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World-Class Care.

The Ottawa Hospital 2011-2012 Annual Report
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In this 2011-2012 Annual Report, we want to share with you successes we’ve experienced and the progress we’ve made at The Ottawa Hospital (TOH) and across the region.

Combining technology and research with expertise and compassion, our team is at the forefront of a medical revolution - creating a world-class facility with internationally renowned physicians, scientists and researchers dedicated to providing outstanding care to the citizens of Ottawa and beyond.

The best care possible is what the community expects, and most importantly, it is what it deserves.

TOH, with the support of its Board of Governors, has set a new and ambitious goal: to become a top 10 per cent performer in quality and safety of patient care in North America. We’ve taken big strides towards reaching this goal – tracking measurable progress to each and every one of our targets.

We’re just so proud of our many innovations, some of which you’ll see and read about right here in the 2011-2012 report.

This year you will meet Canadian diplomat Bushra Saeed. After being seriously injured in Afghanistan, it was TOH’s leading-edge Rehabilitation Virtual Reality Laboratory and compassionate multidisciplinary care team that made all the difference in her rehabilitation. Today, Bushra can run – when just a couple of years ago she was afraid she’d never walk again.

We also get a tour of minimally invasive surgery (MIS) at TOH, hearing from world-class surgeons about how cutting edge technology and techniques are changing the lives of people like Kevin Shah – a patient discharged just three days after having surgery to remove a brain tumour.

These features, as well as the many other highlights we share with you in this report, are just a fraction of the successes taking place each and every day at The Ottawa Hospital.

As one of the largest teaching hospitals in Canada, TOH, together with the Ottawa Hospital Research Institute (OHRI) and the University of Ottawa, is training the next generation of health professionals. With an unwavering commitment to improving the patient experience, it goes without saying that providing world-class health care would not be possible without outstanding research – so please take the time to visit OHRI’s online Annual Report at www.tomorrowscaretoday.ca.

Of course, the community is essential to our success - especially those who generously donate to The Ottawa Hospital Foundation. This continued support speaks to a wonderful future, where our staff can provide the world-class care that we would want for our loved ones.
Success Stories

The achievements made this year by employees, physicians and volunteers of The Ottawa Hospital reflect our vision of becoming a hospital that provides “each patient with the world-class care, exceptional service and compassion that we would want for our loved ones.”

Our annual report tells three success stories that clearly demonstrate how the hospital provides the highest care for our patients and continually improves quality of care through research, innovation and the power of new technology.

These successes bring The Ottawa Hospital closer to its goal of becoming a top 10 per cent performer in quality and safety of patient care in North America.

Changing practice, saving lives
How Minimally Invasive Surgery is transforming patient care at TOH.

The virtual road to recovery
How the Rehabilitation Virtual Reality Laboratory helped an injured Canadian diplomat return to normal life.

The future of regenerative medicine
OHRI researchers are making tomorrow’s health care possible for patients today.

1,066,979
AMBULATORY CARE VISITS

MORE OF THE OTTAWA HOSPITAL STATISTICS IN THE AT A GLANCE SECTION.
Success Stories
Changing Practice, saving lives

How Minimally Invasive Surgery is transforming patient care at TOH

In February 2007, just three months after he was married, Kevin Shah and his family were shocked to find out his blurred vision was a result of a tumour at the base of his brain.

Kevin underwent two surgeries in his home country of India, but neither operation successfully removed a significant portion of the tumour.

“We were a little surprised when the surgeries did not go well,” says Shah. “But the tumour was very, very deep and doctors could not access it.”

Minimally Invasive Surgery at The Ottawa Hospital

It was in 2012 that Shah came to The Ottawa Hospital (TOH) to be treated by one of the most cutting-edge teams in the world.

TOH has undergone an incredible transformation over the last few years and is now celebrating a huge achievement: a world-class minimally invasive surgery (MIS) program, which uses innovative technology and techniques that cause as little trauma to patients like Shah as possible.

Based on a strategic plan that took shape under the leadership of Dr. Éric Poulin in 2006, TOH made minimally invasive surgery a major priority and set about recruiting new physicians, building new facilities, and bringing in some of the best technology in the world. As a result, TOH’s MIS program is allowing more rapid and less painful recoveries for thousands of patients across Eastern Ontario, Canada and the world.

“We wanted to make a surgical encounter as uncomplicated as a trip to the dentist. Can you imagine having an operation that lays you up for six weeks or three months, versus an operation where you can go back to work next week?”

Dr. Éric Poulin, Head of the Department of Surgery

Over the years surgical technology has progressed by leaps and bounds, says Dr. Poulin. Long before MIS, a gallbladder operation would result in a hospital stay of nine days. Now, more than 90 per cent of these patients are treated as outpatients with no hospital stay at all.
Over the past year, the hospital has performed groundbreaking minimally invasive procedures across all departments: from bariatric and urology, to gynecology, neurology and beyond.

“I didn’t expect that much of the tumour would be removed”

Shah was referred to TOH surgeons Dr. Amin Kassam, Head of the Division of Neurosurgery, and Dr. Martin Corsten, Head of the Department of Otolaryngology - Head and Neck Surgery, and clinical investigator at the Ottawa Hospital Research Institute (OHRI). Using the revolutionary NICO Myriad, a tiny but incredibly precise multi-functional device that acts as scissors, a dissector and suction device in one, the team was able to operate through Shah’s nose and sinuses to remove 90 per cent of his tumour with little impact to the surrounding brain tissue.

Incredibly, Shah was discharged from the hospital after just three days.

“I feel great,” he says. “When you look at me you’d never know I had such a long, arduous surgery.”

“I didn’t expect that much of the tumour would be removed,” says Jayprakash Shah, Kevin Shah’s father. “For me, it’s a miracle.”

Dr. Kassam and Dr. Corsten have been working together for a number of years, and have dedicated much of this time to refining these minimally invasive techniques and conducting research in the field.

“It’s not just about avoiding incisions, because folks can live with incisions,” says Dr. Corsten. “Minimally invasive surgery brings a dramatically different hospital stay and set of side effects after. This is a tremendous advancement.”

“Ottawa seems to be becoming a destination site for minimally invasive neurosurgery,” says Dr. Kassam, adding that a group of nurses, surgeons, and anesthesiologists collaborate to make these surgeries possible. “I think this success is reflective of a team that truly works together.”

Beyond neurosurgery: how MIS is incorporated across TOH

Shah’s story is just one example of the incredible, life-saving work being done every day through TOH’s MIS program.

In 2011, with the help of generous donations from the community, TOH acquired the da Vinci Surgical System – a robotic device that can be used for everything from urologic, gynecologic, and cardiothoracic, to general surgeries.

“Some people think that the da Vinci robot is a robot doing the surgery, which it’s not,” says Dr. Rodney Breau, surgical oncologist at TOH and associate scientist at OHRI, who trained for two years in the United States learning how to use the equipment. “It’s an instrument that allows us to do advanced and complex procedures more easily and with more refined movements.”
With the da Vinci, the surgeon performs every aspect of the surgery through sophisticated controls and a high-definition 3D image – all connected to miniature instruments that operate through tiny cuts the size of a keyhole.

“Having the robot at TOH will mean that patients living in Ottawa and the surrounding area can be treated here with the best technology available,” says Dr. Breau. “With robotic-assisted surgery, our patients are experiencing better outcomes following a surgery and a quicker return to daily life – which is what every patient wants.”

MIS techniques are also improving the patient experience for gastric bypass patients.

“Before minimally invasive techniques, gastric bypass surgery meant a pretty large wound – creating a lot of pain postoperatively,” says Dr. Isabelle Raîche, bariatric surgeon. “Now we can get access to the abdomen with a camera that is only 10 millimetres in size – so instead of a 20-centimetre incision, we have a few incisions the size of my little finger.”

“This decreases infection and hernias, and gets patients back on their feet much faster,” says Dr. Raîche.

A vision brought to life

Today, minimally invasive techniques and technology are seen throughout all surgical specialties at TOH, not only impacting the patient experience, but also the health-care system in general – reducing wait times and hospital stays.

“This didn’t happen by chance,” says Dr. Breau. “This was the result of a vision, and I think it is really paying off.”

“There is not a single department that is not covered by minimally invasive surgery,” says Dr. Poulin. “The impact on patients, and the health-care system, is unbelievable.”

“There is not a single department that is not covered by minimally invasive surgery. The impact on patients, and the health-care system, is unbelievable.”

Dr. Éric Poulin, Head of the Department of Surgery
How the Rehabilitation Virtual Reality Laboratory helped an injured Canadian diplomat return to normal life

Canadian diplomat Bushra Saeed was 25 years old when an improvised explosive device (IED) ripped through the light-armoured vehicle (LAV) she was travelling in, in Kandahar City, Afghanistan.

“When I woke up… I knew immediately my legs weren’t really working,” she says, adding that after the explosion, soldiers pulled her to a safe area, placed tourniquets on her legs and stayed with her to provide some much-needed comfort.

“I remember looking up in the sky and making sure not to look down, because I knew it was bad,” she says.

“For two years I was in and out surgeries,” Saeed says of the injuries that spanned her whole body. “It was very hard on the soul.”

Saeed’s right leg was amputated through the knee and her lower left leg, broken in two places, had much of the flesh torn from it – losing 50 per cent of its mobility.

“My biggest fear was not knowing where I would be in a year, or even two, five or 10 years,” says Saeed. “I was concerned about being able to have a family, or being dependent on a walker, cane or wheelchair.”

With the support of a dedicated rehabilitation team, it was the leading-edge virtual reality technology at The Ottawa Hospital Rehabilitation Centre (TOHRC) that made all the difference in Saeed’s rehabilitation.

Today, Saeed says, “It’s a shock that I’m able to do as much as I can.”

Virtual Reality Lab provides TOH patients with invaluable rehab tools

In June 2011, TOHRC treated its first patient in the Rehabilitation Virtual Reality Laboratory (RVR Lab). The first of its kind in Canada, the RVR Lab came to TOHRC through a partnership between The Ottawa Hospital and the Canadian Forces Health Services Group.

At the heart of the RVR Lab is a Computer Assisted Rehabilitation Environment system, better known as the CAREN system. The CAREN system allows patients, such as those learning to walk with a prosthetic device, to improve their mobility, balance, and ability to move within complex environments. It is also used for cognitive rehabilitation for patients who have suffered a brain injury, or those with post-traumatic stress disorder.

Using room-size 3D graphics and a moving platform with treadmills, the CAREN system simulates walking in a range of different environments – from a sidewalk, to bumpy park path, or a bridge swaying in the wind.
“Patients feel protected and safe here, so they actually take more risks than they might if we were doing what we used to do, which is take someone outside onto the hills behind the General Campus to walk down the uneven slopes and grass,” says Dr. Nancy Dudek, physiatrist, who specializes in working with amputees. “That can be a bit scary.”

Using world-class motion-analysis technology, the CAREN system has a rigorous safety system.

“Patients are attached to a harness while they are working, testing their balance, and pushing their limits. Because it is such a safe environment, we can try things earlier, things we may not have taken the chance on before.”

Marie-Andrée Paquin
Senior Physiotherapist

“A strong multidisciplinary team is required to make the CAREN system a success for patients, including a system operator, medical staff, physiotherapists, psychologists, occupational therapists, researchers, and technical engineers.

At The Ottawa Hospital Rehabilitation Centre, researchers use data gathered from the CAREN system and in their laboratory to develop tailored virtual environments. For example, in partnership with the City of Ottawa, they’ve created a full 3D model of the city.

“We’re at the cutting edge, providing the best care, treatment and access for people in our area,” says Edward Lemaire, research associate at TOH and clinical investigator at the Ottawa Hospital Research Institute.

“Of course this isn’t in isolation,” he adds. “Patients do a full rehabilitation program here, with the CAREN system being a very strong part of that full continuum of care.”

How TOHRC’s team used CAREN to help Saeed run again

“The good thing about the CAREN system is I was able to practice and build not only my confidence, but also my capacity,” says Saeed, adding that it was an incredible achievement the first time she was able to run on the system.

“To know that if I needed to run quickly I could, was such a relief,” she says. “It brought tears to my eyes.”

Every day Saeed witnesses the benefits of her rehabilitation program as she continues treatment with her dedicated TOHRC team.

“This weekend I was at Dow’s Lake and I was on the dock,” she says. “A year and a half ago, I would have been on my hands and knees afraid of falling, but we had a program on the CAREN system where I was able to practice my balance.”

Her entire team is impressed and inspired by her progress.

“I am proud to be part of the team that helped her get to where she is today and keep encouraging her to move further. Today, at 28 years old, her life is not over,” says Paquin. “She has the ability to attain her goals.”

Saeed believes that too – both for herself and for others.

“I’ve been at the rehab centre for over two years now, and I’ve seen people come in a wheelchair and leave walking without a cane,” says Saeed. “It’s such a nice feeling to know that it is doing such positive work.”
Imagine a world where the heart is repaired after a heart attack or the brain regenerated after a stroke. This is the enormous potential that stem cell research brings, and this is the incredible work that the Ottawa Hospital Research Institute (OHRI) is doing at the Sprott Centre for Stem Cell Research.

Stem cells: The building blocks of our bodies

"I've been working with stem cells my entire career," says Dr. Michael Rudnicki, senior scientist and Director of OHRI's Sprott Centre for Stem Cell Research and Regenerative Medicine Program, and professor at the University of Ottawa. "Stem cells are the building blocks that make up our bodies, and also the building blocks that repair damaged tissue. Stem cells are present with us throughout life, and if we can harness them, we can develop new therapies for treating many devastating and lethal diseases."

This year, the Sprott Centre is celebrating its fifth anniversary – and in this short time, it has quickly become a global leader for stem cell research.

"The Sprott Centre provides a unique multidisciplinary environment, with outstanding basic scientists, clinician scientists, trainees and staff working together to rapidly move discoveries from the bench to the bedside," says Dr. Rudnicki. "We also have cutting-edge equipment and a great environment for collaboration and learning."

Under Dr. Rudnicki’s leadership, the Sprott Centre also provides a hub for Canada’s Stem Cell Network, which brings more than 100 top stem cell researchers together to develop new therapies.

World-first discoveries and clinical trials

OHRI researchers have made a number of world-first discoveries, such as identifying the first stem cells in a muscle and in heart tissue, leading to the development of experimental protein-based drugs that can stimulate stem cells within the body to repair and regenerate damaged tissue.

They've also made great progress in stem cell transplantation, treating dozens of patients with multiple sclerosis with an experimental bone marrow stem cell transplant procedure, with very promising results.

The past year alone has been marked with many successes, including ground-breaking clinical trials. Dr. Duncan Stewart recently received Health Canada approval to test the world's first engineered stem cell therapy for heart attack, and he and Dr. Lauralyn McIntyre also received funding for the first-ever clinical trial of a stem cell therapy for septic shock.

"As an intensive care physician, I am always looking for new approaches to improve patient care,” says Dr. McIntyre, who is also a scientist at OHRI and an assistant professor at the University of Ottawa. “Septic shock
is one of the most common and devastating conditions we see, and despite our best efforts, between 30 and 40 per cent of patients don’t survive. Researchers at the Sprott Centre have shown that stem cell therapy can triple the survival rate in an experimental model of septic shock, so we’re really excited to test this with patients. This trial is just a first step, but it is a very exciting first step."

**World-renowned researchers**

By cultivating this unique and ambitious research environment, OHRI is proud to continue to recruit the best and the brightest researchers from around the world.

World-renowned scientist Dr. William Stanford joined the Sprott Centre in July 2011. His work on reprogramming normal adult blood and skin cells to turn them into powerful stem cells has enormous potential for understanding and treating many diseases.

World-class scientist Dr. Bernard Thébaud will also join the Sprott Centre this summer. As a pediatrician, jointly recruited with the Children’s Hospital of Eastern Ontario (CHEO), Dr. Thébaud aims to develop and test new regenerative therapies for premature babies with underdeveloped lungs.

“I came to the Sprott Centre because I wanted to interact with great stem cell scientists, but also with clinicians who treat patients every day,” says Dr. Stanford, senior scientist at the OHRI and professor at the University of Ottawa. “The Sprott Centre is great for this: if I have an idea for a new therapy I can walk down the hall and talk with a cardiologist or a bone marrow transplant specialist to see what they think. Bringing basic and clinical researchers together like this is crucial for the development of new therapies.”

**Five great years**

After five great years, the team is certain there is much more success to come:

“We are all so happy and excited – this has been an extraordinary few years full of discoveries and we expect this productivity and innovation to continue,” says Dr. Marjorie Brand, senior scientist at OHRI and associate professor at the University of Ottawa.

“New stem cell therapies are coming, and within our lifetime we are going to see a radical transformation in the way medicine is practiced,” says Dr. Rudnicki. “And, most importantly, in the way patients are treated.”

The Sprott Centre was named in honour of donors Eric and Vizma Sprott. Many other donors to The Ottawa Hospital Foundation have supported the Centre, in addition to the Canada Foundation for Innovation, the Government of Ontario, the Canadian Institutes of Health Research and the Stem Cell Network.
It has been a memorable year at The Ottawa Hospital (TOH). We reached many milestones in patient care, the patient experience and health care innovation. As a result, we continue to elevate the quality of care that we provide to the more than 1.2 million residents we serve across Eastern Ontario.

We invite you to look through the highlights section to learn about some of the exciting steps we’ve taken in patient care at TOH, independently as well as through collaborations with some of our regional partners. You’ll also have a chance to learn more about our fundraising efforts and research initiatives.

Patient Care

Collaboration

Research

Fundraising

47,712 PATIENT ADMISSIONS

MORE OF THE OTTAWA HOSPITAL STATISTICS IN THE AT A GLANCE SECTION.
The Patient Experience

The Ottawa Hospital (TOH) recently embarked on a journey to become a leader in quality and patient safety in North America. Seeking to perform in the top 10 per cent, three processes have been implemented to significantly transform clinical services, thus improving quality, enhancing service and reducing cost.

1. **Hourly rounding:** A protocol that incorporates eight specific actions/standards into rounds, our hourly rounding practice sees patients visited every hour from 6 a.m. to 10 p.m., and every one to two hours from 10 a.m. to 6 p.m.

2. **Bedside shift report:** This clinical practice improves communication at nursing shift changes and, in turn, the quality and safety of patient care. It is aimed at standardizing the exchange between nurses that occurs at the patient's bedside at the change of a shift. TOH's approach to the process includes the following elements to ensure top-quality patient care and safety: a verbal report, in-room safety check, update to the Care Board, and a signed Transfer of Accountability. Care Boards are erasable white boards that are located in a patient's room containing standard information, updated routinely so that any member of the care team, the patient and patient's family can understand what is happening with their care, quickly and easily.

3. **Post-visit phone calls:** These calls provide opportunities to improve clinical outcomes by identifying safety and quality of care issues, reducing readmissions and improving patient satisfaction. We have also begun trialing post-visit phone calls to patients using Patient Call Manager software.

The Conservative Hip and Knee Class (CHAKC) Program is launched

This year we launched the Conservative Hip And Knee Class (CHAKC), a four-week program caring for patients with hip and knee arthritis as they await therapy or surgery. Through twice-weekly exercises at the Riverside Campus, each class invites six patients to an hour-long gym circuit and education session led by a
physiotherapy or rehabilitation assistant, under the supervision of a physiotherapist. The program focuses on self-management, safe exercise, pain management and pacing, as well as strategies to continue exercise once the classes are completed. Since the inaugural class in June 2011, more than 80 patients have gone through the program with very positive results: some patients have even delayed or cancelled their surgeries as they no longer felt it was necessary. Patients also enjoy the group format, which offers collective motivation and encouragement, the proof that they could exercise safely and without significant repercussion and the knowledge that they are not alone.

New CANVent facility opens

This year, TOH celebrated the grand opening of the new CANVent facility. CANVent – also known as Canadian Alternatives in Non-invasive Ventilation – is an innovative program that helps keep patients at higher risk of developing serious complications from simple upper respiratory tract infections out of hospital. CANVent offers critical support to patients who would otherwise require emergency visits or critical care admissions as a result of something seemingly benign, such as an upper respiratory tract infection. Through enhanced awareness, patients are identified, referred and evaluated for risk of respiratory failure, sleep-related respiratory insufficiency and limited airway clearance. Simple but effective strategies are taught to patients and caregivers in order to recognize illness, increase cough capacities and ensure adequate airway clearance. Unique to TOH, the CANVent facility has treated patients coming from as far away as Toronto.

Endometriosis care: Excellence at the national level

Those with endometriosis often suffer in silence from pain and/or infertility, without showing any external signs. Through education, support and guidance, women living with this condition can see a significant improvement in their quality of life, yet expertise in this area remains extremely limited. At The Ottawa Hospital, we have created a team approach to help these women get their lives back. Diagnostic imaging, general surgery, urology, gynaecology and the Pain Clinic have all seen many patients with these issues and are beginning to work together.

Under the leadership of the Division of Minimally Invasive Surgery in the Department of Obstetrics and Gynaecology, complex cases of pain, infertility and deep organ involvement are managed with excellent surgical and medical care principles, unlike anywhere else in the country. The Shirley E. Greenberg Women’s Health Centre hosts a clinic dedicated to difficult surgical gynaecological consults. This clinic is led by two nurses who have been committed to the program for the last five years. This past year some staff received national and international recognition for their educational and clinical leadership: Dr. Sony Sukhibir Singh received the Canadian Association of Professors of Obstetrics and Gynaecology’s President’s Award for his “tireless commitment and valuable contribution” to gynaecology education, while Drs. Karine Lortie and Hassan Shenassa were recognized for national research excellence and leadership in international surgical education with projects that have since crossed over to the United States and countries throughout Africa.

Sign language enhances TOH website

Always striving to give the highest-quality care, TOH seeks to provide patients with improved access to the information they need. To this end, the hospital now offers several key portions of its website in signed languages, and is the first health-care organization to do this. In order to ensure that people with disabilities
have appropriate access to health-care services, TOH has been very active in recent years in identifying, removing and preventing the creation of barriers. Today, TOH is leading the way by providing several key portions of its website in American Sign Language (ASL) and la langue des signes québécoise (LSQ). With the help of the Canadian Hearing Society’s translation services, our online welcome message, visiting hours and guidelines, outline of Emergency Department wait times, and Accessibility page and feedback form, are now available in ASL and LSQ. We are committed to adding to this list in future.

TOH expands The Ottawa Hospital Inter-Professional Model of Patient Care

Over the past year, the implementation of The Ottawa Hospital Inter-Professional Model of Patient Care (TOH IPMPC©) has been rolled out with 90 teams across the five TOH sites. A guide that organizes the delivery of patient care among health professionals from different disciplines, TOH IPMPC takes into account the hospital’s core competencies, collaborative patient-centered practices, and our overall strategic direction. To enhance collaboration, patient care teams have made process changes based on this guide. By working together, health-care providers can now make better use of their skills and knowledge, and more effectively coordinate care based on patient need. As a result, patients receive higher quality care.

‘Cardiac Arrest with Roles Defined’ protocol enhances patient safety

The ‘Cardiac Arrest with Roles Defined’ (CARD) study aims to enhance patient safety in the operating room. Developed by a multidisciplinary team of doctors, nurses and health-care professionals, CARD combats two key problems that can prevent a team from functioning efficiently during a code: unclear role definition and overcrowding. By addressing these problems, CARD protocol provides enhanced safety for surgical patients. Using the CARD protocol, members of the OR team are assigned a specific role in the event of a code, and are given a card to wear during the resuscitation. The cards are printed with the role’s name and associated tasks, clearly defining to everyone in the room what the wearer must do during a code. By working together with the University of Ottawa Skills and Simulation Centre, this multidisciplinary team of health professionals and administrators is enhancing patient safety.

The Ottawa Hospital engages stakeholders in its Cancer Program transformation

In an effort to become more patient- and family-centred, in 2011 The Ottawa Hospital’s Cancer Program initiated the ‘Patient’s Reference Panel on Cancer Program Transformation’. 15,000 recent patients and their families were contacted and hundreds of volunteers were recruited. Ultimately 36 panellists were randomly selected to participate in a series of group meetings as part of the Patients’ Reference Panel, which was designed to combine the direct experience of patients and their families with a balanced and detailed view of the Cancer Program’s operational abilities. It also drew together doctors, nurses and other program staff to identify those priorities that could have the most dramatic effect on the patient experience. The information collected from these sessions will ultimately be used to make changes that will improve the cancer care experience of patients and their families.

The Ottawa Hospital offers high risk breast cancer screening

Ottawa area women who are at high risk for breast cancer now have access to a new Ontario Breast Screening Program (OBSP) High Risk Screening Centre at The Ottawa Hospital. Starting in July, The Ottawa Hospital began arranging genetic testing and counselling for women between the ages of 30 and 69 who were at high risk for breast cancer and is now offering these women an annual mammogram and breast MRI. Referrals to this program are based on specific criteria such as genetics, and family or medical history. This
allows the women at high risk to be routinely updated regarding their health and gives them the knowledge to ask more informed questions.

The Ottawa Hospital puts the finishing touches on the Cancer Centre

This year, The Ottawa Hospital completed the construction of the Cancer Centre by adding beautiful artwork to its walls creating a stunning healing space for patients going through treatment. Award-winning Canadian photographer Michelle Valberg provided the calming and inspiring photographs. Renowned for her soulful portraiture and stunning landscapes, Michelle possesses a magical combination of creativity, entrepreneurial spirit and community commitment. Understanding that there are enormous challenges in dealing with cancer, these beautiful photographs are already going a long way towards helping put patients at ease and providing much-needed inspiration.

The ‘Wellness Beyond Cancer Program’ is launched for an increasing population of cancer patients – the survivors

Providing care and support for people at the end of active cancer treatment, the Wellness Beyond Cancer Program ensures our patients get the follow-up care and resources needed to best manage their health. With ongoing research and medical advances in cancer care, many more patients are surviving the disease. As a result, The Ottawa Hospital developed this program to empower patients to assist in managing their own care and well-being, and help them transition back to their family doctors and the community. Upon admission to the cancer program, a patient will be asked for the name of their primary health-care provider and reminded to continue their non-cancer-related care with them throughout their active cancer treatment. If necessary, the cancer program team at The Ottawa Hospital Cancer Centre will work with the patient to find a primary care provider. When referred to the Wellness Beyond Cancer Program, at the end of active cancer treatment, the patient will be asked to complete a ‘needs assessment’. The needs assessment will help the patient self-identify their needs and will be used to arrange referrals to the appropriate community resources, allow program nurses to individualize their support of the patient, and assist patients to focus on group session content relevant to their needs. Once discharged from active cancer treatment, the patient and their primary care provider will receive a detailed individualized care plan summary, including diagnosis, treatment, cancer team, recommended surveillance and a summary of the patient self-identified needs. The continued partnership of a patient’s family physician will ensure a seamless transfer of care once active cancer treatment is complete.

Implementation of the new Hip Fracture pathway

In April 2011, The Ottawa Hospital implemented a new Hip Fracture Pathway, based on the regional model created for the Champlain LHIN. This model looked at best practices across Ontario and created a standardized care path for patients, providing the optimum care. Since implementing the Pathway, the hospital has achieved its goal, ensuring that surgery for hip fracture patients takes place within 48 hours of admission. We have also optimized care to decrease the incidence of delirium as well as the risk of re-fracture by identifying osteoporosis early on and discussing treatment options with patients. By improving education to patients and their families as it relates to their care and stay at The Ottawa Hospital, we have helped manage their expectations and have reduced their anxiety.
Playing a lead role in the region's telemedicine

Telemedicine is a powerful tool that enables patients to consult health-care professionals through two-way videoconferencing. In an effort to improve access, in 2011 15 nurses were hired by five new sites across the Champlain region and The Ottawa Hospital (TOH) is now playing a lead role in coordinating services delivered from Ottawa. Hawkesbury & District General Hospital, North Lanark Community Health Centre, Pembroke General Hospital, and South-East Ottawa Community Health Centre will serve as coordinating agencies for their sub-regional areas to support the programs. Four clinical areas of priority have been chosen: addictions and mental health; complex health conditions; diabetes; and pre- and post-surgery assessments. The program, overseen by the Regional Telemedicine Coordinating Committee, also aims to lower wait times and improve access to specialist appointments, as well as reduce driving distances for patients and their loved ones, particularly those in rural areas.

TOH and Hawkesbury & District General Hospital consolidate electronic health records

TOH and the Hawkesbury & District General Hospital worked together with eHealth Ontario to consolidate each hospital’s individual electronic health record (EHR) system into one common system. This increased the availability of clinical information across the region as well as the amount of clinical information within TOH’s existing system. It also provides clinicians with access to the full spectrum of patient data including: consultation, laboratory, diagnostic imaging and patient care reports. This more efficient information sharing eliminates the need for duplicate testing between hospitals. Similarly, patient wait times can be significantly reduced and organization-wide efficiencies realized – saving the health-care system both time and money.

12 Nunavut residents receive joint replacement surgery

TOH doctors Alan Giachino and Robert Feibel both see patients in the North, and after realizing that they had a growing number of patients who needed total knee replacements, Dr. Giachino proposed bringing 12 of these patients to TOH at one time, optimizing funding and significantly improving the quality of their stay. In
partnership with Ottawa Health Services Network Inc. and Nunavut’s Department of Health and Social Services, TOH arranged for them to come for the surgery – care they wouldn’t be able to receive at home. By treating the patients as a group, the hospital was able to provide them with the opportunity to stay together and speak to each other in their own language, making them feel more at ease. To further reduce the impact on these Nunavummiut, the surgeries were scheduled for the week of March break, so as to avoid their hunting season. This timing also coincided with a scheduled slow down at TOH, ensuring that Ontario patients were not impacted by the program.

The Ottawa Hospital connects to Ontario Laboratories Information System data

In a provincial first, with the support of eHealth Ontario, TOH patients now benefit from access to the Ontario Laboratories Information System (OLIS) data thanks to the myTOH viewer. This means that important patient information will be available for clinicians to make treatment decisions within minutes or seconds compared to the previous hours or days. OLIS is a cornerstone information system that connects hospitals, community laboratories, public health laboratories and practitioners to facilitate the secure electronic exchange of laboratory test orders and results. The ability to electronically share this information helps health-care providers make faster and better patient care decisions.

TOH and the Kemptville Hospital partner to provide a new Total Joint Replacement program

The new Total Joint Replacement program is an innovative partnership between the Kemptville Hospital, a small rural hospital, and TOH, one of the largest teaching hospitals in Canada. The program enables TOH surgeons to perform much-needed joint replacement procedures in Kemptville Hospital’s operating facilities, reducing wait times for patients throughout the region and allowing patients to get care closer to home.

TOH and Children’s Hospital of Eastern Ontario Maternal Newborn Services form one large collaborative team

Together with the Children's Hospital of Eastern Ontario (CHEO), TOH is working to improve outcomes for our smallest patients and make navigating across organizations seamless for parents and their families. In 2009, the Champlain LHIN Maternal Newborn Regional Program Blueprint recommended the integration of clinical and administrative leadership of newborn care services between TOH and CHEO. Dr. Thierry Lacaze was hired in 2010 as the Joint Medical Chief of Neonatology, and Ann Mitchell was hired in 2011 as the Joint Director, Maternal Newborn Services. In 2012, one advanced practice nurse/neonatal nurse practitioner and two trainees were hired into the Champlain LHIN Maternal Newborn Regional Program and will complete their training later this year. The LHIN is now guiding the integration of the Special Care Nursery (SCN) and Neonatal Intensive Care Units (NICU) services between TOH and CHEO. Employees of these neonatal units will now form one larger collaborative team where they can more easily share their expertise and their passion for the care of newborns in our community.

The Ottawa Hospital shows leadership in stroke care

Since establishing the Champlain Regional Stroke Network (CRSN) in 2003, TOH has seen dramatic improvements in the quality of stroke care within the Champlain region.
Highlights include:

- 9% reduction in the overall stroke rate, equal to 240 fewer people suffering a stroke each year
- 10% reduction in the in-hospital mortality rate
- 13% reduction in 30-day re-admission rate

Access to stroke prevention care for TIA patients (“mini-strokes”) reduces the chance of stroke within 90 days by 80 per cent. Over the past year, The Ottawa Hospital has supported the implementation of two new stroke prevention clinics located at the Pembroke Regional Hospital, and the Cornwall Community Hospital. Evidence strongly demonstrates that treating stroke patients on a stroke unit improves the quality of care and reduces death and disability by up to 30 per cent at one year after their stroke event. In January 2012, TOH centralized stroke patients at the General Campus to create the Champlain region’s third stroke unit.

**Collaborative approach to physician credentialing across the Champlain LHIN**

The Ottawa Hospital, together with six of the 20 other hospitals in the Champlain LHIN, participated in a pilot project to help standardize the physician credentialing process. Chaired by Dr. Jeffrey Turnbull, Chief of Staff at The Ottawa Hospital, the pilot group developed this initiative to create one common application process for physicians and to give hospitals the ability to share physicians.

Every year, physicians need to apply for their credentials with the hospital where they practice in order to confirm that their licences and education are in place. In the past, if a physician needed to assist at another hospital on an urgent case, they had to apply for their credentials with that hospital separately. This process could take as long as a week, delaying their ability to assist with patient care in a timely fashion.

Thanks to this new regional credentialing process, one application will be valid across the other hospitals from the pilot project, with plans to expand throughout the Champlain LHIN. This will reduce duplication and give physicians the ability to rapidly receive privileges at another hospital.

Regional credentialing will allow the right physician to work in the right place at the right time.

**International recognition for The University of Ottawa Skills and Simulation Centre**

The University of Ottawa Skills and Simulation Centre (uOSSC) first opened its doors in October of 2010 at the Civic Campus of The Ottawa Hospital. A state-of-the-art simulation centre, the uOSSC gives health-care professionals hands-on training on how best to care for patients and offers a safe environment to rehearse almost any procedure or clinical situation, as well as conduct innovative research. Due to the collaboration with the Academy for Innovation in Medical Education (AIME), the Fellowship in Education/Simulation has grown exponentially, and become internationally recognized with demand extending into 2014. In its first year, the uOSSC has hosted national and international guests, including delegations from Pakistan, India, Kingdom of Saudi Arabia, China, and Hong Kong. The centre has also hosted a national announcement for the Federal Minister of Health, the Honourable Leona Aglukkaq.
Research Improving Health Today

Saving lives by improving CPR

Every year, close to 45,000 Canadians suffer sudden cardiac arrests and less than 10 per cent survive. Prompt cardiopulmonary resuscitation (CPR) and defibrillation are key to getting the heart started again; however, there is still controversy about how best to perform these procedures. This year Dr. Ian Stiell and his colleagues resolved a major debate by showing that one minute of CPR from paramedics and firefighters before defibrillation is just as good as three minutes, and may even be better in some cases. The study, which is the largest cardiac arrest clinical trial in the world, was published in the prestigious New England Journal of Medicine and the results have influenced CPR practices globally.

Personalizing cancer treatment

Breast cancer treatment has become highly personalized, with women routinely receiving treatments tailored to the molecular profile of their tumour. But what if the cancer changes over time as it spreads to other organs? Dr. Mark Clemons designed a clinical trial to answer this question in 121 women with metastatic breast cancer. He found that in nearly 40 per cent of cases, the cancer had changed, making it more or less susceptible to certain treatments. Doing a second biopsy to check the molecular profile of the secondary tumours resulted in better treatment for one in seven women in the study. The results, published in the Journal of Clinical Oncology, have changed medical practice around the world.

Better diagnosis of bleeding strokes

New research led by Dr. Jeff Perry could save thousands of severe headache patients each year from having to undergo painful invasive testing for subarachnoid hemorrhage - a rare type of bleeding stroke. Traditionally this type of stroke could be ruled out only with a CT scan and a spinal tap, but Dr. Perry’s new study shows that a CT scan is enough, if done with a modern machine within six hours. The findings, published in the British Medical Journal, could help increase hospital efficiency, in addition to the direct benefits to patients.
New advance in managing HIV

People with HIV are increasingly able to avoid taking unnecessary antibiotics associated with major side effects, thanks to research led by Dr. Jonathan Angel. It was previously assumed that HIV patients with a low CD4 immune cell count always had to take these antibiotics to avoid getting pneumonia and other infections, however a systematic review led by Dr. Angel revealed that if the amount of virus in the blood is very low, it is safe to stop taking these medications even if there hasn’t been what has generally been accepted as an adequate improvement in immune function. This research, published in PLoS One, has already improved health and quality of life for many people with HIV in Ottawa, and it is beginning to have an impact around the world.

Rapid research reviews improve health decision-making

Health care administrators may try their best to incorporate research evidence into the development of new policies and procedures, but with more than 500,000 medical research papers published each year, it can be difficult to keep up. The establishment of “The Ottawa Hospital Evidence Secretariat” is now making it easier for decision-makers to quickly access research evidence, with benefits for both patients and the hospital budget. Under the leadership of Dr. David Moher, the group has already conducted 16 rapid evidence reviews which have contributed to the development of innovative new approaches to improve care for pregnant women, newborns, people with chronic diseases and patients in the emergency department. They have summarized their experience in a recent Systematic Reviews paper.

Research Providing Hope for Tomorrow

Fighting cancer with viruses

While viruses are normally thought of as parasites that cause colds, flus and other infectious diseases, Dr. John Bell’s research has shown that certain viruses can be harnessed to selectively attack cancer cells without harming normal cells. This year, Dr. Bell and his team made a major breakthrough by showing for the first time that a viral therapy can consistently and selectively replicate in cancer tissue after systemic delivery through the human bloodstream. The research, published in renowned journal Nature, suggests that viruses may be able to treat advanced cancer that has spread to multiple organs with minimal side effects. We’ll soon know for sure, with larger clinical trials now underway at The Ottawa Hospital and other centres around the world.

Novel stem cell therapy for septic shock

Patients at The Ottawa Hospital will soon be the first in the world to receive an experimental stem cell therapy for septic shock, a highly deadly condition that can occur when an infection spreads throughout the body and damages vital organs. The Canadian Institutes of Health Research and the Stem Cell Network have awarded nearly $450,000 for a clinical trial of this new therapy, which will be led by Dr. Lauralyn McIntyre. The trial is based on extensive pre-clinical research led by Dr. Duncan Stewart, which has shown that stem cell therapy can triple survival in a mouse model of septic shock by preventing organ injury and increasing bacterial killing.

New approach to target genetic muscle disease

Research led by Dr. Rashmi Kothary is providing new hope for patients and families affected by spinal muscular atrophy (SMA), a devastating genetic disease that involves the progressive weakening of muscles.
and death usually in infancy or childhood. Dr. Kothary and his team discovered that a drug called fasudil can dramatically extend lifespan, increase muscle fibre size and normalize some kinds of behavior in mice with SMA. This research is particularly promising because fasudil has already been used in human clinical trials for other conditions, meaning that it could possibly be retargeted to use in clinical trials for SMA more quickly than a completely new drug. The research was published in BMC Medicine.

**New genetic link to cardiovascular disease**

Dr. Michel Chrétien’s group has discovered a novel genetic variation in a Québec family that cuts their risk of cardiovascular disease by at least half. The variation was found in a gene called PCSK9, which Dr. Chrétien co-discovered in 2003. This gene is involved in cholesterol metabolism, and the variation results in lower levels of “bad” cholesterol. The study, which is a collaboration with l’Institut de recherches cliniques de Montréal, also suggests that such protective variations may be more prominent in the French Canadian population. Further research could lead to the development of novel cholesterol-lowering therapies. The study is published in Clinical Chemistry.

**New insight into muscle development and regeneration**

Dr. Michael Rudnicki identified the first stem cells in adult muscle several years ago and his team has continued to make major breakthroughs in understanding how these stem cells work and how they may be harnessed to repair and regenerate muscle tissue. They recently discovered that a protein called Wnt7a promotes growth of muscle tissue in two ways: stimulating muscle stem cells to produce new muscle fibres, and stimulating these muscle fibres to get bigger and more powerful. The finding, published in Nature Cell Biology, represents the first example of a receptor being “wired” to different pathways at different levels of tissue development for a common purpose. This research could lead to the development of novel treatments for patients with muscle degeneration.

**Milestones and Special Recognition**

**Ranking among the best**

OHRI ranked third this year among Canadian hospital-based research institutes for funding from the Canadian Institutes of Health Research (CIHR), up from eighth just 10 years ago. In total, OHRI researchers held 156 active CIHR grants and salary awards in 2011-2012, worth more than $20 million. CIHR is the most important and most competitive source of peer-reviewed funding for health research in Canada, so OHRI’s growing success with CIHR provides important evidence of the overall success of the Institute. OHRI also ranked highly in Research Infosource’s list of Canada’s Top 40 Research Hospitals and in SCIMAGO’s research publication impact ranking. Other local hospitals and universities have also ranked highly in research measures in recent years, helping to build Ottawa’s reputation as a leading centre for health research.

**Neurosurgeon researcher named Woman of Influence**

Dr. Eve Tsai was named one of Canada’s Top 25 Most Influential Women of 2011 by Women of Influence magazine. As a neurosurgeon, associate scientist and assistant professor, Dr. Tsai focuses her influence on bringing clinicians and researchers together to develop better treatments for patients with spine and brain
diseases. She has established a multidisciplinary research group focused on investigating stem cells, nanotechnology and tissue engineering for spinal cord repair. She has also developed a novel MRI imaging technique that allows surgeons to easily visualize spinal cord nerve fibres and identify those that are healthy and those that are disrupted.

**New cancer research facility opens**

OHRI has opened a new laboratory that is uniquely designed to accelerate the development and testing of new cancer therapies. The Centre for Innovative Cancer Research, located on the third floor of TOH’s Cancer Centre expansion at the General Campus, includes sophisticated equipment to analyze cancer cells at the molecular level and develop and test new treatments in cancer models. Promising treatments can then be manufactured in a new “clean room” laboratory and delivered to patients just one floor below. Another special laboratory allows researchers to analyze patient tumour samples and evaluate their response to treatment so that better, more personalized therapies can be developed. Construction was funded by the Canada Foundation for Innovation and The Ottawa Hospital Foundation.

**Five years of groundbreaking stem cell research**

OHRI’s Sprott Centre for Stem Cell Research celebrated its fifth anniversary this year, with a number of major milestones and breakthroughs to look back upon. Under the leadership of Dr. Michael Rudnicki, Sprott Centre scientist have made important discoveries that could help with the development of new therapies for diseases that affect the heart, muscle, brain, blood and other organs. An experimental stem cell therapy for multiple sclerosis developed at OHRI has also continued to show promise in human clinical trials, and further stem cell trials are expected to start soon for heart attack and septic shock. Over the last year, OHRI also recruited world-renowned stem cell researchers, Dr. William Stanford and Dr. Bernard Thébaud, while Dr. Rudnicki and Dr. Lynn Megeney were named two of the Top 25 People in Ottawa this year by Ottawa Life Magazine. See success story *Stem cell therapies: the future of regenerative medicine* on page nine for further details.

**Outstanding science outreach**

Alexis Given, a PhD student in Dr. Dennis Bulman’s group, received the prestigious Synapse Mentorship Award from the Canadian Institutes of Health Research for her outstanding efforts in youth science outreach. As a member of Let’s Talk Science, Ms. Given has delivered more than 90 science outreach activities in local schools, involving about 4,000 youth. She also co-organized the first StemCellTalks event in Ottawa, and has travelled to Nunavut and Africa to give science workshops.

**New research building focused on transforming patient care**

Medical research often happens in small steps, but a new facility at The Ottawa Hospital is designed to enable researchers to answer the big questions that can truly change medical practice and make a difference for patients. Called the Centre for Practice-Changing Research, the new two-storey building provides space for approximately 275 clinicians, researchers and staff from The Ottawa Hospital and OHRI and 60 researchers from the adjacent Children’s Hospital of Eastern Ontario (CHEO). All the researchers are affiliated with the University of Ottawa and the building is connected to all three institutions at the Smyth Road academic health sciences centre. Construction was funded by the Canada Foundation for Innovation, The Ottawa Hospital and the CHEO Foundation.
We are fortunate to have thousands of people in our community who are dedicated to supporting The Ottawa Hospital (TOH). Whether through a personal donation, corporate gift, or by participating in an event; individuals across this city are raising critical funds to help shape the future of health care in Eastern Ontario.

Below are a few of the highlights from the past year:

**The Ottawa Hospital Foundation named Ontario’s most efficient**

In 2011, The Ottawa Hospital Foundation was ranked as the most efficient hospital foundation in Ontario and one of the top foundations in Canada by MoneySense Magazine in the much-anticipated annual ranking of Canada’s Top 100 charities. With more than 82 per cent of spending going directly to programs at The Ottawa Hospital and the Ottawa Hospital Research Institute, the Foundation scored grades of A+ in the categories of overall charity efficiency, as well as governance and transparency.

**Flash Mob kicks off its first-ever White Coat Challenge**

Last fall, TOH staff joined dozens of representatives from local companies to kick off the first-ever White Coat Challenge with a flash mob in support of The Ottawa Hospital Cancer Centre. The flash mob, which broke out at the St. Laurent Centre, involved white-coated TOH staff and supporters from corporations including Accenture, Gartner, Innovapost, IT/NET, Mitel Networks Corp., RBC Royal Bank and Trend Micro Canada – who danced and performed for delighted onlookers. The group raised $121,146 to bring the latest life-saving technology to patients undergoing chemotherapy. A video of the flash mob, which was posted online, became the top not-for-profit video on YouTube for that day.

**Ride the Rideau returns!**

Eastern Ontario’s most successful single-day cancer fundraiser returned for the second year last fall, with more than 715 riders raising $1.8 million for cancer research. An incredible $2.7 million has been raised to date through this event and Ride the Rideau organizers are now hard at work to bring this fundraiser back for a third year. The event supports innovative cancer research that is happening right here at the Ottawa Hospital Research Institute, including the development of personalized therapies; stem cell research; maximizing the potential of cancer clinical trials and the development and testing of cancer-fighting viruses.
At A Glance

OUR TEAM

- 12,085 Employees, including close to 4,300 Registered Nurses and Registered Practical Nurses
- 1,262 Physicians
- 1,728 Volunteers

EDUCATION FOR OUR FUTURE

- 843 Residents
- 186 Clinical Fellows
- 8 Research Fellows
- 218 Elective Residents
- 631 Medical Students
- 1,734 Nursing Placements
- 38 Paramedics Student Placements

OUR PATIENTS

- 47,712 Patient Admissions
- 34,506 Surgical Cases
- 14,834 Eye Care Surgical Cases
- 143,939 Emergency Visits
- 1,066,979 Ambulatory Care Visits
- 6,631 Babies Delivered
- 14,437,780 Laboratory Procedures

OUR FACILITY

- 1,155 Beds
- 96 Bassinets
- 8.8 Average Length of Stay (days)

The Ottawa Hospital has a team of more than 15,000 doctors, nurses, health-care professionals, volunteers and support staff that work together every day to provide our patients with world-class care.

MORE OF THE OTTAWA HOSPITAL STATISTICS IN THE AT A GLANCE SECTION.
Who

The Ottawa Hospital at a Glance
Our team puts patients at the center of all that we do. Please take a few moments to meet the men and women who make The Ottawa Hospital successful.

Patients
Together, we’re working for our patients, their loved ones and our community.
It’s their stories that inspire our vision each and every day, and it’s on their behalf that we pursue excellence in patient care.

Physicians
Today, physicians at The Ottawa Hospital are delivering quality patient care and developing new ways to treat patients that will subsequently benefit all Canadians. We are proud that our physicians work at the forefront of exceptional patient care delivery.

Our physicians can also be found conducting important clinical research, serving as teachers and leaders, and working outside the hospital in the broader community. Within the Ottawa Hospital Research Institute, our team is driving breakthrough research that is impacting patient care both near and far.

Nurses
Quality patient care at The Ottawa Hospital would not be possible without our dedicated professional nursing team.

Nurses work closely with patients to manage their care. From comforting patients, to monitoring their vital signs, properly administering medication and more, our nurses serve the community with commitment and skill, blending compassion with knowledge.

Nurses also give emotional and educational support to patients and their families. In addition to providing care at the bedside, they play important roles in training, research and leadership.

Health-Care Professionals
To complete the circle of care, The Ottawa Hospital relies on a range of health-care professionals. From the dietitian who ensures nutritional needs are met, to the pharmacist who advises and provides drug therapy, each play a vital role in treatment, research and safety.

A patient might also work with a radiation therapist, a cardiopulmonary technician, an audiologist, a physiotherapist, an occupational therapist or social worker, among others. Each member of this integrated team ensures that every patient who walks through our doors has access to the best possible care.
Support Staff

Without our dedicated support staff, The Ottawa Hospital would not be able to provide patients with timely and appropriate care. Support staff members are essential in creating a reliable, efficient and organized environment, and play an essential role in caring for our patients.

With more than 12,000 employees, the hospital requires a skilled and professional group of people to ensure our doors remain open to the public. Working as a team, support staff members take daily responsibility for the smooth, efficient and safe operation of our hospital and research facilities.

The work of our support staff—every day of the year—is integral to our ability to provide excellent health care to our community.

Volunteers

Volunteerism is the lifeblood of The Ottawa Hospital and is an excellent example of compassion in action.

The hospital belongs to the community it serves, and we welcome members of the public to The Ottawa Hospital to visit friends and loved ones, and to learn and grow with us. We are also lucky to have more than 1,600 people who volunteer their time, energy and expertise to work with our staff and contribute to our patients’ positive experience of the hospital.

What

The Ottawa Hospital’s three campuses —Civic, General and Riverside — serve a bilingual community of more than one million people across the Ottawa region and Eastern Ontario.

Working with our partners in the community, we also deliver medical care, education, and services outside of our three sites.

The Ottawa Hospital proudly partners with the Champlain Local Health Integration Network, where we work together to build a strong, robust and responsive health-care system for Eastern Ontario. Our regional programs cover the gamut of patient needs from cancer, heart, kidney and vision care to scientific research, rehabilitation services and mental health. The hospital is deeply involved in groundbreaking clinical trials—some of which are outlined in this annual report—that highlight our focus on the complex care we deliver on a daily basis.

The Ottawa Hospital is an active member of the community and is governed by a volunteer Board of Governors made up of 21 appointed and elected members representing a variety of sectors.

Where

The Ottawa Hospital (TOH) was formed in 1998 after merging and consolidating the services of the Civic Hospital, Ottawa General Hospital and the Riverside Hospital. At that time the Royal Ottawa Hospital’s Psychiatric Emergency Services were transferred to TOH, as were The Grace Hospital’s Medical/Surgery Services.

The Ottawa Hospital was complete when The Ottawa Regional Cancer Centre was integrated into the hospital in 2004 and The Rehabilitation Centre in 2005. We are now one of the busiest hospitals in Ontario, and our three bustling campuses are important community resources for the populations we serve.
The University of Ottawa Heart Institute—Canada’s largest and foremost cardiovascular health centre—delivers world-class care to The Ottawa Hospital’s cardiac patients.

One hospital, three sites

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<thead>
<tr>
<th>Civic Campus</th>
<th>Riverside Campus</th>
<th>General Campus</th>
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<tr>
<td>Trauma</td>
<td>Endocrinology</td>
<td>Cancer</td>
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<td>Family Health Team</td>
<td>Total Joints</td>
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<td>Bariatric Surgery</td>
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<td>Robotics</td>
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<td>University of Ottawa Skills and Simulation Centre</td>
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Caring for the Region

The Ottawa Hospital offers comprehensive, high quality, patient-focused health-care services in both official languages to a community of 1.2 million people in Ottawa and Eastern Ontario.

The Ottawa Hospital has a variety of specialty centres and programs including:

- Arthritis Centre
- Cancer program
- Chest Diseases Centre
- Eye Care Centre
- Foustanellas Endocrine and Diabetes Centre
- High-risk obstetrics and prenatal services
- Mental health
- Mohs Surgery Clinic
- P.A.R.T.Y. (Prevent Alcohol and Risk-Related Trauma in Youth)
- Regional Geriatric Program for Eastern Ontario
- Rehabilitation Centre
- Trauma services
- University of Ottawa Eye Institute
- Weight Management Clinic – Bariatric Surgery Centre of Excellence
- Women’s health

Fast Facts about the Region:

- 18,000 area in square kilometers
- 1.2 million residents
- 20% of residents are Francophone
- 11 community health centres (plus satellites)
- 61 long-term care homes
- 37 community mental health agencies
- 27 addictions / problem gambling agencies
- 73 community support service services
Vision and Mission

The Ottawa Hospital Vision

Our vision is to provide each patient with the world-class care, exceptional service and compassion that we would want for our loved ones.

The Ottawa Hospital Mission

The Ottawa Hospital (TOH) is a compassionate provider of patient-centered health services with an emphasis on tertiary-level and specialty care, primarily for residents of Eastern Ontario.

TOH provides a wide variety of educational opportunities across all health-care disciplines in partnership with the University of Ottawa and other affiliated universities, community colleges and training organizations.

TOH develops, shares and applies new knowledge and technology in the delivery of patient care, through nationally and internationally recognized research programs in partnership with the Ottawa Hospital Research Institute.

TOH plays an active role in promoting and improving health within our community. The hospital collaborates with a wide range of partners to address the needs of the community and to build a strong, integrated system for regional health-care delivery.

TOH functions in English and French while striving to meet the needs of the culturally diverse community we serve.

Values

We believe our values are guideposts that help us move forward with confidence and integrity. We also believe that visitors to TOH recognize these values daily, through the people and work that make us proud.

Our core values define us as professionals, inform our work and define how we measure success.

- Compassion
- Commitment to Quality
- Working Together
- Respect for the Individual

We believe our values are guideposts that help us move forward with confidence and integrity.
Leadership Team

Board of Governors

These dedicated individuals make up The Ottawa Hospital’s Board of Governors. Recent changes to the Board have been identified below:

- Philip Murray (Chair) – became Past Chair in June 2011
- Carole Workman (Vice-Chair) – named Chair in June 2011
- Marlene Levine (Treasurer) - named Vice-chair in June 2011
- Martin Parizeau – named Treasurer in June 2011
- Dr. Jim Nininger (Past Chair) – ended his term as Governor in June 2011
- Dr. Jacques Bradwejn (ex-officio)
- Derek Burney – nominated in November 2011
- Mary Dawson
- Emily Gruenwoldt – nominated in June 2011
- Dr. Haissam Haddad (ex-officio)
- Dr. Dave Holmes – nominated in February 2012
- Dr. Jack Kitts (ex-officio)
- Michel Lavigne
- Jennifer Lecour – ended her term in September 2011
- Francine Levesque
- Dr. John Mahoney (ex-officio)
- James G. McCracken
- Dr. Ginette Rodger (ex-officio)
- Shafique Shamji
- Kay Stanley – ended her term as Governor in June 2011
- Bashir Surani
- Lillian Thomsen
- Dr. Jeff Turnbull (ex-officio)
- Vincent Westwick – nominated in June 2011

Appointments to The Ottawa Hospital’s Board of Governors are made in accordance with Article 4 of the Administrative By-law.
Senior Management Team

- Dr. Jack Kitts, President and CEO
- Dr. Jeff Turnbull, Chief of Staff
- Michael Cuddihy, Senior Vice-President, Human Resources
- Paula Doering, Senior Vice-President, Clinical Programs – Surgery, Cancer and Medical Imaging, Regional Vice-President, Cancer Services, Champlain Regional Cancer Program
- Cameron Love, Senior Vice-President, Clinical Programs, Planning and Support Services
- Gino Picciano, Senior Vice-President and Chief Performance Officer
- Dale Potter, Senior Vice-President and Chief Information Officer
- Dr. Ginette Rodger, Senior Vice-President, Professional Practice and Chief Nursing Executive
- Richard Wilson, Senior Vice-President, Finance and Business Development
- Dr. James Worthington, Senior Vice-President, Medical Affairs, Quality and Patient Safety
- Connie Colasante, Vice-President, Professional Services and Clinical Programs Obstetrics, Gynecology, and Mental Health
- Allison Neill, Acting Vice-President, Communications and Outreach
- Mike Tierney, Vice-President, Clinical Programs – Critical Care and Emergency
- Dr. Duncan Stewart, CEO, Ottawa Hospital Research Institute and Vice-President, Research (TOH)
- Tim Kluke, President and CEO, The Ottawa Hospital Foundation
- Dr. Bob Roberts, President and CEO, University of Ottawa Heart Institute
- Dr. Adam Cwinn, Medical Director, Critical Care, Emergency and Trauma
- Dr. Wylam Faught, Medical Director, Obstetrics, Gynecology and Newborn Care
- Dr. Philip Karas, Medical Director, Family Practice
- Dr. Éric Poulin, Medical Director, Surgery
- Dr. Robert Swenson, Medical Director, Mental Health
- Dr. Phil Wells, Medical Director, Medicine

About this Report

By viewing this document, we hope to provide a sense of how the three campuses work together in order to showcase TOH as a leader in quality and patient safety. To experience the full TOH annual report including videos, visit www.worldclasscare.ca.

At The Ottawa Hospital (TOH), it is important to us that we offer a user-friendly annual report, available in both official languages, for our stakeholders and the community at large. This report provides easy access to all facts and figures for the year, and gives the community a chance to browse patient success stories and TOH highlights, showcasing improvements that have been made to further enhance quality and safety for all patients, visitors and staff members.

We've saved money by opting for a paperless product that provides readers with more options for saving, printing and sharing the report through e-mail and social networking. Fast and efficient, we've created this sustainable annual report to be kind to the environment and user-friendly for our community. To ensure accessibility, we've also prepared the online report in a format designed specifically for mobile devices.
To meet our objectives, we measure success against quality indicators - benchmarks we use to rate patient satisfaction and performance. By improving on wait times, surgical cancellations, infection rates and other essential hospital services, our goal is to be one of the top 10 per cent of hospitals in North America, with respect to quality and safety of patient care.

Our dedication to quality demonstrates to our patients and their families that we listen, and that they can continue to trust and rely on us for their health-care needs.

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
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<tbody>
<tr>
<td>Occupancy</td>
<td>100.0%</td>
<td>103.0%</td>
<td>102.5%</td>
</tr>
<tr>
<td>Wait time in Emergency Department for 9 out of 10 admitted patients (hours)</td>
<td>29.4</td>
<td>34.3</td>
<td>34.3</td>
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<tr>
<td>Surgical cancellations due to lack of inpatient beds</td>
<td>626</td>
<td>604</td>
<td>222</td>
</tr>
<tr>
<td>Hospital Standardized Mortality Ratio (observed deaths/expected deaths)</td>
<td>92.9</td>
<td>90.7</td>
<td>84.1</td>
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<tr>
<td>Hand hygiene compliance before patient contact</td>
<td>48.3%</td>
<td>66.0%</td>
<td>81.5%</td>
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<td>Clostridium difficile Infection rate (# of hospital-acquired infections per 1,000 patient days)</td>
<td>0.37</td>
<td>0.45</td>
<td>0.54</td>
</tr>
<tr>
<td>Satisfaction with pain management</td>
<td>81.2%</td>
<td>80.8%</td>
<td>79.6%</td>
</tr>
<tr>
<td>Satisfaction with inpatient care</td>
<td>37.3%</td>
<td>39.0%</td>
<td>43.7%</td>
</tr>
<tr>
<td>Percentage of Alternate Level of Care days*</td>
<td>13.3%</td>
<td>14.3%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Readmissions within 30 days of hospital discharge</td>
<td>7.5%</td>
<td>7.8%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

* This is the percentage of patient days taken by Alternate Level of Care (ALC) patients. ALC patients are those who are no longer receiving acute care and are awaiting discharge to a long-term care facility, another hospital or home with or without support services.
Financials

Revenue Distribution 2011-2012

- Ministry of Health: 77%
- Patient Revenues: 11%
- Sundry & Ancillary: 7%
- Preferred Accommodation & Copayment: 1%
- Other Votes: 2%
- Amortization of Grants: 2%

$1,226.8 M

Expenditure Distribution 2011-2012

- Salaries: 62%
- Other Supplies: 13%
- Medical & Surgical Supplies: 8%
- Medical Staff: 7%
- Drugs & Gases: 5%
- Depreciation & Amortization: 5%

$1,221.7 M
Contact Us

Addresses

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1053 Carling Avenue
Ottawa ON
K1Y 4E9

General Campus
501 Smyth Road
Ottawa ON
K1H 8L6

Riverside Campus
1967 Riverside Drive
Ottawa ON
K1H 7W9

General Enquiries

For all general enquiries please contact The Ottawa Hospital’s main phone line:

613-722-7000
TTY: 613-761-4024
(for the hearing-impaired)

If you’re looking for a specific department, please visit our website at www.ottawahospital.on.ca.

Media Enquiries

Monday - Friday, 8 a.m. - 5 p.m.: 613-737-8460
Evenings/Weekends: 613-722-7000

For more information about our media relations team, please visit the media page of our website at www.ottawahospital.on.ca/wps/portal/Base/TheHospital/AboutOurHospital/Newsroom/Guidelines

Feedback

To share comments about this Annual Report, please contact:

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34,506 SURGICAL CASES
MORE OF THE OTTAWA HOSPITAL STATISTICS IN THE AT A GLANCE SECTION.