

LEADING CARE CHANGING LIVES

University hospitals
of Kingston

2007 / 2008
Joint Annual Report

TOGETHER

Hotel Dieu Hospital
Kingston General Hospital
Providence Care

Who we care for – every day



6:15 am A 16-year-old who uses a wheelchair is helped by an attendant as she goes through her morning routine at home. The service is part of Providence Care's Attendant Care Outreach Program.

At Hotel Dieu Hospital, a three-year-old girl arrives in Day Surgery with her teddy bear and mom for a procedure to help treat her repeated ear infections.

8:00 am



9:30 am A grandmother from Marmora arrives at the Cancer Centre of Southeastern Ontario at Kingston General Hospital for her first of several weeks of chemotherapy treatment.

A 49-year-old woman arrives at Providence Care's Mental Health Services, to receive treatment for Post-Traumatic Stress Disorder. Her treatment is part of a new research study.

9:45 am



1:30 pm A Northbrook teen with Type-1 diabetes learns how to operate an insulin pump in the Diabetes Education & Management Centre at Hotel Dieu Hospital.

A 23-year-old Kingston woman who suffered a serious head injury works to regain communication skills with a speech pathologist at Providence Care's St. Mary's of the Lake Hospital.

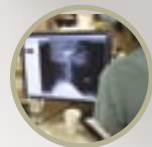
3:50 pm



4:30 pm At Hotel Dieu Hospital, a 30-year-old woman is positioned for a digital mammogram that will give the radiologist the clearest picture ever of her dense breasts, harder to image on simple film.

Following a multiple motor vehicle collision near Bancroft, four adults are transported by air ambulance to the emergency department at Kingston General Hospital for trauma care.

8:00 pm



3:00 am Paramedics bypass the Napanee hospital to bring a 43-year-old man suffering a stroke to Kingston General Hospital to receive clot-busting medication.

Leading Care. Changing Lives. Together.

Dynamic partnerships between the university hospitals of Kingston – Hotel Dieu Hospital, Kingston General Hospital and Providence Care – are stronger than ever.

Although we each play distinct roles across the continuum of care, by working collaboratively with Queen's University, we have become a leading academic health sciences centre. Our partnership translates into a growing list of successful shared initiatives, ranging from integrated patient care programs and clinical support services, to joint hospital planning and a consolidated fundraising program led by the University Hospitals Kingston Foundation.

This combined annual report represents another collaboration – the first time our organizations have published our corporate reports as a single document. In the pages that follow, you will read stories about the exemplary care, pioneering research

and outstanding teaching opportunities that happen every day in our facilities and are supported by our partnerships with Queen's, St. Lawrence College and other educators.

This joint report also speaks to the future of health care in this region as we work closely with the South East Local Health Integration Network to begin rolling out multi-million dollar capital redevelopment projects that will profoundly influence how we care for our communities for decades to come.

We believe a strong network of health-care providers is the best way forward. Our individual organizations have expertise in many fields – together, we form a system that provides the best quality care to our communities.

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Peter Candlish
Chair, Board of Directors
Hotel Dieu Hospital

Linda Ann Daly
Chair, Board of Directors
Kingston General Hospital

Larry Norman, Chair
Chair, Board of Directors
Providence Care

Building for our future, together

One stop outpatient care Hotel Dieu Hospital

- Developing 36,000 square feet of new clinic space
- Bringing together most specialized outpatient clinics
- Providing greater clarity and convenience for patients
- Increasing comfort and privacy for our patients and their families

Enhanced services Expanded cancer care Kingston General Hospital

- Major expansion and renovation of the cancer centre and intensive care unit
- New units for pediatrics, in-centre kidney dialysis, acute mental health and more medical/surgical beds
- Expanded, upgraded surgical support services

A brand new hospital Providence Care

- New, efficient rehabilitation space for occupational and physical therapy after an accident, injury or surgery
- Wheelchair-accessible hallways, bright living spaces and areas for group activities
- Inpatient units designed with dignity and privacy in mind

Kingston's university hospitals are working together to build and improve our health-care facilities. Our shared redevelopment plan will mean greater access to the highly specialized care already available at Hotel Dieu Hospital, Kingston General Hospital and Providence Care.

We have been planning for the multi-year, multi-million dollar redevelopment of our sites for several years. Working closely with the provincial government, our organizations are moving ahead to create the kinds of space and capacity that will keep pace with patient demands and the specialized needs of our aging population. These significant renovation and expansion projects will also help us retain our valuable health-care professionals and recruit others to our world-class centre that is a key component of the South East Local Health Integration Network.

Meeting patient needs also means meeting the needs of tomorrow's health-care providers. Through our affiliation with Queen's University, we bring students into our facilities for firsthand training and experience. By expanding and upgrading our facilities, we can continue our teaching role, preparing new doctors, nurses and other health-care professionals.

Redevelopment would not be possible without significant support from the communities we serve. The University Hospitals Kingston Foundation has now unveiled details of the largest fundraising campaign in the hospitals' more than 170-year history. The campaign will raise funds for the community's share of the costs. The province will pay 90 per cent of construc-

tion provided the community picks up the remaining 10 per cent plus the cost of most of the required equipment.

As construction unfolds, area residents can find the latest information online at www.kingstonhospitals.ca.

Hotel Dieu Hospital

Hotel Dieu has received concept approval for redevelopment of more than 36,000 square feet of shelled-in space to advance its role as a leading outpatient health-care centre providing specialized clinic activities and day surgeries. The new clinic space will bring almost all specialized outpatient services in this region under one roof as most outpatient clinics at KGH relocate to Hotel Dieu. That consolidation will translate into



More than 36,000 square feet of space will be redeveloped at Hotel Dieu Hospital.



The redevelopment of Kingston General Hospital includes the addition of three floors to the Burr wing for cancer, renal and acute mental health care.

greater clarity and convenience for patients navigating the health system. Hospital planners have envisioned transforming the shelled-in space into modular clinic pods designed to enhance the comfort of patients and the traffic flow between patients and care providers. An additional elevator bank will support the increased patient volumes.

In addition, Hotel Dieu is currently working with the City of Kingston and a local development firm to expand the Chown Memorial Parking Garage adjacent to the hospital. While not part of the Ministry-funded redevelopment plan, this expansion will provide much needed additional parking for patients and families across the region who travel to Kingston and Hotel Dieu for specialized outpatient services.

Kingston General Hospital

Cranes are poised to take to the air around Kingston General Hospital where the largest project in the history of our city's hospitals is now taking shape. The hospital will see an additional 170,000 square feet of space – three new floors for the Burr wing and two more on the Kidd tower – and the renovation of 143,000 square feet, including the current cancer centre and a significant percentage of the hospital's

lower level. KGH will add almost four acres of new space similar to the size of the new downtown K-Rock Centre and a space equivalent to the size of two-and-a-half Memorial Centres will be renovated.

This project will not be without its challenges, however, as a significant amount of work will be carried out in already congested areas while staff continue to provide care. In the end, patients from across southeastern Ontario who come to KGH for their specialized care will benefit from a larger cancer centre, more treatment spaces for kidney dialysis, much-needed expansion of the intensive care unit, additional inpatient beds, a better environment for our inpatient pediatric patients and a new home for the acute inpatient mental health program that will move to KGH from Hotel Dieu. The project also includes renovation and expansion of central processing services, the area that provides KGH with clean, sterile surgical and procedure equipment.

Infrastructure Ontario and the Ministry of Health and Long-Term Care are working closely with KGH on this build-finance project, part of the Ontario government's five-year, \$30-billion-plus infrastructure plan to improve health care across the province. KGH will remain publicly owned, publicly controlled and publicly accountable.

Providence Care

Providence Care is planning to build a new hospital at King Street West, to replace its aging St. Mary's of the Lake Hospital and Mental Health Services facilities. The organization has received a planning grant from the provincial government, and is now waiting for its project to be placed on the province's five-year plan.

The new hospital is being designed with the most current approaches to health care in mind, including bright living spaces and areas for group activities. Instead of "ward-style" inpatient units, where patients have little personal space, the new hospital will reflect the need for personal privacy and dignity. Geriatric medicine programs will be located on the ground floor, meaning easier access for older patients.

In addition, the new Providence Care hospital will have improved research and learning facilities.



Providence Care's new hospital will bring together complex continuing care, geriatric care, palliative care, mental health and rehabilitation programs in one modern facility.



Leading the way in outpatient care

Our Mission

The mission of Hotel Dieu Hospital in Kingston, rooted in the Gospel of Jesus Christ, is to make visible the compassionate healing presence of God to all persons. We share in this mission by being a caring and just community. This is expressed through the pursuit of excellence in health service, education and research.

Our Vision

Embracing innovation and focused on healing, our vision is to be Canada's leading academic ambulatory health care centre.

Our Values

As a community of equals we gather in our diversity as sponsors, employees, physicians, volunteers and members of the Board of Directors to further the Mission of compassionate healing.

We share values centered on:

- Dignity of the human person
- Caring
- Community and common good
- Compassion
- Justice
- Stewardship

Hotel Dieu Hospital is defined by its excellence in outpatient care across a spectrum of highly specialized services that include orthopedics, pediatrics, ophthalmology, diabetes education, breast assessment, day surgery, urgent care and mental health programs. Our affiliation with Queen's University and our partnership with our fellow university hospitals support our role as this region's ambulatory care teaching hospital. In that role we strive every day for world-class patient care, teaching and research.

A new era in breast imaging

In March, Hotel Dieu Hospital unveiled a powerful new tool in the fight against breast cancer and the first technology of its kind to be trialed in a North American hospital.

The full-field digital mammography system – developed by Internazionale Medico Scientifica (IMS), an Italian company specializing in mammography equipment – will boost the chances of catching and diagnosing breast tumours at their earliest and most curable stage.

“The research clearly shows that digital mammography is more sensitive than film in picking up breast abnormalities,” says radiologist Dr. Eric Sauerbrei, Acting Director of Breast Imaging at Hotel Dieu. “This new technology has demonstrated a statistically significant increase in the pickup of cancer in women under the age of 50 and in women with mammographically dense breasts, which are hard to analyze on film.

“Now we can manipulate images in ways we never could with film. We can zoom in

on areas, maximize contrast and even look at the skin. Having that kind of latitude in the diagnostic process is a huge plus. The clinical benefits of this technology will be significant.”

What sets the Giotto Image mammography system apart is its unique design, which features a tilting, ring-shaped gantry that permits easier positioning of the patient, more visualization of the breast tissue and greater comfort for patients, who simply lean into the machine.

“A digital mammogram requires the same amount of compression as a film-based image, but now we can see the image in five seconds instead of having the individual, still compressed, waiting up to five minutes for film to develop,” says Dr. Sauerbrei.

Along with superior accuracy, patients will benefit from the speed of the new technology, along with fewer re-takes and reduced radiation dosage.

The two newly installed mammography units are part of the hospital's PACS (Picture Archiving and Communications System) environment, which makes the



Technologist Lori Silva positions a patient for breast imaging in a new digital mammography unit that delivers superior images with fewer re-takes and reduced radiation dosage.

mammographic images and reports available to multiple clinicians in multiple sites at the same time.

The leap to digital mammography further strengthens Hotel Dieu's Breast Assessment Program and comes as the Ontario Breast Screening Program (OBSP) is switching from film-based to digital technology at all of its breast screening sites, including Hotel Dieu.

“This technology represents the highest standard of care for our patients,” says Dr. Sauerbrei, whose research work with IMS will ensure that Hotel Dieu stays on top of the latest international developments in mammographic technology.

“We know that many tumours measuring less than one centimetre are curable. Digital mammography gives us the means to spot and treat breast cancer at its very early stages.”

Video technology takes steady aim at dizziness

Space-age goggles? Infrared cameras? Video displays?

They sound like the least likely diagnostic tools for getting a fix on whether a person's



Patient Linda E. Cole wears specialized goggles equipped with an infrared camera, new technology that is helping to diagnose inner ear problems.

inner ear is functioning up to par. In fact, they comprise the gold standard for helping ear specialists assess patients suffering from dizziness, vertigo and balance problems.

The ear and eye are closely linked, and certain involuntary eye movements, called nystagmus, can flag an inner ear dysfunction or neurological problem. Traditionally, doctors have measured these eye jerks via Electronystagmography (ENG), which involves using small electrodes around the patient's eyes to trace eye movement.

This past spring, Hotel Dieu Hospital

made the jump to Videonystagmography (VNG), a \$30,000 diagnostic system that taps into video imaging technology to record, analyze and report tell-tale nystagmus.

With the sophisticated VNG technology, the patient straps on hi-tech video goggles containing a miniature infrared camera that records eye jerks during a series of tasks such as following a lighted target, lying in different positions and lying down and sitting up quickly.

“VNG is now the gold standard for testing a patient's balance system because it locks onto eye movements directly instead of measuring muscle movement,” says Dr. Andre Tan, Head of the Ear, Nose and Throat (ENT) Department at Hotel Dieu.

“VNG results are highly detailed and more accurate. We get a better indication of how well the eyes are responding to information from the complex systems that govern our balance. VNG is also one of the few diagnostic tests available today that can pinpoint whether an inner ear problem is in one ear or both.”

And more good news for patients: they can access VNG testing through a family doctor. If a problem is reported and the patient is referred to a specialist at Hotel Dieu, then both patient and physician save time because the critical VNG results are ready to hand.

With a high percentage of patients coming to Hotel Dieu seeking help for dizziness or unsteadiness, VNG is proving invaluable, says Dr Tan.

“It's a state-of-the-art tool that's helping us to refine a diagnosis and treatment plan for patients trying to make sense of their balance problems.”

The best pediatric care close to home

Shelby Robertson was just seven weeks old in April 2005 when her anxious parents brought her to the walk-in emergency clinic in the Children's Outpatient Centre (COPC) at Hotel Dieu Hospital.

Because she was jaundiced she was immediately transferred to Kingston General Hospital, the first step in an unexpected journey to a liver transplant in Toronto, a journey that eventually brought her full circle to the highly specialized, close-to-home care in COPC.

Pediatric gastroenterologist Dr. Christopher Justinich diagnosed Shelby's Alpha-1 antitrypsin deficiency – a heredity disorder that is the most common cause of liver disease in children – and monitored her until she was listed for a transplant in April 2007. At that point, her parents faced an intensive recovery period well away from family (the Robertsons also have twin six-year-old daughters) and jobs.

"We were pretty much told to pack our bags for a move to Toronto," recalls Ken Robertson. "Shelby was going to require such constant medical supervision immediately after the transplant that we would have to stick very close to The Hospital for Sick Children."

That's when the COPC stepped back into the picture.

In the past, the Robertsons wouldn't have had much choice about the setting for post-transplant medical care, says Dr. Richard van Wylick, COPC Medical Director. Shelby would have been discharged to the immediate community only and certainly



Pediatrician Dr. Richard van Wylick and pediatric nurse Susan Dawson-Nichol are helping to keep three-year-old transplant patient Shelby Robertson close to home for her follow-up care.

not as far away as Kingston.

"But in this region," he says, "we can now transition those patients home sooner because we have the medical expertise to do the day-to-day management demanded by follow-up care. We do that in close collaboration with hospitals such as Sick Kids and the Children's Hospital of Eastern Ontario (CHEO) – the places doing very sub-specialized medicine such as transplants or cardiac surgeries.

"In other words, they have their job to do and we have ours. Because that dynamic works so well, pediatric patients and their families can be spared the stress of being away from home at a critical time."

Every month, COPC pediatric cardiologist Dr. John Smythe sends two or three young patients diagnosed in Kingston with heart disease to CHEO or Sick Kids for their catheter or surgical interventions. Teleconferencing allows detailed communication with the cardio-surgical teams prior to procedures. The outpatient pre- and post-operative care, which generally includes blood work, ECGs, X-rays, echocardiograms and MRIs, is provided in Kingston.

"It's a continuum of medical care that works extremely well," he says.

"Patients and families accept that they have to go elsewhere for the actual procedure, but they much prefer coming to Kingston for the rest of their care. It's closer to home and we have the pediatric specialists they need. And the pace is more manageable here. That can help to make the medical experience much easier for the family."

The COPC came to seem like a second home for the Robertsons as Shelby underwent six-hour intravenous treatments three times a week in the months following her transplant. For a year, working under the guidance of transplant experts at Sick Kids, Dr. van Wylick and the COPC team monitored her for complications. Even when she needed an IV treatment on a long weekend, a familiar pediatric nurse was on hand in the hospital's Urgent Care Centre.

The Robertsons are thankful that Shelby is now a healthy, busy three-year-old. When Ken thinks back a few years, he is deeply appreciative that COPC is, so to speak, in his own backyard.

"Dr. van Wylick and his team did whatever they could to help us stay put," says Ken. "Otherwise, I think we would've been in Toronto longer. Having COPC so close did us all a world of good—most of all Shelby."

Taking the punch out of a chronic illness

A disease that can pack a big physical and emotional wallop is losing some its punch thanks to a new patient education project at Hotel Dieu Hospital.

The disease is inflammatory bowel disease (IBD), which involves two similar conditions, Crohn's disease and ulcerative colitis. It brings a slew of debilitating symptoms including abdominal pain, cramping, fatigue and diarrhea, which can range from mild to severe and result in 20 or more bathroom trips a day.

"IBD can threaten to take total control of your appetite, diet, energy level and bathroom habits. A normal life can seem impossible," says Social Worker Kate Thomas, co-founder of the education group, which brings patients, families and caregivers together once a month.

Kate and Dietitian Lori Short-Zamudio, who lives with IBD herself, are letting patients know an IBD diagnosis doesn't mean life is over.

"We give them permission to make the best choices for themselves," says Lori. "That might mean eating white bread because high-fibre bread gives you abdominal pain. People need to find out what's best for them. You could line up 20 different people with chronic IBD and find that none can eat the same diet."

That was a relief for Ruth, a group member who was "blindsided" by IBD in her mid 60s. "I knew nothing about this disease and had a lot to learn very quickly. In the group I learned about food choices and lifestyle. Lori and Kate answered a lot



Dietitian Lori Short-Zamudio (left) and Social Worker Kate Thomas.

of questions."

With a change in attitude, says Kate, chances are much higher patients will better manage their diet and stress levels – and that means they run into fewer relapses and stay out of hospital.

"There's some scary stuff out there about IBD," she says, "but our message is simple and positive: the more you know, the more you can control the disease instead of the other way around."

A new voice for mental health patients

This year, mental health patients and their families gained a strong voice at Hotel Dieu Hospital with the successful launch of the first-ever Patient and Family Council in the adult mental health program.

Council members are individuals living in recovery from serious mental illness, as well as family members supporting someone receiving mental health services at Hotel Dieu. Their mandate – to review, advise and make recommendations that will help patients get the best care as they move between hospital and community.

That's why they've worked with the hospital pharmacist to understand how drug therapies get approved. They've supported a

pilot project that provides transit tickets for adult outpatients, reviewed visitor policies and digested patient satisfaction surveys. They're actively reviewing the hospital's proposed mental health website, plus resources steering patients to community supports.

Off the bat, Council members were enthusiastic and committed to their new role. And now, just months into their first term, they are well on their way to helping Hotel Dieu ensure its mental health services are meeting or surpassing benchmarks in quality care.

Breaking ground in mental health care

"Each of us brings a distinct professional perspective and each has the responsibility to learn with, from and about each other while delivering mental health care services."

That's how psychiatrist Dr. Leslie Flynn sums up the philosophy that landed mental health experts at Hotel Dieu Hospital a \$330,000-plus provincial grant this year. The award went to the acute adult mental health team, which includes, along with Dr. Flynn, a family physician, psychological associate and occupational therapist.

They represent a rare breed in the field of mental health: a clinical team that practices, researches, learns and teaches together.

"To our knowledge no other mental health team in Canada is experienced in this model that combines clinical practice and collaborative, interprofessional education," says Dr. Flynn.

"Most professionals in our field tend to



Collaborators par excellence include (left to right) family physician Dr. Linda Beckett, psychiatrist Dr. Leslie Flynn, occupational therapist Sangeeta Gupta and psychological associate Beth Marie Michalska.

function in silos as either practitioners or academics. For us, practice and education intersect.”

Over the last six years the team has hit the books together to achieve certification in interpersonal psychotherapy, cognitive behavioural therapy and interprofessional education (IPE). They have presented their model of care at national and international conferences, and they have been instrumental in getting an IPE certificate program off the ground at Queen’s University.

The interprofessional model adds up to a more holistic approach to patient care, says Dr. Flynn, whose team works with patients living with depression, anxiety, mood disorders and substance abuse.

“We’re about more than continuity of care – we’re about sharing of care. We’re all on the same page in terms of vision, goals and communication. Our patients have a strong sense of a safety net. They feel supported by a network rather than by single therapists.”

With the new grant, the team will develop their specialized model of care into an innovative learning unit geared to helping future current and future practitioners become high-functioning clinical teams.

“This Hotel Dieu mental health team is a frontrunner in the area of interprofessional patient care,” says Dr. Roumen Milev, Medical Director for the Mental Health Program at Hotel Dieu and Kingston General Hospital. “The new funding will allow learners from many different professions to tap into the team’s expertise about a model of care that is the future of health care in Canada.”

The Jeanne Mance Foundation: supporting our patients

Over the past year, the Jeanne Mance Foundation at Hotel Dieu Hospital, which works hand in hand with the University Hospitals Kingston Foundation, has continued its excellent work of directing funds to areas of need within the hospital.

Purchases made through funds held within the Foundation have targeted medical equipment needs and patient comforts such as:

- Blanket warmer: Operating Rooms
- Cast cutter: Children’s Outpatient Centre
- Stretcher: Ontario Breast Screening Program
- Oscopes (for examining the ears): Urgent Care Centre
- Camisoles that hold a prosthetic breast for mastectomy patients: Breast Assessment Program
- Puzzles used by therapists: Child Development Centre (CDC)
- Positioning pillows, DVDs and books for therapeutic use: CDC
- Support for Nursing skills fair
- Audio-visual equipment: CDC
- Support for patients who would otherwise be unable to purchase necessary prescriptions.

In addition, the hospital appreciates the many contributions made to the upcoming expansion of our specialized outpatient clinics. Every donation, large or small, is deeply appreciated.



Hugh Graham
Executive Director

Excellence flourished this past year

In patient care, the launch of digital mammography technology moved breast imaging to a new level in this region, and we started planning for the installation of the most sophisticated computed tomography (CT) scanner in the world, one that scans an organ in less than a heartbeat and produces exquisite images. Only two other hospitals in Canada are using such advanced CT equipment.

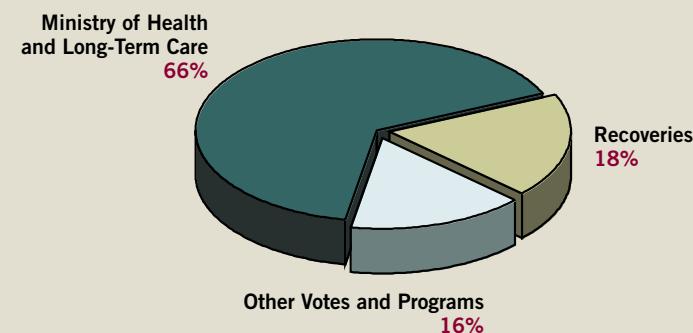
Our young eye patients now have access to a unique diagnostic camera that captures retinal images in seconds, while patients with inner ear disorders are benefiting from a gold-standard diagnostic tool that uses innovative video technology.

We also continued to build and strengthen ties with our partner university hospitals and moved closer to realizing a capital redevelopment project that will bring most specialized outpatient clinics in this area under our roof. Our hospital is better and stronger for making the most of these many opportunities to continue delivering the very best health care.

As always, we continue to work and volunteer together to ensure Christ’s compassionate healing presence is made visible to all who come through our doors. We do so in honour of the Religious Hospitaliers of Saint Joseph, whose mission of care and compassion we proudly carry forth into our community.

FINANCIAL REPORT

Hotel Dieu Hospital
Fiscal 2007 / 2008 Revenues



Revenues

Ministry of Health and Long-Term Care.....	\$52,210,000
Recoveries	\$14,678,000
Other Votes and Programs.....	\$12,643,000
Total	\$79,531,000

Activity snapshot

Ambulatory Clinics

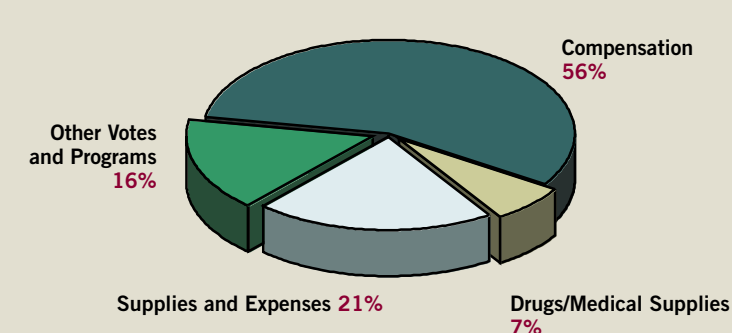
Medical Clinics	29,302
Surgical Clinics	35,375
Ophthalmology Clinic	48,981
Ear, Nose and Throat Clinic.....	13,643
Children’s Outpatient Centre (COPC).....	23,522
Child and Adolescent Psychiatry Clinics.....	4,478
Adult Psychiatry Clinics	8,984
Family Court Clinic	532
Child Development Centre (CDC).....	11,674
Family Medicine Centre	32,055
Other (e.g. Pre-Surgical Screening).....	15,742
Total Clinic Visits	224,288

Hotel Dieu Hospital Board of Directors

Peter Candlish, Chair
Sherri McCullough, Vice-Chair
Hugh Graham, Executive Director
Eric Bennett
David Bonham
Robert Boucher
George Caron
Michael Hickey
Lola Hulton
Sister Joan Kalchbrenner
Rodney King

Steve Millan
Deacon Richard Neary
Dr. David Pichora
Dr. S. SenGupta
Mary Smith
Monna Splinter
Michael Springer
Dr. David Walker
Elizabeth Wilson
Dr. David Yen
Mr. Ed Zarichny

Hotel Dieu Hospital
Fiscal 2007 / 2008 Expenditures



Expenditures

Compensation	\$44,617,000
Drugs/Medical Supplies	\$5,265,000
Supplies and Expenses	\$16,622,000
Other Votes and Programs	\$12,703,000
Total	\$79,207,000

Excess of revenues over expenditures \$324,000

Urgent Care Centre Visits 40,842

Day Surgery Centre for Southeastern Ontario
Procedures performed..... 7,183

Other Clinical Procedures

Electrocardiogram (ECG) Tests	43,852
Electroencephalography (EEG) Tests.....	127
Radiology Exams.....	47,850
CT Scans.....	13,149
Ultrasound Exams	9,872
Speech Therapy Visits	1,887
Audiology Visits	7,688
Endoscopy Procedures.....	5,548
Other Cardiology Visits (Holter & Echo).....	4,953
Inpatient Psychiatry Admissions	1,050
Total Clinical Procedures.....	135,976

Total Visits to Hotel Dieu Hospital 408,289

A complete set of audited financial statements is available by calling 613-544-3400 ext. 2187



Leading acute and cancer care

Our Mission

We learn, we discover, we care for patients and each other.

Our Vision

Guided by our history, driven by the future, committed to our communities: the most highly valued and respected academic health centre.

Our Values

We provide respectful, compassionate and quality care. Integrity and honesty govern our actions. Our work environment is equitable and co-operative. We respect individuals, promote teamwork and expect accountability.

Affiliated with Queen's University, Kingston General Hospital is a 456-bed acute care teaching hospital that serves more than 500,000 people in southeastern Ontario and is the community hospital for the Kingston area. KGH provides an array of specialized acute inpatient and ambulatory clinical services and is home to the Cancer Centre of Southeastern Ontario. KGH is dedicated to compassionate, high quality health care in a dynamic and robust academic research environment.

Cardiac patients to benefit from expanded, reorganized facilities

Kingston General Hospital is better prepared to care for cardiac patients thanks to several new initiatives including a recent reorganization that brings all medical, surgical and critical care components of the program together in one area.

Earlier this year, KGH became the first facility in Ontario to combine its Cardiovascular Recovery Intensive Care Unit and the Coronary Care Unit into the newly created Cardiac Sciences Unit – a move that will improve access to care and make best use of the hospital's resources. The new unit now offers services previously provided in two separate locations: post-operative recovery care to patients immediately following cardiac surgery and care to patients who recently underwent an invasive cardiac procedure such as a cardiac catheterization (angioplasty), suffered a heart attack or have a severe illness resulting from a heart condition.

This reorganization allows KGH to

maximize its scarce critical care beds and provide greater efficiencies overall to patients previously served by the two distinct units. "Cardiology and cardiac surgery work very closely together, caring for the same patients with the same diseases, so this new arrangement is an ideal fit," says Dr. Chris Simpson, Chief of Cardiology and Cardiac Program Medical Director at KGH and Hotel Dieu Hospital. "The creation of the CSU allows us to follow patients through their entire patient care journey with enhanced consistency."

The addition of a second state-of-the-art cardiac electrophysiology lab is also providing improved access for patients being treated for rhythm disorders caused by irregular electrical activity in the heart. Treatment of a heart rhythm condition called atrial fibrillation, which can cause symptoms such as dizziness, shortness of breath, chest pain and an increased risk of stroke, involves an innovative yet minimally-invasive procedure called catheter ablation. Catheter ablation can also cure many other heart rhythm problems.

KGH is one of only a few facilities in the



Drs. Adrian Baranchuk and Damian Redfearn perform a minimally-invasive catheter ablation in one of the hospital's electrophysiology labs.

country with the technology and advanced expertise to carry out this complex procedure – and patients are the better for it, says heart rhythm specialist and Arrhythmia Service Chief Dr. Damian Redfearn. "Catheter ablation offers real hope to many atrial fibrillation sufferers and with the expansion of our program, we are now able to offer this procedure to more of the patients who need it. For many, it is a cure."

Combined, these new initiatives all enhance the hospital's commitment to patient-centred care that combines highly-specialized expertise and resources in the right place at the right time.

Hospital committed to ongoing quality improvement

With tangible results from a number of pilot projects, Kingston General Hospital earlier this year embraced hospital-wide



Pharmacy Technician John Waddingham and Process Excellence Specialist Sonya Cornelius reorganize drug carts for the department's recent quality improvement initiative.

process excellence, a philosophy popularized by car manufacturing giant Toyota. Process excellence continuously evaluates performance and systems to root out inefficiencies and find the current, best way of providing service and care through a standardized approach to work.

"Process excellence, and the complementary methodologies of Lean thinking and Six Sigma, take a very common-sense approach to doing business whether you are manufacturing automobiles or caring for patients," says Peter O'Brien, recently retired Vice-President of Performance Excellence and Program Support. "The focus is to dissect, piece by piece, what we are doing and how we are doing it to see if it results in the best possible outcome – one that is error free, waste free and doesn't drain our precious human or financial resources. It's all about solving the problem from the inside out using the exact frontline staff who will be most impacted by changes and improvements. They are integral in helping to create and sustain the new and improved environments."

That has indeed been the case for staff in the core laboratory where, in June 2006, KGH first embarked on process excellence. Within six months of adopting a new approach to work flow, the core lab saw tremendous results including an improvement in test turnaround time of 20-30 per cent. Based on this success, the hospital implemented additional projects in the histology lab, central processing services (the area

that sterilizes and cleans surgical instruments and hospital equipment), operating rooms, pharmacy and diagnostic imaging.

All have had similar success as that of the core lab. The results have been so remarkable that KGH decided in late 2007 to move from a single department project to an all inclusive, hospital-wide approach to process excellence. "The hope is that process excellence will become a cornerstone of our culture – the way we do business – at KGH," says O'Brien.

"We have no doubt there is a lot of value in what we have done to date and we know there is so much more we can do, recognizing there is always room for improvement."

RPNs to help ease nursing shortage

Registered practical nurses will again care for acute inpatients at Kingston General Hospital – a move that should minimize the impact of the ongoing nursing shortage that is affecting the majority of Canadian hospitals.

A nursing working group began looking at the reintroduction of diploma-prepared registered practical nurses, or RPNs, in late 2007. After a careful and extensive review over several months, the group determined RPNs should be introduced onto acute inpatient units because of their capability to care for certain categories of inpatients who are stable, have less complex care needs and a low risk of negative outcomes. This change is expected to enable registered nurses to devote more time and attention to patients who are typically less clinically predictable or require more complex care.

“Our evidence shows that RPNs can be integrated into our existing team of caregivers to provide safe and effective care for certain inpatients,” says Chief Nursing Executive and Senior Vice-President of Patient Care Programs Eleanor Rivoire.

Patients, however, should not notice a difference in their care. “We have approached this process thoughtfully and carefully to ensure that implementation is successful and sustainable,” explains Rivoire. “Patients will continue to receive specialized care from the most appropriate provider.”

KGH will introduce RPNs to one unit in June 2008. Additional RPNs will be hired to several other inpatient units later this year.

Researchers take discoveries to the bedside and back

Improved treatments, preventions and possible cures often start in laboratories but they are not truly successful until they have been tested where it matters most – at the bedside.

Kingston General Hospital is committed to achieving meaningful breakthroughs and the best possible outcomes for patients by bringing together the best and brightest research minds and state-of-the-art technology and facilities.

The hospital was recently recognized for its role in helping to support research on the prevention, early detection, diagnosis, treatment and control of cancer through the establishment of an Ontario Tumour Bank site. A small team, led by principal investigator Dr. Iain Young, works with



Community physician Dr. Laurel Dempsey demonstrates a new information sharing system to patients John McDougall and Inez Platenius.

operating room nurses, pathologists, histologists and technicians to collect tumour samples from willing patients to report on and conduct research into cancers from 35 different disease sites.

“What we are doing here is important work that could not be accomplished without contributions from a wide array of disciplines,” says Dr. Young, “and when you consider more than one in three people will develop cancer, it is easy to understand its potential impact.”

Another research initiative likely to have considerable impact is a new study group focusing on the health and wellbeing of thousands of pregnant women and their babies. Known as the Ottawa and Kingston, or OaK, Birth Cohort, the group is investigating factors related to adverse pregnancy outcomes and the possible connection of these factors to health in childhood, adolescence and adulthood.

The cohort includes more than 2,000 women receiving prenatal care through the obstetrics and gynecology departments at KGH and another 5,000 from The Ottawa Hospital. Because the studies involve such a large number of subjects, researchers can identify and understand tendencies, trends and associations to indicate more clearly if a formal clinical trial is warranted. It also better positions researchers to move forward with applications for funding and government approvals.

“We have the potential to prevent or reduce the occurrence of negative pregnancy outcomes through our work,” says KGH research lead Dr. Graeme Smith, who is also an Associate Professor of Obstetrics and Gynecology at Queen’s University. “There is no end to the number of studies we are able to do as a result of this cohort.”

Information technology solutions aid rural partners

A rural health network now has improved technical infrastructure and better access to its patient records thanks to a recent partnership with Kingston General Hospital.

The Rural Kingston Family Health Organization, which provides a wide range of health services to about 20,000 residents at five clinics in the communities of Newburgh, Sharbot Lake, Sydenham, Tamworth and Verona north of Kingston, needed a simple, secure and efficient way to stay connected to each other.

Because these rural clinics often face barriers of slow Internet service and little or no technical support, exchanging pertinent medical information is often challenging. “We needed a secure place to store information that would be easy to retrieve for our daily practices,” explains Dr. Laurel Dempsey, lead physician for the rural family health organization. “Since Kingston Gen-

eral Hospital is the main centre we all refer our patients to, it made sense to use a system that will one day provide two-way electronic access to patient information for us all.”

So the information management team at KGH set to work on implementing a secure technology sharing model to link the rural clinics to several servers located at KGH, eliminating the need for individual computer servers at each site. Though still in the early stages of development, the clinics already benefit from improved communication, greater efficiency and significant cost savings. Exchanging information between clinics, such as laboratory results and X-rays, is simpler, faster and more consistent.

The hospital’s information management department also provides technical support and troubleshooting.

“The value of the partnership will increase over time as health-care systems across the country move increasingly toward electronic documentation of patient records,” says Bob Schaefer, Senior Manager of Information Technology Infrastructure at KGH. “The sharing of our technology and expertise is just one example of how innovation and collaboration can improve health care for the region.”

Verona Medical Clinic patient John McDougall recognizes the value of health-care providers sharing information and resources, especially in emergency situations. “If you wind up in the emergency room, hospital staff will soon be able to access the health records from your regular family physician,” he says. “Even if it only saves 10 minutes, it could make all the difference in saving a life.”

Wireless technology improves patient care

Innovative hands-free technology is helping frontline caregivers at Kingston General Hospital spend more time at the bedside and less looking for assistance or equipment.

The small, lightweight Vocera Communication System allows users to easily communicate with fellow staff using naturally spoken commands at the simple push of a button. The wireless “badges” are about the size of a granola bar and are worn just below the collar on a clip or lanyard. The voice recognition system can be used to contact other users, internal and external telephone extensions as well as pagers.

Vocera was trialed and evaluated on a busy post-surgical unit over six weeks in the spring of 2007. The results were overwhelmingly positive, says Workload and Systems Consultant and Project Manager Ann Gay. The wireless system saved nursing staff both time and motion. Following Vocera’s implementation, the overall time spent by nurses on key communication activities, such as walking to and from the phone and searching for other staff, was reduced by 25 per cent during an eight-hour shift. In addition, the time spent looking for others was reduced by 45 per cent and time spent responding to phone calls was reduced by 61 per cent.

Also, thanks to Vocera, the valuable roles of other caregivers such as unit clerks and patient care assistants were better supported. “Nurses told us their work environment was radically improved after the badges were introduced,” explains Gay.



Registered nurse Karen Letourneau and nursing research student Jaymie Lim trial the Vocera communication badge.

“Efficiencies were enhanced, direct care opportunities climbed and responsiveness was improved – all at the touch of a button.”

Such success prompted KGH to approve the system for most frontline caregivers including registered nurses, respiratory therapists and patient care assistants across the hospital. Over the next several months, KGH hopes to have about 1,800 of the hospital’s staff using the badges.

Based on its demonstrated success, it is likely most mobile caregivers, as well as some staff in support services such as environmental services and portering, will soon have access to the lightweight Vocera badge. KGH continues to explore how to make best use of all the capabilities of the Vocera Communication System.

Volunteers, Auxiliary enhance care of hospital’s elderly

Frail, elderly patients are faring better in hospital thanks to a new outreach program geared to their unique and significant needs.

The Hospital Elder Life Program, better known by the acronym HELP, was launched at Kingston General Hospital in late 2007 to help prevent delirium and the physical deterioration of patients over age 70. Specially-trained HELP volunteers work with frontline caregivers to provide

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HELP volunteer Gerry Deanike visits with an elderly patient.

bedside interventions with patients such as meal assistance, range of motion exercises and conversation to engage elderly patients identified as being at risk.

“We’ve seen firsthand the positive impact HELP volunteers are having – how their interaction with patients is helping to support them through their treatment and healing,” says Margie Gehan, an elder life nurse specialist with the program. “Studies show that the more seniors are engaged, the more likely they are to have a better outcome.”

HELP volunteer Gerry Deanike says this new initiative is among the most gratifying he has undertaken at KGH. “Working directly with patients and families is very rewarding and I enjoy it very much,” he explains. “You see firsthand how your time and effort are helping to ensure our elderly patients are supported in a caring and compassionate manner.”

HELP was first launched through a generous donation from the KGH Auxiliary and its Gananoque and Queen’s student branches – the latest in a long list of patient care services supported by the volunteer organization. Over the past year, the Auxiliary has donated \$830,000 back to the hospital and also announced its pledge of \$2.5 million to support the upcoming expansion of central processing services and the construction of a new renal dialysis unit.

KGH Foundation supports mission

Many requirements essential to a major teaching and research hospital like Kingston General Hospital would not be possible

without the generous support of loyal and generous donors.

While all fundraising is now handled by the University Hospitals Kingston Foundation, which represents KGH, Hotel Dieu Hospital and Providence Care, the individual hospital foundations continue to disburse the funds to various hospital programs and services.

In 2007/2008, the KGH Foundation distributed more than \$778,000 to benefit direct patient care, education, research and capital improvements.

Almost \$500,000 was earmarked to support equipment to improve care including surgical saws, fetal monitors, a cardiac balloon pump, an infant resuscitation unit and partial implementation of the new Vocera Communication System for frontline caregivers.

Donor support also went a long way to improve cancer care at KGH including the implementation of an interactive patient education series, the purchase of specially-adapted beds and funds to help construct the new radiation bunkers and chemotherapy suite in the upcoming expansion and renovation of the cancer centre. Additional monies were set aside for the multi-year, multi-million dollar redevelopment project at KGH.

“We are grateful for the ongoing generosity and commitment of our donors who understand the importance of supporting the highly specialized care that KGH provides to our community,” says KGH Foundation President Mark Santoni. “Our donors have a belief in our hospitals and the work they do and that makes a significant difference.”



Joseph de Mora
President & CEO

KGH rises to the challenge

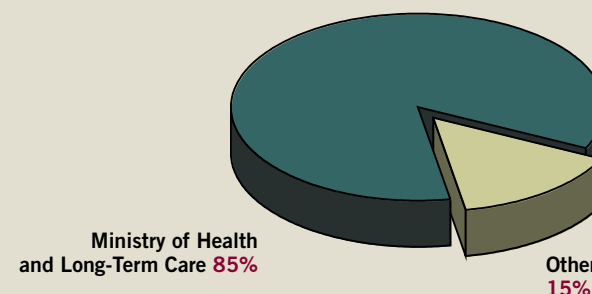
After much anticipation and more than a decade of planning, the redevelopment of Kingston’s university hospitals is on our doorstep. Kingston General Hospital is proud to host the first major component that will see a significant renovation and expansion of several key patient care areas.

We will further increase access to care through the addition of seven recently approved critical care beds to help deal with our chronic capacity issues. Together, these new, expanded facilities will allow us to better meet the growing demands of the residents of southeastern Ontario and beyond who rely on us for highly specialized, inpatient care.

Although we often struggle to balance the ever rising need for service with our limited human and financial resources, this year we introduced several initiatives to improve and advance both patient care and the work-life balance of staff – our most precious resource. We have seen the demonstrated success of several projects including a hospital-wide approach to process excellence and the implementation of the Vocera Communication System. We hope to find additional suggestions through a recent external review and the appointment of a ministry investigator.

Despite our challenges, KGH’s staff, physicians, volunteers and learners remain steadfast in their commitment to providing leading care close to home while furthering the teaching and research mandates of our academic centre. We mustn’t let our obstacles overshadow the extraordinary day-to-day efforts that take place behind the scenes to ensure our patients receive the very best care and outcomes.

Kingston General Hospital Fiscal 2007 / 2008 Hospital Revenues



Revenues

Ministry of Health and Long-Term Care.....	\$303,387,000
Other	\$53,170,000
Total	\$356,557,000

Expenditures

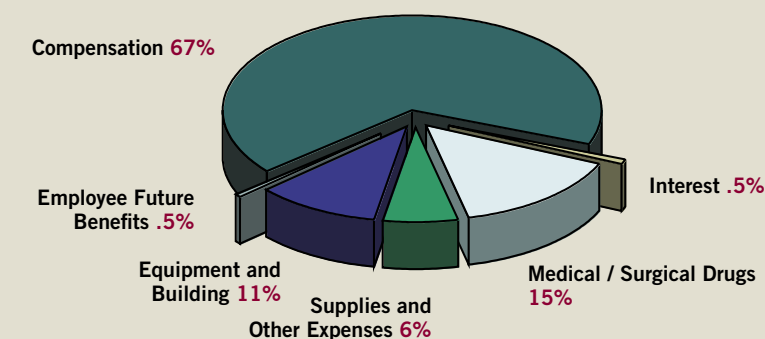
Compensation.....	\$249,112,000
Employee Future Benefits.....	\$2,633,000
Medical/Surgical Drugs.....	\$55,089,000
Supplies and Other Expenses.....	\$23,427,000
Equipment and Building.....	\$39,937,000
Interest.....	\$1,777,000
Total	\$371,975,000
Total Deficit.....	\$15,418,000

Kingston General Hospital Board of Directors

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Chair, Board of Directors
Carol Clemenhagen & Peter Tucker
Vice Chairs, Board of Directors
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Dr. Paul Belliveau
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John Trousdale
Dr. David Walker
Representative of the Principal,
Queen’s University &
Dean, Faculty of Health Sciences*

Kingston General Hospital Fiscal 2007 / 2008 Hospital Expenditures



Activity Snapshot

Admissions.....	16,822
Ambulatory Scheduled Visits	102,042
Average length of stay (days)	7.77
Births	2,113
Cancer Centre Scheduled Visits / Treatments	68,019
Emergency Visits.....	45,564
Open Heart Cases	593
Operative Cases.....	7,878
Pacemakers.....	320

Our People

Staff

Full and Part-Time (as of March 31, 2008)

Interns & Residents.....	348
Nursing.....	1,210
Management & Administration	378
Clerical & Support.....	1,271
Professional & Paramedical	530
Total	3,737

Medical Staff

Full and Part-Time (as of March 31, 2008)

Attending Staff.....	355
Associate Staff	122
Clinical Associate Staff	25
Consultant Staff	9
Registered Nurse (Extended Class) Staff.....	10
Active Midwifery Staff.....	8
Courtesy Midwifery Staff	1
Honorary Staff	16
Total	546

A complete set of audited financial statements is available by calling 613-548-1378

Leading specialized care for you and your family

Mission Statement

Providence Care is committed to compassionate care and excellence in the provision of complex continuing care, longer term mental health care, long term care, palliative care, geriatric and rehabilitation programs and forensic services for the people of Southeastern Ontario.

Trusting in Providence and strengthened by the spirit and tradition of our Founders, the Sisters of Providence of St. Vincent de Paul, we strive to meet the physical, emotional, social and spiritual needs of each person. We believe in treating each person with respect, dignity and compassion.

As a teaching centre, we work together with the regional community to provide and advocate for wellness, and innovation and excellence in care delivery, education and research.

Providence Care is leading the way in rehabilitation, specialized geriatric care, complex continuing care, specialized mental health care, palliative care and long-term care. By teaching new health-care professionals and investing in leadership within our organization – the community benefits.

Community nurse has many roles

When nurse Sandra Monroe said goodbye to a client she had worked with for four years, who could now be discharged, she says she got a big knot in her stomach.

“You watch these people who have stumbled so many times in their lives, you watch them stumble and try again, until one day they walk out of your office on their own, and it is a good feeling,” Monroe says.

Monroe is a nurse with Providence Care’s Dual Diagnosis Consultation Outreach Team (DDCOT). Based in Belleville, she and other members of her team provide assessments, consultation, recommendations and treatment visits throughout Hastings and Prince Edward counties.

Providence Care also has DDCOT offices in Kingston and Brockville, serving Kingston, Frontenac, Lennox & Addington and Lanark, Leeds and Grenville.

Part of Monroe’s job is to link her clients up to other community services, after she has done a full history and assessment with the individual and their families. Monroe says many clients are transitioning from one living arrangement to another. Clients can have any combination of developmental disability, mental illness, behavioural



Brian Juniper, a former palliative care patient at St. Mary’s of the Lake, says he received such good care on 2 South that he wanted to return to show his appreciation. In January he made good on his promise – and came back to play his violin.

disorder or autism spectrum disorder, and range in age from 16 to 80.

“In my job you wear several different hats,” Monroe says. “Nurse, teacher, mentor, counselor... the list goes on.”

Monroe herself is an expert in the field of developmental disabilities. She is the

third nurse in Canada to achieve her Developmental Disabilities Nursing Certificate, and is now working toward her BScN.

“I am a member of a team of people who provide service to people,” Monroe says. “The family doctors, case managers, Ministry of Community and Social Services agencies, and DDCOT – we all have a good working relationship and through that, the clients get top level care.”

Leading the way in palliative care – for 20 years

Providence Care has a history of leading the way. It was the early 1980s when Dr. Ivan Stewart saw the need for a palliative care program.

Dr. Stewart, who is now a palliative care physician, says ironically, “It was hard to convince health-care workers that palliative care was a rewarding field to specialize in. It was even more difficult to convince doctors that palliative care and pain management could be delivered more effectively.”

But at Providence Care’s St. Mary’s of the Lake Hospital, Dr. Stewart found support, and in 1987 the hospital opened a two-bed palliative care unit. In 2007, Providence Care marked the 20th anniversary of the unit. Now with six beds, over the past two decades staff and volunteers on “2 South” have cared for hundreds of end-of-life patients and their families. Some of the inaugural nurses, such as Cathy Perrin and Donna Owen, who started on the unit – are still involved today.

Nurse Educator Ann Murray, who coordinated anniversary celebrations last



Providence Care Pharmacist Anya Kelly meets with patient Teresa Knott. Kelly is a Certified Geriatric Pharmacist and helps seniors better understand their medications.

year, says after 20 years, Providence Care is leading best practices in palliative care. Dr. Stewart agrees, but acknowledges it isn’t always an easy field.

“People who are truly interested in palliative care recognize we’re limited in our ability to alter outcomes,” Stewart says, pausing.

“But we can certainly tremendously improve the patient’s ability to cope with every day that God provides us.”

Pharmacist gives patients ‘sense of control’

After spending six weeks as an inpatient at Providence Care’s St. Mary’s of the Lake Hospital, when Teresa Knott was ready to go home she was taking nearly a dozen medications for different ailments.

“Up to that point my mom had been very astute about her medication,” says Teresa’s daughter Christine Knott, who herself works at St. Mary’s. “But as she felt more and more unwell and the pain was increasing, she was losing confidence in her ability to manage her prescriptions.”

That’s when Teresa and Christine met Anya Kelly, a pharmacist at St. Mary’s and

the first Certified Geriatric Pharmacist in Kingston. Her job involves consulting with inpatients like Teresa, as well as clients of the Specialized Geriatric Services Day Hospital.

“Going through their prescriptions gives my clients a sense of control to know what their medications do,” says Kelly. She spends about an hour with patients going through each and every prescription, over-the-counter drug and herbal remedy they take. Kelly’s “no jargon” approach puts patients at ease.

“Being able to ask questions and get it explained to you is so helpful,” says Teresa. “When you get older you hesitate to do that with doctors. I felt so comfortable – and relieved.”

Research to get you talking

The Providence Care doctor behind a study released in 2007 says he hopes his research gets elderly patients talking – with their doctors.

Dr. Sudeep Gill is a geriatric medicine specialist at Providence Care’s St. Mary’s of the Lake Hospital. He led a study that shows the use of antipsychotic medications

appears to be linked with a higher risk of death in older patients with dementia. The findings were published in the journal *The Annals of Internal Medicine*, and drew international attention, as it was the first study to examine newer atypical antipsychotics and older typical medications.

“The risk of death to the individual patient is very small, and I wouldn’t recommend at all that they stop using the drugs,” Dr. Gill says. “But I would hope this leads to a dialogue with their physician about whether the course of treatment is correct.”

Providence Care hosts first annual conference on leadership

Only by working together will we move forward – that was a key message from Margaret Wheatley, the renowned author and speaker who addressed hundreds of Providence Care staff and community health-care partners at Providence Care’s first annual Leadership Conference in September 2007.

Wheatley’s day long seminar capped off a week of leadership and professional development opportunities at Providence Care. In her presentation, she addressed the need to cherish relationships and grow leadership at all levels of an organization.

“This conference was possible because our senior management has identified building leadership capacity within health care at Providence Care as one of our key strategic goals,” says Lauri Prest, Director of the Training and Organizational Development Department. In 2007/2008, T+OD offered more than 35 courses and learning



A volunteer shares a joke with a client at the Hildegard Centre, which is located at Providence Manor. The Hildegard Centre runs an Adult Day Program and a Day Away Program.

opportunities to staff. Participation is high – over 350 people have participated in the sessions over the past year.

“Providence Care is committed to building our place within the continuum of care and taking a leadership role in doing so. We have created learning opportunities to learn and dialogue with each other. The end result is our staff is equipped to excel in their jobs and give the best patient care possible,” Prest adds.

In 2008, Providence Care will welcome guest speaker Reverend Mpho Tutu, the daughter of Archbishop Desmond Tutu. Mpho Tutu will speak at the second annual Providence Care Leadership Conference, scheduled for Sept. 26, 2008.

Residents benefit from team approach

For the elderly, painful pressure ulcers can develop in just a few short hours – and take months to heal.

The ulcers can be caused by spending a long time in bed or on a stretcher. Others get pressure ulcers after sitting in the same position for a few hours.

But at Providence Manor, thanks to a

proactive and cooperative approach, the percentage of reported pressure ulcers among residents is 50-per-cent lower than the national average – and still dropping.

“We are preventing these ulcers from developing,” says Gloria Hamel, Program Developer at the Manor. “We have a team of committed staff, including nurses, personal support workers, physical and occupational therapists, dietary specialists and physicians who are the guardians of the Providence Manor wound care program.”

Prevention methods include helping the residents change position regularly, ensuring they have pillows for support, and choosing appropriate activities or equipment. Treating existing pressure ulcers depends on diet, wound care and relieving pressure from the affected site.

Hamel says everyone from frontline workers to administration at Providence Manor is aware of the need to be proactive to prevent the ulcers, and to offer the best treatment to those residents who already have them.

The wound care team was recognized by the Registered Nurses Association of Ontario in 2007 for implementing Best Practice Guidelines.

Study looking for new treatment for anxiety disorders

A new, cutting-edge therapy to treat common anxiety disorders is in the trial phase of a research study at Providence Care. Dr. Roumen Milev, the Clinical Director of Mood Disorders Research and Treatment Services at Providence Care’s Mental Health Services, says post-traumatic stress, obsessive compulsive and generalized anxiety disorder are among the types of anxiety disorders being looked at.

“Anxiety disorders are the most common mental disorders,” Dr. Milev says. “They cause a significant burden to the individual, who may suffer from lost productivity and income as a result. This research could lead to a new treatment choice for these people.”

The therapy, repetitive Transcranial Magnetic Stimulation (rTMS), involves stimulating areas of the brain with a magnetic field. There is no surgery and no need for admission to hospital. The treatment could also prove to be a good alternative



Research as a treatment choice – patients who participate in research studies at Providence Care contribute to new discoveries.

for those who cannot tolerate the side effects of prescription drugs.

“This is groundbreaking research,” says Ann Shea, study coordinator. “TMS has never been used for anxiety disorders before – it’s been used to treat bipolar disorder and depression, and now we want to find out if it is as effective in other areas.”

Shea says she admires the patients who volunteer to participate in psychiatric research studies, in particular those who say it doesn’t matter if the treatment works for them or not.

“Many patients say they want to know that they are helping us find new treatment options, and advancing the science. Their feedback makes research an inspiring field to work in.”

New bus on the road

Shopping, art gallery visits and road trips – these are now more possible for patients and residents at Providence Care. A new bus, which serves Providence Manor, St. Mary’s of the Lake Hospital and Mental Health Services, was purchased through the support of the University Hospitals Kingston Foundation and the Providence Care Foundation.

“This bus gives our residents autonomy and flexibility to be more involved in the community,” says Shelagh Nowlan, Site Administrator at Providence Manor.

“With this bus our patients have a greater degree of mobility – and ability to do things like participating in events downtown, or going shopping,” says Marcy Saxe-Braithwaite, VP Programs and Chief



Nursing Officer.

“This bus is a visible presence in our community and reminds people how their donations have a direct impact on the quality of life of our patients and residents,” says Doug Hogeboom, Chair of the Providence Care Foundation.

The bus can carry eight wheelchair passengers and 10 people on foot. It was purchased using funds raised at the annual Providence Care Founders’ Dinner and through University Hospitals Kingston Foundation direct mail appeals.

Partnership means EASIER seniors care

With an aging population, health care providers are considering creative partnerships to meet growing needs across the region.

Providence Care’s Chief of Staff Dr. John Puxty is behind one such partnership. EASIER+ is a new initiative in the emergency rooms at Quinte Health Care’s Belleville General Hospital and Kingston General Hospital. EASIER+, which stands for *Eldercare Access Strategy In the Emergency Room – Plus*, is a way of linking elderly patients with community support services. The program has created a new position called “geriatric assessor” in the emergency department, filled by a nurse from the South East Community Care Access Centre.

“Up to 40 per cent of seniors who arrive in the emergency room are there on a repeat visit,” says Dr. Puxty. “It’s not enough to treat the medical condition and then send the person home without putting in place home support and communicating with the family physician.” Dr. Puxty says

FINANCIAL REPORT

this new program bridges that gap. Emergency department nurses and the geriatric assessor connect patients and their families to the Community Support Services Network before the patient is discharged.

As the leading provider of geriatric care in Southeastern Ontario, Providence Care offers training and mentoring for the new geriatric assessors.

“We’re the content expert,” says Linda Robb Blenderman, Project Coordinator at Providence Care. “We’re doing the education and acting as the liaison between the groups.”

The program has ER nurses applauding. KGH RN Melissa Copas uses the example of an elderly person who has fallen, and comes to the hospital for care. “If we can link them to the proper support at home when they leave the emergency department – we can prevent them from needing to return two or three days later.”

The Telemedicine connection

Before he became a Telemedicine patient, 64-year-old Kingston resident Gary Todd says his doctor would have to prescribe him medication for anxiety attacks each time Todd was scheduled to make the trip to Toronto to see his lung specialist.

“I was thinking I would have to make the long drive to Toronto and with that stress everything – my lungs – would tighten up and affect my breathing.”

Todd had a double lung reduction in June 2007. The surgery was to help Todd combat emphysema, which made his breathing extremely difficult. Todd says



Gary Todd (left) says his speedy recovery from major lung surgery is due to the fact he didn't have to make repeated trips from Kingston to Toronto, thanks to Providence Care's Telemedicine technology and nurse Eddy Lloyd (right). Lloyd connected Todd to his specialist via videolink for pre and post-surgery appointments.

the surgery became more feasible once he started having his appointments via videolink from Providence Care.

“Rather than driving five hours on the highway you can sit down and do exactly the same thing by Telemedicine. It saved a lot of time on my part and it's easier for me,” Todd says.

Registered nurse Eddy Lloyd is also Providence Care's Telemedicine and Telepsychiatry specialist. He works closely with his counterpart at the University Health Network in Toronto – Sharon McGonigle. Lloyd says before Providence Care offered videoconferencing between patients and their specialists in other cities, local residents had a much harder time getting on waiting lists for particular surgeries.

“To be eligible for urgent transplants, patients were at one time required to set up temporary residence within a certain driving distance from Toronto,” Lloyd says. “Because we have been able to set up easy and more frequent visits with transplant teams via videoconference, this distance has actually been increased to include families living in the Kingston area.”



Dale Kenney
President & CEO

Our Mission– Meeting the needs of the community

As President & CEO of Providence Care, I am privileged to work with the health-care professionals, students and volunteers across our organization who care for our patients, residents and clients. Thank you for your dedicated service to others.

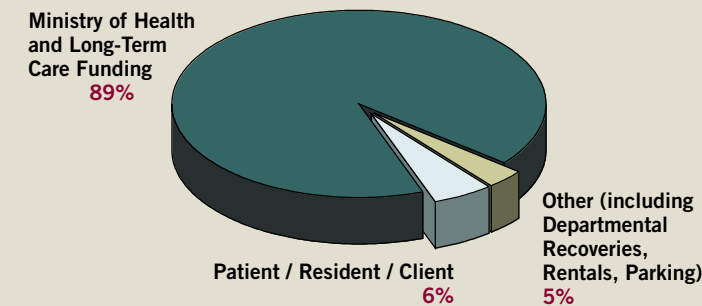
Like our Founders, the Sisters of Providence of St. Vincent de Paul, we are called to provide health care to those in need. Every day we strive to meet the physical, emotional, social and spiritual needs of each person and improve the quality of life for those entrusted to our care.

Providence Care provides leadership to our region in rehabilitation, specialized geriatric care, complex continuing care, specialized mental health care, palliative care and long-term care. As our population ages the demand for our services will increase. Our challenge is to develop new and innovative ways to provide care and meet the needs of the community.

In my new role as President & CEO I set myself three goals. I want to see construction begin on a new Providence Care hospital. I am committed to making Providence Care one of the top places to work in Canada, investing in ways we recruit and retain health-care professionals. My third goal is to grow our services to meet the future needs of an aging population.

I hope you enjoy our stories. They speak to our Mission and who we are.

Providence Care Fiscal 2007 / 2008 Revenues



Finances

Total Revenue	\$116,275,079
Total Expenditures	\$116,837,836
Excess of Expenditures over Revenues	(\$562,757)

Revenues

Ministry of Health and Long-Term Care funding...	\$103,607,146
Patient/Resident/Client	\$6,377,494
Other	\$6,290,439
(including departmental recoveries, rentals, parking)	

Expenditures

Salaries and Benefits	\$92,563,807
Supplies, Facility Costs, Depreciation Costs	\$19,850,765
Drugs and Medical/Surgical supplies	\$2,312,701
Medical Staff Remuneration	\$2,110,563

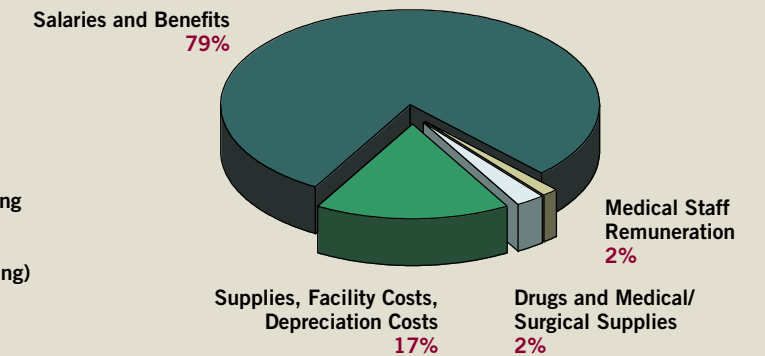
Providence Care Board of Directors

Larry Norman, Chair, Frontenac
Jim Barton, Vice-Chair,
Lennox & Addington
Gerry Hopkins, Vice-Chair, Frontenac
Dale Kenney, President & CEO
John Black, Frontenac
Dr. Regina Du Toit,
President of Medical Staff
Susan Freitas, Frontenac
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Ken Horricks, Quinte
J.Peter McGeer, Frontenac
Peter Merkley, Frontenac
David Publow, Leeds/Grenville
Dr. John Puxty, Chief of Staff

Sister Sarah Quackenbush, Catholic
Health Corporation of Ontario
Dave Reynolds, Lennox & Addington
John Roderick, Frontenac
Paul Spooner, Lennox & Addington
Dr. David Walker, Dean, Faculty of
Health Sciences, Queen's University
Glen Wood, Frontenac

Founded by the Sisters of Providence of
St. Vincent de Paul, Providence Care is
today sponsored by the Catholic Health
Corporation of Ontario.

Providence Care Fiscal 2007 / 2008 Expenditures



Activity Snapshot

St. Mary's of the Lake Hospital site

Physical Medicine and Rehabilitation, Complex Continuing Care, Palliative Care, Specialized Geriatric Services

Inpatient Admissions	676
Outpatient Visits	34,624
Community/Outreach Visits	1,535
Regional Community Brain Injury Services (hours)	10,591

Mental Health Services site

Adult Treatment and Rehabilitation, Forensic Psychiatry, Geriatric Psychiatry

Inpatient Admissions	261
Outpatient Visits	9,140
Community/Outreach Visits	29,518

Providence Manor site

Long-Term Care

Resident Admissions	105
Adult Day Programs	4,948
Attendant Care Outreach/Endymion Supportive Living Programs (hours)	54,008

Total Providence Care Outpatient and Community/Outreach Visits..... 79,765 plus 64,599 hours

Providence Care Facts & Figures

Clinical, Administrative and Support Staff	1,775
Physicians, Residents and Clinical Clerks	248
Number of staff with 15+ years of service	115
Volunteers	1,090

who provided 68,100 volunteer hours

A complete set of audited financial statements is available by calling 613-548-7222 ext. 2158



UNIVERSITY HOSPITALS
KINGSTON FOUNDATION
Our Hospitals. Our Health. Our Future.

Our Role

University Hospitals Kingston Foundation is the fundraising arm for Hotel Dieu Hospital, Kingston General Hospital and Providence Care. Created in 2005, the Foundation raises money for programs, equipment, education and research that benefit the 500,000 people in Kingston and Southeastern Ontario served by the three teaching hospitals.

Together we can

Thank you to our 12,000 donors for making 2007/2008 one of the best fundraising years ever for our hospitals.

Donors set new record with \$15-million commitment to hospitals

Donors to University Hospitals Kingston Foundation, the fundraising arm of Hotel Dieu Hospital, Kingston General Hospital and Providence Care, have set another record. The Foundation received \$15 million in outright gifts and pledges from donors in 2007-2008 – the most money raised for our hospitals in a single year and more than 30 per cent higher than last year, which also broke hospital fundraising records.

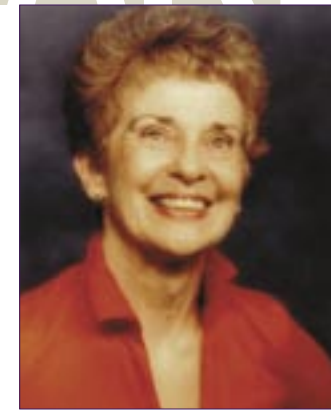
More than 12,000 people in Kingston and across Southeastern Ontario made

more than 20,000 donations.

The \$15-million total for 2007-2008 is calculated by adding outright cash gifts and new pledges. Cash donations exceeded \$7.5 million – nearly \$5 million in outright gifts and more than \$2.5 million in pledge payments. The Foundation also received more than \$10-million in new pledges. In comparison, The Foundation received a total of \$11-million in 2006-2007.

The 2007-2008 results do not include the \$16 million commitment by the City of Kingston to the redevelopment of the university hospitals of Kingston.

The Foundation uses a sharing formula to disburse gifts to the hospitals. Though



Iva Speers left nearly \$1.3 million in her will to support staff education at Providence Care's Providence Manor site.

final numbers are subject to audit, the shared money available to be transferred to the hospitals is expected to be \$3.4 million to KGH, \$2.7 million to Providence Care and \$830,000 to Hotel Dieu Hospital. This does not include certain gifts which fall outside of the agreed upon formula.

Our largest fundraising campaign ever has begun

The largest fundraising campaign in the history of our hospitals is now underway. Called *Together We Can*, the campaign is the most anticipated fundraising initiative in the 170-year history of Hotel Dieu Hospital, Kingston General Hospital and Providence Care.

The redevelopment of our hospitals



Together we can

is the biggest change in health care in Southeastern Ontario in a generation, and to make it a reality, the community will need to raise tens of millions of dollars. The province will pay 90 per cent of the cost of redevelopment if the community will pick up the remaining 10 per cent plus the cost of most of the equipment. In addition to redevelopment and equipment, the campaign will also raise money for staff education and medical research.

To learn more about *Together We Can*, visit www.kingstonhospitalsfoundation.ca.



Roger Wright
Foundation Chair

Thank you for supporting our hospitals

It's been an exciting time to be Chair of the University Hospitals Kingston Foundation. The past year has seen record breaking support from our donors. Our board has embraced the vision of a single health care system and has successfully engaged the community in this vision. Municipalities throughout our region have invited us to tell the story of our plans to expand and upgrade our hospitals and we've had unprecedented pledges of financial support from many of these communities.

Businesses, groups and individual leaders have stepped forward to commit to the future of health care in our community. And now we are anticipating the launch of the most significant fundraising campaign for health care ever seen in this region.

Together We Can captures so many important messages about the spirit of our community. It reflects the singular commitment of three hospitals to serving patients in the best possible care environments. It underscores the importance of many voices joining together to spread one compelling message about what's important to this region.

Thank you for the role that you have played in bringing us to this point. Thank you for your commitment to the future of health care in Southeastern Ontario.



The KGH Auxiliary made a pledge of \$2.5 million to support the redevelopment of central processing services and a new expanded in-centre kidney dialysis unit at KGH.



Volunteer Services at Hotel Dieu Hospital made a \$1-million pledge to support the hospital's redevelopment plans to create a one stop outpatient care centre.

Working together

Our Hospitals by the Numbers

- Beds
1,083
- Inpatient/Resident Admissions
17,759
- Outpatient/Outreach Visits
590,096
- Staff
6,075
- Volunteers
1,852
- Volunteer Hours
14,2870
- Annual Economic Impact
\$842 million

As the university hospitals of Kingston, Hotel Dieu Hospital, Kingston General Hospital and Providence Care work together to provide highly specialized care to more than 500,000 people in Southeastern Ontario. Our services extend beyond Kingston and include a variety of locations around the region such as KGH's satellite dialysis units and Providence Care's geriatric psychiatry outreach, regional brain injury and rehabilitation services.

Caring for patients, together

- **Shared patient care programs**
Nine patient care programs shared across KGH and Hotel Dieu; the mental health program includes Providence Care
- **Regional stroke program**
Jointly provided program includes stroke prevention, acute care, rehabilitation and assistance for stroke patients reintegrating into the community
- **Diabetes management**
Hotel Dieu provides diabetes education to newly-diagnosed diabetic inpatients at KGH
- **Regional palliative care**
KGH, Providence Care and community services provide patients with high quality palliative care
- **Geriatric medicine**
Providence Care provides assessment and care to elderly patients with multiple medical needs from KGH, Hotel Dieu and the region



Kingston's university hospitals work together in numerous ways.

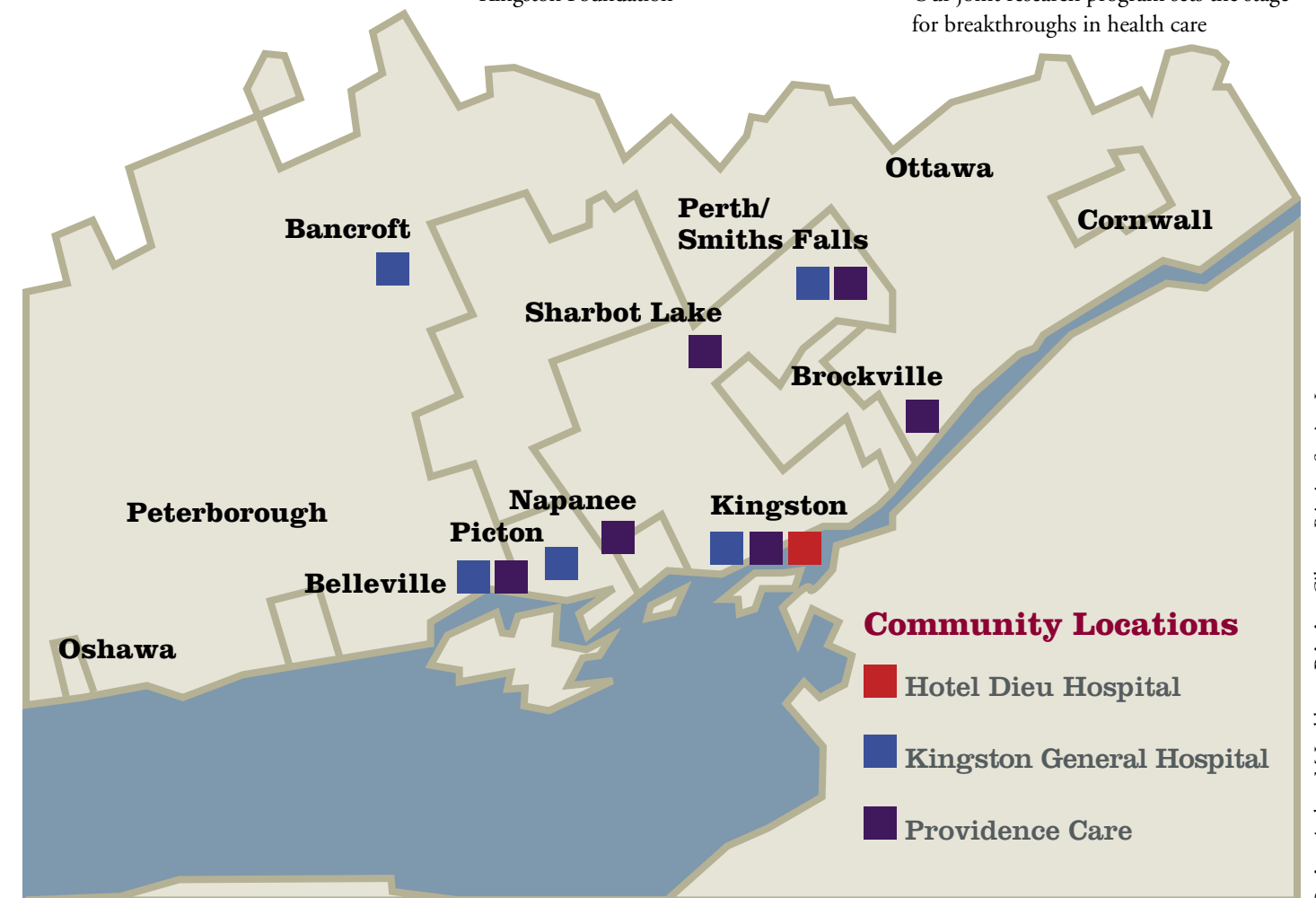
Using our resources, together

- **Sharing support services**
Shared services include security, laundry, pharmacy, respiratory therapy and biomedical services
- **Streamlining supply management**
Integrated purchasing, warehousing and accounts payable processes that include Quinte Health Care, Brockville General Hospital and Perth/Smiths Falls District Hospital

- **Preparing for emergencies**
Pandemic planning shared by Providence Care, KGH and Hotel Dieu; a joint approach to emergency planning with other agencies and organizations in our region
- **Limiting infection**
Joint regional infection control program provides surveillance, education and consultation to prevent the spread of infections across our sites
- **Raising funds**
Fundraising for hospital redevelopment, programs and services, research and education through the University Hospitals Kingston Foundation

Planning for tomorrow, together

- Our joint planning office coordinates and oversees all current and planned capital building projects and upgrades
- Our joint redevelopment plan will mean improved patient care and upgraded health-care facilities for residents from across Southeastern Ontario
- Our affiliation with Queen's University connects the health-care professionals of the future with our expert physicians and clinicians
- Our joint research program sets the stage for breakthroughs in health care



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613-544-3310
www.hoteldieu.com

Kingston General Hospital
76 Stuart Street
Kingston, ON
K7L 2V7
613-548-3232
www.kgh.on.ca

Providence Care
Communications Department
752 King Street West
Kingston, ON
K7L 4X3
613-548-5567 ext. 5995
www.providencecare.ca

University Hospitals
Kingston Foundation
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Kingston, ON
K7K 6Y3
613-549-5452
www.kingstonhospitalsfoundation.ca



To receive additional copies of the Joint Annual Report, please call 613-548-5567 ext. 5995.

To learn more about how Kingston's university hospitals are working together, visit:

www.kingstonhospitals.ca

