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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.

EMERGENCY

One key change was the introduction of a Crisis Intervention Service, which dedicates specially-trained nurses to respond to mental health crises in the Emergency Department. With a nurse dedicated to seeing the patient soon after the ED team assess that they need enhanced mental health services, the process of receiving the focused mental health assessment and treatment can start quickly without having to wait long hours or having to be admitted. Patients also spend more quality time with someone focused on their care and create a plan for next steps.

“You see the patient, they are in crisis and they’re desperate for help. In two to three hours you can see the difference,” said Payam Noshad, a crisis intervention nurse.

IN-PATIENT

They took a hard look at how they could increase the number of people they helped each year in the in-patient unit — examining their communication processes, discharge processes, staffing and how they scheduled their work.

They also wanted to increase their focus on treating the person, not the illness. This involves looking at the mental, social and physical issues. For example, they added a peer support program to connect current patients with peers who had a successful experience. This program has seen glowing reviews.

To measure the overall impact of these changes, the team needed to look at two of the most important indicators: health outcomes and patient satisfaction. Both are up.

OUTPATIENT CLINICS

Wait times for outpatient appointments were tackled by introducing more precise assessment methods during intake, ensuring the right patients were meeting the right clinical professionals at the right time. Dedicated weekly appointment times for the most urgent cases were also introduced to meet the most urgent patients sooner. QCH also recruited three new psychiatrists, bolstering the mental health program through and through, and helping reduce wait times.

MORE IMPROVEMENTS AHEAD

It’s a story worth celebrating, but it isn’t over.

Design is complete for a new expansion to the Mental Health unit and the hospital hopes to begin construction in 2019. This will make a huge improvement to the patient experience, as the 40-year old building is in need of a facelift and some private rooms to help better promote healing.

“We know there is more we can do, and we will keep working at improvements big and small,” said Falconer. “Hope is rising for the future of mental health care.”

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

HOPES RISING A CAMPAIGN FOR MENTAL HEALTH AT QCH

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

RISE 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.

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.



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 Clinic

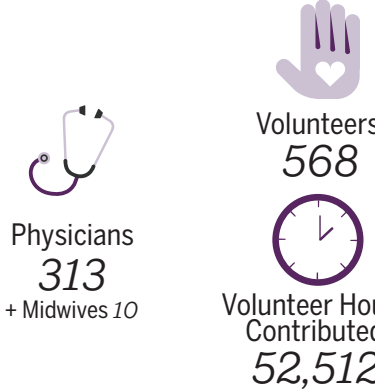
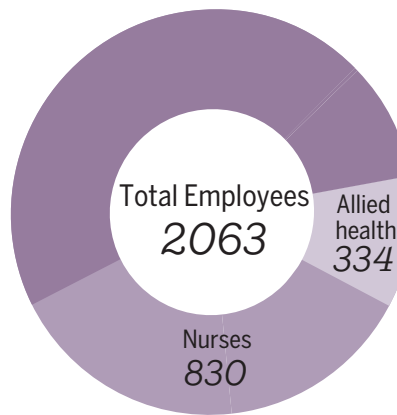
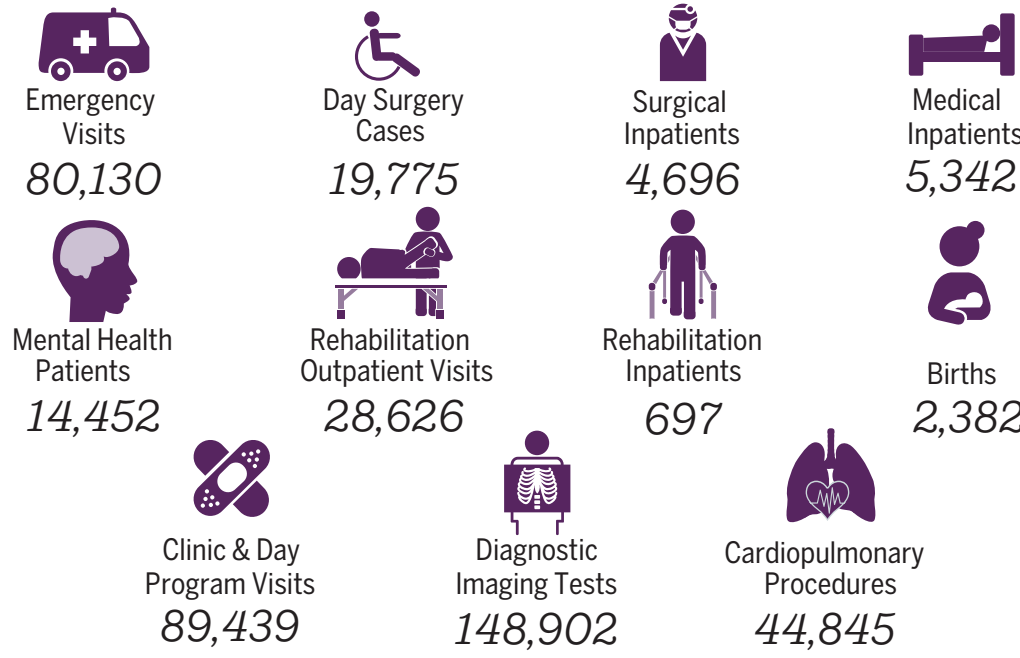
(TJAC) program. QCH and its regional hospital partners have received the go-ahead to expand the central intake program, adding shoulder, foot, ankle, arthroscopy of the knee and mid and upper back surgeries.

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 lead 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