Compassionate People.
World-Class Care.

The Ottawa Hospital 2013–2014 Annual Report
Message from the Chair of the Board and the President and CEO

Better is never good enough at an academic health centre such as The Ottawa Hospital. That’s what drives our professionals who tirelessly seek new ways to save lives and enhance well-being. And that’s why people from all walks of life choose to work at The Ottawa Hospital. In turn, our patients benefit from having highly trained specialists who take the time to listen, understand their concerns and offer them and their families the hope and healing they seek. Indeed, the best ideas for new drugs, cutting-edge technologies and forward-thinking approaches to delivering care emerge when our people put the needs of our patients first. That’s what world-class care means to us.

We are proud to celebrate the innovation and leadership of our clinicians. On a number of fronts, our physicians and researchers have distinguished themselves over the past year, particularly in maternal-newborn health and cancer care. Dr. Nathalie Fleming won the first-ever provincial Minister’s Medal honouring excellence in health quality and safety. The award recognized Dr. Fleming’s outreach clinic for pregnant teens and adolescent mothers.

Dr. Fleming was also celebrated at a provincial competition showcasing the top innovations in health-service delivery. In fact, The Ottawa Hospital dominated the event.

Of the 80 projects that were entered into the competition, seven came from our physicians and three of them won awards. Among the winners was Dr. Angel Arnaout, who was honoured for her rapid diagnostic and support program for women at high risk of breast cancer. Dr. André Gruslin won for her efforts to reduce stillbirths and health complications in babies whose mothers are obese or have high-blood pressure. And for her program that brings cancer and cardiac specialists together, Dr. Susan Dent won an innovation award from the Cancer Quality Council of Ontario.

We are proud of these leaders who are truly worthy of the trust that our patients place in our hospital.

By putting the needs of their patients at the centre of all that they do, these physicians have found more efficient, user-friendly ways to deliver services while improving the health outcomes of the people they treat. We are proud of these leaders who are truly worthy of the trust that our patients place in our hospital.
On November 14, 2013, after seeing his wife off to work, Langis LeBel had an ominous feeling that the symptoms he had been experiencing — malaise, indigestion, jaw pain, sore left shoulder and chest pain — should no longer be ignored.

The retired OPP sergeant had seen heart attacks when he was on the job and said to himself, “Get with the program, buddy!”

LeBel’s heart had suffered major injury. Such extensive damage leads to ongoing and progressive health complications resulting from a weakened and enlarged heart.

It turned out that the 60-year-old had a blocked artery that ran down the front of his heart, often called a “widow maker.” Once he was rushed to hospital, doctors whisked him into the catheterization laboratory, opened up the artery with a balloon and put in a metal stent. Before he knew it, he was recovering in the intensive care unit.

“To rejuvenate these cells, we are inserting a small piece of genetic code that makes them more active and more effective in repairing the heart.”

—Dr. Duncan Stewart
LeBel was shocked when his attending physician told him that he was actually very lucky to be alive and that eight of 10 people with such a serious heart attack are not so fortunate.

“I feel strongly that [participating in a clinical trial] is something you need to do, otherwise we don’t advance.”
—Langis LeBel

Although still beating, LeBel’s heart had suffered major injury. Such extensive damage leads to ongoing and progressive health complications resulting from a weakened and enlarged heart. This can lead to heart failure and, too often, premature and untimely death. Current heart-attack therapy is focused on opening up the blocked artery as soon as possible in an attempt to salvage heart muscle at risk. Once the damage has occurred, doctors can only wait to see how the heart heals and how the body copes with the heart’s reduced ability to pump blood.

“If this trial is successful it could open the door to therapies based on genetically enhanced stem cells that can restore function and reverse damage in other critical organs, not just the heart.”
—Dr. Duncan Stewart

“It does change your life because there are so many things you can’t do anymore,” said LeBel.

Dr. Duncan Stewart and his team want to change this. They are conducting a world-first clinical trial that uses a revolutionary stem-cell therapy. The idea is to improve the heart’s ability to heal itself using a person’s own genetically enhanced stem cells.

“Using someone’s own stem cells means that we avoid the problem of their body rejecting them,” said Dr. Stewart, CEO and scientific director of the Ottawa Hospital Research Institute, vice-president of Research at The Ottawa Hospital, and professor of medicine at the University of Ottawa.

“However, the patient’s own stem cells have reduced healing potential since they have been exposed to the same diseases and conditions that led to the heart attack in the first place. To rejuvenate these cells, we are inserting a small piece of genetic code that makes them more active and more effective in repairing the heart,” added Dr. Stewart.

It’s the first time gene-enhanced stem cells have been used to treat cardiovascular disease. To run this clinical trial, the Ottawa Hospital Research Institute built a clinical cell manufacturing facility that is unique in Canada. It was designed specifically to handle complex procedures, such as inserting the gene into stem cells and then preparing them for use in patients.

Time is also of the essence in this experimental therapy. The cells must be given back to the patient before the injured heart tissue scars and hardens, which takes about one month. As a result, the 100 participants in this trial will be treated between five and 30 days after their attack.

The trial’s volunteers are randomly assigned to receive one of three treatments: a placebo, their own cells, or their own gene-enhanced cells. LeBel was still in the hospital when he was asked to participate in the trial. He jumped at the chance, even though he knew he only had a two in three chance of receiving stem cells.

For LeBel, those odds were definitely worth it.

However, he signed on to participate in the clinical trial for something more. “I feel strongly that it is something you need to do, otherwise we don’t advance,” said LeBel.

By participating in Dr. Stewart’s research, he could be helping to usher in a new era of regenerative medicine.

“If this trial is successful,” said Dr. Stewart, “it could open the door to therapies based on genetically enhanced stem cells that can restore function and reverse damage in other critical organs, not just the heart. It could give us ways to treat significant and devastating diseases for which we currently have no options, such as kidney failure, stroke and lung diseases.”

Recognizing the potential of this critical research, The Ottawa Hospital Foundation has committed to raising $15 million for regenerative medicine to give our researchers the support and tools they need to bring promising results to patients as quickly as possible.

Dr. Stewart’s trial is scheduled to finish enrolling patients by 2015.
Cancers have long been named for the part of the body where they originate, which is why Paula Helmer was shocked to find that the tumours removed from the bone in her neck were actually breast cancer. “I didn’t have any lumps in my breasts, but the doctors told me it was breast cancer that had spread to my bones,” said Helmer.

What followed her unusual diagnosis was a personalized approach to cancer care that highlights how much the field has changed in this age of genetically informed medicine.

Dr. Mark Clemons, Helmer’s medical oncologist at The Ottawa Hospital Cancer Centre, is among a new generation of cancer specialists who are moving from prescribing drugs based on the tissue of origin, to the molecular basis of each patient’s cancer. By identifying the genetic flaws inside a tumour cell, Dr. Clemons is able to tailor therapies to a patient’s individual type of cancer, providing a more effective treatment. In fact, his research in this area is improving care for cancer patients worldwide.

With surgery and radiation therapy behind her, Helmer did not move on to the usual courses of chemotherapy. While chemotherapy may work for some patients, it often causes harmful side effects such as nausea, hair loss and organ damage.

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—Dr. Mark Clemons

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—Paula Helmer

4 in 10 women with recurring breast cancer have tumours with a different molecular profile than the original tumour.

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“We’re now able to tell more and more of our patients, ‘I don’t think chemotherapy is going to help you. We’ve got a much less toxic treatment option to give you,’” said Dr. Clemons, who’s also a clinical investigator at the Ottawa Hospital Research Institute and a professor at the University of Ottawa.

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“This personalized approach allows us to provide our patients with treatments that have the fewest side effects and the best possible outcome. We don’t waste precious time trying drugs that may not be effective for a patient.”

In Helmer’s case, Dr. Clemons ordered molecular tests that could predict which drugs would – and which would not – slow the progression of her particular type of cancer. The tests provided a detailed profile of the specific genetic flaws causing the tumour cells inside Helmer to grow. Dr. Clemons then matched this information with specific drugs able to target her cancer.

In that way, Helmer has received kinder, gentler drugs that have allowed her to live longer and better than even Dr. Clemons thought was possible. More than four years after her diagnosis, Helmer continues to travel, sing in a choir and enjoy quality time with her husband, children and grandchildren.

“I’m enjoying my life and I count my blessings every day,” she said.

Through personalized medicine, Dr. Clemons has reduced the frequency and dose of the drugs given to Helmer without compromising their effectiveness.

Indeed, Helmer was part of a research study led by Dr. Clemons. The study found that women who had low levels of a certain blood marker could benefit from taking a drug less frequently to treat breast cancer that had spread to the bone.

Dr. Clemons and his collaborators discovered that less frequent treatments – once every three months rather than once every month – were just as effective. They also resulted in fewer side effects and reduced drug costs. The finding has already changed the way cancer centres around the world treat women with advanced breast cancer.

The personalized approach has also allowed Dr. Clemons to prescribe different drugs for Helmer as her cancer cells have continued to evolve and behave differently over time. His research has demonstrated that women with advanced or recurring breast cancer benefit from having an up-to-date biopsy to determine if their treatment plans should be changed. That’s because four out of 10 women with recurring breast cancer have tumours with a different molecular profile compared to that of their original tumour.

Because of this finding, it’s now considered best practice for oncologists to check the molecular profile of breast cancer that has spread or returned before giving patients the same treatments they previously received.

Dr. Clemons’ finding serves as a reminder of how devilishly complex cancer is and how much more remains to be understood. That’s what motivates Helmer to participate in many of Dr. Clemons’ research studies.

“I have received excellent care at the hospital and this is my way of giving back,” she said. “I’ve benefitted from the people before me who made the effort to join these studies. I want to do whatever I can to move the research along so that other people will benefit down the road.”

Given the promise of personalized cancer therapy, The Ottawa Hospital Foundation is working to raise $3 million to establish an Oncology Diagnostics Laboratory, allowing Ottawa residents to benefit from quick results for the most advanced molecular testing.
Beyond hysterectomy:
New options give women their lives back

It’s rare to find a woman who has never had any trouble with her period. For most women, the hassles are fairly minor. But for Natalie Reesal, who suffered from crippling pelvic pain and abnormally heavy bleeding that would last for weeks, her menstrual cycle put life on hold every month.

“The pain was so severe that probably two out of the three days of my cycle, I was on the bathroom floor because that was the only relief I could feel from the pain,” said Reesal.

She was diagnosed with non-cancerous tumours in the uterus, known as fibroids, as well as a severe form of endometriosis, in which tissue usually found in the lining of the uterus grows outside of it.

In the past, the only treatment available for women with Reesal’s diagnoses was an invasive hysterectomy, which removed the uterus and sometimes other reproductive organs as well. The surgery was particularly devastating for women of child-bearing age because it robbed them of any chance to have children. Reesal, for one, still held out hope of starting a family with her husband, even though she was warned that the odds were against it.

Dr. Sony Singh does not believe that a woman should have to choose between suffering and a surgery that leaves them infertile. “Women are having children later in life,” he said. “Those with endometriosis or fibroids don’t want hysterectomies if they can avoid it.”

4 in 10 women have abnormal bleeding due to non-cancerous cysts, lesions or fibroids.

As director of the Shirley E. Greenberg Women’s Health Centre at The Ottawa Hospital and a clinical investigator with the research institute, Dr. Singh is known for his expertise in treating the one in 10 women who are diagnosed with endometriosis. His program also treats the four in 10 women whose abnormal bleeding stems from non-cancerous cysts, lesions and fibroids. His pioneering work has inspired Ottawa-area residents to donate $1 million in support of his program.

“I’m still young and I want to have children, so I was very happy.”
—Antonette Deza
Dr. Singh specializes in alternatives to hysterectomy, such as minimally invasive surgical methods to remove the growths while preserving the uterus. He also uses techniques that shrink or kill the growths by cutting off their blood supply. These techniques have helped some patients avoid surgery altogether.

“Women are having children later in life. Those with endometriosis or fibroids don’t want hysterectomies if they can avoid it.”

— Dr. Sony Singh

Using those surgical methods, Singh was able to give Reesal her life back. She eventually gave birth to a healthy girl. “She’s just a miracle. She has just brought so much joy in our lives.”

Another benefit of minimally invasive gynecology is faster recovery time. Nine out of 10 patients who have surgery under Dr. Singh’s program go home in less than 24 hours. Since the program started nearly a decade ago, fewer women have remained as inpatients to recover from hysterectomies, saving the equivalent of five years of hospital stays.

One of these women is Antonette Deza. A native of the Philippines, Deza had been in Canada for only a few months when she learned that, because of endometriosis, she had a large, non-cancerous tumour pressing against her bladder.

Under Dr. Singh’s care, Deza had a laparoscopy. Tiny incisions, no more than a centimetre long, were made in her abdomen and a camera was inserted to accurately diagnose and treat her condition. When she woke up from the surgery, Dr. Singh told Deza he had removed the tumour while keeping her uterus intact. “I’m still young and I want to have children so I was very happy,” said Deza.

“We’re not only training the next generation of specialists with the most up-to-date surgical skills; we’re also training people who reflect the cultural diversity of this country.”

—Dr. Sony Singh

Dr. Singh sees many women like Deza who are in advanced stages of disease, but suffer in silence because they fear that major surgery is their only option. Many of them are either newcomers to Canada, or from under-served cultural communities where there’s a stigma or lack of awareness about women’s reproductive health.

With a multilingual team of surgeons and trainees, Dr. Singh and his colleagues treat many women who would otherwise fall through the cracks of the healthcare system. Indeed, as only the second Canadian centre to be internationally recognized as a training ground for minimally invasive gynecology, The Ottawa Hospital attracts a multicultural team of surgical fellows from across the country.

“Collectively, our team speaks English, French, Cantonese, Mandarin, Persian and Punjabi,” said Dr. Singh, who is also an associate professor at the University of Ottawa. “We’re not only training the next generation of specialists with the most up-to-date surgical skills; we’re also training people who reflect the cultural diversity of this country. They can reach out to communities that are currently underserved, so that women of all backgrounds no longer have to suffer in silence. We can give them their lives back.”

“Women are having children later in life. Those with endometriosis or fibroids don’t want hysterectomies if they can avoid it.”

— Dr. Sony Singh

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Our People

Take a moment to meet the men and women who make The Ottawa Hospital successful.

Physicians

Quality patient care, breakthrough research and education – physicians at The Ottawa Hospital do it all exceptionally well.

Nurses

Our 4,500 nursing professionals are caregivers, trainers, researchers and leaders. They successfully blend compassion with knowledge when caring for their patients.

Other Health-care Professionals

A range of other health-care professionals work diligently to restore patients' mobility, independence and quality of life. They support patients and their families during stressful times, help patients heal more quickly and plan for the day they leave hospital.

Support Staff

Maintaining a clean environment, transporting patients, ensuring the right tools are sterile and available are some of the important tasks performed by our support staff. They play an essential role in patient care.

Volunteers

Our 1,100 volunteers dedicate their time, energy and expertise working with our staff and contributing to the positive experience of each and every patient. They are often the first people you see as you enter the hospital.

- 11,524 Employees
- 1,574 Residents and Fellows
- 656 Medical students
- 1,398 Physicians
- 1,100 Volunteers
- 114 Paramedics students placements
- 1,668 Nursing placements
Our Facilities

The Ottawa Hospital is one of the largest teaching hospitals in Canada. It is the only hospital in the Champlain health region to provide the highest levels of specialized medical care to adults in Eastern Ontario.

Civic Campus

- Cardiology
- Emergency Department
- Family Health Team
- Mohs Surgery Clinic
- Neurosciences
- Regional Geriatric Program for Eastern Ontario
- Spinal Surgery
- Trauma Services
- University of Ottawa Skills and Simulation Centre (uOSSC)
- Vascular Surgery
- Weight Management Clinic – Bariatric Centre of Excellence
- Women’s Breast Health Centre

Riverside Campus

- Arthritis Centre
- Eye Care Centre
- Family Health Team
- Foustanellas Endocrine and Diabetes Centre
- Nephrology
- Shirley E. Greenberg Women’s Health Centre

General Campus

- Bone Marrow Transplant
- Chest Diseases Centre
- Emergency Department
- Regional Cancer Program
- Rehabilitation Centre
- Robotic Surgery
- Thoracic Surgery
- Total Joint Replacement
- University of Ottawa Eye Institute

The University of Ottawa Heart Institute — Canada’s largest cardiovascular health centre — delivers world-class care to The Ottawa Hospital's cardiac patients.

Across the campuses

- High-risk obstetrics and prenatal services
- Mental health
- Minimally invasive surgery
- P.A.R.T.Y. (Prevent Alcohol and Risk-Related Trauma in Youth)

- 1,127 Beds
- 96 Bassinets
- 8.1 Average Length of Stay (days)
- 49,341 Patient admissions
- 166,137 Emergency visits

- 1,058,658 Ambulatory care visits
- 34,537 Surgical cases
- 6,516 Babies delivered
- 13,659 Eye care surgical cases
- 16,006,336 Laboratory procedures
Caring for the Community

The Ottawa Hospital offers high-quality, patient-focused health services to the 1.3 million residents of Eastern Ontario. The hospital serves patients in both official languages.

Our regional programs address a wide range of patient needs including:

- Cancer
- Heart
- Kidney
- Vision
- Physical rehabilitation
- Mental health

- **17,714** area in square kilometers
- **1.3 million residents**
- **36% of residents are over 50**
A hospital without walls for those most in need

The Targeted Engagement and Diversion (TED) program, a partnership between The Ottawa Hospital and Ottawa Inner City Health, takes hospital services to the shelters where homeless men and women gather, making it easier for them to get care when they need it. The result: reduced visits to the emergency room by people better served in the community.

Maternal–newborn health physician wins Minister’s Medal

Dr. Nathalie Fleming won the first provincial Minister’s Medal Honouring Excellence in Health Quality and Safety for her perinatal clinic at St. Mary’s Home – the only one in Canada to be based at a community centre for teens. The young women who go to her clinic have fewer pre-term births, lower rates of caesarean sections and babies with higher birth-weights.

Ottawa ranked as a top Canadian research hub

The Ottawa Hospital and the University of Ottawa Heart Institute rank 4th in the RE$EARCH Infosource national Top 40 Research Hospital rankings.

1000th kidney transplant at The Ottawa Hospital

On January 28, 2014, Sharon Bathurst became the 1000th patient to receive a kidney transplant at The Ottawa Hospital, since its creation in 1998, thanks to Dr. Greg Knoll and his team. These transplants help patients stop or avoid dialysis, giving them the freedom to travel and work.

Rehabilitation: one step at a time

An engineer from The Ottawa Hospital Rehabilitation Centre has built adjustable stairs to help patients get back on their feet. The height of the stairs can be adjusted to accommodate each patient’s ability and needs.

Integrated cancer and cardiac team wins quality award

The Ottawa Cardiac Oncology Program won the 2013 Innovation Award from the Cancer Quality Council of Ontario. Established in 2008, the program was the first of its kind in Canada to bring medical oncologists, cardiologists and pharmacists together. This integrated model of care allows patients to be monitored for any cardiac side effects linked to their cancer therapies.

Kicking parking stress to the curb for patients and families

The Ottawa Hospital has introduced parking attendants, dubbed the “Blue-Tie Ambassadors,” who help patients who need it get out of their cars and into the building. The ambassadors allow family members or friends to park their cars with peace of mind, knowing that their loved ones are in good hands.

The Ottawa Hospital Cancer Program receives prestigious seal of approval

The Ottawa Hospital Cancer Program is the third cancer program in Canada accredited by the European Society for Medical Oncology (ESMO). This prestigious designation recognizes the world-class standards of the hospital’s palliative-care program.
An Ottawa 1st: robotic surgery for oral cancers

In April 2013, surgeons at The Ottawa Hospital used a surgical robot for the first time to remove mouth and throat tumours through the mouth. This achievement makes the hospital only the second in Canada to perform this highly specialized type of surgery.

A champion of physician leadership

Dr. Jim Worthington has received the Medical Leadership Award presented by the Canadian Society of Physicians Executives. Dr. Worthington, an Executive Vice-President at The Ottawa Hospital, was recognized for his outstanding contribution to the development and mentorship of medical leaders.

Practice makes perfect: World’s–first hands–on ECT training for psychiatrists

The Ottawa Hospital and its partners have introduced the first-ever simulation-based training for electro-convulsive therapy (ECT). The hand-on course uses a robotic mannequin to provide a safe, hands-on environment for psychiatrists to perfect their technique, resulting in safer treatments for patients.

The Ottawa Hospital leads at provincial health–care competition

The Ottawa Hospital and the University of Ottawa Faculty of Medicine were big winners at the Innovation Showcase, a provincial competition highlighting innovative practices in health-service delivery. Four physicians, among a field of 80, received awards: Dr. Andrée Gruslin (Best Creative Alternative for Patient-Centred Care), Dr. Angel Arnaout (Best Innovation in Cancer Care Delivery), Dr. Nathalie Fleming and Dr. Amanda Black (Best Innovation in System Coordination).

The 2013 Family Practice of the Year goes to … The Ottawa Hospital’s family physicians

The Ottawa Hospital Academic Family Health Team was recognized by the Ontario College of Family Physicians for the exceptional care it provides and the clinic's commitment to medical education.

A pioneering practice that saves lives

Nurses and respiratory therapists, who are often the first to rush to the bedsides of patients suffering from cardiac arrest while they are in hospital, can now use defibrillators. The Ottawa Hospital is the first in Ontario to extend the use of defibrillators to members of the care team in addition to the physician, giving patients a better chance at survival.

Physicians from The Ottawa Hospital Rehabilitation Centre recognized for excellence in research and education

Dr. Keith Wilson, a psychologist, received the 2013 Research Excellence from the Canadian Association of Psychosocial Oncology. Dr. Sue Dojeiji, physiatrist, received the 2013 Meredith Marks Award for Excellence in Education from the Canadian Association of Physical Medicine and Rehabilitation.

Anesthesiologists recognized nationally

Dr. Viren Naik received the Clinical Teacher Award and Dr. Ashraf Fayad received the Clinical Practitioner Award from Canadian Anesthesiology Society.

A unique post–concussion clinic launched in at The Ottawa Hospital Rehabilitation Centre

Up to one in seven people who suffer a concussion have symptoms that last for a long time. These debilitating symptoms often prevent people from returning to school, work or sports. The Ottawa Hospital Rehabilitation Centre established a clinic to assess and treat patients with post-concussion syndrome. The clinic brings under one roof frontline care and research for the 200 patients a year in the community who are affected by post-concussion syndrome. This integrated approach to care can lead to innovations in treatment that improve patient care.
Financials

Revenue Distribution 2013-2014

- $1,295.4M

Expenditure Distribution 2013-2014

- $1,263.7M
Quality Indicators

At The Ottawa Hospital, excellence in patient care is our priority.

By improving on wait times, infection rates and other key measures of a high-performing hospital, our goal is to rank among the top 10 percent of North American hospitals in providing safe, high-quality care to our patients.

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy</td>
<td>102.5%</td>
<td>100.57%</td>
<td>101.7%</td>
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<tr>
<td>Wait time in Emergency Department for 9 out of 10 admitted patients (hours)</td>
<td>34.3</td>
<td>28.7</td>
<td>27.3</td>
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<tr>
<td>Surgical cancellations due to lack of inpatient beds</td>
<td>222</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hospital Standardized Mortality Ratio (observed deaths / expected deaths)</td>
<td>84.1</td>
<td>86.5</td>
<td>78.1</td>
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<tr>
<td>Hand hygiene compliance before patient contact</td>
<td>81.5%</td>
<td>89.7%</td>
<td>89.5%</td>
</tr>
<tr>
<td>C. difficile infection rate (# of hospital-acquired infections per 1,000 patient days)</td>
<td>0.54</td>
<td>0.69</td>
<td>0.52</td>
</tr>
<tr>
<td>Staff did everything to control pain - inpatient (%)</td>
<td>79.6%</td>
<td>82.1%</td>
<td>82.3%</td>
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<tr>
<td>Excellent overall rating of care – inpatient (%)</td>
<td>43.7%</td>
<td>46.5%</td>
<td>46.7%</td>
</tr>
<tr>
<td>Percentage of Alternate Level of Care days*</td>
<td>14.7%</td>
<td>13.4%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Readmissions within 30 days of hospital discharge</td>
<td>8.0%</td>
<td>9.18%</td>
<td>9.7%</td>
</tr>
</tbody>
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* This is the percentage of patient days occupied by Alternate Level of Care (ALC) patients. ALC patients are those who no longer receive acute care and are awaiting discharge to a long-term care facility, another hospital or home with or without support services.