

HEALTH MATTERS



KEMPTVILLE
DISTRICT HOSPITAL

FALL 2018

‘Building Healthier Communities’





CEO's Message

I'm pleased to introduce this issue of Health Matters, which is brimming with information about how your community hospital is working to improve the quality of life of our patients, our staff, and the broader community.

Read on page 3 how our Nursing and Building Services staff worked together on reducing nighttime noise to help our inpatients get a more healing night's sleep. See page 4 for a conversation with three of our dedicated physicians about how they partner with patients and their families for a better care experience. Turn to pages 6 and 19 to read about two new programs we have implemented in our Interim Long-Term Care Unit to enhance our residents' quality of life.

In order for our patients to get the highest quality care, it's crucial that our staff feel safe at work. On page 15, read about our commitment to preventing workplace violence and harassment at KDH.

For the broader community, we are delighted to announce a new outpatient Cardiopulmonary Rehabilitation program – read all about it on page 20. And our focus on developing a Mental Health and Addictions Health Hub for children and youth in North Grenville remains strong; see page 16 for an update on the progress we've made with our partners to date.

I would be remiss if I didn't acknowledge the tremendous ongoing support KDH receives from the communities we serve, channeled through the KDH Foundation (pages 8 to 11) and the KDH Auxiliary (starting on page 12).

I will close by asking you to take another look at our cover, which depicts KDH's Opening Day on June 29, 1960, when the community's dream of a hospital for the Kemptville area became a reality. On behalf of our staff, physicians, volunteers, and Board of Directors, I thank you for this commitment to KDH that is as strong today as it was on Opening Day.

Yours in health,
Frank Vassallo

LETTERS

“Your hospital is the best in Ontario! You should have a banner and let the world know!

Even pre-op was special. I was asked if I had ever been to KDH and since I had not, a volunteer accompanied me to all my appointments. Do you know how great that was?!

When I was being wheeled past the coffee shop I said to the volunteer that I did not have any change but would so love a coffee and would reimburse her. Someone in the shop heard me and said, “I will pay for your coffee!” Wow.

When I came for the surgery, all of the nurses introduced themselves to me. They were never too busy to stop by, even when I called as they walked by the door. While the nurses joked with me, it was clear that healing and pain control are their main concerns. Thank you, Taylor and Pam and all the nurses. I met others but the Hydromorphone makes me forget the other names. Sorry.

The difference between a city hospital and KDH was night and day. I felt like I was part of the family. I never felt alone. And I felt like a princess when the surgeon – imagine that – wheeled me into surgery!

My surgery was Hallowe'en night and I was sad to miss out on that, but then Pam, the night nurse, arrived in a Winnie the Pooh outfit and gave out stickers and candy!

Congratulations to a wonderful floor and Hospital.

Heather Ingrams, Ottawa ”

“I write to commend the physicians, nurses, and staff at KDH. A few weeks ago, I had occasion to be treated in the ER for severe lower GI bleeding. Because I was losing a considerable amount of blood, Dr. Zakhem, the ER physician on duty at the time, decided quite rightly, after consulting with the GI Department at the Civic campus of The Ottawa Hospital, that admittance to KDH to monitor my condition and determine an accurate diagnosis was in order.

But, alas, there was no room at the inn, and I had to spend the night in Emergency, where I was nonetheless treated with superb care by all the nurses in attendance during what was for me a very difficult 12 hours or so.

Next day I was formally admitted for hospitalization where, once established in my room, I was again treated with the utmost respect and care by both Chief of Staff, Dr. McGregor, and the nursing staff. Among this staff, I want to single out two frontline nurses in particular, Erin and Lindsay, not only because of their thoughtful treatment of me, but also because I witnessed their comforting interactions on more than one occasion with those much worse off than me. Dedicated nurses like these deserve to be cherished. They are the real face of KDH.

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HEALTH MATTERS

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.

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

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ON OUR COVER

Kemptville District Hospital's Opening Day: Marjorie Hawkins (far right), KDH's first Administrator, enters the hospital with staff nurses on Opening Day, June 29, 1960.
Photo: Daykin Photographic Studios
Do you have artifacts pertaining to KDH's history? See page 11.



Maintenance staff, Lorna Larabie and Dennis Piché

Using patient feedback to improve your hospital stay

If you've ever been an inpatient in a hospital, you know that it can be hard to get a good night's sleep – hospitals are typically noisy places! When feedback from surveys completed by KDH patients highlighted that a lack of sleep due to noise was a problem for some, Nursing Manager Dalia Montalvo and her team decided to do something about it.

First, they phoned 20 recently discharged patients, and asked them what specifically was causing the noises that kept them up at night. The patients identified squeaking carts, beeping monitors, slamming doors, loud voices, and the tapping of hard-soled shoes out in the corridors as sources of nighttime noise.

"These things which they brought to our attention did not require much effort or resources to change!" said Dalia. "We just needed their input to understand the patient perspective. We truly valued their responses."

Dalia and her team took action immediately to improve the noise situation.

To stop carts from squeaking, Building Services staff lubricated the wheels on all wheeled items. To address the problem of beeping monitors keeping patients up, nursing staff were reminded to silence cardiac respiratory monitors in patients' rooms at night (they continue to beep at the nursing station, where staff keep a keen eye and ear on the monitors). To prevent doors from slamming, Building Services staff installed rubber cushioned inserts and adjusted door arms to slow the speed of the door closure. And finally, KDH staff were asked to minimize traffic in inpatient areas, keep their voices low, and wear soft-soled shoes when working in the inpatient areas.

"It's all about creating a healing environment for patients," said Dalia. "We know that a good night's sleep promotes healing. When you fall asleep, your brain



It's all about creating a healing environment for patients.



- Dalia Montalvo,
RN, Nursing Manager

can attend to other issues within the body. If there are areas that need to heal, the brain can trigger the release of hormones that encourage tissue growth to repair blood vessels, help wounds to heal faster and also restore sore or damaged muscles."

If you have any more suggestions for improving the patient experience at KDH, please contact Patient Relations at patientrelations@kdh.on.ca or 613.258.6133 extension 223.



KDH physicians answer the question —

“What does Patient and Family Centred Care mean to you?”



Several years ago, KDH made a commitment to Patient and Family Centred Care, pledging to treat all of our patients and families with respect and dignity, to share information with them, and to encourage them to participate in decisions about their care at the level they choose.

Recently, we asked several of our doctors what Patient and Family Centred Care means to them. Here is what we heard.



Dr. Jonathan Rathwell
Chief of Emergency

Emergency Physician: Dr. Jonathan Rathwell, KDH's Emergency Department Chief

Because of the way hospital emergency rooms (ERs) work, patients have often been waiting for some time – perhaps hours – before they finally see a doctor. When I walk into the room, I always try to acknowledge the wait and thank them for their patience. This is after I've introduced myself and let them know I'll be caring for them today.

It's very important to establish trust, even though our time together may be brief. I make a point to listen carefully – to really hear – what my patients have to say. Good doctor-patient communication results in a better experience for my patient, and for me as well.

I encourage my patients to participate in their care, to ask questions, to let us know if they have any concerns. It's really important that you tell your healthcare provider about any symptoms you may have, your health and family history, and the medications you are taking.

On the other hand, I want patients to know that you can choose not to contribute to a particular conversation. Patient and Family Centred Care means that patients and families are as involved as they want to be in decisions around their care.

Sometimes there are misunderstandings. For example, a patient in the ER could say, 'I was in a lot of pain and nobody gave me any medication to relieve my suffering while I was waiting to see the doctor.' This is where sharing information makes a huge difference. Patients may not realize that, depending on your condition or other medical issues, it may not be safe to provide certain pain medications, and as a result medication cannot be given prior to a physician's assessment. For this reason it is important to communicate to the staff if your pain is getting worse or changing so that we can try and get you seen as quickly as possible.

KDH's CEO, Frank Vassallo, expressed the hospital's gratitude to its physicians for their commitment to Patient and Family Centred Care. “We are extremely fortunate that our physicians are so dedicated to this philosophy of care,” he said. “We know it has a very positive impact on the experience that our patients and families have here at the hospital.”



Dr. Steve Oliver
Chief of Surgery

Surgeon: Dr. Steve Oliver, KDH's Surgery Department Chief

As a surgeon, I may only see a particular patient a few times. That's why it's important to me to establish trust from the beginning.

Dialogue is essential for establishing trust. That means we listen respectfully to each other's ideas and opinions. Dialogue assumes that different people have pieces of the answer and together we can create a solution.

Oftentimes, patients will be anxious or worried about an upcoming surgical procedure. It's important to me that I give my patients the support they need to help with anxieties, fears or worries about their procedure.

Sometimes I have to convey information that is difficult for a patient to hear. I try to do that with empathy and honesty, encouraging questions and giving patients a chance to react – they may experience a range of emotions. When there are decisions to be made, I believe if we have established trust, we will be better able to reach a collaborative decision that's the best one for the patient.

A lot of the information I convey is quite technical. I try to put it into terms that someone outside of the medical field will find accessible. I ask patients to say the information back to me in their own words, to make sure that I have explained things clearly. Although there may be other patients waiting to see me, I try to always take the time to answer any questions and address any concerns my patients may have.

KDH would like to know what Patient and Family Centred Care means to you. Contact Patient Relations by email at patientrelations@kdh.on.ca or by mail: Patient Relations, Kemplville District Hospital, 2675 Concession Road, PO Box 2007, Kemplville, ON, K0G 1J0.

Family Physician: Dr. Penny McGregor, KDH's Chief of Staff

As a family physician, I am fortunate in that I have the opportunity to really get to know my patients. I have been looking after many of my current patients for years. Over this time we have forged a relationship, and we have built up trust.

For me, Patient and Family Centred Care means asking my patients about their preferences in their treatment plan. I make my treatment recommendations based on medical evidence and clinical judgment, and then I try to collaborate with the patient to assess their preferences and see if we can agree on a treatment plan. Sometimes, however, my best recommendation may not suit the patient's preferences; they can ultimately choose not to follow it, but I may not change my recommendation if I feel it's not safe or in their best interest, as it's my duty to follow clinical guidelines and medical evidence.

It's about shared decision making. If the patient has totally different goals, they aren't going to follow the course of treatment I recommend, so we try to find common ground. That's why it's important for patients to feel comfortable asking questions. By asking questions, we can often identify the point of disagreement about a treatment plan and come to a mutual understanding that both meets the patient's needs and provides the best medical care.

Sometimes patients in my family practice come in for their appointments with questions they have written out at home. This is a great



Dr. Penny McGregor
Chief of Staff

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Keeping our Interim Long-Term Care Residents safer with the appropriate use of bed side rails

At KDH, the safety of our patients and residents (those in our Interim Long-Term Care Unit) is our top priority. One of the potential dangers during a hospital or long-term care stay is falling out of bed and getting injured. You might think that using the side rails on the bed would ensure that the person would remain safely in the bed. However, it is not always safe to use bed side rails – their use can lead to entrapment in the bed, and even death, if a person slips between the mattress and the bed rail or becomes entrapped in the bed rail itself.

Those most at risk for bed entrapment are people who are frail or elderly or those who have certain conditions including agitation and uncontrolled body movements.

Between 1980 and 2006, Health Canada received 51 reports of life-threatening bed entrapment incidents – 26 of which led to deaths – and at least 17 coroners’ inquests into deaths related to beds and side rails.*

These statistics about bed side rail incidents and fatalities contributed to provincial legislation designed to prevent bed entrapment, outlined in the Long-Term Care Homes Act, 2007, which governs all Long-Term Care Homes in Ontario, including KDH’s Interim Long-Term Care Unit.

In accordance with the legislation, KDH has implemented a bed entrapment prevention program in our Interim Long-Term Care Unit. The program reduces the risk of bed entrapment by using an interdisciplinary team approach to improve bed safety.

RN Dalia Montalvo, who is the Nursing Manager for our Interim Long-Term Care Unit, described the implementation of the program as “a

really important initiative for the safety of our residents”.

“It is crucial for all of us to understand the legislation and to do the right thing for our residents,” she added. “These are our family members – our grandparents, aunts and uncles.”

Staff from several departments, including Nursing, Rehabilitation, Maintenance, and Environmental Services (formerly known as Housekeeping), combined their respective skills to meet the compliance requirements for the appropriate use of bed side rails.

The initiative has provided significant new learning opportunities for staff, with the development and implementation of new policies and procedures.

KDH’s Maintenance staff tested all mattresses on the unit for bed entrapment risks using a test tool provided by Health Canada. Heather Wells-Baker, a member of the Maintenance staff, commented, “I had not thought about bed entrapment before. It was all brand new for me. The dangers were shocking.” The evidence that Maintenance staff gathered supported their recommendations that certain mattresses should no longer be used.



KDH staff who helped implement the bed entrapment prevention program, left to right: Nolla Timmins, Physiotherapist; Heather Wells-Baker, Dennis Piche and Lorna Larabie from the Maintenance Department; Spring Smith, RPN; Steve Webber, Chief Maintenance Mechanic; and Dalia Montalvo, RN, Nursing Manager

“

It is crucial for all of us to understand the legislation and to do the right thing for our residents. These are our family members – our grandparents, aunts and uncles.

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- Dalia Montalvo,
RN, Nursing Manager

A key component of KDH's bed entrapment prevention program is the policy of using no bed side rails when a resident is first admitted to the unit. Instead, the resident is sleep-observed on an hourly basis for three days. This sleep study also helps staff to understand the resident and make adjustments for her or his concerns, such as pain, hunger or loneliness.

On admission, the resident's family is informed about the no bed side rail policy and provided with both a paper handout that describes why this policy is practiced and an I-pad loaded with a video that depicts the very real dangers of bed rail entrapment.

On the fourth day on the unit, an Interdisciplinary Team assembles to consider all of the data and determine the risk or benefit of using bed rails for the new resident. The Interdisciplinary Team is made up the resident, their Power of Attorney for Care (if applicable), family members, Rehabilitation staff, a Registered Practical Nurse (RPN), and the unit's Team Lead and Nursing Manager. During the Interdisciplin-

ary Team meeting, a risk-benefit assessment on the use of bed rails is documented, as well as the Team's conclusion about whether they will or will not be used; this is then signed by all team members, including the resident and Power of Attorney. If the resident's condition changes subsequently, a reassessment will be carried out by the Team.

The resident's care plan is then prepared based on the conclusion of the Team. A sign is placed above the resident's bed indicating whether bed rails are in use or not in use. When the Team has determined that bed rails will not be used by a particular resident, they are zip-tied to the bed frame.

In some cases, it may be determined that a bed rail is to be used, but only when a staff member is present and the resident is being turned on the bed.

To further enhance the safety of our residents, their beds are kept at the lowest position, unless personal care by staff is being administered, and "fall mats", similar to padded gym mats, are placed alongside all beds on the unit. Padded bed guards and pillow wedges may also be used. Alarms are strategically located in beds and chairs to summon staff to a patient in distress.

All of these measures have substantially increased the safety of the residents in our Interim Long-Term Care Unit. If you have any comments or questions after reading this, please contact Patient Relations at 613.258.6133 extension 223 or patientrelations@kdh.on.ca.

**Health Canada's New Guidance on Hospital Bed Safety: Patient Entrapment, Side Rail Latching Reliability, and Other Hazards, Denis G. Roy (Product Safety Program) and Graham Ladner (Medical Devices Bureau), Health Canada*

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Family Physician:

**Dr. Penny McGregor,
KDH's Chief of Staff**

idea as it ensures they leave the appointment with the information they need to manage their health. The questions can be as straightforward as 'What is my problem today?', 'What do I need to do?', and 'Why is it important for me to do this?' Sometimes, to make sure they have the big picture, patients will ask, 'Is this my main problem?'

At KDH, local family physicians care for patients who have been admitted to hospital. We do this on a rotating schedule, a week at a time. During this time, we are often able to get to know and build a relationship with patients and their families, depending on how long the patient needs to be in hospital. Then, when the patient's illness that brought them to hospital has been resolved, we work towards getting the patient ready for discharge home. However, I have noticed that sometimes patients don't feel ready to go home, or family members don't feel they can cope with their loved one at home. This happens when a patient may have ongoing medical needs but the acute illness that led to their admission has resolved. That's when it's really important for patients and families to know that the patient is back to their baseline and we are confident that their ongoing medical needs can be managed at home with the proper supports, such as nursing visits. Our discharge planner works with patients and families to ensure that these supports are in place before the patient goes home.



News from



Message from the Chair, Robert Noseworthy

KDH Foundation to celebrate 40th anniversary in 2019

The Kemptville District Hospital Foundation has been supporting the needs of the hospital since 1979. In 2019, the Foundation will be celebrating its 40th anniversary. To the many volunteers who have sat on the Board over the past 40 years, I thank you for your passion and commitment to KDH.

I have been inspired by the volunteers who have come before me and by the many donors who generously contribute to the Foundation year after year.

In recognition of our 40th anniversary, the Foundation will be hosting a number of special events in 2019 to bring together past and current volunteers, donors and sponsors to celebrate the work we have done together in making healthcare a priority for this community. From the emergency room and operating rooms expansion 10 years ago, to the new clinic spaces opened last year, KDH continues to evolve to address the changing healthcare needs of our growing community.

I look forward to celebrating all our successes with you in 2019.

Donate your car to KDH and receive a tax receipt

Did you know that you can donate your old car to the Foundation, and receive a tax receipt?

Hospitalcars.ca makes it easy for you to get rid of your old or unwanted car conveniently, quickly, and for a great cause!

Hospitalcars.ca handles all the legwork of safely processing and recycling your junk car from pick-up, to recycling, to donating, to providing the cash proceeds directly to the Foundation. Free towing is included, and in return for your donation, you receive a tax receipt of up to \$300. It's a win-win! For more information, visit hospitalcars.ca.



KDH Foundation Corporate Golf Classic raises \$60,000



On Friday, June 22, 2018, golfers lined up in their carts at eQuinelle Golf Club for the KDH Foundation's Annual Corporate Golf Classic.

This year, the tournament was held in memory of Harry Pratt, "Mr. Kemptville", who was one of the KDH Foundation's biggest supporters for a number of years. Harry was a fixture at the annual KDH golf tournament – this year's tournament was a wonderful opportunity to remember and honour a man who meant so much to his family and to the community.

Proceeds from the tournament will purchase two new Smart Beds, which feature a remote monitoring system that keeps track of a patient's vital signs and helps to prevent falls. To read more about smartbeds, please see page 10.

The Foundation would like to thank all of the participants and sponsors of the KDH Foundation Corporate Golf Classic in memory of Harry Pratt. Without each one of you, the day would not have been as successful as it was.



Community Donations to the KDH Foundation

Thank you to the community for your generous support to enhance patient care at KDH



‘Plowing Fore A Cure’ raises \$18,000 for the KDH and Winchester Hospital Foundations

The Ottawa Carleton Plowmen’s Association (OCPA) held its 15th annual ‘Plowing Fore A Cure’ golf tournament on August 14, 2018 at Emerald Links Golf and Country Club in Greely, raising more than \$9,000 for the KDH Foundation. Funds received from this event will be used to purchase a new multi-therapy infusion pain pump. These pumps are vital to managing pain for patients suffering from cancer. More than 80 percent of pain associated with cancer can be controlled effectively through the use of these pumps.

The cheque presentation (left to right): Joanne Mavis, Foundation Executive Director; Sharen Armstrong, OCPA Chair; Margret Norenberg, Foundation Board Vice Chair; Mary Boucher, Foundation Senior Manager, Community Engagement; Don Brennan, ‘Plowing Fore A Cure’ Chair. Photo by Theresa Whalen.



OPP Charity BBQ – Lafarge raises \$1,743 for the KDH Foundation

The 7th OPP Charity Barbecue of the season was held on Thursday, August 23, 2018 at the Kemptville OPP detachment. Lafarge sponsored the event and a grand total of \$1,743 was raised for the KDH Foundation (KDHF).

Pictured, left to right: Derek Thomas (Lafarge), Mary Boucher (KDHF), Robert Gagnon (Lafarge), Holly Element (KDHF), Tom Blair (Lafarge), Joanne Mavis (KDHF), Margret Norenberg (KDHF), Ron Barber (Lafarge). Photo courtesy of the Kemptville Advance.



Ladies Nine and Dine Golf Tournament 2018 raises \$2,200

On September 12, 2018, a group of local women organized a ladies’ golf tournament at eQuinelle Golf Club in support of the Women’s Health and Education seminars put on by the KDH Foundation. This fun and fabulous evening included nine holes of golf with perfect weather followed by a wonderful dinner and a great silent auction! Thank you to all of the amazing golfers, vendors and generous donors of auction items.

In the photo, left to right: Sue Barnes, Su Ouelette, Cathy Corkery, Judy Moulard

[More KDH Foundation news on the other side](#)



News from



Jean Newans in the new Friends and Family Gathering Space

Donation provides a new Family Quiet Space at KDH

Waiting for the outcome of a loved one's medical procedure or event is often a time of anticipation and anxiety. Thanks to a generous donation from Jean and the late Keith Newans of Oxford Mills, the KDH Foundation is pleased to announce the opening of a new private space for families to gather while loved ones are in the hospital.

Before this room was built, there was a great disparity between the quality of care provided to the patients, and the experience of their family, who had to wait anxiously in the hospital for updates for hours, or in some cases, for days.

The new family gathering space was designed specifically to provide a calm space, clearly delineated from the rest of the hospital with a fresh color scheme and gentle lighting – as opposed to the harsh fluorescents characteristic of medical wards – with artwork on the walls and comfortable furniture.

Thanks to the generosity of our community and donors like the Newans family, we can now offer an enhanced level of comfort for families and friends who are dealing with the stress of a loved one's hospitalization.

Urgent hospital needs – supported by the KDH Foundation

Did you know that the KDH Foundation is responsible for funding the majority of equipment purchases for the hospital? Government funding does not cover all the medical equipment that the hospital needs to provide the highest quality, safe care. We rely on the generosity of our community to fund vital medical, diagnostic and surgical equipment. Currently at KDH, we are raising funds for the following.



Smart Beds (\$30,000 each) –

Smart hospital beds have a remote monitoring system that keeps track of a patient's vital signs directly from the nursing station. These beds contain sensors to monitor body temperature, heartbeat, and blood and oxygen levels, among other measures. In addition, smart bed technology helps in detecting and preventing falls from bed. The hospital requires five new beds.

To date, the Foundation has received donations to cover the cost of three beds.

...continued on next page

\$10,000 Raffle Winner

On Saturday, September 29, 2018 at 10 p.m., the KDH Foundation drew the winning ticket for the Harry Pratt Memorial \$10,000 Raffle. The lucky prize-winner was Elyse Riddell of Kemptville. Congratulations Elyse!

The Foundation would like to thank everyone who purchased tickets. The proceeds have been allocated to the Foundation's Compassionate Care Fund. This fund was established to purchase those items that do not make it onto the hospital priority list but are important for the comfort and care of our patients and their families. For example, funds from the Compassionate Care Fund were used to purchase a new recliner for the interim long-term care unit. The focus of the Compassionate Care Fund is to make patient stays as comfortable as possible. If you would like to support the Compassionate Care Fund, or any other Foundation initiative, please visit kdhfoundation.ca/hospital-wish-list to learn more or to make a donation.



KDH issues call for artifacts for 60th Anniversary Historical Display

IV Pumps (\$10,000 each) –

IV pumps are capable of delivering fluids in large or small doses, and can be used to deliver nutrients or other medications to the patient, such as insulin, antibiotics, or pain relievers. The hospital requires three new pumps. *To date, the Foundation has purchased one new IV pump.*

Scopes (\$30,000 each) –

On average, 67 Canadians are diagnosed with colorectal cancer every day. Colon cancer is one of the most preventable forms of cancer; if caught early, more than 90 percent of patients will experience a full recovery. The hospital requires funds to purchase three new scopes for our day surgery unit, where our doctors perform procedures such as colonoscopies each day. *To date, the Foundation has purchased two new scopes.*



If you have any questions or comments about the KDH Foundation, please get in touch!

Joanne Mavis, Executive Director:
jmavis@kdh.on.ca
613-258-6133 x 185

Mary Boucher, Senior Manager,
Community Engagement:
mboucher@kdh.on.ca
613-258-6133 x 157

KDH is creating a permanent historical display to celebrate our first 60 years and we are asking for your help! We are looking for artifacts of all kinds – from nurses' uniforms to antique stethoscopes, photos, and even memories from the period.

The installation of the display in the spring of 2019 will coincide with the sixtieth anniversary of the KDH Auxiliary, which was founded in 1959 to raise money to help make the dream of a hospital for the Kemptville area a reality; in 2020, the hospital itself will celebrate 60 years since opening our doors in June, 1960.

The main theme of the new historical display, to be located in the main lobby, will be that KDH is the hospital that the Kemptville community built. "This district needs a hospital!" was the rallying cry for the concerned citizens of the day, who raised money to build KDH at an amazing rate, once even collecting \$282,000 (equivalent to \$2.2 Million today) in a one-week canvassing blitz.

The display will also explore the differences between 1960s rural hospital care and the state of the art healthcare that KDH offers today, thanks to the ongoing generosity of the communities we serve.

The hospital is working very closely on the project with the KDH Auxiliary, which, for 60 years, has painstakingly archived newspaper clippings, photos, and other memorabilia related to KDH. The North Grenville Archives and others are also collaborating on the project.

To this day, the Auxiliary continues to raise funds for KDH; its annual gifts to the hospital are in the neighbourhood of \$65,000, and its total contribution since its found-

ing is in excess of \$1.3 Million.

The historical display will also pay tribute to the KDH Foundation, which came into being in 1979 to fundraise for priority medical, diagnostic and surgical equipment vital for providing the best in patient care. To date, the Foundation has raised \$12 Million in support of KDH. 2019 is a significant year for the KDH Foundation as well, as it will be celebrating its fortieth anniversary.

“

We can't wait to see what comes in from the community.

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- Lynne Clifford-Ward,
Communications

Lynne Clifford-Ward from KDH's Communications Department expressed the hospital's excitement about the new historical display: "We can't wait to see what comes in from the community," she said. "We are looking for medical artifacts, nursing and candy-striper uniforms, photographs, film, and other related materials, as well as personal memories and insights that tell the story of the hospital in the heart of a vibrant community, serving and caring for generations of local people."

She noted that, for both the Auxiliary and the hospital itself, 60 years marks a "Diamond Anniversary". "Look for a diamond-themed celebration when we officially open the new historical display," she enthused.

If you have artifacts and/or memories of KDH to share, please contact Lynne Clifford-Ward at 613.258.6133 extension 268 or lcliffordward@kdh.on.ca.



News from the



Auxiliary's Annual Donation totals \$65,000 – again!

On April 5, 2018, the Auxiliary made its annual donation to KDH in the amount of \$65,000 – for the fourth year in a row. This donation brought the KDH Auxiliary's total contribution since its founding in 1959 to \$1.36 Million! The monies are raised through the Auxiliary's bustling Gift Shop and Coffee Bar, Hey Day, quilt raffles, donations to the Tribute Fund, and other efforts. The funds are used to enhance patient care at KDH; the 2018 donation, which includes a \$4,700 contribution from the Acton's Corners Unit, has been earmarked for equipment for an ophthalmology clinic and a steamer for the Dietary Services department.

In the photo above, then Auxiliary President Connie Parsons presents a cheque for \$65,000 to KDH CEO Frank Vassallo.



Bridal Fashion Show and High Tea a huge success

A new fundraiser for 2018 was 'Celebrating Decades of Bridal Gowns and Engaging in High Tea', held on September 23, 2018 at St. John's United Church in Kemptville. The idea was presented by Betty Beach in the spring, and Linda Carnegie took on the project with amazing enthusiasm. A number of Auxiliary members volunteered to help; the event team (pictured above, left to right) included Jolene Stover, Cathi Finley, Helen Racine, Theresa Harrison, Linda Carnegie, Betty Beach, Connie Parsons and Joyce Charter.

Attended by 175 'wedding guests', the event provoked memories, laughter and even a few tears, as models dressed in gowns worn by Kemptville and area brides from the 1920s to the present day were escorted down the aisle by members of the North Grenville Fire Department. As the models traversed the aisle, the emcees described the bridal fashions, hairstyles, makeup, head-wear and floral designs of the decade. They also shared stories and photos from each bride's special day. Some of the models were the owners of the gowns, reliving their wedding days.

Following the fashion show, guests were treated to a high tea complete with fancy sandwiches and desserts, and a number of unique items were raffled and auctioned off. Each guest wore a unique 'fascinator' head-piece that was created in advance by a group of volunteers from the local RBC. As a fundraiser, the event was a huge success, raising approximately \$6,000. As a walk down memory lane, the event was an even bigger success!

Read the full story at this link: <https://www.kdh.on.ca/news-releases/kdh-auxiliaries-bridal-fashion-show-and-tea-a-huge-success/>

In Memoriam



Judith Armstrong



Mary Seguin

Since the last issue of Health Matters, we sadly bade farewell to two of our long-serving volunteers.

Judith Armstrong passed away on February 23, 2018. Judy was a volunteer at the information kiosk in the ER.

Mary Seguin passed away on July 12, 2018. Mary was one of the founding members of the Beach Road Unit of the KDHA. She was an active member for many years, quilting, fundraising, and helping with the general operation of the unit. She received her Provincial Life Membership in 2010 and was active in the Acton's Corners Unit until her death.

They will be missed.



Some of the Hey Day Volunteers who have served for 10 years or more

Long-serving volunteers recognized at Hey Day 2018

Held June 8 and 9, 2018, the Kemptville District Hospital Auxiliary's major annual fundraiser, Hey Day, was a resounding success again this year! To mark the 58th year of the event, the Auxiliary recognized its long-serving volunteers.

Shortly before the doors of the Kemptville Curling Club opened on June 8, Jolene Stover, the Convener of Hey Day for four years running, called out the names of the volunteers who have helped out at Hey Day for 10 years or more. This took several minutes, as

77 names were called out! Jolene expressed the Auxiliary's gratitude for their inspirational commitment.

She noted that there were an additional nine volunteers who have helped out at Hey Day for 25, 30, and 40 years or more: Crawford Barkhouse, the Churchill Family, Norma Fisher, Liz Forbes, Bev Fry, Marian McGahey, Avalon Pinhey, Cecile Prodonick, and Eleanor Scott. Three of these – Marian, Avalon, and Cecile – have been volunteering at Hey Day since the beginning. Marian and Avalon reminisced about the early days of

Hey Day when there were ducks and chickens for sale, as well as goats and other farm animals.



Avalon Pinhey (left) and Marion McGahey reminisced about the early days of Hey Day

Read the full story here: <https://www.kdh.on.ca/news-releases/kemptville-district-hospital-auxiliary-recognizes-long-serving-volunteers-at-its-58th-annual-hey-day-fundraiser/>



Winners of the 50/50 Draw at Hey Day were Mary Ball and Robert Moher; they are pictured here receiving a cheque for \$2,617 from Connie Parsons, then Auxiliary President.



2018 Bursary Recipients

Every year, the Auxiliary awards bursaries to local high school graduates who will be pursuing studies in healthcare. The 2018 bursary recipients were Zoe Deck from St. Michael Catholic High School, and Anne Marie Arcand, who was home-schooled. Zoe will be studying to become a Registered Practical Nurse (RPN) at St. Lawrence College in Brockville, and has a special interest in geriatrics and palliative care. Anne Marie will be studying medical office administration at Algonquin College. Anne Marie has been a volunteer at KDH for three years.

In the photos, Auxiliary President Brenda Steacy presents the bursaries to Anne Marie (top) and Zoe.

More Auxiliary News on the Next Page



News from the



Auxiliary sends young volunteers to Youth Conference

The Auxiliary was able to sponsor two of our youth volunteers to attend the Hospital Auxiliaries Association of Ontario (HAAO) Youth Conference in early June, 2018. Dominique and Danielle Charland attended and reported on their experience at our AGM later in June.



Dominique (left) and Danielle Charland

Update on Comfort Dolls

Here's an update on the "comfort doll" project, spearheaded by volunteer Johanna Kuntz. So far, 240 of the dolls have been given away to children in our ER since the start of the project in the summer of 2017. All the dolls are made with donated yarn and stuffing, which continues to be gratefully received. Each doll takes about three hours to complete.

In September 2018 a visitor to the ER showed Johanna a sample of the finger puppets she makes for young patients at Kingston (Ontario) Health Sciences Centre. Johanna thought that if the older children in the ER could have a finger puppet that could be a good distraction for them – so she has started knitting these too. Each finger puppet takes about 30 minutes to complete. So far, ER volunteers have given away approximately 10 finger puppets. The children and parents smile as soon as they see them.



Johanna's grandson Cohen with finger puppets.

KDHA Executive for 2018-2020

The KDHA Executive for 2018-2020 is as follows:

- President: Brenda Steacy
- First Vice President: Linda Carnegie
- Past President: Connie Parsons
- Secretary: Susan Brown
- Treasurer: Nancy Erhardt
- Directors-At-Large: Betty Beach, Lisa Charlebois, Lillian Leonard, Allison Penny, Jolene Stover
- Gift Shop Buyer & Newsletter/Archivist: Lillian Leonard



Linda Carnegie was installed as 1st Vice President at the Auxiliary's September meeting. Pictured, left to right: Connie Parsons, Linda Carnegie, Brenda Steacy.

LETTERS

...continued from page 2

Finally, I must mention Drs. McGregor, Davison and Miller and the attending nurse in Surgery for their utmost professionalism with regard to my two GI procedures. Dr. McGregor presented me with several options, thus providing me with the opportunity to make an informed decision on how to move forward. I opted for both an upper and lower GI procedure. And it turned out Dr. Davison was absolutely right with his original diagnosis, as the upper GI procedure revealed a bleeding duodenal ulcer. The kind of caring professionalism I received in your Surgery unit can only inspire the utmost confidence in what I consider to be one of the most important units of KDH, which thus deserves as much financial support as it can get.

I am fully on the mend after appropriate medication, and I remain immensely grateful to all those who took the time to treat me with such warm regard at KDH. Do keep up the good work.

Yours sincerely,

Barry Cameron, Kemptville



Preventing Workplace Violence at KDH

Did you know it has been reported that 34% of nurses experienced physical assault from a patient?*

Workplace violence in the healthcare sector is a problem that demands our attention. Over the last number of years, we've seen an increase in the frequency and severity of incidents of workplace violence in Ontario hospitals. In fact, the healthcare sector is the largest sector in the province impacted by violence in the workplace.

Workplace violence in healthcare is mainly experienced by nurses because of their level of interaction with patients. However, it is not limited to nurses.

In 2017, KDH made a commitment to take concrete steps to prevent workplace violence in our hospital, including working on prevention, and making KDH safer and more responsive to incidents of violence.

We began by contracting with the Public Services Health and Safety Association (PSHSA) to conduct a Workplace Violence Risk Assessment. The assessment was comprehensive: every department within the hospital was assessed, with a large amount of input from staff gathered over a number of days.

The PSHSA provided us with a full report, complete with suggested action plans for each department to address all the identified risks and areas of concern.

A subcommittee of our



Subcommittee members (left to right): Michelle Morgan, Liz Mignault, Kelli Cumming, Christine O'Reilly, Andrea Corbett.

Joint Health and Safety Committee was formed, and reviewed each department's recommended action plan to understand the areas for improvement focus. The subcommittee presented their findings to Management, who are now acting on the recommendations.

The Joint Health and Safety Committee has launched a poster campaign to start the conversation and create awareness among all who work at KDH and the public about what workplace violence is and the fact that violence/harassment will not be tolerated at KDH.

Further, we have made addressing workplace violence and harassment part of our 2018/19 Quality Improvement Plan. Our focus under the plan is on building a culture of reporting workplace violence incidents.

Through this initiative, we learned that often staff don't report incidents of workplace violence, because they believe being spat on or punched (for example) is just 'part of the job'. Workplace violence is not part of the job. Workplace violence is never ok.

To provide your comments or ask questions about our efforts to prevent workplace violence at KDH, contact Lana LeClair, Vice President of Corporate Services, at 613.258.6133 extension 222, or lleclair@kdh.on.ca.

Workplace violence is any act in which a person is abused, threatened, intimidated or assaulted in his or her employment. While exact definitions may vary in legislation, generally speaking workplace violence includes threatening behavior, verbal or written threats, harassment, verbal abuse, and physical attacks.

* Stats Canada



IN BRIEF

Update on Child and Youth Mental Health and Addictions Health Hub

As reported in the last issue of Health Matters, KDH is currently working with approximately 20 partners from across our region to develop a Mental Health and Addictions Health Hub ("Hub") for children and youth in North Grenville.

We are happy to announce that the collaborative is making progress! We are pleased with the degree of collaboration that is taking place among the partners, and the common vision that is being developed. In a recent study, it was noted that 80% of adults surveyed stated that their first onset of mental illness occurred in their teen years. This is an important revelation that further underscores our sense of urgency. Our children and youth need and deserve better, and the Hub will be designed to deliver more effective and timely services.

At present, we are mapping the current state of how mental health and addictions services are being delivered for children and youth in North Grenville. This information, when compared to the ideal or preferred future state of how these services are delivered, will identify gaps and opportunities for improvement.

Although we are in the early stages of developing the Hub, there is an opportunity for KDH to host a Walk-In Clinic where our young people can have better access to services in the late afternoons and evenings. This clinic will be staffed by a Social Worker with a Master's degree.

We are also working with our Primary Care Lead Physician, Dr. Irfan Moledina, to develop a survey targeting family doctors in North Grenville to identify needed services and supports to better treat our children and youth with mental health and addictions problems.

Lastly, we are in the process of initiating a contest whereby students in North Grenville will have an opportunity to bring forward potential names for the Hub! Visit our website for updates: www.kdh.on.ca.



KDH established a Green Team (above) when it launched its recycling program to help spread awareness about the importance of diverting waste from landfill.

KDH'S sustainability efforts recognized with two Green Health Care Awards

In June 2018, KDH was the proud recipient of two 2017 Ontario Green Health Care Awards! The Canadian Coalition for Green Health Care recognized our sustainability efforts with both the Green Hospital of the Year Award and the Waste Award, in the small hospital category.

Award recipients were determined by selecting the top performing facilities from the 2017 Green Hospital Scorecard, which is managed by the Canadian Coalition for Green Health Care. Our 2017 results also earned KDH a Silver Seal in the Green Hospital Scorecard for the second year running.

KDH's Manager of Building Services and Environmental Program Lead, Tammy Buehlow, attributes these outstanding results to our corporate commitment to sustainability, with a focus on waste reduction. "We are extremely proud of our waste reduction results, especially a decrease of 16.5 tonnes of general non-hazardous waste between 2015 and 2016," she said.

We also made gains in lowering energy consumption, achieving reductions in total electricity and natural gas use from 2015 to 2016 of 3.9 percent and 3.3 percent, respectively.

KDH entering new Strategic Planning Cycle

The focus of the KDH Board of Directors' annual retreat, held September 29, 2018, was on our upcoming strategic planning cycle, and understanding current factors in our external

environment that could have an impact on development of the new plan.

As we draw near the end of our current Strategic Plan, the Board has struck a Strategic Planning Ad Hoc Committee to lead the hospital through the process of developing a Strategic Plan for 2019-2022. The new Strategic Plan will define where we want to go as an

KDH's Above and Beyond Awards

At KDH we have a program called 'Above and Beyond', which enables patients and families to recognize staff, physicians and volunteers for exceeding their expectations by making a donation in their honour to the KDH Foundation. The following have received Above and Beyond recognition since the last issue of Health Matters.

- **Sarah Bolduc**, Registered Practice Nurse (RPN) Student, was recognized for outstanding care and everyday kindness towards all the residents in our Interim Long-Term Care Unit.
- **Spring Smith**, RPN, was recognized for "continuing to use her medical knowledge and training, good judgment, and compassion to bring reassuring comfort to both my mother and me during a time of many medical challenges and considerable stress."
- **Carol Wallin**, RPN, received Above and Beyond recognition from a patient for being caring and efficient.
- **Dr. Dave Jones** and **Sharon Eves**, Registered Nurse (RN), were recognized by a



Dr. Penny McGregor (Chief of Staff) congratulates Dr. Jones

knee replacement patient who experienced blood-clotting and was safely transported to The Ottawa Hospital (TOH) by ambulance with Sharon accompanying her. The patient also thanked Tracy Welsh-Frappier, Environmental Services Technician, for sharing stories with her while she was recovering.



organization over the next three years, and how we expect to get there.

Gathering input from the communities that we serve will be a very important part of developing our new Strategic Plan, so please keep a lookout for opportunities to participate.

KDH Nurses nominated for Nursing Hero Awards

In the May 2018 issue of "Hospital News", three KDH nurses were nominated for the national publication's prestigious 2018 Nursing Hero Awards: Wendy Aleman, Erin Devereaux, and Abby Van Camp. No other small hospital had as many nominations as KDH this year!



Left to right, Wendy, Abby and Erin

Wendy was nominated by Cindy Byers who works in the KDH Pharmacy. "Wendy goes above and beyond her duties," Cindy said in her nomination. "She puts the patient first in all areas, especially safety. She is a nurse that I would love to have looking after my own family."

Erin was nominated by Holly Phillips from our Dietary department, who wrote, "Erin is excellent at her job! She jokes with patients and makes them smile. She is always going above and beyond and will jump in anywhere to help anyone out. She is definitely a hero in my books!"

Abby was nominated by a patient named Jeannie. "Abby always gives 110 percent," wrote Jeannie. "She always goes above and beyond to make all the patients feel important and well cared for. She's a real hero!"

New spinal surgeries available at KDH

We are pleased to announce a new addition to the orthopaedic program at KDH: we are now performing Microdiscectomies in partnership with The Ottawa Hospital (TOH).

Microdiscectomies are a minimally invasive spinal surgery to remove part of a problem disc in the low back. The procedure is commonly used when a herniated, or ruptured, disc is putting pressure on a nerve root. The surgeon performs microdiscectomy using a surgical microscope. Microdiscectomies at KDH are performed as a day surgery procedure.

This addition to the orthopaedic surgical program at KDH is aligned with our efforts to become an Outpatient Centre of Excellence within the Champlain Local Health Integration Network (LHIN).



IN BRIEF

KDH's Board of Directors for 2018/2019

Following our Annual General Meeting (AGM) on June 28, 2018, KDH was pleased to announce a new Board Chair, Robert Morais, as well as three new Directors: Jeff Nolan, Andrew Vignuzzi, and Amy E. Yee.

Mr. Morais, who has served on the KDH Board since 2014, succeeds outgoing Board Chair Karen Cooper; Ms. Cooper continues to serve on the Board as Past Chair. Mr. Morais expressed his gratitude to Ms. Cooper, as well as his appreciation of the newly elected Directors, each of whom brings unique experience and expertise to the skills-based KDH Board.



Amy E. Yee

Amy E. Yee brings to the KDH Board a decade of global industry experience in business design, design strategy, digital strategy and user experience. She is currently the Chief Digital Officer at the Health Standards Organization (HSO) and its affiliate, Accreditation Canada. She is an in-demand speaker, recently keynoting conferences in Japan, Canada and across the US, and is the co-host of 'The Weekly Stand-up' on Blockchain Radio. Ms. Yee has more than 12 years' combined experience as a director on non-profit boards, and in 2015, she won a Forty Under 40 Award in her hometown of Ottawa. She holds a Bachelor of Engineering, Electrical, from Carleton University. "Our work at HSO and Accreditation Canada is all about people who are passionate about achieving quality health services for all," she commented. "I look forward to working with KDH as it continues to empower people at the local level to save and improve lives."



Andrew Vignuzzi

Andrew Vignuzzi is an entrepreneurial senior technology and operations leader with expertise in organizational transformation. He brings to the Board a wealth of experience in technology and innovation. He is currently the Vice President of Information Technology Infrastructure at Canopy Growth. Mr. Vignuzzi holds an MBA from the University of Ottawa, a Master of Science, Engineering, from Queen's University, and a Bachelor of Engineering, Engineering Physics, from the Royal Military College of Canada. "I am very happy to be part of any organization that wants to be world class, like KDH," he said. "I believe my skills in helping bridge business, technology and finance can benefit the KDH Board. Plus, the timing is right for me to be more active in the community, and KDH is so central to it."



Jeff Nolan

Jeff Nolan brings an in-depth understanding of technology and its alignment with business operations, gained over 20 years working in the high tech industry in both Canada and the United States. A senior sales and operations leader, he is currently a Business Development Executive with IBM Ottawa, helping departments across the Government of Canada with large IT project procurements. He is also a lecturer at Ottawa's Algonquin College. When asked why he chose to serve on the KDH Board, Mr. Nolan answered, "I like to be part of growth processes and I see the hospital growing and expanding its services in the community. Since my family and I utilize the services of the hospital, I would like to help as it continues to grow."

The KDH Board also welcomed two new ex-officio members at the AGM: Dr. Zahra Saleh, new President of KDH's Medical Staff, and Brenda Steacy, the new President of the KDH Auxiliary. At the same time, the Board said farewell and thank you to Directors Gayle Poapst and Connie Parsons.

‘Touch Quilts’ provide comfort to residents with Dementia

Also known as Fidget, Fiddle or Busy Quilts, Touch Quilts are specially designed to bring comfort, happiness and enjoyment to people with dementia.

Touch Quilts are lap sized, made up of fabric squares that vary in texture and colour and include features like Velcro patches, squeaky items, pockets, and laces to provide sensory stimulation for the restless hands of people with dementia.

KDH’s Interim Long-Term Care Unit received the unexpected gift of 10 lovingly hand-made Touch Quilts recently when Inga Scanlan and Bill Chamberlin of Arnprior, Ontario arrived with their arms full.

Inga and Bill have made approximately 250 Touch Quilts in the last 18 months and have taken great joy in distributing them to a number of long-term care facilities in the Ottawa region. They were in the neighbourhood picking up a donation of fabric from a Kemptville resident, and decided to drop by KDH to see if there was a need for Touch Quilts here.

Dalia Montalvo, Manager of Nursing Services, was delighted to accept the quilts. “We are so grateful for Inga and Bill’s generosity,” she said. “The Touch Quilts will be incorporated into the Quality of Care Plan for our residents with dementia and will enhance their quality of life.”

“
We are so motivated
to make the quilts
because we see the
need for them.

” - Inga Scanlan

“The Touch Quilts are so well named!” she continued. “Our seniors don’t get enough touching. With these quilts, they can feel the comfort immediately.”

Often, dementia causes a person’s hands to fidget as though agitated or searching for something to hold. Fingering the different fabrics and features of a Touch Quilt can help soothe and alleviate stress and provide a feeling of security, while stimulating memory and awareness. Further sensory stimulation can be experienced just by feeling the warm blanket and enjoying its beauty.

Dalia explained that KDH residents are able to choose which quilt they want and it becomes their personal property. “I feel it is so important that we allow the resident to select their own quilt, giving them a sense of control, which is sadly not present in other parts of their lives,” she said.

She added that Laurie Laporte-Piticco and Lindsay Mundt, who make up our Interim Long-Term Care Activation Team at KDH, are also playing key roles in implementing the Touch Quilts program.

Inga and Bill’s quilts are made with bright and contrasting colours, using fabrics such as satin, corduroy, flannel, polar fleece and velvet, providing a variety of textures, from smooth and fuzzy to rough, bumpy or ridged. The quilts are enhanced with special features like appliquéd shapes, trim and pockets. No buttons, beads or hard or sharp objects are attached to the quilts as they could pose a danger to residents or others.

Inga and Bill make the quilts together. At first, the quilts were Inga’s project alone. She had been an avid quilter most of her



Quiltmakers Inga Scanlan and Bill Chamberlin display some of the Touch Quilts they donated to KDH



life, and a teacher of quilting for many years. Then, as a caregiver to several people with Alzheimer’s, including her mother, she witnessed the value of the Touch Quilts and started making them herself. When Bill retired several years ago, she invited him to help out. Although Bill had never used a sewing machine in his life, he learned how – at age 70 – and was soon hooked! Although he leaves it to Inga to cut the fabric, he now sews seven days a week.

“This has become a great retirement project for both of us,” explained Inga. “We have fun and we are so motivated to make the quilts because we see the need for them. And when we give them away, we feel like a million dollars!”

Inga is always looking for fabric, old jeans, notions and, in particular, flannelette, which she and Bill use for quilt backing. If you have material to donate, please contact Patient Relations at 613.258.6133 extension 223 or patientrelations@kdh.on.ca.



A new Cardiopulmonary Rehab Program for North Grenville

KDH and the Lanark Renfrew Lung Health Program are delighted to announce that they have partnered to provide a new cardiopulmonary rehabilitation ('rehab') program, now underway at KDH.

Designed for people with Chronic Obstructive Pulmonary Disease (COPD) and heart disease, the new cardiopulmonary rehab program has three components: exercise, education, and support. Patients in the program benefit from nursing, respiratory, and physiotherapy services. The program aims to decrease the patient's symptoms and increase her or his ability to function in daily life.

The University of Ottawa Heart Institute is also supporting this initiative by coordinating the exercise component of the program, providing exercise sessions that local patients can attend via the Ontario Telemedicine Network (OTN), which uses two-way videoconferencing to provide access to care in hospitals and other healthcare locations across the province.

Each participant in the new cardiopulmonary rehab program attends sessions at KDH twice a week for eight weeks; the program is offered in KDH's new Clinic wing, opened in the fall of 2017. An important facet of the program is that it includes after-care: the program team will follow up with each patient three months after the program, and once again after six months.

"20 percent of people in Ontario suffer from COPD," said KDH's VP of Nursing/Clinical Services, Cathy Burke, "and North Grenville is no different. That's why we are glad to be able to offer this important service for lung health, close to home."

"The new program not only increases access to services for local people with COPD and heart disease, but it also provides improved monitoring of their conditions," she added.

Christina Dolgowicz, Lung Health Coordinator with Lanark Renfrew Health & Community Services, added that the Lanark Renfrew Lung Health Program is very happy to be able to provide services to residents of the communities that KDH serves. "We are very excited about this partnership with KDH," she said, "because we know the program can make a significant difference in the lives of North Grenville residents with heart and lung conditions."

COPD describes two conditions: emphysema and chronic bronchitis. People who have COPD may experience shortness of breath, cough, phlegm and wheezing. Although a smoking history is one of the main causes of COPD, other causes may include longstanding asthma, air pollution, workplace or secondhand smoke exposures, and genetic factors.

Both KDH and the Lanark Renfrew Lung Health Program acknowledged the Champlain

“

We are glad to be able to offer this important service for lung health, close to home.

”

- Cathy Burke, VP
Nursing/Clinical Services

Local Health Integration Network (LHIN) for providing community based funding and support for COPD programs and services.

Frank Vassallo, KDH's CEO, also recognized a local family for their significant financial support over several years for COPD programming at the hospital. "We are truly grateful to the Perry family of Kemptville for their generous support of programs for COPD in memory of Bob Perry," he said. "We are so pleased to be able to offer this robust program for people who suffer from COPD, like Bob did."

People interested in participating in the new cardiopulmonary rehab program can call Christina Dolgowicz at 613.259.2182.

The project team (left to right), back row: Tanya Deans (Manager, Clinical Services), Cara Duhaime (Physiotherapist), Cathy Burke (VP Nursing/Clinical Services), Jason Lemieux (Physiotherapy Assistant); front row: Margaret Lenny (RN), Krystin Gravelle (Respiratory Therapist)

