



# HEALTH MATTERS



Already rated the best small hospital in Ontario by both patients and staff, in April 2013 KDH joined an elite group of Canadian hospitals awarded Exemplary Standing by Accreditation Canada.

Members of the KDH Accreditation Team moments after the unfurling of the 'Exemplary' banner.



Accreditation with Exemplary Standing is the highest ranking possible under the third-party assessment system, which measures the quality of care and services provided by healthcare organizations across Canada.

For the full story see page 2.



Colin Goodfellow,  
CEO Kemptville District Hospital

## Snapshot

On the back page of this issue is an article the editor asked me to write to help explain some of the changes that are happening in the health system that are very important but not visible to many people. One theme in the piece is that change is often imperceptibly slow but happens every day. Most of the rest of this issue highlights the changes that are happening at KDH that make us a different hospital than we were even just a year ago.

For example, the story on page 3 announces a significant change to our Interim Long-Term Care program with the creation of a new Convalescent Care program. This is a very exciting addition and enrichment of the hospital's services. It is geared to making sure that people don't stay in hospital or go to long-term care but regain their ability to go home and take care of themselves. On the same page is a story about Patrick Brauneisen and the hospital's relationship with Community Living North Grenville. It underscores both how wonderful Patrick is and that health and social services organizations are moving closer to each other.

This theme of agencies being more interdependent, both locally and globally, is repeated in three of the four pieces on page 10 and again on page 5, where we profile our leading a regional information technology implementation that will strengthen patient safety in multiple hospitals. Cumulatively these and similar changes that went before and others in the offing alter just what constitutes Kemptville District Hospital.

However, for an appreciation of the essence of the hospital, read page 9. Our patients rate us at 100% time and time again. And our staff's response to these excellent scores is to try harder, as their pursuit of quality never stops. That is why the cover of this issue, the rare achievement of national exemplary hospital standing, is possible.

None of this happens in isolation or without community leadership. On page 5 read about the Auxiliary's outstanding support, note on page 11 the profile of Doreen Ulrichsen, a new member of the hospital Board, and on page 6 Margret Norenberg, a new member of the Foundation Board. As well, on page 6 see that the Foundation is seeking additional members. The Foundation Board is an essential part of KDH's success to date and a great place to serve your community. Outstanding community financial support is vital to getting us to where we are going. Are you the local leader the Foundation is looking for?

Yours in Building Healthier Communities,

## PATIENT LETTERS

To Whom It May Concern,

Our TOTAL experience at KDH was OUTSTANDING. From our reception with Janet [York-Lowry] and her team before the operation, the kindness and professionalism of Elizabeth [Wenner] and Mary-Pat [McKay], when we checked in to pre-op, and obviously the genius and care of Dr. Geoff Dervin and his team during the operation. Everything went exactly as scheduled, and when my wife went to her room she was treated most gently and compassionately by the team of nurses, especially Sharon [Eves] and Leanne [Widenmaier]. The two PTs, Cara [Berends] and Jason [Lemieux] outlined a program for her to follow, and were most kind in helping her begin the exercises. My wife even commented on her first evening snack, as having been a roast beef sandwich comparable to any served at the Chateau Laurier. She had an appointment with Dr. Dervin this a.m., and he was delighted to see how well the replacement surgery has gone, and she is to come back to see him in six weeks. We are so glad that we were able to come to Kemptville (our oldest son lives there), and benefit from your remarkable Hospital. Needless to say, we have recommended KDH to all our friends, and we hope that they too will have the opportunity to experience Canadian socialized medicine, Kemptville style. We are most grateful to all you have done for my wife, and we would like to demonstrate our gratitude in a more tangible way, by making a donation to a charity or organization of your choice.

Peace,

Dr. Donald E. Smith, Orleans

In July 2013 I was a patient of Dr. Zolfaghari for a colonoscopy. It was my first visit to your hospital. I found the hospital environment to be welcoming, friendly, clean, well organized and operating very smoothly. Every person I spoke to was helpful and friendly. Everything that was done was exactly on time. This was the best hospital visit I have ever had. Thank you!" -MW

I have neglected to have my mammogram for 10 years due to a bad experience. Today at KDH the technologist was great - she took the time to listen to my concerns and put me at ease. The mammogram didn't hurt like last time. The new machine is so much better than the old metal one I remember. I loved the coverage of the full-sized soft warm robes and the private waiting area. I'll be back again." - L.S.

## Kemptville District Hospital is Exemplary

Already rated the best small hospital in Ontario by both patients and staff, in April 2013 KDH joined an elite group of Canadian hospitals awarded Exemplary Standing by Accreditation Canada.

Accreditation with Exemplary Standing is the highest ranking possible under the third-party assessment system, which measures the quality of care and services provided by healthcare organizations across Canada.

KDH achieved Exemplary status after Accreditation Canada measured the Hospital's performance against some 1,400 criteria across 11 sets of standards.

This achievement was made possible by the hard work of our hospital staff, physicians, volunteers, partners and the Board of Directors, whose efforts included developing new processes, writing and updating policy, gathering information and sharing their knowledge about KDH.

We celebrated with the unfurling of a striking banner that proclaimed KDH "Accredited with Exemplary Standing" and a BBQ in the KDH courtyard. Thanks again to everyone who contributed to this success!



## Building Healthier Communities

### Mission:

To build healthier communities.

### Vision:

A world of healthy communities.

### Values:

Safe, community-centred health services embodying compassion, cooperation and respect.



is a community newsletter published twice a year by Kemptville District Hospital to inform readers about programs and services of the hospital, promote health and wellness, and recognize donors to our hospital.

Editor: Jenny Read jread@kdh.on.ca Tel: 613.258.6133 x223

If you would like to make comments or suggestions about hospital services, please contact:

Colin Goodfellow, CEO, at (613) 258-6133, ext 132, or cgoodfellow@kdh.on.ca

Kemptville District Hospital  
P.O. Bag 2007, 2675 Concession Road  
Kemptville, Ontario K0G 1J0  
www.kdh.on.ca



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KemptvilleDistrictHospital

# KDH Partnership with Community Living North Grenville Helps Both Organizations Advance Their Missions

**K**DH has long enjoyed a partnership with Community Living North Grenville that has significant benefits for both organizations.

For Community Living North Grenville, the opportunity to place people at KDH in job readiness positions helps facilitate the full participation and inclusion of the people with an intellectual disability who use their services.

For KDH, working with Community Living helps us further our mission of Building Healthier Communities.

Patrick Brauneisen, who uses the services of Community Living North Grenville, has been helping out in Dietary Services at KDH for 10 years.

When Patrick arrived at KDH, the placement was seen as an opportunity to acquire skills that would prepare him for a paid position in the workplace. Not long after, hospital administrators requested that Patrick stay on indefinitely.

Hardworking and dependable, Patrick can be found in the KDH kitchen every Wednesday

and Friday. He is responsible for doing dishes, stocking breakfast carts, cleaning toasters and much more.

Patrick's work ethic and engaging personality have earned him a lot of respect and affection in the KDH kitchen. Patrick's birthday is always celebrated with a special cake and he and dietary staff exchange presents at Christmas time.

Patrick's gifts are often

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**“Patrick makes an important contribution to the hospital and days when he’s working are a little more fun!”**

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intricately coloured pages that resemble stained glass that he has painstakingly completed and framed for his “girls”, as he calls dietary staff. They admire his skill and his patience – each colourful



Patrick and his “girls”, left to right, Sheri-Lynn Hartley, Deb Rayner, Patrick Brauneisen, Cheryl Norris and Andrea Corbett.

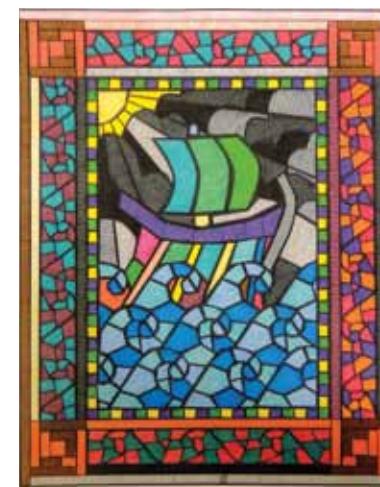
page takes days to complete.

Patrick now has paid positions at O’Farrell Financial and Kemptville Youth Centre in addition to his placement at KDH. He enjoys all his work but, “My favourite job is at the hospital,” he says, “because of my girls.”

Andrea Corbett, KDH’s Manager of Food and Nutrition Services, comments on the benefits to KDH of the partnering with Community Living North Grenville. “It’s clear what the value is for us in Patrick working here,” she

says. “He makes an important contribution to the hospital and days when he’s working are a little more fun!”

“KDH provides Patrick with an environment in which he very much succeeds,” says Community Living’s Community Inclusion Supervisor, Nancy Fischer. And in return, “Patrick is a great ambassador for Community Living – he’s a likable and hardworking young man.”



One of Patrick Brauneisen’s works of art.

## **NEW**

## KDH Announces a New Program: Convalescent Care

**W**e are pleased to announce that KDH is embarking on a new program in response to a need identified in the communities we serve. Starting in November, we will be offering Convalescent Care – an option for patients that was previously available only in central Ottawa.

We have partnered with the Champlain Local Health Integration Network (LHIN) and the Champlain Community Care Access Centre (CCAC) to offer Convalescent Care, a short-stay (30 to 90 days) program designed to help residents recover their strength, endurance, and functioning after hospitalization before returning to their homes in the community.

Eight of our 12 interim long-term care (ILTC) beds will transition from “interim” long-term care to a “convalescent” long-term care designation. This change was made possible by a reduction in need for the interim beds and reflects the success of the hospital’s and

Champlain CCAC’s efforts to help people live at home for longer.

Nothing will change for our current ILTC residents, all of whom already have planned transitions to other long-term care facilities. ILTC, as its name indicates, is meant to be temporary, and all of our residents are awaiting acceptance in their selected long-term care facilities. As always, we will be working closely with the Champlain CCAC to ensure a smooth transition for our residents.

Hospital staff are really excited about the new program, not only because of what it adds to KDH, but also because of what Convalescent Care can do for family and friends. Debbie Deyo in Supply Services commented, “This is great news – my father, who is 83, just progressed through a program like this at another hospital. They did amazing things for him after he had two heart attacks within a week. After all the rehab, personal care and physio, he has returned home, living on his own. We are so grateful!”

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# KDH Celebrates the Valuable Contribution of its Building Services Department with its First Annual Building Services Week

When we think of KDH, we often think of the doctors, nurses and other medical staff who keep us well. What we might not be aware of is the dedicated team that works behind the scenes to ensure that the environment at KDH is safe and comfortable – the Building Services department. KDH celebrated this important team with its first annual Building Services Week, September 23 to 27, 2013.

A variety of displays and demonstrations were put together for Building Services Week, as well as games, quizzes and obstacle courses. “Our goal was to raise awareness of the contribution that our department makes to the rest of the hospital, in conjunction with all other departments,” said organizer Tracy Welsh-Frappier, a member of the Housekeeping staff. “The idea was to learn about each other’s work and have fun doing it!”

“Building Services Week was a great opportunity to share about what we do,” added Building Services Supervisor Sue Tousant, noting that the KDH Building Services department has four divisions: Housekeeping, Laundry, Maintenance and Material Management.

Monday, September 23 was designated ‘Maintenance Day’ and included tours of the maintenance areas by the

Maintenance division, which is responsible for the operation of all the mechanical systems in the building, such as the heating, air conditioning and humidity systems. In addition, they do regular preventative maintenance and work on construction projects to enhance the hospital.

Also on the schedule for

“The idea was to learn about each other’s work and have fun doing it!”

Monday was a well-attended fundraising BBQ that was open to the public – proceeds went to Ovarian Cancer Canada and all food was generously donated by B&H, Your Community Grocer.

Tuesday was ‘Laundry Day’; laundry technicians demonstrated the specifics of sterile hospital laundering techniques. Our Laundry division is responsible for providing clean and sterile linens for the entire hospital. This division also does the ordering of all laundry and housekeeping supplies.

Wednesday, ‘Housekeeping Day’, included education about the division’s infection control cleaning practices such as ‘termi-

nal cleaning’, a very intense form of disinfection so named because it terminates every form of bacteria or germ living in the area. With special, required training, the Housekeeping division keeps the hospital clean and sterile, and is responsible for preventing the spread of contagious diseases.

Thursday was ‘Wellness Day’ sponsored by the Building Services department, and featured a variety of displays, offering staff the opportunity to chat with a reflexologist and enjoy a moisturizing hand treatment, among other things.

Friday, ‘Material Management Day’, highlighted the importance of ordering supplies for the hospital. The Material Management division ensures that all necessary equipment and supplies are available for all areas of the hospital – from bandages to wheelchairs, to IV solutions and paper for our printers and photocopiers.

Building Services Week at KDH was an enjoyable and educational week, and maybe even the start of a new trend. Sue Tousant explains: “Most hospitals celebrate various departments throughout the year with dedicated weeks such as Nursing Week, Pharmacy Week, or Housekeeping Week – as far as we know we’re the first to combine all the Building Services divisions into one week.”



As part of Building Services Week, a group of KDH staff and friends took a Walk for Ovarian Cancer. Following Monday’s fundraising BBQ, raffle and the Walk, Building Services staff made a donation of more than \$1,200 to Ovarian Cancer Canada.

## Faster Diagnostic Imaging Results for KDH Patients

We are happy to announce that people having diagnostic imaging tests – x-rays, ultrasounds, mammograms, etc. – at KDH will now be able to get their results sooner.

Our diagnostic imaging tests are now being read by expert Canadian Radiologists at Real Time Medical, a Canadian owned, award-winning firm who provide 24/7 coverage for healthcare organizations.

For mammograms at KDH, the typical turnaround time is now 48 hours or less. Emergency Department and inpatient results are now available in 30 to 60 minutes and routine general x-ray and ultrasound results are available in two to four hours.

We made the change to be able to offer shorter turnaround times for patients as well as expanded coverage.



Staff share a laugh during the Building Services Week Scavenger Hunt.

## KDH Auxiliary Tops \$1 Million in Contributions to the Hospital

September 2013 marked a very special milestone for the Kemptville District Hospital Auxiliary: it has now donated over \$1 Million to KDH since the Auxiliary founding in 1959!

The KDH Auxiliary plays a vital dual role for the hospital: both raising funds to purchase essential medical equipment, and providing volunteers for every area of the hospital. Last year alone, Auxiliary volunteers gave more than 11,000 hours of their time to KDH.

Amazingly, the Auxiliary has raised \$270,000 – more than a quarter of its million-dollar contribution – in the past four years: \$163,000 through HeyDay, the hospital gift shop/coffee bar, and annual quilt raffles; and \$107,000 raised specifically for the hospital’s Mammography Campaign, surpassing their pledge of \$100,000.

Of the \$100,000 contribution to the Mammography Campaign,

\$37,500 was donated by Auxiliary members, while \$69,500 was raised by walkers in the Weekend to End Breast Cancer (2010 and 2011) and Kemptville Walks for Mammography (2012 and

**“The Auxiliary is grateful for the dedication and hard work of the many Auxiliary members over the years who have volunteered, sold tickets, participated in the walks, and staffed and managed HeyDay and the Gift Shop.”**

2013). Auxiliary donations are used to purchase essential medical equipment for patient care at KDH. Some recent

purchases include a bone mineral densitometer (which predicts a patient’s risk of osteoporosis), cardiac monitors, a defibrillator, IV pumps, blanket warmers, a video colonoscope, a patient lift, and the hospital’s state-of-the-art digital mammography unit, to which the Auxiliary made a major contribution.

Beyond these donations, the Auxiliary also covers the cost of several smaller contributions to the hospital: a monthly “order-in” meal for residents on the interim long-term care unit; monthly birthday cakes and Christmas gift packages for these residents, as well as training and supplies for pastoral care volunteers on the unit; and Christmas decorations throughout the hospital each December.

The Auxiliary also provides ongoing support for the maintenance of Beth’s Garden (outside the hallway to the Board Room), which was established



Auxiliary President Lillian Leonard (left) and 1<sup>st</sup> Vice President Jane Wolfe present a cheque for \$7,500 to KDH CEO Colin Goodfellow. This cheque brings the Auxiliary’s total contribution to the hospital over the \$1 Million mark. Jane is also the Auxiliary’s Mammography Campaign Coordinator.

from the proceeds of the raffle of a handmade quilt donated by Beth Hamilton for the annual Acton’s Corners quilt raffle.

Current Auxiliary President Lillian Leonard expressed the group’s thanks, “to all the community members who have made this possible, by donating items to HeyDay, volunteering at HeyDay, shopping at HeyDay, shopping at the hospital gift

shop/coffee bar, buying 50-50 tickets and quilt raffle tickets, and sponsoring walkers.”

“The Auxiliary is grateful,” she added, “for the dedication and hard work of the many Auxiliary members over the years who have volunteered, sold tickets, participated in the walks, and staffed and managed HeyDay and the Gift Shop.”



## KDH Leading Regional Patient Safety with New Incident Reporting System

In August 2013, KDH introduced a new electronic system for reporting patient incidents, such as a patient having a fall, or being given the wrong medication. Incidents like this happen from time to time in all healthcare organizations because of the high-risk nature of healthcare. This new reporting method, called RIMS – Risk Incident Management System – will help us reduce or even eliminate them.

**“Faster incident reporting plus same-day response from managers equals better care for patients!”**

With this new system, our staff are able to quickly and efficiently complete electronic incident reports, and their managers are able to respond to the reports immediately, taking steps that will prevent the incident from happening again. Faster incident reporting plus same-day response from managers equals better care for patients!

KDH took the lead on RIMS in our LHIN (Local Health Integration Network), heading up an 11-hospital initiative to promote regional patient safety by adopting this common electronic incident reporting system.

Because the other hospitals are also implementing RIMS, this means that we can share our solutions to patient safety concerns with each other. RIMS will also allow us to measure against ourselves from year to year, as well as against the other hospitals.

At KDH, patient safety is our highest priority. We work hard to foster a culture of patient safety, in which our staff work together across departments to make care delivery safer. We’re proud that we helped to make the hospitals in our region more connected through a patient safety focus.

Physiotherapist Meg O’Brien (left) and Physiotherapy Assistant Jason Lemieux (right) make sure their patient uses her walker safely.

# FOUNDATION NEWS

## Letter from Foundation Chair

*It is a great honor to be trusted with the duties of Chair of the Kemptville District Hospital Foundation. We have a great Board of Directors and staff at the Foundation and I look forward to working with each person over the next few years.*

*KDH is a true gem in our community. It contributes to the wonderful quality of life we all enjoy in the service area by delivering healthcare to all. Our forefathers worked hard to establish this hospital over five decades ago. I see it as the responsibility of today's community members to carry this tradition forward and build on the work of our predecessors. Our work at the Foundation enables this future development.*

*I am always amazed at the generosity of community members in their contributions toward the hospital. It is greatly appreciated. However, there is much more work to be done. In today's environment where there is ever increasing technology under development we need to keep pace at KDH. There are needs for vital health care equipment as well as modernization of our facility.*

*We call on everyone in the community to help out with donations. Every contribution helps. It is a great feeling to know you have been a contributor to this wonderful institution and to know that through your contribution you have helped to improve healthcare in Kemptville, where we live, work, worship and play.*

Hugh O'Neill  
KDH Foundation Chair

## Margret Norenberg newest member of KDH Foundation Board of Directors



**M**argret Norenberg was born and raised in Kemptville. She is a Shareholder of Kemptville Building Centre/RONA. Margret's father and mother established Kemptville Building Centre Ltd in 1974, and the company has been family owned and operated since its inception. Now run by Margret's brother, KBC/RONA is an integral part of the community, donating

to many organizations, most notably the North Grenville Public Library, Kemptville District Hospital Foundation and the North Grenville Municipal Centre.

Margret holds a B.A. (Hons), B.Ed. and an M.Ed. from the University of Ottawa, where she has been teaching since graduating. After living abroad for a number of years, she felt her close ties to the area call her home.

Margret's two sons attend Holy Cross School and keep her very busy with their involvement in sports, music, the church and community.

## KDH Foundation Board Update



In March 2013, the Foundation Board of Directors presented the Hospital with a cheque for \$552,750, representing donations collected over the past year. Pictured, left to right, KDH CEO Colin Goodfellow, Mike Gaynor, Margret Norenberg, Lillian Leonard, Dermid O'Farrell, John Bouza, Mary Boucher, Hugh O'Neill, Allister Brown, Jim McManaman.

## Hugh O'Neill begins term as KDH Foundation Board Chair

**S**trong community support for Kemptville District Hospital is one of the reasons it achieves the highest patient and employee satisfaction ratings. And volunteer leadership at the KDH Foundation is an important part of that community support. At the recent annual general meeting of the Foundation, Dermid O'Farrell completed his term as Chair and Hugh O'Neill was elected to serve as the new Chair of the Board of Directors. Margret Norenberg was also voted in as a new Director.



Dermid O'Farrell (left) receives the KDH Foundation *Above & Beyond* award from new Board Chair Hugh O'Neill.

Hugh is with Scotiabank, holding the position of Director, Agriculture, Ontario East. He has been with Scotiabank for over 20 years, mainly in Agricultural Banking and previously as a branch manager. He holds an Honours Bachelor of Science degree in Agricultural Economics from the University of Guelph. Hugh also holds a Personal Financial Planner designation from the Institute of Canadian Bankers.

Hugh and his wife Patricia have lived in the North Grenville community for over 20 years. They have a busy family with four active children and are all active members in the Holy Cross Church congregation. Hugh has deep roots in this community. His mother is a Life Member of the Kemptville District Hospital Auxiliary.

## Foundation seeks Board members

**T**o complement its team of nine Directors, the KDH Foundation is looking for two additional board members.

We seek individuals with wide-ranging business, community and social networks who are prepared to help raise the profile of the Foundation and open doors to potential major gift supporters. In particular, we are hoping to extend our reach to people in parts of the hospital's service district beyond North Grenville – Manotick, North Gower, southern Ottawa, Prescott, etc.

Board directors are expected to attend four to six meetings per year and assume governance and fiduciary responsibility for the Foundation. A strategic plan for fund development is in place and professional training will be provided.

We invite expressions of interest from those with a strong commitment to raising funds to help KDH build healthier communities. Please contact John Bouza, Executive Director, at (613) 258-6133 x194 or jbouza@kdh.on.ca.

# FOUNDATION NEWS



In celebration of the 25th anniversary of the Kemptville office of Crain & Schooley Insurance, Richard Schooley presented a cheque for \$25,000 to the KDH Foundation at their annual Corporate Golf Classic in September, 2013. Pictured, left to right, Dermid O'Farrell (Past Chair of the Foundation), Don VanAllen, Janice Casselman, Al Warren, Colin Goodfellow (KDH CEO), Wayne Rostad (emcee of the event), Richard Schooley, John Bouza (Foundation Executive Director), George McLennan, Jason Schooley, Peter Mast, and Mary Boucher (Foundation Director of Development). VanAllen, Casselman, Warren, McLennan, Mast and the two Schooleys are all with Crain & Schooley!



The Knights of Columbus presented a cheque for \$11,000 to the KDH Foundation in February. This is the second installment of a \$40,000 pledge. In this photo (left to right), Grand Knight John Falsetto, Dermid O'Farrell, then KDH Foundation Board Chair, Steve Clark, MPP, Mary Boucher, Director of Development, Jim McManaman, Board Member, and Hugh O'Neill, then Vice Chair.



The Ferguson Forest Centre (FFC) donated \$500 to the KDH Foundation Mammography Fund. In this photo Adam Shewchuk (left), Board Member of the FFC, presents a cheque to Mary Boucher, Director of Development, and John Bouza, Executive Director of the Foundation.



Scotiabank Kemptville was a GOLD Level Sponsor of the KDH Foundation Spring Gala held in April, 2013. Brenda Hill, Scotiabank Branch Manager, presented the cheque for \$5,000 to Dermid O'Farrell, Chair of the KDH Foundation Board. Pictured, left to right, Mary Boucher, Hugh O'Neill, John Bouza, Dermid O'Farrell, Brenda Hill, Kim VanAllen and April Green.



In this photo, Lori Foley of LA Group presents a cheque for \$18,500 to then KDH Foundation Chair Dermid O'Farrell (left) and Vice Chair Hugh O'Neill at the KDH Spring Gala. This cheque represents a \$500 donation for each home sold in their Kemptville Meadows Subdivision.



Ralph Puffer of the Royal Canadian Legion Branch 212 Kemptville presents a cheque for \$3,000 to KDH Foundation Director of Development, Mary Boucher. These funds represent proceeds of the 2012 Poppy Fund Drive.

For three months, Madden Hearing Centre donated \$50 from the sale of every hearing aid to charity. The money raised in their Kemptville office was split between three charitable organizations: the KDH Foundation, Salvation Army, and Beth Donovan Hospice. Pictured, left to right, standing: Debbie Harris-Tobin (Audiologist for Madden Hearing Centre), Mary Boucher (KDH Foundation Director of Development), Captain Simon Downey (Salvation Army), and Justin Hull (Hearing Instrument Specialist); and seated: John Bouza (Executive Director, KDH Foundation) and Laura Smith (Beth Donovan Hospice).



The Kemptville Panthers Novice B1 hockey team held a fundraiser in honour of their Coach, Steve McDougall, who had a heart attack during hockey season last year. They raised \$865, which they donated to the KDH Foundation to say thank you for the excellent care Steve received at Kemptville District Hospital while awaiting transfer to the Ottawa Heart Institute. Pictured with Coach Steve are, left to right, Kyle Ferrie, Gavin McDougall and Carson Ferrie.



Scott Herriot of Kars, Ontario, was the winner of the KDH Foundation Raffle for a Trip of a Lifetime to the 2014 Masters Tournament in Augusta, Georgia. Here he is pictured (at left) with his baby daughter, Monica, and John Bouza, Executive Director of the KDH Foundation. For more information on our annual Masters raffle go to [www.kdhgolf.ca](http://www.kdhgolf.ca).

# FOUNDATION NEWS

## Second Annual Kemptville Walks for Mammography Raises \$50,000 for Breast Cancer Screening at KDH

60 members of the North Grenville community took part in the second annual Kemptville Walks for Mammography event on Saturday, October 5, 2013, organized by the Kemptville District Hospital Foundation to help pay for the hospital's digital mammography suite, opened in the fall of 2011.

Participants collected pledges from family, friends and neighbours and gave of their time both during the event and in preparation for it – choosing between a significant 10 kilometer walk and a 30 kilometre route that took much of the day to cover.

Participants walked as individuals or as part of a team.

Teams included the “Bust Buddies” and the “KDH Auxiliary Breast Cancer Walkers”. Several corporate teams took part this year, contributing greatly to the funds raised, with RBC and Scotiabank joining O’Farrell Financial, who participated in the inaugural event last year. RBC stepped up in answer to a challenge by Scotiabank, bringing in more than \$7,000 in support of the KDH Foundation’s Mammography Fund.

The top fundraising team was the KDH Auxiliary Breast Cancer Walkers, who raised a total of \$10,814. The team with the second highest fundraising total was the Scotiabank team.

The top individual fundraisers were Barb Rousseau, Lisa Lacombe and Jennifer Bradshaw.

The total of \$50,000 raised is an increase of 29 percent over last year.

Sponsors for the event were Scotiabank (Gold), RBC (Bronze) and Nature’s Way (Bronze). Manotick Butcher supplied the BBQ for the hungry walkers. Fundraising will continue until the end of October at B & H Your Community Grocer, where shoppers are asked at the cash if they wish to make a small donation to the Mammography Fund.

KDH opened its state of the art digital mammography unit in the fall of 2011, making it pos-



Arbies Barbies, the RBC team, walked in support of the KDH Foundation’s Mammography Fund at this year’s Kemptville Walks for Mammography event.

sible for women in North Grenville to have life-saving mammograms close to home.

The mammography unit was made possible by the fundraising efforts of the KDH Foundation, who committed to raise the \$750,000 required. The Founda-

tion started fundraising for mammography at KDH in 2010; with the money raised at this year’s Kemptville Walks for Mammography, their total is now more than \$600,000.

A really big THANK YOU to our generous Sponsors:

**KEMPTVILLE DISTRICT HOSPITAL FOUNDATION BOARD OF DIRECTORS**

<b>Hugh O’Neill</b> , <i>Chair</i> Director and Group Lead Ontario East Agriculture Bank of Nova Scotia	<b>Colin Goodfellow</b> , <i>Secretary/Treasurer</i> President and CEO, KDH
<b>Dermid O’Farrell</b> , <i>Past Chair</i> Partner and President, O’Farrell Financial Services	<b>Lillian Leonard</b> , President, KDH Auxiliary
<b>Allister Brown</b> Owner, Patterson Hadden Brown Insurance	<b>Jim McManaman</b> Partner, Solution One Financial Services
<b>Mike Gaynor</b> Physiotherapist/Owner, Back on Track Physiotherapy	<b>Margret Norenberg</b> Shareholder, Kemptville Building Centre Ltd/RONA
	<b>Jeff Underhill</b> Owner/Operator, Shoeless Joe’s Sports Grill

**WAYS TO GIVE TO THE KDH FOUNDATION.....**

- In Memory or in Honour of a loved one
- For a specific campaign or piece of equipment
- By participating in our Gala, Corporate Golf or Kemptville Walks events
- Online via the website: [www.kdh.on.ca](http://www.kdh.on.ca)
- As a faithful monthly donor who gives via pre-authorized debit or credit card
- By remembering the Foundation with a bequest in your will

To make a donation or to request further information please contact the Foundation Office at (613) 258-6133 x157 or go to [www.kdh.on.ca](http://www.kdh.on.ca) and use the Donate Now button.

**For information on all Foundation Events, please contact Mary Boucher at 613-258-6133 x157 or [mboucher@kdh.on.ca](mailto:mboucher@kdh.on.ca)**

## How KDH's Medical Inpatient Unit Achieved 100% Satisfaction

In 2012-2013, KDH earned the highest patient satisfaction rates of any Ontario hospital for each of our emergency department, day surgery, inpatient surgery and inpatient medical services.

Our latest survey results, for January through March 2013, showed that inpatients (both on the medical unit and the surgical unit) and day surgery patients reported 100% satisfaction with their overall quality of care, and Emergency Department patients reported 96% satisfaction with overall care.

To share with Health Matters readers about how these results are achieved and what we do with the data, we decided to highlight our medical inpatient unit, where 100% of the feedback from patients was positive in the last two reporting periods.

First, a word about how hospitals measure patient satisfaction. A national research group sends surveys to a random selection of people who've been patients in Canadian hospitals. Patients answer questions about the care they received, rating such factors as their physical comfort, their confidence in the nurses and doctors, and satisfaction with discussion of medication side effects. Then the research group tabulates the results and shares them with the hospital.

### Feedback from Staff

It's clear that hospital staff have a huge impact on how satisfied patients are with their care, so we talked to staff on the medical inpatient unit to get their impressions of how the rating of 100% satisfaction was achieved.

Staff agree the most important factor in achieving high patient satisfaction is communication – both between staff and patients, and between the various members of the KDH team.

In communicating with patients, “the ability to really listen is key to understanding and meeting their needs,” says Sheila Smith, RPN. Patients' families are a great source of

**“In communicating with patients, the ability to really listen is key to understanding and meeting their needs. Patients' families are a great source of information, because who knows you better than your own family?”**

information, she adds, “because who knows you better than your own family?” Another important skill when communicating with patients, according to Sheila, is “being comfortable saying ‘I don't know,’ if you are asked a question you don't know the answer to, then going and finding out the answer.”

Effective communication between members of the KDH team is equally important to patient satisfaction, staff on the unit agree. On the medical inpatient unit, the team includes doctors, nurses, ward clerks, pharmacists, members of the physiotherapy department, dietary staff, housekeeping staff, and, at times, personal support workers. Everybody works together to make sure patients receive the best care possible.

Denise Cole, a ward clerk at KDH, believes the teamwork on the inpatient medical unit has a lot to do with the high satisfaction ratings. “Each job in the unit is equally important,” she explains. Her job includes setting up tests for patients both at KDH and other healthcare facilities, making bookings for ambulance transfers to tests, and taking care of the charts.

Sheila Smith also notes that satisfied employees lead to satisfied patients. She has worked at KDH for two years and says it's “the best job” of her career. She remembers being accepted immediately into the KDH community and receiving many offers of help as she became familiar with her new job.

### Feedback from the Inpatient Quality Team

Each time survey results come in, Quality Teams within KDH review the results and look for opportunities for improvement. They also review comments from patients, and take action where possible on the ones that suggest changes to enhance patient care.

We talked to our Inpatient



Sheila Smith, RPN, and Denise Cole, Ward Clerk, confer over doctor's orders on KDH's medical inpatient unit.

Quality Team to get their thoughts on how the medical inpatient unit achieved a perfect score in the last two reporting periods.

Catherine Van Vliet, Director of Patient Services & Integration, comments that, “The Inpatient Quality Team focuses on quality improvements that directly impact patients and their families and, when this comes to communications, this often means giving people the information they need before they ask for it.”

For example, a little over a year ago, the team identified that some of our patients with longer lengths of stay in the hospital had questions about hospital procedures such as isolation precautions for contagious infections, menu selections and discharge options. A proactive approach involving two team members – the discharge planner and nurse manager – now means that patients designated Alternative Level of Care (patients remaining in hospital but whose care needs require alternate settings) are automatically visited and information is shared about their stay in hospital. Janet York-Lowry, Manager of Nursing Services, comments that she leaves her business card so patients have

“a face and a name” in case they have questions or concerns.

Effective communication is also at the heart of the Inpatient Team's latest project: patient whiteboards. These dry erase whiteboards not only help communication by noting the names of healthcare providers on the care team, but they also enhance patients' involvement in their own care by listing daily goals. Patients, as part of their own care teams, decide on goals that may include mobility, self-care, nutrition, pain control, etc. Using whiteboards allows us to focus on what patients and their families want to know.

### The last word... from Patients

Here are a couple of the comments we received from patients on the medical inpatient unit with the latest survey results.

“I want to thank every staff member for making my stay as comfortable as possible, a smile makes a huge difference, I never feel like just a number.”

“I and my family were very favorably impressed with the professionalism and caring of the medical team, from triage to discharge. A very positive experience.”



RPN Caroline Willan takes time for a patient on the medical inpatient unit.



# KDH In The News

**JANUARY 2013**

## KDH CEO Colin Goodfellow takes a provincial leadership role

Our CEO Colin Goodfellow was elected to the Executive Committee of the influential Ontario Hospital Association (OHA) at their annual convention held in the fall of 2012. Colin is the only Eastern Ontario hospital CEO on both the OHA Board of Directors and its Executive. In recent years Colin has emerged as a strong champion of and leader in the job of revitalizing Ontario's health system. His innovative leadership at KDH has resulted in the hospital's new orthopedic surgery program, which has been recognized by the OHA for reducing patient wait times for joint replacements while saving the system money, as well as the hospital's creation of the 30,000 square foot Rideau Valley Health Services in Barrhaven, widely seen as a new way to serve fast growing communities without the need for expensive new hospitals.

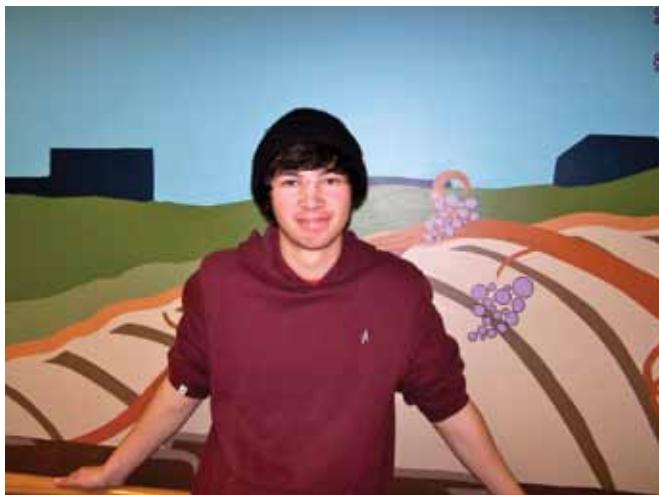


KDH CEO Colin Goodfellow (left) and Dr. Donald Berwick, Barack Obama's former top Medicare official, chat about the challenge of leading health system change.

**FEBRUARY 2013**

## Talented teenage artist paints large-scale mural at KDH

Local high school student Dan Williams created an eye-catching 40-foot mural in the hospital's Interim Long-Term Care (ILTC) unit that continues to brighten the days of both residents and staff. The artist, Dan Williams, was a 17-year-old student at North Grenville District High School at the time. His mural project at KDH earned him credit in the school's co-op program. The mural depicts a farmer's field bordered by a rail fence, against which pumpkins and grape vines grow; in the background is a cityscape. The project took Williams about four weeks to complete. The idea for the mural project came from Laurie Laporte-Piticco, the activity coordinator for the ILTC unit. She imagined a mural that would not only beautify the unit, but also disguise a door that attracted the attention of patients but was accessible only to staff.



Dan Williams stands in front of the mural he painted in the hospital's Interim Long-Term Care unit.

**MARCH 2013**

## Health hub model has KDH bursting at the seams

As a result of its focus on continuing to grow as an integrated health hub for the community, KDH is bursting at the seams. In the spring, our partner Beth Donovan Hospice moved out of office space in the hospital into a house on the KDH campus; shortly after that, the Kemptville office of the Leeds, Grenville & Lanark District Health Unit moved in. In its new space at 25 Hilltop Crescent, a house purchased by KDH as part of its hub commitment, the Hospice remains connected to the hospital, providing services to the community and working with KDH for referrals and consultation. The move brings the Hospice one step closer to its goal of realizing a constant residential presence. The Health Unit had outgrown its premises at 8 Asa Street and moved into new, larger office space at KDH. They actually moved *back* in – the Health Unit had its offices in the hospital's administrative wing for many years, up until 2009. With its new Strategic Plan, KDH designated building on its core role as a health service hub as one of three key strategic priorities for the next three years. This focus is causing change and growth at KDH.



KDH CEO Colin Goodfellow congratulates Beth Donovan Hospice Executive Director Dawn Rodger on the Hospice's move to a house on the KDH campus.

**APRIL 2013**

## KDH reaches out to a community in need half a world away

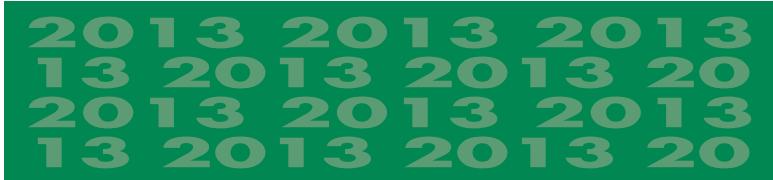
KDH staff are finding ways to live out our expanded vision of 'a world of healthy communities', including Wendy Gloucher, who works in



Wendy Gloucher delivers surplus medical supplies to Dr. Sachin Chitte for transport to the Ottawa branch of Not Just Tourists, who helped coordinate the Syrian relief project.

Material Management. Wendy was behind the hospital's involvement in a project that saw a 40-foot container of medical supplies shipped to war-torn Syria in the spring. The container was packed with surplus supplies and equipment donated by a number of Ottawa area hospitals, including the Children's Hospital of Eastern Ontario and The Ottawa Hospital as well as

KDH. The container was filled in just a few months. Since then two more medical relief containers have been shipped to Syria, with donated supplies from KDH in each one. As one of the organizers said, "This will go a long way to relieve suffering." As for Wendy, "I am so pleased to have found a way to help people who really need it with these items we can no longer use," she said. "It makes me feel really good. I'm proud to work for an organization that stands behind its mission and vision."



JULY 2013

## KDH consolidates expanded Diabetes Services at the Hospital

At the end of June, the KDH Diabetes Education and Support Team moved into newly renovated space at the hospital in order to consolidate its services for people with diabetes – which now include regular chiropodist clinics – in one location. KDH has partnered with the Community Diabetes Education Program of Ottawa to bring chiropodist services to our service area; this is especially important given that North Grenville patients have a high risk for diabetes-associated amputations compared to other areas in the province. The move means that the chiropody clinic and the diabetes assessment, support and education spaces are now all in close proximity to each other, as well as close to hospital entrances. All the services of KDH's Diabetes Education and Support Team are free. To join a program call (613) 258-6133, extension 424. For more information about programs, call Diabetes Nurse Educator Heather Kamenz at (613) 258-6133, extension 212, or Registered Dietitian Julia Hicks at (613) 258-6133, extension 216.



The KDH Diabetes Team: (left to right), Heather Kamenz, Chiropodist Lena MacMillan, KDH's Charge Pharmacist Mary Whyte, and Julia Hicks.

JULY 2013

## KDH Board Welcomes New Director Doreen Ulrichsen



The 16-member KDH Board of Directors welcomed Doreen Ulrichsen at its June meeting. A Registered Nurse, Doreen brings to the KDH Board a wealth of experience in the health sector, including nine years as Director of Care for the long-term care home, Providence Manor in Kingston.

Prior to that appointment, she worked with the South East Community Care Access Centre (CCAC) in Kingston for 17 years as a Case Manager. Doreen is a relative newcomer to North Grenville, having moved to Kemptville with her husband Tom on her retirement in 2009. She considers KDH one of the biggest assets in the communities it serves, and is eager to start making a contribution to the governance of the hospital. Doreen has a Bachelor of Nursing degree from the University of Victoria, British Columbia.

## KDH Welcomes New Vice President



Louis Guilbeault.

We are pleased to welcome Mr. Louis Guilbeault as our new Vice President of Organizational Performance and Operations.

Louis brings to KDH 20 years of private sector capital project management and business development experience. For the last 16 years he has lent his expertise to the project management firm ZW Group, which specializes in healthcare building projects. As Vice President of the firm, Louis traveled between offices in Ottawa, Toronto and Saskatoon.

Louis is already familiar with KDH, as one of ZW Group's recent healthcare projects was our own 2010 ER expansion; Louis acted as the lead project manager.

At KDH, Louis assumes the duties of the previous Senior Director of Operations, with expanded responsibilities in the areas of capital development, financial management, and new business development.

The opportunity to join the KDH team was very appealing to Louis. "It's an interesting challenge that I can bring a certain expertise to," he said as he started work at KDH in September. "It offers a chance to work with a great group of people," he added. "I'm really looking forward to it."

Having flown on 185 commercial flights in the last year, Louis is also looking forward to the 17-minute daily commute to KDH from Barrhaven.

Louis' wife Peggy is a former nurse now working in IT at The Ottawa Hospital. They have an 18-year-old daughter, Meghan, who is a student at Wilfrid Laurier University.

To quote KDH CEO, Colin Goodfellow, "We are delighted that we have secured top talent for this vital role."

## Patient Visits to KDH On the Rise

This past year saw KDH emerge as the best in Ontario, with Exemplary Standing from Accreditation Canada, the highest employee satisfaction rates of any Ontario hospital, and the highest patient satisfaction rates with our emergency department, day surgery, and inpatient surgery and medical services.

The past year also saw patient visits to KDH continue to rise.

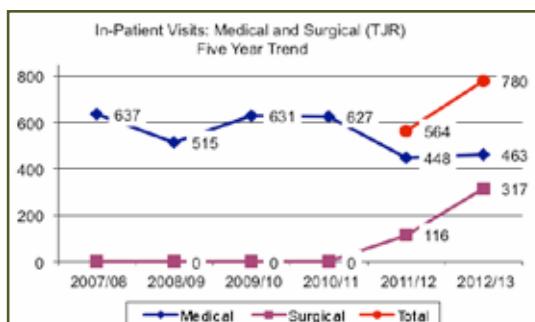
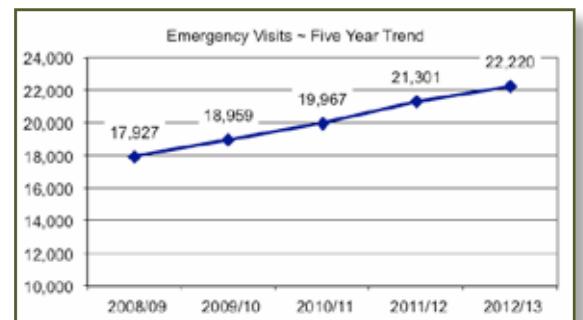
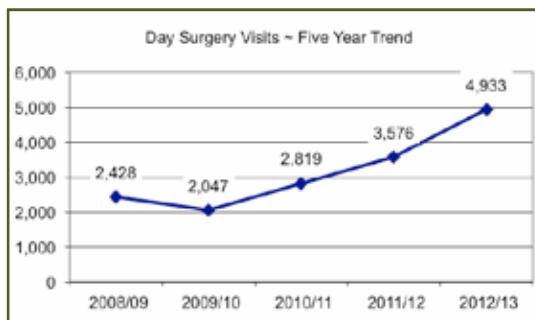
Day surgery has increased 125% in four years, our inpatient service has expanded by 50% in five years, Emergency Department visits have grown nearly 25% in five years, and our total patient contacts have increased about 30% in the last five years.

The graphs below show the upward trend over the past five years.

At KDH, we are proud to serve the residents of North Grenville

and South Ottawa in greater numbers every year.

We will continue to grow and change as the communities we serve do the same. And we remain committed to advancing our mission of building healthier communities by developing a more fully integrated health system, and furthering our vision of "a world of healthy communities".





# In Health Services No Change is Small

-Colin Goodfellow

I am an incredibly lucky man. I work at one of the best hospitals in Canada, serving the national treasurer of universal healthcare. I have the opportunity to speak to groups about not only the great work that the people at KDH do, but about how our health needs and our health system are changing.

In speaking with groups about health system change, I am struck by people's twin yet almost contradictory responses. People hold a deep and abiding pride and protective impulse toward health services generally and hospitals specifically. Alongside this there is an urge for change so the system actually works in a way that makes sense and is sustainable. A statistic that surfaces this protective versus reformist tension in our impulse is this: since 1960 Canada's population has doubled, yet the number of hospital beds has fallen by 20 percent. That's correct – there are fewer hospital beds in Canada now than over half a century ago and they are serving more than twice as many people.

I cannot see this as anything but an incredibly good state of affairs. First, we could not afford 20 percent more beds to bring the system back to 1960 levels and, secondly, who wants to be in a hospital bed anyway? Invariably though, when a hospital closes beds it is seen as a loss, not a win.

If you add the many well-funded vested interests to this general emotional tension around health system change, you can see that in health services, no change is small. Occasionally political parties of various stripes will stump transformational health system change for electoral sound and fury, yet who can point to any election since June 1960 that changed the health system? Nope, health service is a glacially modified organism.

What this article is intended to do is highlight some of the directions and activities that are shaping health services in Ontario and explain how our hospital fits in this evolving context.

There are three or four big themes being acted out in health system change, with the most significant yet least tangible being the gradual acceptance that population health is where the future lies.

## Population Health

The population health view holds that paying attention to all of the factors affecting the health of a large group of people (a population) is going to result in better health for more people than paying attention to accidents and illness once they have occurred. Health maintenance is preferred to disease treatment. Ontario has developed a funding system (Health Based Allocation Method, HBAM) that attempts to flow more funds to areas of the province that have a higher burden or risk of illness, or predictably higher health needs. Funding level changes through this HBAM method are small but growing. Associated with this population view is chronic disease management. This takes a group of people who have or are at obvious risk of having a chronic disease (i.e., diabetes or Chronic Obstructive Pulmonary Disease, COPD) and supports the management of the disease to prevent its advancement and avoid acute episodes that are avoidable, cost a lot of money and are no fun for the person.

KDH formally embraced the notion of population health eight years ago when it replaced its mission of “caring is what we do best” with “Building Healthier Communities”. We are recognized by the Champlain Local Health Integration Network (LHIN) as having one of the best diabetes education programs in eastern Ontario, and the top priority of our current strategic plan is to support primary care and population health initiatives in South Ottawa and North Grenville.

## Primary Care

Closely linked to population health is primary care reform. While primary care providers include midwives, nurse practitioners and other health professionals, in Ontario primary care reform is really about organizing and influencing family doctors. Over the last decade, Ontario has put large amounts of incremental health funding into moving family doctors into large group practices and increasing the patients' attachment to and exclusive use of physicians within that practice. This attachment is supported by financially penalizing the doctor if the patient receives primary care away from the group practice, and on the flip side paying the physician an ongoing fee for the number of patients he or she has registered (rostered), essentially independent of the patient's utilization of the doctor's services.

There are a number of reasons why primary care reform and the patient rosters are seen as important to health system change. The payment-for-enrolment method rewards physicians who are effective in working with their patients. It has a population health precept in that pursuing wellness is better than the fee for service treatment of illness. The corraling of physicians into larger practices is seen as having administrative and work/life balance benefits, and achieves a sufficient size so that after hours and other coverage is feasible from within the group. Ontario now has a majority of its general practitioners in some form of group billing practice and has begun two further reforms. One is linking these larger group practices together into multi-group primary care networks, and the second is bringing these connected groups to focus on patient outcome and management on a population wide basis.

KDH has been an active proponent of developing physician groups, including the two largest ones in South Ottawa. The hospital seeks to co-plan services to support population health education for associated physician groups.

## Evidence and Quality

The next big theme in the gradual reform of health service is the twin emphasis on evidence and quality. Coming from both the bureaucracy and professional colleges there is much firmer focus on standardization of treatment for patient types (protocols and patient order sets) by physicians and standardization of payments to hospitals by activity. Wide variances in how patients are treated and the amount a hospital might spend to support that treatment are common and only now being driven out of the system. Higher expenditures are not linked to better health outcomes. The province has begun to remove billions of dollars of expenditures by funding activity only to the price level where evidence supports the clinical benefit of the medical activity and at which a typical hospital can perform the procedure. The introduction of Quality Based Procedure funding sets a price based on cost and quality that is entirely reasonable and achievable. The per procedure “overspend” for some hospitals has been as high as 60 percent above the evidenced based quality price. For them, adjusting to this new reality is no small change. KDH and its communities have benefited from the introduction of quality based funding as it has allowed us to attract \$2 million in funding to our orthopaedic program as KDH's quality and efficiency are among the best in the province.

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“Higher expenditures are not linked to better health outcomes.”

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## Geography

The last big theme in the gradual reform of health services is determining the appropriate geography to deliver population based health services. On this there is not yet a clear direction. Small hospitals, KDH included, have contended that multi-service hubs serving a broad geography – South Ottawa, North Grenville to the St. Lawrence in our case – is appropriate. This sort of geography is big enough to have critical mass and small enough that the hospital can really understand the population's needs. The next tier up is the current “Local” Health Integration Networks (LHINs.) Ontario is divided into 14 LHINs. The Champlain LHIN in which we are located is nearly three and a half times the size of PEI. At 1.2 million people, our LHIN is more populous than six out of 10 provinces. This allows critical mass for supporting rare and highly complex medical activities, but it is hard to imagine in touch population planning on this scale. Finally, there is the provincial level. Cancer Care Ontario is one example of a provincial body providing effective health service leadership. The Ontario Ministry of Health and Long-Term Care, through the above discussed quality based funding and a constant stream of new directives, is increasingly sidestepping LHINs as the system leaders. On this last big theme of who should be in charge of what, it seems to be a case of where you stand depending on where you sit. It reinforces the reality that in health service no change is small.