history of ear infections, collapsed eardrum and bouts of swimmer's ear finally landed 18-year-old Rachel Cuddington in the Ear, Nose and Throat (ENT) Clinic in 2013, otolaryngologist Dr. Russell Hollins diagnosed a cholesteatoma, a disorder that causes a buildup of debris in the ear. Left unchecked, it can erode delicate ear bones, cause deafness and sometimes result in brain infection and other severe complications.

"Without surgery I would likely have lost the hearing in my left ear and risked going deaf," says Rachel, a musical theatre buff who lives to act, sing and dance. "If not for Dr. Hollins and the services at Hotel Dieu I would have been in a very weird state."

"The ENT Clinic provides care for disorders of the head and neck for the entire SE LHIN. Over time, the need for our services has grown and, slowly but surely, we've become constricted in the space we now have. The opportunity to move into the main hospital will not only expand our clinical space but also give patients better access to care through more improved facilities. This will be a huge step forward for us. We'll be able to address issues with our wait lists because having more space means being able to bring in more people to do this work."

*Dr. Russell Hollins, Head, Department
of Otolaryngology*



Supporting that excellence in care is at the heart of a University Hospitals Kingston Foundation campaign launched in October 2014 to raise funds for a redevelopment project that will see ENT services moved from the Murray Building—a 130-year-old structure adjacent to the hospital—into newer, more accessible space within the main hospital building.

“This project involves relocating ENT into space designed and built specifically to allow better access for patients and support the technical needs required to provide the best care possible. It will also create space more conducive to teaching and research activities,” says Dr. Hollins, Head of the ENT Department. “It’s easier for doctors, nurses, audiologists and other professional staff to deliver the best care possible when they can work in the best environment.”

The planned redevelopment will enlarge the footprint of the clinic by 65 per cent, good news for a department that forecasts a 30 per cent boost in demand for its services over the next eight years.


Two significant gifts launched the campaign, one from the Anna & Edward C. Churchill Foundation for \$100,000 and another from the Estate of Larry Gibson, which is matching donations to the project up to a maximum of \$200,000.

“We know that the ENT program and staff deliver an exceptional quality of care, and we never want patients and families to doubt that fact because of less-than-exceptional facilities,” says CEO Dr. David Pichora. “This redevelopment will provide the appropriate physical setting for that superior care.”

Anything that continues the fine work of the ENT team is music to Rachel Cuddington’s ears. Outfitted with hearing aids and scheduled for more surgery to reconstruct bones in her ear, she will need regular check-ups at Hotel Dieu to ensure the cholesteatoma does not recur.

“As long as I can hear the sound of rain falling, I’m happy,” she says.





In 2014/15 Patient Experience Advisors brought the patient and family voice to us in many different ways including:

- contributing to the development of the hospital's annual Quality Improvement Plan
- developing a Point of Care Feedback Survey to capture important patient input
- reviewing multiple hospital policies, including privacy policies related to the use of email, cell phone and medical photography
- developing and conducting a survey assessing the extent to which all staff members introduce themselves by name, occupation and duty
- participating in an RFP evaluation committee for the hospital's partner in a new retail pharmacy
- working with clinical teams in Urgent Care to help improve patient flow
- participating in tracer visits—walkabouts that simulate an actual accreditation site visit—as Hotel Dieu prepares for its accreditation in September 2015
- streamlining the application process for PFCC Grants, making it easier for staff to seek funds for small, PFCC-enhancing projects
- delivering and/or participating in PFCC orientation sessions for Queen's University nursing students and medical residents
- reviewing patient information materials, including hospital signage, new hospital and departmental websites, procedure preparation (e.g., colonoscopy)
- participating in all hiring committees for leadership positions.



Speaking up, seeing results: Patient Experience Advisors make their voices count

Sue Bedell is prepared to dish out the good and the bad if it means that patients and families wind up having a better hospital visit.

Like other Patient Experience Advisors (PEAs), she brings lived experience to her role. She is equally forthright, for instance, about her satisfaction at spotting staff practice good hand hygiene as she is about her frustration at having to repeat information when clinicians do not have ready access to all of her records.

“Some things go well and some don’t, and both need to be discussed if you want to provide good service,” she says. “You can’t run a hospital without involving patients.”

Sue signed on as PEA this year after retiring as an executive assistant at Queen’s University. It was a long way from the days when she volunteered at the Information Desk in high school, and this time she is bringing proven skills in problem-solving, critical thinking and policy development. As well, she is now seeing everything through the eyes of a patient.

In a short time, she has amply demonstrated how well

PEAs serve patients and families at Hotel Dieu, participating, for example, in committees that helped to situate a retail pharmacy on site and to install TVs in patient waiting areas. She helped to redesign patient flow in the Urgent Care Centre and to reinforce the importance of all staff identifying themselves and their role to patients. As well, she streamlined a “cumbersome” application form for a bi-annual grant that funds small staff projects designed to enhance patient and family-centred care.

“Hotel Dieu really walks the talk of its values and what that means in terms of everything from staffing to budget to space,” she says. “In Urgent Care, for example, the emphasis was clearly on making sure each staff member was in the right role to provide the best care.”

For Sue, doing the work of health care well translates into paying attention to patients as human beings. When you involve them in policy-making and planning, she says, you’re more likely to get things right or even better. That approach is working for her.

“I feel what I’m doing is worthwhile. I see results.”





Financial Position - \$ are in thousands

Total Revenue	\$99,531,411
Excess of revenue over expenditures	\$ 2,777,329
Working Capital Ratio	0.71 to 1.0
Purchases of capital assets	\$ 4,626,764

Ambulatory Clinics

Specialty clinics ensure high quality care is accessible on an outpatient basis:

Medical Clinics (e.g. Pain, Dermatology, Brock 1 etc.)	36,543
Surgical Clinics (e.g. ENT, Preadmission, JM4/5 etc.)	124,363
Psychiatry Clinics	18,120
Other Clinics (e.g. COPC, Ophthalmology, etc.)	101,461

Total Ambulatory Clinics: 280,487

Urgent Care

The Urgent Care Centre is open from 8 am — 8 pm, 365 days a year to treat non-life-threatening illness or injury.

Urgent Care Centre	40,568
The Pediatric Urgent Care Clinic is open 9 am — 4 pm, Monday — Friday	
Pediatric Urgent Care Clinic within COPC	8,930

Total Urgent Care Visits: 49,498

Other Clinical Procedures

Visits Day/Night (e.g. Cystoscopy, PACU, etc.)	20,639
Tests (Cardiology)	24,735
Exams (e.g. Radiology, EMG, Pulmonary Function)	106,939
Attendances (e.g. Speech, Audiology, Physio etc.)	41,982
Child Development Centre (CDC)	10,785

Total Other Clinical Procedures: 205,080

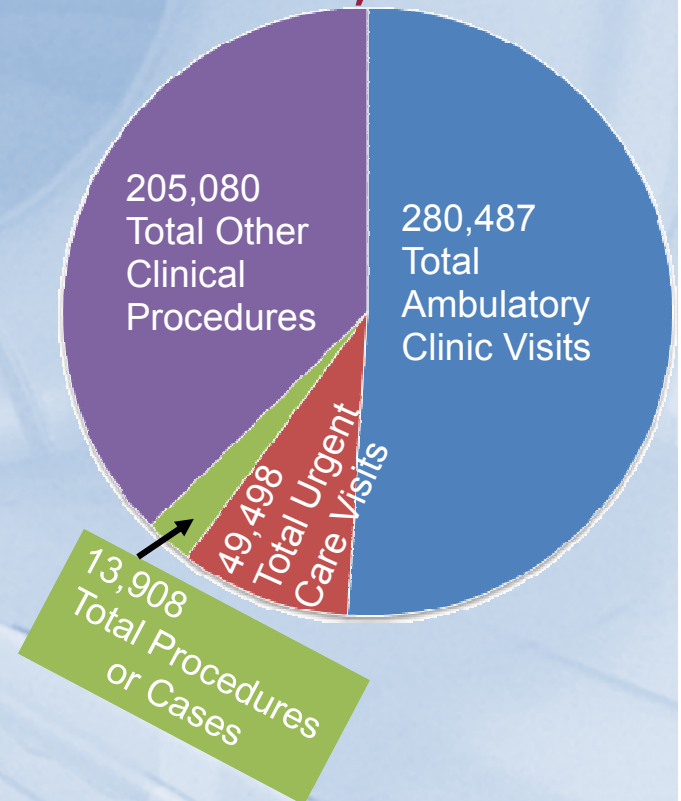
Procedures/Cases

Operating Room Cases	7,273
Other Cases/Procedures (Endoscopy, GI Function)	6,635

Total Procedures/Cases: 13,908

Total Visits/Procedures:

548,973



Our audited financial statements are available through Financial Services 613-544-3400 extension 2187.

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613-544-3310 . www.hoteldieu.com