

# Community Connection



## Annual Report To The Community 2015/2016

*Leading, Learning,  
Caring For You*

Phone (613) 732-2811 Email pr@prh.email

Website [www.pembrokeregionalhospital.ca](http://www.pembrokeregionalhospital.ca) Facebook [www.facebook.com/pembrokeregionalhospital](http://www.facebook.com/pembrokeregionalhospital)



### Pembroke Regional Hospital Is Committed To Providing Quality-Driven Care

When it comes to the service industry, consumers not only expect quality but deserve nothing less. Health care is no different. Our patients come to us seeking quality care close to home and our vision is to provide the safest and highest quality of care to every person, every encounter, every day.



**Pierre Noel**  
President and CEO

With our vision in mind, we have dedicated a great deal of time, effort and resources to ensuring that every aspect of the care we provide is quality driven. As you read through this annual report, you will find highlighted many of the quality-based improvements that our team has made over the past year.

We take quality improvement very seriously and we are committed to achieving the targets that we set out annually in our quality improvement plans. Measuring progress against our established targets is one of the primary ways in which we hold ourselves accountable to you.

This past year we also placed a lot of emphasis on the meaningful engagement of patients, physicians and staff in guiding us in our quality improvement journey.

This included the involvement of our newly created Patient and Family Advisory Council. **Continued on Page 4**

### Strategic Planning Places Hospital In Good Position For Growth And Expansion

This past year has been both productive and pivotal as we brought to a conclusion our hospital's 2013-2016 strategic plan.

We are now preparing to embark on a multi-year renewal project which will capture the voice of our stakeholders including patients and families, employees, physicians and professional staff, partners in the health system, community leaders, and representatives of both the Ministry of Health and Long-Term Care and the Champlain Local Health Integration Network.

With their input in what they need and would like to see from our hospital, we will then work to translate that vision into a full



**Kelly Hollihan**  
Board Chair

fledged three to five-year strategic plan which will guide us in further development of our local health services for years to come.

In this year's report however, I would like to highlight some of the accomplishments of the current plan.

This past October we not only brought an MRI to our region – part of bringing better quality care closer to home — but in order to achieve this, our community as a whole also came together to raise \$4.5 million for its purchase and installation.

To date, close to 3,500 MRIs have been performed locally. That's care closer to home. **Continued on Page 3.**

#### Our Mission, Vision

**Leading, Learning, Caring.....For You**

**MISSION:** We are a regional community hospital committed to delivering a wide range of quality health services. Following Catholic tradition, we will meet the physical, emotional, and spiritual needs of all.

**VISION:** Delivering the safest and highest quality of care to every person, every encounter, every day

### New Advisory Committee Will Support Volunteer Service Improvements At PRH

We are excited to announce the recent formation of a Volunteer Services Advisory Committee which will serve as a communication link and body through which our volunteers can make recommendations and provide input regarding the Volunteer Services program at PRH.

The committee will be responsible for development of a strategic plan for volunteer services and will provide advice and support to the Human Resources department in areas of volunteer management. It will also monitor program satisfaction, help facilitate improved working relationships and better communication between volunteers and hospital staff, and offer much-needed input and insight into decision-making with regards to all volunteer efforts.

Committee members: Holly Woermke, Catherine Ann Patterson, Waveney Rook (PRH Human Resources), Bernadette Wren, and Tara Gallagher (PRH HR).



#### Our Values

Compassion and Caring	Excellence and Innovation	Social and Fiscal Responsibility	Sacredness of Life	Mutual Respect	Community Spirit
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# Annual Report

April 1st, 2015 to March 31st, 2016

Pembroke Regional Hospital Foundation



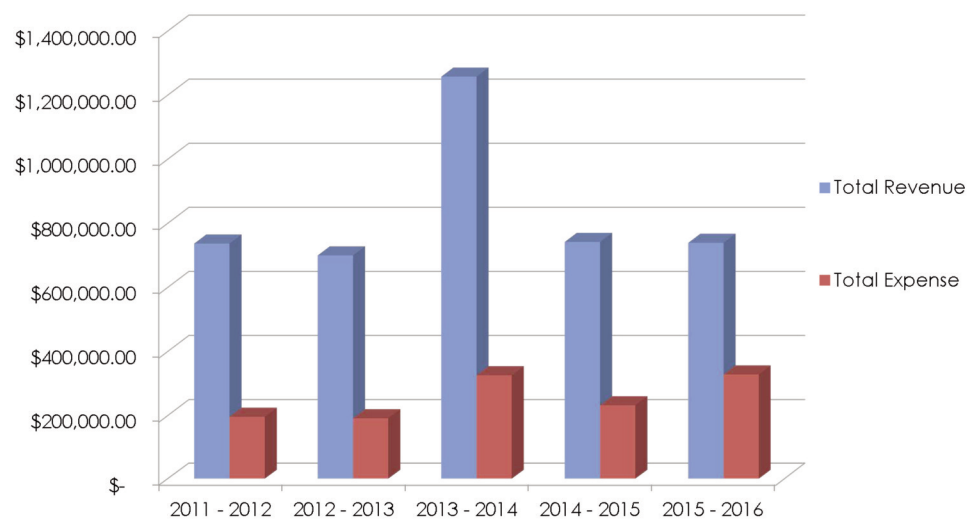
Fondation de l'Hôpital Régional de Pembroke

(613) 732-2811, extension 7408 / www.prhfoundation.com

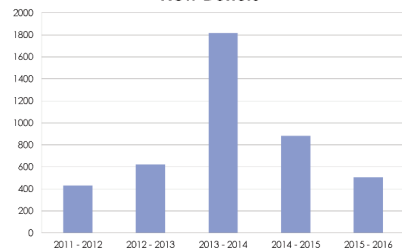
Regional families and businesses care deeply about our hospital and have generously invested over \$730,000 to strengthen local services in 2015 - 2016. Thanks to our incredible donors we recently celebrated the grand opening of our MRI Suite which has already facilitated close to 3,500 patient scans! Together we are molding a world-class hospital and we kindly ask that when designating your charitable gifts or estate planning that you please consider supporting the health care wishes of local families. **Nancy Warren, Executive Director and Barbara Schoof, Chair of the PRH Foundation**

## FINANCIAL OPERATIONS SUMMARY April 1<sup>st</sup> 2015 – March 31<sup>st</sup> 2016

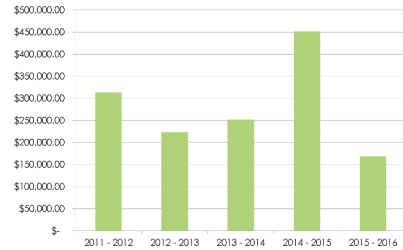
### Revenue and Expenses



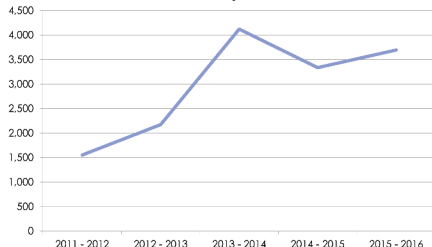
#### New Donors



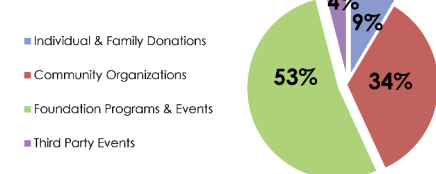
#### Revenue from New Donors



#### Donations per Year



#### Where our Funds Come From



## WE ARE HONoured TO HAVE RECEIVED GIFTS IN MEMORY OF FRIENDS AND FAMILY

- |                     |                     |                  |                    |
|---------------------|---------------------|------------------|--------------------|
| Agatha Stoodley     | Eldon Thom          | Jill Steele      | Pearl Simmons      |
| Alan Keenan         | Elizabeth Green     | Jody Hannah      | Phil Gauthier      |
| Ann Stone           | Elizabeth Romain    | Joe Cunningham   | Pierrette Noble    |
| Anne Plourde        | Elizabeth Spour     | John Lapierre    | Richard Scott      |
| Arlene Felhaber     | Elmer Robinson      | John Nagora      | Rita Pigeon        |
| Arnold Plummer      | Elroy Sennett       | Joseph Dozois    | Robert Williams    |
| Arthur Fraser       | Ena C. Leach        | Joseph Duquette  | Ron Ethier         |
| Audrey McKibbin     | Enid McKinnon       | Joyce Gerundin   | Ron Robertson      |
| Aurel Vaillancourt  | Ernest Sampson      | Judy Kelly       | Ross Faught        |
| Bayne Logan         | Esther Benkhe       | Lana Loxton      | Ruth Ott           |
| Beatrice Rosamond   | Evelyn Sernoskie    | Lawrence Chaput  | Sandra James       |
| Bernie Gilchrist    | Garry Boldt         | Leonard Gutzeit  | Scott Risi         |
| Betty Wright        | Garry Rowan         | Leonard Mohns    | Spencer Ferguson   |
| Betty Zeitz         | Gertrude Williams   | Lois Murack      | Sharon Internicola |
| Brian Radway        | Gordon Chartrand    | Lois Noack       | Shirley Mohns      |
| Bruce Hamilton      | Gordon Shultz       | Lois Shubaly     | Stanley Visneski   |
| Bud Knezevich       | Grace MacDonald     | Maia Popke       | Sydney Valpy       |
| Buster McKinnon     | Graham Faught       | Marguerite Burke | Radley-Walters     |
| Carl Etchesy        | Hayden Francis      | Marie Rochon     | Thomas Palubiski   |
| Carmelita Clouthier | Helen Goldberg      | Mary McGonegal   | Tom Gauthier       |
| Christian Godbout   | Helen Hynes         | Mary T. Price    | Trudy Williams     |
| Claire Lefebvre     | Helen Radbourne     | Mary-Jane Jones  | Victor P. Mirault  |
| Clarence Hoffman    | Henry Bradley       | Mei Qin Zhen     | Wally Gimson       |
| Cliff McConnell     | Herbert D. Stoodley | Melbert Giroux   | Welland Charkavi   |
| Cliff McLaughlin    | Irene Coulas        | Mike McGrath     | William Laforce    |
| Clifford Boyd       | Irene Knight        | Mogens Johansen  |                    |
| David Christink     | Irene Melcher       | Nelda Gutz       |                    |
| Delmar MacDonald    | Jacqueline Martin   | Nettie Mau       |                    |
| Diana Topham        | James B. Derouin    | Norma Wieland    |                    |
| Doris Edwards       | James Boudens       | Omer Moncion     |                    |
| Edmond Jonke        | James Ryan          | Pat Ranger       |                    |
| Edward Dombroskie   | Janet Mulcahy       | Patrick Mask     |                    |
| Eileen Colton       | Jean Cameron        | Paul E. Samson   |                    |
| Eileen Nagora       | Jessie L. MacKinnon | Paul Sansone     |                    |



## 2015/2016 BUSINESS AND COMMUNITY ORGANIZATION DONORS OVER \$1,000

- 25 West Taps & Tapas
- Alexandra Club of Pembroke
- Anonymous
- Bank of Montreal
- Beach-West Pharmacy
- Blok Pools & Spas
- Century 21 Neville Realty Ltd.
- CIBC
- CNL Canadian Nuclear Laboratories
- Cobden & District Civitan Club
- Country Home Gardens
- Custom Draperies & Blinds
- Eganville Horseshoe League
- Emond Harnden LLP
- Ernst & Young LLP
- Frances M. Lemke Insurance Services Ltd.
- Frank Carroll Financial Ltd.
- Furniture King, Ashley Homestore Select
- GallantMEDIA
- George Jackson Toyota Ltd.
- H & H Construction Inc.
- Helferty Disaster Restoration Cleaning Services
- Holiday Inn Express Pembroke
- Huckabone O'Brien Instance Bradley & Lyle
- Hyundai Pembroke
- Integrated Health Centre
- Jim Noble RBC Dominion Securities
- Knights of Columbus Council 1531
- M. Sullivan & Sons Ltd.
- MacEwen Petroleum Inc.
- MacKinnon Well Drilling
- Malcolm, Deavitt & Binhammer Limited

- Manulife Financial
- McKinnon Family Fund at the Calgary Foundation
- Moncion Family Charitable Foundation Inc.
- Mulvihill Drug Mart Ltd.
- NRTC Communications
- Ontario Provincial Command Branches and Ladies Auxiliaries
- Paramount Kitchens
- Jason Blaine Foundation
- Pembroke & Petawawa Lions Club
- Pembroke Regional Hospital Staff
- R.G.T. Clouthier Construction Ltd.
- RBC Foundation
- RE/MAX Pembroke Realty Ltd.
- Renfrew County Dairy Producers Committee
- Roy & Associates
- Royal Bank of Canada
- Runge Stationers
- Scotiabank
- Sears Hometown Store 7470
- Smitty's Home Hardware
- Star Set Jewellers
- TD
- The Brick
- The Carpet Barn
- The Great West Life Assurance Company
- The Hen House
- Ullrich's on Main
- Valley Bass Trail
- Valley Window and Door

## LEAVING A LEGACY THAT STRENGTHENS OUR COMMUNITY

Mary McGonegal was invested in her home community. She knew first-hand the importance of pulling together for one another. Her husband Beatty died in a tragic tractor accident at the age of 48, leaving her to raise two teenagers.

"Mom's passion for the community never wavered - she involved and invested herself, and continues to even now," shared daughter Erin Mayne. "Before she passed, she was thrilled to learn that Pembroke was getting an MRI. Working and volunteering with many causes, it was obvious to her how much it would help patients and their families."



From volunteering with St. Joseph's Foodbank, a member of the Catholic Women's League, and part of the Holy Name Choir, or racking up 7,212km as a volunteer with Victim Crisis Assistance and Referral Service (supporting individuals in a time of crisis) Mary was resolute in her dedication to the community.

"The care Mom received at the Pembroke Regional Hospital amazed us," continued Erin. "The medical team was wonderful. They were attentive and did everything they could for Mom during this terrible time."

To learn how you too can leave a legacy for our community by improving health care for family, friends and neighbours, call (613) 732-2811 extension 6223 and speak with our Executive Director, Nancy Warren, today.





## Strategic Planning Places Hospital In Good Position...Continued (From Front Page)

Local cancer patients have also benefitted from this same strategic vision with the development of our satellite Systemic Therapy unit, now in its fifth year and with just over 700 visits annually. This past year we saw this service move, along with our ambulatory clinics, into the beautiful patient-friendly, family-oriented space in Tower D and the feedback we've received attests that this was certainly the right decision for the patient experience.

We have seen the expanded benefits of introducing Lean to our organization through which each member of our health care team has become empowered to affect change for the better. This has yielded quality and safety improvements as well as improved communications and partnerships in the workplace.

And our team members have also worked together to improve patient flow throughout the organization, reducing wait times in our emergency department as a result and bringing our average length of stay in hospital in line with what is considered to be best practice.

As part of Accreditation Canada's assessment of our hospital in September, 2014, our Board was not only recognized as "high performing" but also met the expectations for 100% of the 78 Governance standards and criteria.

Some of this can be attributed to the development of our Board through a variety of education opportunities available to us. All Board members are certified in the Essentials Certificate in Hospital Governance from the Ontario Hospital Association Governance Centre of Excellence and we strive to be 100% certified in the Advanced Certificate as well.

Additionally, our Board members have received Mission Leadership training from the Catholic Health Association of Ontario (CHAO), as well as other training opportunities made available via Health Achieve, the annual convention of the OHA, and one-off programs such as one I recently attended on Enterprise Risk Governance.

Each of these has enabled our Board to be very well positioned, with appropriate practices and policies in place, to think beyond the walls of our institution to greater, stronger partnerships in our local healthcare system in order to improve the patient experience and health outcomes in the region.

A great example of this is through our role as lead agency for the North Renfrew County Health Link, a relatively new health care initiative which is gaining momentum in our area as service providers work together to coordinate care for patients with complex needs.

Through better collaboration with providers of care, patients gain seamless

access to the services they need through individual care plans and coordinated support from a tightly knit team that could include doctors, nurses, specialists, hospitals, home care, long-term care and community agencies. The goals of Health Links are to improve the health care experience for those with complex needs, reduce unnecessary visits to hospital emergency departments, reduce hospital admissions and decrease overall health care costs.

In year one, a total of 31 patients have been enrolled and this past January, I had the privilege of facilitating the first pan-Renfrew County Health Links event which saw 60 participants from nearly 30 organizations meet for the first joint Board-to-Board governance engagement session designed to strengthen partnerships among providers in order to better serve these most complex and vulnerable people.

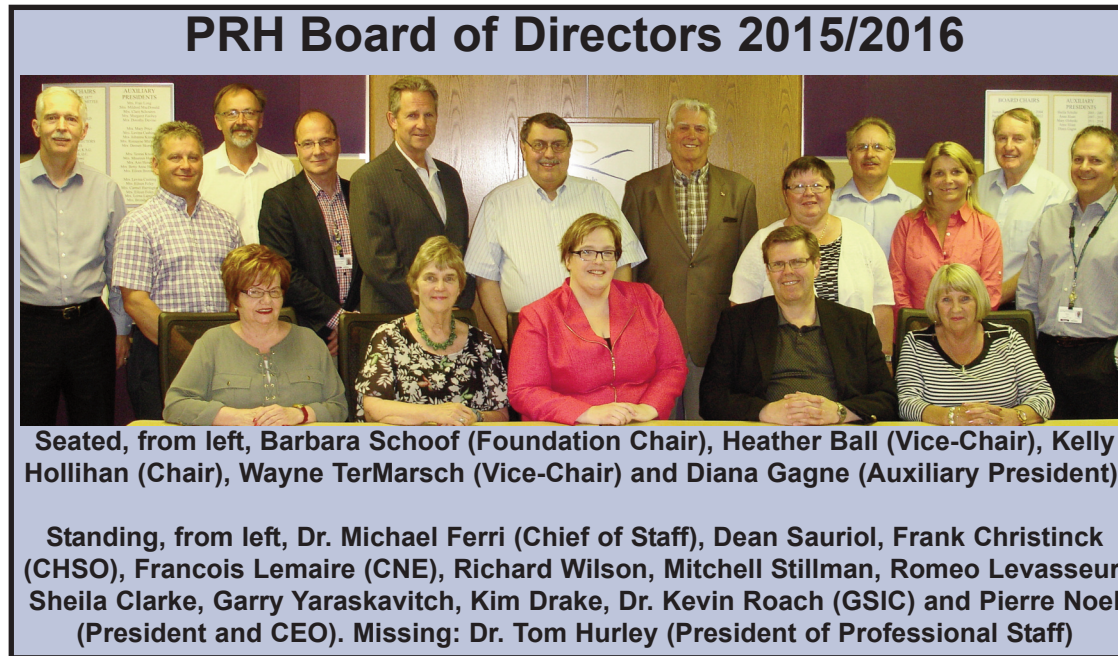
This work continued in May when Board members and Senior Leaders of our North Renfrew County Health Link partners met again for our next step in collaborative governance and patient care coordination efforts.

Our new Patient and Family Advisory Council is another example of partnerships formed with our own patients and community members who are helping to sculpt the ideal patient journey in our hospital through feedback on practices and policy from their own first-hand experiences.

Through all that we do and as we move forward in plan development for the next several years, we look to ways to take care of our most vulnerable in our community, inspired by the legacy of the Grey Sisters who came before us.

As is Board tradition in June, we undergo transition with the departure of some of our members and the arrival of others. This year we bid a fond farewell to Romeo Levasseur who has finished his second term on our Board; and we welcome Daniel Burke who was previously a community representative on our Board's Resource and Audit Committee and has now been elected for his first term. In addition, we will see changes to our Board executive as I step down from the role of Chair and move into the role of Past Chair, while Wayne TerMarsch takes over the Chair position. Heather Ball will stay on as Vice-Chair and we will welcome Garry Yaraskavitch to our second Vice-Chair seat.

Having seen both the Board and the hospital grow, mature and take on best practice standards in my past eight years as a Director, it makes me very proud to see how our entire team is performing as leaders among our peers – and that we've been able to accomplish so much for our community in that time.



**PRH Board of Directors 2015/2016**  
Seated, from left, Barbara Schoof (Foundation Chair), Heather Ball (Vice-Chair), Kelly Hollihan (Chair), Wayne TerMarsch (Vice-Chair) and Diana Gagne (Auxiliary President).

Standing, from left, Dr. Michael Ferri (Chief of Staff), Dean Sauriol, Frank Christinck (CHSO), Francois Lemaire (CNE), Richard Wilson, Mitchell Stillman, Romeo Levasseur, Sheila Clarke, Garry Yaraskavitch, Kim Drake, Dr. Kevin Roach (GSIC) and Pierre Noel (President and CEO). Missing: Dr. Tom Hurley (President of Professional Staff)

## PRH Auxiliary Embraces Change And Innovation To Support Healthcare Delivery



**Diana Gagne  
Auxiliary President**

This past year, my first as Auxiliary President, has been quite a learning experience and a real change in pace from the 15 years I served as Auxiliary secretary.

However, the past year's accomplishments have given us so much to be proud of and we are now within reach of completing our second million dollar commitment

to the hospital - this time for MRI - with just \$59,000 to go!

Looking back, it's hard to believe that we achieved our first million dollar pledge for the Building Fund in 2009 at the same time we also took on sponsorship of a \$75,000 birthing suite and a \$50,000 dialysis station - not bad for a hard working and dedicated group of volunteers.

The amount of money we've been able to raise this past year can be attributed to a successful 12 months in our Sunshine Gift Shop and Mural Café, as well as through other fundraisers including fashion shows, Bingo, the hospital's ATM machine, and sale of H.E.L.P.P lottery tickets.

This year, with Brenda Long at the helm, our gift shop was able to add several new events to complement the successful fashion shows including our popular three-hour 50% sale days

and our customer appreciation days.

A "New to You" initiative had volunteers collecting gently used purses and jewellery over a four-month period culminating in a sale on Nov. 28th of over 400 items priced at \$10 or less. Items left behind were donated to local charities and community organizations.

In March of this year we held a "Clean Sweep Footwear Sale" which was also a big hit!



We also took on the added responsibility of renting TVs to patients. This became possible, in part due to a \$37,000 investment we made in order to ensure every patient room is equipped with a TV.

In the Mural Café we acquired the technology allowing us to offer debit and credit card transactions which has been a great convenience for our customers.

And thanks to the effort put forward by Christine List, we were able to assist the hospital in achieving the Bronze level designation as part of the Healthy Foods in Champlain Hospitals program. This program was developed to create a supportive, healthy food environment for patients,

visitors, staff, physicians and volunteers by providing better food options in hospital retail settings.

In other fundraising news for the year, we were able to contribute \$8,000 to our million dollar commitment from our H.E.L.P.P. ticket sales. Bingo shares also increased this past year allowing us to contribute \$25,000 towards our MRI pledge and we are very thankful to those on our Bingo committee who have collectively donated 434 hours to the Auxiliary.

Thanks to all of our dedicated volunteers. By working together, we truly make a difference in the quality of health care available in our community.

### **2015 / 2016 Executive**

Diana Gagne (President),  
Anne Sloan (Past-President),  
Gail Arsenault (1st Vice-President),  
Pierre Noel (Honorary President and CEO),  
Helene Giroux (Treasurer),  
Harlene Buske (Secretary),  
Diana Gagne (Press & Publicity),  
Jane Kielman (Membership),  
Brenda Long (Sunshine Gift Shop Manager),  
Trudy List-Radke/Donna Rielly  
(Gift Shop Schedulers),  
Christine List (Mural Café Manager),  
Gail Arsenault (Mural Café Scheduler),  
Virginia Naylor (Special Events Phoning),  
Carmel Harrington (Spiritual),  
Managers of Special Funds & Licencing  
Mary Olsheskie (H.E.L.P.P. Tickets),  
Larry TerMarsch (Bingo)



## PRH Is Committed To Providing Quality-Driven Care...Continued (From Front Page)

This Council has been doing great work since it was pulled together in April 2015 by bringing the patient perspective to many of the things we do in a variety of areas including our new website, our patient feedback process, our patient directory, our signage and more. Their input and feedback has been so helpful that we are now receiving requests from clinical leadership teams in our organization to have patient advisors take part in their monthly meetings.

We have also expanded our use of Lean management in our clinical programs and in select non-clinical departments, allowing us to put better processes in place in a number of areas. We have made great strides in fully aligning our strategic plan, our quality improvement plans and our Lean management system in order to address our challenges and continuously improve the care we provide.

As you know, quality results from the combination of many things done well and one aspect of quality is having the right tools for the job. This past year, probably the best example of this was the acquisition of our region's first MRI.

The 12,000 pound magnet was delivered late last summer and became operational on October 1st, 2015. Later that month we hosted a public reception to celebrate the arrival of MRI to our region and to thank the many people who supported the \$4.5 million fundraising campaign for the purchase and installation of this important piece of technology. The event was attended by more than 100 guests including donors, area residents, PRH staff and physicians, the project team, and community partners. Since then we have completed nearly 3,500 MRI scans here locally.

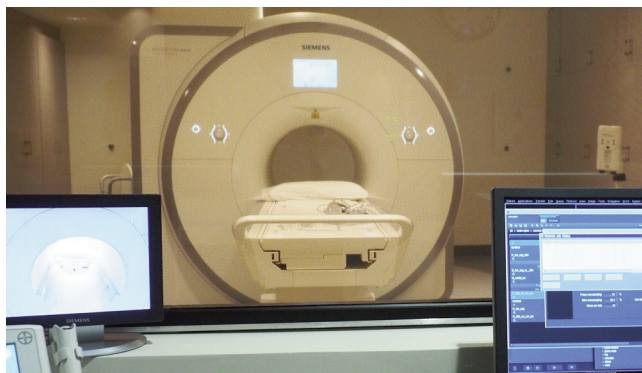
This past year we also transitioned to a new way of cleaning and sterilizing our surgical equipment. This new state-of-the-art process sets our surgical

program up for future growth and stability and will allow us to increase capacity for new surgical programs like orthopaedics.

Our relocation last fall of many of our ambulatory services formerly housed in Tower C to the new and improved patient space in Tower D also made a huge difference in the quality of the patient experience for our patients requiring these services.



**MRI celebration, top and MRI suite, below.**



Communication improvements also help to enhance the patient and visitor experience at our hospital.

Following a significant fit up in a facility of our size, we were pleased to launch free public Wi-Fi access this past year so that our patients can stay connected to their support systems of family and friends. This involved not only securing the necessary bandwidth for the number of potential

users but also addressing issues of privacy and confidentiality.

The recent launch of our brand new accessible website will also help us to share with you what's going on at your hospital and seek your feedback, while at the same time helping us with recruiting new physicians, staff and volunteers.

Collaboration with regional partners in health care also helps enhance the quality of the services we provide.

In this report, you will read about our successes as we lead a new initiative known as the North Renfrew County Health Link. Funded by the Champlain LHIN (Local Health Integration Network) and the Ministry of Health and Long-Term Care, Health Links are an innovative care coordination model focused on the five per cent of patients with the highest needs, often people with multiple, complex conditions and high health service usage.

So clearly lots of good and positive things are happening!

But, of course, we are not without some significant challenges as well.

Most concerning among these is that we have not received an inflationary funding increase for the past five years while annually absorbing increased costs for labour, supplies and utilities.

By all measures we are a very efficient hospital and have been recognized in the past for appropriately serving our patients.

We will strive to continue to do so and will need to redouble our efforts to find new and innovative ways to make best use of our resources while, at the same time, pursuing our vision of providing the safest and highest quality of care to every person, every encounter, every day.

## Chief Of Staff Reflects On Substantial Growth And Improvements Before Stepping Down

For the past 12 and a half years, I've held the position of Chief of Professional Staff at Pembroke Regional Hospital and with this, my 13th annual report, I'm relinquishing this part of my job and going back to full time psychiatry within the hospital.

Having grown accustomed to handling the administrative duties for such a long time, the role of Chief is definitely something I will miss but at the same time, it will allow for someone with new perspectives and a different skillset to step in and I believe this will be good for the hospital.

In retrospect, the years that I have spent in this position have been years of great change and growth at the Pembroke Regional Hospital, all of which have had substantial impacts on our physicians.

Just in terms of sheer size of our core working group, there has been tremendous growth. Despite the provincial trend which has seen family physicians pull away from treating patients admitted to hospital, our Hospitalist program which is now 10 years old and consists of dedicated physicians treating hospital inpatients, has increased substantially to the point where we now have 14 full and part-time hospitalists in the program.

In Diagnostic Imaging we have seen significant growth as well, from a starting point with two radiologists, to the current complement of four and upcoming recruitment for another two for a total of six radiologists working with new equipment, advanced CT and of course the new MRI.

That's not to say that we aren't still dealing with physician shortages in some of our smaller departments as they aren't necessarily as easy to recruit for but we are actively recruiting and recruitment continues to be one of the big responsibilities for the Chief of Staff.

In fact, in the next one to two years we are planning to recruit eight specialists for small departments including the hospital's new orthopaedic program.

A recent expansion that is not only a good fit for orthopaedics, but necessary for the program and one which has created excitement throughout the organization is the acquisition of our hospital's MRI which is still big news for all of our professional staff.

Looking back, when I started as Chief, we didn't have our new operating rooms, we weren't a District Stroke Centre and we were in the final stages of completing our \$46 million capital expansion. Since that time we've also opened the satellite Dialysis unit and we've seen a lot of expansion in our regional Mental Health Services.

In terms of our obstetrics program, we have seen the opening of our new birthing suites, we now have three obstetricians, and three midwives have joined the hospital obstetrical program. In addition to those areas of growth, we have also seen a more structured approach using nation-wide standards in the area of labour and delivery with the introduction of the MORE<sup>OB</sup> (Managing Obstetrical Risk Effectively) program for our staff and specialists.

From an education side, our reputation as a teaching hospital has become very solid over the years. When I first became Chief, we were just getting started in terms of having students and residents come through various programs and our Family Medicine Teaching Program affiliated with the University of Ottawa was just getting started. Now we have seen 13 residents complete the program and 11 of those have stayed to practice in our community.

Our physicians have also taken a more active role in the area of quality improvement through the introduction of Lean Management methodologies and we are learning far more than ever before from various feedback mechanisms like satisfaction surveys and other tools which assess the patient experience. This has led to substantial process improvements which have assisted in greatly reducing wait times in our Emergency department, not only for patients who are less urgent, but also for those awaiting admission.

Even the role of Chief of Staff has seen a substantial growth in responsibilities because of more legislative changes and the requirement for more accountability. Through receipt of quality-based statistics we have become more aware of what is going on down to the root cause of issues and we have been able to become fully engaged in developing solutions to improve patient care. All of this, however has resulted in an increased volume of work for the Chief to the point where the job has grown from a one-day per week position to a half time position.

And that is what I will hand over to Dr. Tom Hurley when he takes over as Chief of Staff on July 1st. Dr. Hurley has served as Chief of Emergency for most of the past decade and is currently President of the Professional Staff. His expertise in both the medical and administrative side of things will bring further growth to this position going forward and I look forward to working with him in this new capacity.

I would like to personally acknowledge the hospital's leadership which has invested much effort and resources in order to provide support to the Medical Affairs office. I would also like to thank Medical Affairs Coordinator Nancy Schroeder, as well as Dinah Fleury and Rita Amodeo for all that they have done to maintain the office.



**Dr. Michael Ferri**  
Chief of Staff

## Quality Improvements At Pembroke Regional Hospital - A Year In Review

In striving to find new or better ways of doing things to improve or enhance care for our patients, to increase satisfaction and to achieve better clinical outcomes, PRH along with all other hospitals in Ontario have developed annual Quality Improvement Plans which, as legislated under the Excellent Care for All Act, 2010 (ECFAA), must be made available to the public each fiscal year beginning April 1. A full version of ours can be found on our website.

Here is a sampling of some of the work we have been doing behind the scenes this past year in order to improve the care and service we offer our patients and our community.

### Emergency Department (ED)

Based on a recommendation by the Patient and Family Advisory Council, hourly patient updates for those in the ED waiting room were initiated. These updates include approximate wait times and notification of any delays as well as an opportunity for the nurse to check in with patients in order to determine if their conditions have changed or see if they require medication or fluids to make their wait more comfortable.

Response to this has been positive with plans to roll out a similar initiative in other patient areas.

### Medical Program Length of Stay / Readmission Rates

There has been a focused approach to reduce/eliminate wait times in the ED for admitted patients which has resulted in a huge improvement in quality of care. The overall length of stay has also been reduced to 5.3 days with physician leaders working to ensure "Goal to Home" dates are met. Solid discharge plans are being put in place to ensure the needs of each patient are addressed early on while working with Community Care Access Centre (CCAC).

A lot of work has been done to reduce readmission rates within 30 days of discharge. Patients at high risk for readmission are undergoing a standardized assessment and are being followed post-discharge by phone. Patients who are deemed to be more complex are being connected with Health Links.

### Hospital Acquired C-Difficile

Huge efforts have been made to reduce the number of cases of hospital-acquired C-Difficile.

Our next area of focus will be the appropriate use of antibiotics.

### Health Links

All of the accountabilities were met and we learned a lot about ways to sustain the effort while ramping up in order to help more patients. The boards and senior leaders of our Health Links partner have come together twice to see how to support Health Links from a governance perspective.

### Emergency Preparedness

All of our emergency codes were reviewed and updated. In addition, new codes were developed and Emergency Preparedness stations for staff education were established on all units. Mock Code of the Month exercises are also taking place to allow staff to practice appropriate responses to potential scenarios.

### Electronic Reporting System

New software was introduced which manages hospital incidents as well as concerns and compliments from patients and families. This tool allows us to gather current trending data which can assist in improving patient care and quality.

### Communications - Website and Signage

Substantial planning with input from a variety of stakeholders has gone into the hospital's new website which launched earlier this month. The new site offers a variety of accessibility features and is intended to be more user-friendly while providing quality and current information.

Our Patient and Family Advisory Council has also been working with staff to improve public signage throughout the campus.

### Healthy Foods in Champlain Hospitals

Hard work to improve the offerings in our retail food environment has paid off as PRH has completed the first level of requirements in the Healthy Foods in Champlain Hospitals program and achieved the Bronze level designation.

Dietary staff have also developed an ingredient list binder for all items, and a digital screen provides all menu details including calorie and sodium information.

### Mental Health Services of Renfrew County

"Buried in Treasures" is a new 20-week therapeutic group program launched to target those who struggle with hoarding.

*Suicide Prevention, Intervention and Postvention – Helping Our Students* is an initiative in partnership with the local school boards and seven community care agencies, including our own regional Mental Health Services. Through this, our community is able to leverage county-wide expertise in addressing the mental health needs and challenges faced by some of our students at risk.

### Energy Conservation

PRH completed a 10kW microFIT (Feed In Tarriff) project where solar panels were installed on the roof of Tower B.

Another major energy conservation project was the replacement of all fluorescent light fixtures with energy saving LED light fixtures in the d'Youville building on Cecelia Street which houses the hospital's main warehouse and laundry facility as well as the first floor hallway in Tower A.

## Our Senior Leadership Team

From left to right:

Chief of Staff **Dr. Michael Ferri**,

Vice-President Patient Services - Acute Care and Chief Nursing Executive **Francois Lemaire**,

Vice-President Patient Services - Seniors and Community Care **Sabine Mersmann**,

President and CEO **Pierre Noel** and

Vice-President Finance and Corporate Services - Chief Financial Officer / Chief Information Officer **John Wren**



## Our Lean Journey 2015/2016

"Lean is a set of concepts, principles and tools used to create and deliver the most value from the patient's perspective while consuming the fewest resources and fully utilizing the knowledge and skills of the people performing the work." *Perfecting Patient Journeys 2012*

From January to December of 2015, a total of 603 new improvement opportunities were implemented. These were identified by staff working on 11 Lean Management units including the Emergency department (ED), Medical 2A and 3B, Rehabilitation, Health Records, Operating Room, Diagnostic Imaging, Pharmacy, Obstetrics, Acute Mental Health and Information Technology. Some of the improvements included:

- New comment cards for patient feedback from the Emergency department which are provided to patients at Triage and available at the drop box. All comments are reviewed by staff at daily huddles. Suggestions are reviewed for implementation and random call-backs are made to patients regarding their comments. All concerns are also promptly addressed.
- A better process has been put in place to ensure meals are available for overnight and admitted patients in the ED. Observation patients receive bag lunches.
- Nurses, physicians and Lab staff working in Obstetrics have received additional training on best practice for skin to skin contact for moms/dads and babies, with the goal to ensure that painful procedures for babies (bloodwork) are performed in a way that minimizes pain and discomfort.
- New breast feeding education DVDs have been purchased for patient use.
- On the Medical units, a patient's expected discharge date is being posted on their in-room whiteboard to assist with "Goal to Home" planning and there is a section for family members to write their questions.
- A short-term Rehabilitation program has been created for Medical patients who are finished with their medical stay but would benefit from a short stay on rehab to improve the discharge back to their home environment.
- Patient experience survey - 189 staff, managers and other stakeholders including our Patient and Family Advisory Council voted on key areas to prioritize for 2016-2017 to improve the patient and family experience.
- Increased communication and improved processes in Acute Mental Health regarding returned medications/personal belongings at discharge.
- Information pamphlets have been updated and translated to French in Diagnostic Imaging. In addition volunteer coverage has been increased at the desk in the registration/waiting area in order to provide information and assistance to patients and visitors.
- Improved signage/communication for staff, patients and family members in Rehabilitation about the mobility equipment a patient should be using while they are in our hospital.
- Introduction of peer-guided Learn/Teach sessions in Information Technology for ongoing education about new processes and software.

## Cancer Care at the Pembroke Regional: The Patient Journey...Part Two

*In the Spring edition of Community Connection, we shared Part One of an article about cancer care at our hospital with a focus on Systemic Therapy, our involvement in the Ottawa Hospital's Cancer Program which is overseen by Cancer Care Ontario, and cancer screening. In Part Two, we cover cancer diagnosis, treatment and end of life care.*

In terms of cancer diagnosis, Chief of Surgery Dr. Colleen Haney said that both the diagnosis of cancer and the staging of the disease are routinely performed at PRH using CT or MRI.

"Not all cancers can be prevented or cured, but having the necessary tools available to provide the care needed throughout the cancer journey is key and we are very fortunate in our region to have much of what we need in order to conduct the tests and procedures close to home for our patients at a time when they are vulnerable and scared," Dr. Haney said.

"Not only are we able to save them a trip or trips to Ottawa, but we are part of a great network that allows us to connect with the cancer specialists very easily and provide the same level of care that our patients would receive anywhere else," she said.

Dr. Haney said that Image-guided biopsy using ultrasound or CT of all organs (lung, liver, pancreas, breast, lymph nodes, thyroid etc) is also performed at PRH in order to obtain a diagnosis and expedite referral to surgeons and/or oncologists.

Once diagnosed, patients move on to the treatment phase of their journey.

Dr. Haney shared that many cancer surgeries are performed at PRH. In 2014/2015 alone there were 56 breast surgeries and 46 bowel surgeries.

She added that she and the other local surgeons, as well as the radiologists are part of a "Communities of Practice" group for both breast cancer and colorectal cancer disease sites which involves mandatory participation in both weekly rounds via teleconference and quarterly meetings to communicate ongoing updates and develop priorities to provide the best and most coordinated care for patients.

"These linkages provide great opportunities to review successes and areas for improvement, review regional data, develop standardized care pathways and share processes between and within facilities in order to streamline patient access and the patient experience," Dr. Haney said.

Obstetrician/Gynaecologist and Chief of Obstetrics Dr. Siddhartha Mukherjee said that in terms of gynaecological cancers including cervical, endometrial, ovarian and vulvar, much of the diagnosis and treatment of these cases is conducted at PRH in consultation with the Gynaecological Oncology Clinic in Ottawa, with the more invasive types being referred to the clinic.



**Dr. Colleen Haney**



**Dr. Siddhartha Mukherjee**

Much of the followup care after cancer surgery and treatment can now be done using telemedicine which saves patients from the need to travel to Ottawa – excursions which can be costly both time-wise and financially as well as taxing on an individual's already compromised health.

"In terms of telemedicine availability for cancer care, there has been a lot of growth in the last couple of years," said Vascular Health Coordinator Karen Roosen.

With between 120 and 200 annual telemedicine visits for followup cancer care, Mrs. Roosen said there are currently six regular oncologists who provide followup support for all kinds of cancer.

"Patients are very appreciative since most visits are only about 10 minutes," she said.

Another aspect of cancer care that patients express appreciation for is the level of spiritual care shared through our Pastoral Care department.

From time of diagnosis, through hospitalization and other aspects of the journey, emotional support is given and offered in many forms and for those wishing to have religious support regardless of denomination, their needs are met as well.

Compassionate care for patients and their families is also given while supporting end of life in hospital. During this experience, our interdisciplinary team ensures that the patients and their families have access to a comfortable and peaceful environment. Pastoral care provides emotional and spiritual guidance while acknowledging cultural beliefs. Best practices in pain and symptom management are guided through consultation with the Regional Pain and Symptom Management Team.

During bi-monthly palliative care rounds the team gathers to discuss patient and family care needs in order to facilitate the transition of care between all sites with the common goal being to provide comfort and dignity for persons living with the illness as well as his or her family.

As a member of the Renfrew County Hospice Palliative Care and End of Life Care Network, PRH is directly involved in helping plan for improvements in the regional delivery of palliative care in all settings.

One of our initiatives this year is to build a seamless system between community-based and hospital providers to support the patient through their journey.

With cancer now recognized as chronic illness, PRH President and CEO Pierre Noel acknowledged the importance of a unified, standardized way of care for each and every patient throughout their journey.

"At Pembroke Regional Hospital, our health care team is committed to providing the compassion and high quality care that each cancer patient expects and deserves. Cancer is not a welcome diagnosis for anyone so we do all that we can each step of the way to make the experience as effective and efficient as possible, while keeping as much of their care as possible close to home."

## PRH By The Numbers (April 1, 2015 to March 31, 2016)

Please note that the Pembroke Regional Hospital's full financial statement is available on our website [www.pembrokeregionalhospital.ca](http://www.pembrokeregionalhospital.ca).



**Operating Revenue:**  
\$84,500,000

**Champlain LHIN  
allocation**  
\$61,100,000

**Other patient care  
revenue**  
\$18,900,000

**Other revenue**  
\$4,500,000

**Operating Expenses:**  
\$85,000,000

**Salaries**  
\$60,500,000

**Supplies and other  
expenses**  
\$20,800,000

**Depreciation**  
\$3,700,000

## For 2015/16, The Number Of...

Total Number of Staff **750**

Nurses (RNs and RPNs) **320** Support Staff **272**

Allied Healthcare Professionals **148**

Active and Associate Physicians **51** Auxiliary Members **149**

Volunteers **93** Volunteer hours **5,017**

Trainees throughout our organization **Over 300**

Admitted patients **5,755** Emergency Department visits **35,357**

Ambulatory Clinic visits **31,053** Births **745** Surgeries **6,234**

Diagnostic tests **61,723** (Includes **3,469 MRIs** and **11,396 CTs**)

Filled prescriptions **114,916**

Patient meals **122,640 meals & snacks (Avg. 112 inpatients /day).**

(In addition, our Dietary department prepares outpatient meals for the Emergency Department, Medical Daycare, Surgical Daycare etc. as well as providing cafeteria and catering food services.)

Laundry pounds processed **786,710/year clean weight**

Square feet cleaned and maintained **330,000**

Incoming phone calls to the PRH **910,000+ (3,500/weekday)**

Unique patient identifiers in the Hospital's database **244,479**

## Versions Francaises Disponibles

À l'avenir, si vous préférez recevoir cette publication en français, veuillez communiquer avec:

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