



# REPORT TO THE COMMUNITY

2020/2021





*QCH's Vaccine Strike Team at Timberwalk Retirement Community "Kissing COVID-19 Goodbye"*



*Brian Smith & Dr. Joseph Pollard, CTC pop-up leads*



*Paytonn Abraham, EVS, first QCH employee vaccinated*



*"Be QCH Strong!" says Registration team at Moodie*

# A year like no other

This past year has been like no other for our hospital, Foundation and community.

COVID-19 has transformed our hospital and healthcare team in unique ways, with staff redeployments, hundreds of new hires and new facilities such as our COVID-19 care centre and vaccination clinic.

Throughout, our team has worked tirelessly to save lives, keep our community safe and healthy and provide exceptional care. Their bravery, compassion and courage has truly been inspirational.

You, our community, have been with us every step of the way, offering continued financial support, gifts of personal protective equipment, donations of food and messages of gratitude and appreciation for our hospital and team. Your generosity has helped inspire the team and lift them up when they were feeling down.

The resilience of our team and our community throughout this pandemic is making us hopeful for our future, as we collaborate with healthcare partners, donors and the government to continue to build, expand and improve healthcare for west Ottawa.

Thank you for your phenomenal support. Your impact is felt each and every day. Together we truly can build a healthy and vibrant community. #QCHStrong.

Stay safe and please remain diligent so we can all be together in-person, soon.



**Dr. Andrew Falconer**



**Ken Alger**



**Dr. Andrew Falconer**  
President & CEO  
Queensway Carleton Hospital



**Ken Alger**  
Board Chair  
Queensway Carleton Hospital  
Board of Directors

# Innovation, collaboration and determination: QCH & COVID-19

## A team comes together

Team Queensway Carleton Hospital (QCH) has shown resilience and hope in navigating a worldwide pandemic that has tested each one of us.

When COVID-19 hit Ottawa, QCH quickly mobilized to prepare for a new kind of patient and support a community during a time of uncertainty. Hundreds of staff were redeployed to other areas of the hospital. We sprinted to open our COVID-19 Care and Testing Centre on Moodie Drive, a pop-up testing centre at the Canadian Tire Centre (CTC), a secondary Intensive Care Unit, a vaccination clinic and even two inpatient units at the Fairfield Inn and Suites in Kanata for our Alternate Level of Care patients.

The sprint became a marathon, and over the last 15 months, there was no “business as usual.” We added up to 90 additional beds, hired over 500 staff, and redefined many models of care. No area of the hospital remained untouched.

Staff and physicians adapted to every change and worked tirelessly to ensure that patients would continue to receive the highest quality of care.

“At first, the pace of change was unbelievable,” said Dr. Andrew Falconer, QCH President and CEO. “We constantly had to respond to something new — new patient needs, new scientific evidence, new provincial directives. It was intense. But later it seemed like time was standing still — weeks stretched into months and we wondered how long we could sustain this level of activity.”

“Some people mistakenly think that hospitals weren’t that busy during the pandemic. That certainly wasn’t our experience,” said Leah Levesque, QCH Vice President Patient Care and Chief Nursing Executive. “Overall, we were at 92% occupancy since March 2020, which isn’t unusual, but we were also running up to 34% additional beds, plus a COVID-19 care centre and vaccination clinic! I am so proud of what the team accomplished.”



QCH opened Ottawa's first COVID-19 testing drive-thru



QCH partners with 12 Paramedic services for CTC testing pop-up

## A new reality in the Emergency Department

With growing COVID-19 case numbers, the Emergency Department (ED) team saw sicker patients. Many patients delayed their urgent care because they weren't sure if they would be safe at the hospital. When they did finally come, their conditions were far more serious. Patients with COVID-19 symptoms presented with a new kind of illness that was still unknown to the world. The ED team learned to intubate patients in small and often unconventional resuscitation rooms while heavily guarded with full personal protective equipment (PPE). Their additional PPE made every action more difficult and they were in constant fear of bringing the virus home to their families.



## Addressing the demands of ICU

In the early stages of the pandemic in Ottawa, QCH had more COVID-19 positive patients than anywhere in the entire region, which stretched from Cornwall to Scarborough. Fortunately, we had some forewarning as other countries had seen their infection numbers skyrocket in a matter of days and their hospitals became overwhelmed.

Their experiences taught us of the difficult road ahead, and the need for logistical preparations.

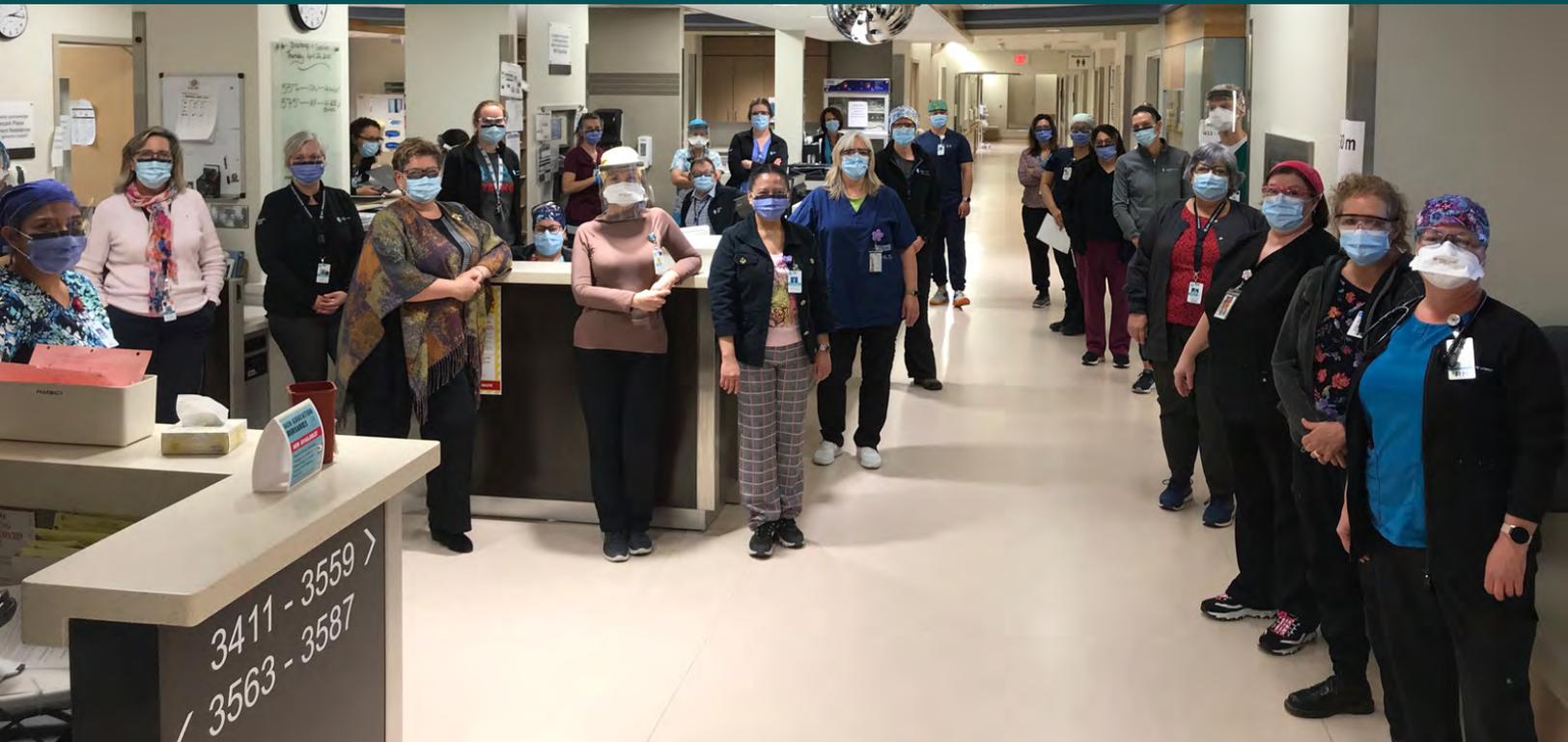
Everyone at QCH was mobilized to assist. Intensive Care Unit (ICU) physicians took on additional roles and quickly educated themselves on the evolving scientific evidence. Nurses with previous critical care experience were brought in from other departments while others received additional training. There was expanded training for respiratory technicians. Mock intubations and code blues were run in order to train the team on what would be needed to safely support an incoming patient, start to finish.

As ICU patient numbers increased, we transformed our Post-Anesthesia Care Unit (PACU) into our secondary ICU, and later expanded again into our A3 Medicine Unit, running three ICUs simultaneously.

"If you are an intensive care provider, you face difficult situations every day and a certain level of fear," said Dr. Akshai Iyengar, Chief, Department of Critical Care Medicine. "Normally that is balanced by knowledge and experience. In the first wave, fear took over, and it took us some time to replace that fear with courage and resilience."

"In the third wave, our patients were younger, sicker. We were tired, and we were facing such tragic loss. There are insufficient words to express the pride I feel for the entire ICU team — for the lives they saved, and for the care and compassion they provided even during loss."

The QCH ICU also received patient transfers from the Toronto area and from Manitoba, when they had a shortage of critical care beds.



### Adapting to new challenges

Before COVID-19, our Acute Care of the Elderly (ACE) unit focused on geriatric care to support seniors so they could return home. ACE unit was converted in our primary COVID-19 unit, with our inpatient medicine unit (C4) soon following.

"The ACE unit has a group of seasoned, experienced nurses. They have always been a solid, steady team," said Leah Levesque, QCH Vice President Patient Care and Chief Nursing Executive. "They completely redesigned their care model during COVID-19. I know there was initially fear and uncertainty, and more recently much fatigue, but they rose to the challenge as a team. Quietly, steadily providing the highest quality of care."

C4 also shone. The unit is usually known for its young, energetic nursing team. They also quickly gained skills and confidence to support recovering COVID-19 patients, while concurrently operating a temporary medical surge unit for non-COVID-19 patients to help the patient flow from Emergency.

As the pandemic progressed, the hospital saw rising numbers of Alternate Level of Care (ALC) patients — those whose acute medical needs have been met and who could be discharged with community support. With many long-term care homes on outbreak, it became difficult to discharge patients. QCH had the foresight to transform a floor at the Fairfield Inn & Suites in Kanata into an offsite ALC inpatient unit. Extensive work was done in record time to retrofit the hotel to ensure patients received the same level of care they would in the hospital. A second floor was later added for our physical rehabilitation patients to help free up space in the hospital.



"C4 can do it!" C4 ready to become QCH's COVID-19 surge unit

## The increased demand for testing

QCH quickly transformed an unused school on Moodie Drive in the west end into a COVID-19 Care and Testing Centre. The centre was operational within two weeks of the Ottawa Public Health request, with construction, staffing and training completed and safety protocols put in place.

Since then, over 100,000 people with symptoms of respiratory illness have received care and testing from the QCH staff and community physicians. This helped divert thousands of patients from the QCH Emergency Department (ED), to keep it accessible for urgent care. Additionally, the team implemented Computerized Physician Order Entry for the first time at QCH reducing paper usage and potential contamination.

QCH also arranged a drive-thru testing pop-up at the Canadian Tire Centre (CTC) overnight, testing more than 2,750 people one September weekend. It was a testament to the significant comradery and teamwork as paramedics from 12 different services across Eastern Ontario joined forces.

"Together, we have been able to provide safe and effective care for our community during an unprecedented time," said Dr. Joseph Pollard, Physician Lead at the COVID-19 Care and Testing Centre on Moodie Drive, and QCH ED physician.

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**QCH HAS DEFINED WHAT IT MEANS TO WORK AS A TEAM. ADMINISTRATION, PHYSICIANS, NURSING AND SUPPORT SERVICES WORKED TOGETHER TO CREATE SOLUTIONS.**



*Dr. Annie Docking in the COVID-19 Care and Testing Centre*



*QCH's COVID-19 Care and Testing Centre on Moodie Drive team*



*QCH ED physicians, Drs. Shouldice and Aube, at CTC pop-up*

## Helping our community's more vulnerable

QCH provided support to Carlingview Manor, a long-term care (LTC) home that faced the most devastating outbreak in our community — 259 infected and 60 deaths.

Our team helped address staffing shortages and provided education on infection prevention and control (IPAC) to help cope with the virus. In total, 90 QCH staff and physicians volunteered to provide over 5,584 hours of care. The team had an immediate impact on Carlingview residents and staff.

Karen Carruthers, Clinical Manager of our ACE Unit, reflected: "When I was asked to lead and organize QCH staff to support Carlingview Manor, I was honoured — albeit nervous — to take on the challenge. It was the early days of the pandemic, and there was still so much unknown. With the dedication of the QCH staff and the expertise of our IPAC team, we were able to provide much-needed care to the residents and infection control education to the staff. There were so many heartwarming moments, and although the days were exhausting, they were rewarding. The Carlingview Manor staff were welcoming and thankful, and we created collegial relationships and learned from each other. This experience is one of my career highlights!"

Members of the team also helped more than 1,000 vulnerable seniors and healthcare workers by providing mobile COVID-19 testing for four LTC homes during the height of LTC outbreaks.

## Vaccinations key to combatting the virus

QCH opened our COVID-19 Vaccine Clinic on March 11, 2021 — exactly one year after COVID-19 first came to Ottawa. The clinic is run by over 100 doctors from every specialty, 13 nurses that have come out of retirement, 25 registration clerks and many, many more. As part of Ottawa's vaccination roll out they have administered over 25,000 vaccines so far.

Our QCH Vaccination Strike Team has also been actively vaccinating residents in LTC and retirement homes with our Ottawa Public Health (OPH) partners. The team vaccinated patients at Bruyère Hospital, Perley & Rideau Veterans' Health Centre, OPH Dialysis Clinic, Royal Ottawa Health Centre, and QCH. These are great steps in preparing our community for a safer future.



*Pharmacy Technicians drawing up the Pfizer vaccine*



*The first day the team from QCH went to Carlingview Manor to provide support during their COVID-19 outbreak*

## Surgical teams strive to continue care

Members of our highly skilled surgical team were redeployed in our Intensive Care Unit, Post-Anesthesia Care Unit, COVID-19 units and at our COVID-19 Care and Testing Centre on Moodie Drive. Surgery and Diagnostic Services staff committed to numerous extra shifts and overtime to see as many patients as possible, even dedicating many evenings and weekends to tackle surgical backlogs.

The demand for surgical services continues exponentially. By May 2021, 19,000 patients across the region were waiting for their non-urgent surgeries and procedures as the latest dimming of surgical services and bed space affected their turn. As services slowly ramped up, the surgical team reached out to partner hospitals in our region with the capacity to offer additional operating rooms and recovery beds so that we can continue to care for these patients as soon as possible.



*QCH's PACU team*



*QCH's COVID-19 experts: Infection Prevention and Control*

## Impact throughout the hospital

QCH maintained many services during the pandemic while guarding the safety of our patients and staff. Every member of Team QCH across the entire organization demonstrated their passion and commitment to keeping things running smoothly and safely. All underpinned with the expertise and support of Infection Prevention and Control and Occupational Health and Safety.

## Going forward

The COVID-19 pandemic has impacted every aspect of healthcare — from how it is delivered to the resources required. The experience will impact our work going forward as well as we prepare, respond, recover, learn and ultimately thrive. Each step will be crucial.

As part of the recovery phase, QCH will examine all facets of the organization from human resources to surgical schedules. Some of the changes we've made are solid improvements, and we'll look to embed them into our normal operations. The pandemic has also fostered increased collaboration between sectors, which will help strengthen relationships to deliver a more seamless system of care for patients in the future.

The road to recovery won't be short, as we still have significant work to do and the team needs a chance to rest and reset. However, we are confident we will emerge from the pandemic a stronger organization, a stronger team — QCH strong and proud.

# “It can happen to anyone.”

At 29 years old, Khalid Eldali almost died from COVID-19.

“His doctor called me one night, telling me to come in and spend some time with my husband because they didn’t think he’d make it through the night,” says Asmaa Addi, his wife. She spent the entire night by his side holding his hand, doing something no wife ever wants to do; say goodbye to her husband.

Back in October, Asmaa and Khalid never thought they’d be facing this. They’d spent the entire pandemic being as safe as possible; masking, distancing, washing their hands, and staying within their own household.

“My husband really wasn’t feeling well,” begins Asmaa, “he couldn’t breathe. When I suggested he call an ambulance to go to the hospital and he said yes, I knew right then that he wasn’t okay.”

A few days before, after a visit to the COVID-19 Care and Testing Centre on Moodie Drive, Khalid tested positive for COVID-19.

That November ambulance call resulted in him being brought into our Intensive Care Unit (ICU) for care. “He was put on a ventilator almost immediately and placed on life supportive measures,” says Dr. Akshai Iyengar, Chief of ICU. His kidneys, liver and lungs were in such bad shape, the care team did everything they could to keep him alive. “There were many days when there was a lot of uncertainty.”

“I don’t remember much. I remember being brought into the ambulance, then nothing. Until I woke up and saw Asmaa,” says Khalid.

Khalid was in our ICU for over two months. For most of his stay, the ICU team wasn’t sure if he would make it. That’s when Asmaa got the call.

The next day, something happened. “He squeezed my hand, and he opened his eyes. I will never forget that moment. Ever.”



*Khalid and Asmaa in the ICU at QCH*



The ICU team calls Khalid their Christmas miracle. After a month on a ventilator, dialysis, a tracheotomy and many days of ups and downs, Khalid got better. “The team here is amazing,” says Khalid. “I know every single one of them by name — and I should. They all saved my life. I cannot thank them enough.”

“There were so many medical professionals involved in Khalid’s care,” says Dr. Iyengar. Between all of the ICU physicians, the many physician consultants and allied health providers: Nurses, Respiratory Therapists, Registered Dietitians, Physiotherapists, Speech-Language Pathologists, Social Workers and Ward Aides, Khalid’s care team was huge. “These folks put their heart and soul into caring for our patients and each and every one of them are so appreciated for what they do.”

For Khalid, the hardest thing about his experience was not being able to see his six-month-old

daughter for over two months. “The first thing I’m going to do when I get home is hug my daughter for as long as possible.”

COVID-19 is very real for Khalid and Asmaa. They’re urging everyone to be as cautious as possible.

“COVID-19 isn’t a joke — it’s real, and it can happen to anyone. I got it at 29 and almost died from it. How do older people deal with it, if I got that sick?” Khalid says. “Everyone should take it seriously.”

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**THE TEAM HERE IS AMAZING.  
I KNOW EVERY SINGLE ONE OF  
THEM BY NAME – AND I  
SHOULD. THEY ALL SAVED  
MY LIFE.**

# Touching hearts and healing Kidneys

A lot can happen in a month's time. A damp fall freezes into a dry winter. Over a million people are born. Earth hurtles across 77,287,136 kilometers of frigid space. 50-year-old David Ouellette's life changes trajectory. In the span of a month, David went from discovering his illness, to receiving life-saving surgery for it.

David was diagnosed with kidney cancer in November, as a tentative holiday spirit descended upon a COVID-19-ravaged and discouraged populace. His wife had been noticing small changes about him, as wives do; a weariness that wouldn't subside, pain that went unexplained, a terrible gut-instinct that something was wrong. Upon coming to QCH, they were told that he should've had surgery a year ago. David, scared but strong-willed and unfailingly optimistic, kept the diagnosis from his loved ones for as long as possible so as not to disturb their Christmas. "Honestly, it was more scary for my family," David says. "It was terrible to share that with them."

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**THE STAFF WERE AS GOOD AS FAMILY TO ME. THEY MADE ME FEEL SO SPECIAL. I CAN'T THANK THEM ENOUGH.**

The pandemic put limitations on an already deadly situation, and his condition was serious, where time to treatment mattered in terms of his potential outcome. Despite this, he was young in the eyes of urologists and medical professionals, and in reasonable health otherwise. Hope was abundant. As everyone braced themselves to face their first COVID-19 Christmas, David underwent his critical operation.



Dr. Sean Pierre, QCH Urologist who performed the surgery that saved David's life, describes him as gracious and positive in the face of hardship, expressing curiosity about his condition and the necessary procedures to save him. "He was always very positive. He didn't let himself get too down about the bad fortune of his diagnosis," says Dr. Pierre. "It's always very gratifying as a physician, and especially as a surgeon, to see patients who try to understand their medical issues."

David's disposition was bettered by the fantastic care he received from the warm and considerate QCH team, who manage to touch patients' hearts despite personal protective equipment and distancing. The pandemic safety protocols limited his support circle, but David was never alone in his battle. "The staff were as good as family to me," he says emotionally. "They made me feel so special. I can't thank them enough."

Before his cancer, David had prioritized working hard above all else, wanting to ensure a comfortable future for himself and his family. "I tended to put my health aside," David admits. The scary months spent staring in the face of serious illness changed his perspective. "I would work as much as possible before. Now, I let myself enjoy my life more, and revel in the time spent with my family," David says. "I live for them, not to work."

Dr. Pierre, along with David's grateful family, believes his future is bright. "He still needs continued follow-up," says Dr. Pierre, "but initial signs look very positive for good long-term outcomes."

As winter melts away to a hot, bright summer, David began the rest of his life with a body free of illness and a heart full of gratitude for QCH.



*From left to right: Dr. Sean Pierre in David's room; David Ouellette at home; David Ouellette in hospital*

# Advancements, achievements and accolades at QCH

## Achievements

### Joining forces for Ontario Health Team

In April 2021, QCH, along with a group of 70 partners from the Ottawa region, submitted a full application to the Ministry of Health to become an Ontario Health Team (OHT). OHTs are a new way of delivering people-centered healthcare. They bring together primary care, hospitals, public health, and community and social services under one umbrella to help people get the right care, at the right time, in the right place. Together they can integrate care, coordinate transitions, and grow to improve services.

### Supporting older adults at home

QCH and the Ottawa Paramedic Service partnered together to launch the Community Paramedic Long-Term Care (CPLTC) Program, which aims to provide services to individuals waiting for placement in long-term care (LTC) homes or those soon to be eligible for placement. This collaboration aims to reduce avoidable Emergency Department visits and hospital stays, and minimize waitlists at LTC homes by giving access to medical treatment and preventative care from the comfort of their homes for as long as possible.



*Ottawa Paramedics and QCH employees working together at QCH, representing the CPLTC Program*

After years of development, the Connected Care project is set to go-live in Fall 2021. Connected Care is how we give and get information about our patients, and how we leverage technology to improve the safety and quality of care. It's a fully integrated health system that will connect all elements of the patient story instantly for a full picture view for health providers across the hospital who need it.



### **Your health at your fingertips – transforming the patient experience with the Patient Portal**

In June 2020, QCH deployed its Patient Portal — a free opt-in online tool that gives patients the ability to access their medical information anywhere, any time. In less than a year, more than 190,000 patients across the region have enrolled and are enjoying the convenience it provides. The portal gives patients the information and tools needed to become advocates for their own health, maximize time with care providers and take control of their patient story. Most recently, portal functions were launched in three different languages and it's now linked to five regional hospitals, connecting your medical history in a single, accessible platform.

### **Access to service**

Waiting for a surgery can be scary, especially when the wait is prolonged by a global pandemic. In June 2020, QCH ramped up services after the COVID-19 lockdown in wave one. Surgery and Diagnostic Services staff stepped up for numerous extra shifts and worked overtime to see as many patients as possible, even dedicating many evenings and weekends. As a result, in March 2021 the QCH Surgery department successfully completed the high-priority surgeries that were on-hold since the resumption of services, ensuring our patients got the care they needed. Unfortunately, in April, the government directed hospitals to ramp down non-urgent services again to deal with the surge in COVID-19 cases. These surgeries and procedures are ramping back up again and we hope to provide everyone with the care they need as soon as possible.

### **Reimagining how we deliver care with virtual visits**

In 2020, virtual meetings, gatherings and activities became a reality to stay connected around the world and in our community. As such, QCH accelerated the introduction of virtual visits through the Patient Portal to maintain contact and care with patients. This initiative was launched to minimize traffic to the hospital, keeping patients — especially those of a vulnerable population — safe. It allows patients to maintain contact with their care provider from their home without needing to pause or reschedule important medical care. Since June 2020, more than 3,000 virtual visits have occurred with patients at QCH.



*QCH's perioperative team outside our Operating Room suites*

## Accolades

### Award-winning initiatives improve safety and quality of care for geriatric patients

Our staff are always committed to taking care of and improving the lives of their aging patients from the moment they set foot in our hospital and beyond.

One improvement came from Christine Cook, a Registered Nurse from our Acute Care of the Elderly (ACE) Unit who received the Advanced Clinical Practice Fellowship grant of \$15,000 by the Registered Nurses Association of Ontario in March 2020. Christine and her team expanded an existing Patient Care Plan tool to include a section for unit-to-unit transfers, acting as a reminder to communicate vital information about specific and unique behaviors, triggers, and techniques to help the patient feel more safe and secure. This in turn promotes safe transitions for both the patient and staff.

Two of our nursing-led initiatives have also been recognized with the Trailblazer Award presented in partnership with Nurses Improving Care for Healthsystem Elders (NICHE) and the ABIM Foundation that celebrates clinical teams who change the landscape of healthcare. These innovations include the Behavioural Emergency Response Team (BERT) code initiative and the work of an Alternative Level of Care (ALC) Nurse Manager who used a collaborative approach to managing responsive behaviors on our ALC Unit. BERT responds urgently to requests from point of care providers when they have a geriatric patient with responsive behaviours.



*QCH's Behavioural Emergency Response Team*



*QCH's ALC Unit team*



*Christine Cook, RN from our ACE Unit*

### QCH named #1 hospital in Ottawa by Newsweek

QCH was ranked first among Ottawa-area hospitals, and 16th nationally in Newsweek Magazine's 'World's Best Hospitals' 2021 rankings, rising from 23rd. Their survey is based on the recommendations of medical professionals, patient survey results, and medical key performance indicators. The list includes international institutions like the Mayo Clinic, Johns Hopkins and Sunnybrook Health Sciences Centre.



## Advancements

Last year, physicians and staff at QCH made a total of 737 improvements to the care we provide, proving our continuous performance improvement (CPI) system is alive and well, even when the going gets tough. Here are some examples of improvements made over the last year.

### Patient Priority System live trial with Ottawa Paramedic Service

One area our Emergency Department (ED) staff focuses on is ambulance offload, using different strategies to broaden our offload capacity and moving patients in the care area to better accommodate the flow of all patients. In December, QCH, in partnership with the Ottawa Paramedic Service, launched the live trial of the Patient Priority System (PPS) software. This initiative aims to evenly distribute patients when ambulances arrive at Ottawa EDs by using criteria to direct patients to available Emergency Rooms based on their condition and wait times at the hospital. The results of the trial have been incredible. Industry standard is 30 minutes, and QCH's 30-day offload time now sits at 22 minutes — in the 90% percentile.

### Medication turnaround time

In a single day, QCH processes between 700 – 950 orders for medication and 350 – 500 on a weekend day. Our CPI projects have reduced routine medication turnaround times to under two hours on all floors, seven days a week. The pharmacy team made multiple changes to achieve this, including delivering medications every hour instead of every two hours, verifying medication orders and ensuring a pharmacist is always available in the dispensary.

### Reducing time to inpatient beds

Ensuring patients who need an inpatient bed get it in adequate time can be challenging and complex, but it's a critical step in delivering quality care. In 2020, QCH introduced a new system to improve the efficiency of transfer from ED to inpatient medical units, focusing on processes performed by Nursing, ACC, Environmental Services, Bed Boards and Logistics. Since its implementation, time to inpatient bed length of stay has decreased to 11 hours, compared to 30.6 hours the same period from the year before. Every step in this sequence is crucial, and the QCH staff involved excelled on all fronts for the better of their patients.



### Improving women's breast health with a second mammography unit

Early detection is key in all diagnoses, especially in cancer. Which is why QCH opened a second mammography unit in our Diagnostic Imaging Department, open three days a week and serving 3,000 patients per year. This means shorter wait times for patients, and more women coming in for regular screening, allowing us to catch potential cancer at its earliest stages.

Thanks to our generous QCH Foundation donors, \$800,000 was raised to fund this critical piece of equipment.

# A year of gratitude and generosity



This past year has been like no other for the Queensway Carleton Hospital Foundation. A staggering \$6.2 million has been raised in support of our hospital thanks to your generosity, making this one of our Foundation's most successful fundraising years.

As the QCH healthcare team worked tirelessly throughout this pandemic, an outpouring of support came to our hospital and Foundation from across the community. Loyal donors, new supporters, local businesses, community groups, school children, national corporations, and so many more, showed their appreciation like never before. An amazing \$500,000 was donated in support of our COVID-19 Emergency Fund, in addition to many generous gifts of personal protective equipment, meals, and thoughtful messages of thanks and encouragement for the hospital team.

Thanks to this outstanding support, we were able to purchase more ventilators, more IV pumps, and more vital signs monitors, to ensure our healthcare team could save more lives and provide exceptional patient care during this pandemic and beyond.

In addition to these COVID-19 specific funds, an additional \$2 million was donated to purchase other urgently needed medical equipment, to ensure the QCH team have the most advanced tools to care for their patients. Our government provides operating money to our hospital, but funding for new equipment is dependent upon financial support from our generous donors. Thanks to you, QCH can continue to invest in healthcare excellence for our community, and save even more lives!



*We received an outpouring of support from our community who showed their appreciation for our frontline healthcare team like never before*

Our community also recognized the incredible work of the hundreds of frontline healthcare workers by making an unprecedented number of donations in their honour through our Champion of Care program. These much-appreciated expressions of thanks and support helped lift spirits and inspire the team.

Support for our Advancing Surgery campaign also continued, with \$1.5 million raised out of the \$2 million required to upgrade our eleven surgical suites with the latest equipment and technology. We look forward completing this campaign in the year ahead, so our surgical team is equipped to care for the many patients who will require surgery post-pandemic.

Last year, in-person fundraising events had to be cancelled, so we adapted quickly to virtual events and online fundraising. This brought many new and exciting opportunities to engage our community, and resulted in a 99% increase in online giving.

We were also thrilled to receive news from the Ministry of Health that construction could begin on our Mental Health unit. With more than \$6 million raised from our caring community, it is exciting to see the shovels going into the ground, to build a space that will inspire health, healing and hope for our mental health patients.

We are profoundly grateful to all our caring supporters, for your kindness and significant contributions. Thank you for investing in our hospital. We could not do what we do without you!

With gratitude,

Queensway Carleton Hospital Foundation Team

**Learn more, get involved, and make a donation at [qchfoundation.ca](https://qchfoundation.ca)**



*Members of our ICU team receiving their Champion of Care pins (left) and Dr. Akshai Iyengar, QCH ICU Chief and Medical Director, Dr. Eric Neidert, QCH ICU Physician, and Shannon Gorman, QCH Foundation President & CEO, presenting the ICU team their pins (right)*

# Report from the QCH Board

As a Board, our biggest job has been to support and guide hospital leadership during this critical time. We are volunteers with a passion for this community, bringing together a blend of skills, backgrounds and perspectives.

We could not be prouder of how the hospital and the community came together to handle the global pandemic. We have seen a remarkable demonstration of strength, skill, problem-solving and resilience.

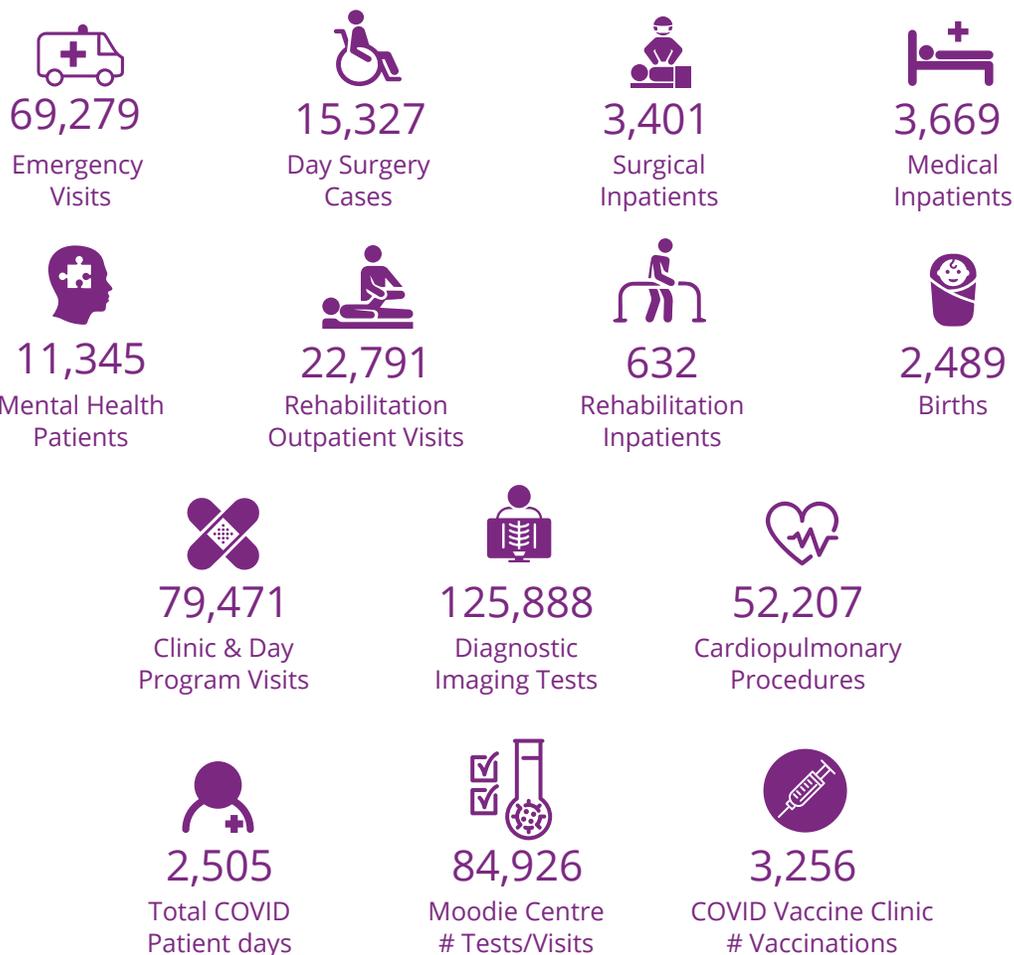
## Here is a brief summary of the Board's work in support of the hospital and the community:

- **Strategic Planning:** The Board approved a strategic planning framework that will be further expanded in the fall. It includes input from 1,500 stakeholders, including patients, staff and partners. It will be used to guide the hospital's future planning and decisions.
- **Hospital Leadership:** After a national search, we appointed Dr. Kathi Kovacs as the Chief of Staff. Previously, Dr. Kovacs served as the hospital's Chief of Psychiatry, helping to redesign and transform the Mental Health program to improve patient outcomes and access to care, well beyond peer benchmarks.
- **Diversity Equity & Inclusion (DEI):** To increase our focus in this key area, the Board started our year with an education session from the Ottawa Aboriginal Coalition. DEI was also a key factor in Board recruitment to ensure we reflect the diversity of our community.
- **Strengthening Board committees:** We created a policy to formally include community members on Board committees. This brings additional skills, expertise and diversity. We are also reviewing committee structure to modernize governance.
- **Quality and Patient Safety:** This year the board took big steps in two key areas. A policy was established to strengthen governance on physician credentialing — important to both protect patients and to assure fair, thorough and consistent treatment of physicians. We also appointed a Chair of the Quality and Patient Safety Committee, a Committee of the Whole within each board meeting. This Chair ensures proper preparation, input and quality focus.
- **Cybersecurity:** Given increasing security challenges — and the importance of the privacy of patient health information — a formal cybersecurity policy was adopted. In our annual Board recruitment, we made sure to add a member with a strong background in the over-site of large, complex IT systems.
- **Broader systems planning:** The hospital received the green light to submit a full application to be part of an Ontario Health Team (OHT) that would include 70 organizations from Arnprior, North Grenville, Carleton Place, Almonte and West Ottawa region.

The hospital's greatest risk in the future continues to be capacity—ensuring it has enough beds and staff to deliver high-quality patient care. COVID-19 compounds this challenge and made it clear that healthcare workers are one of the most critical and limited resources in this community.

As Ontario moves beyond immediate pandemic response into a recovery period, we anticipate there being much reflection on the health system and substantive change. The Board will closely monitor the evolving landscape and advocate for this hospital and the community it serves.

# Our Care — by the numbers



## Volunteer stats:

Number of hours contributed: **10,638**  
Number of volunteers: **132**

## Employees for 2021:

Total physicians: **333**    Total allied health: **371**  
Total midwives: **11**    Total staff: **2,381**  
Total nurses: **966**

## OPERATING REVENUE

Ministry of Health Allocation:	208,703,000	82%
Patient Revenue:	20,583,000	8%
Other Revenue:	23,868,000	9%

## OPERATING EXPENSES

Staffing	171,183,000	68%
Supplies & Other Expenses	62,177,000	25%
Depreciation	19,501,000	8%

\*Does not include QCHF Financials



*Our ICU team quickly got used to wearing full PPE*



*QCH's COVID-19 Testing Strike Team*



*The ACE unit took on the challenge of becoming our primary COVID-19 Unit, caring for patients of all ages*



*Hello to QCH's Geriatric Assessment Outreach Team*



*Our ED shows how to safely stroll together, 6 feet apart*



*One thing was very apparent throughout COVID-19: the teams became closer than ever, steady and resilient*



*Childbirth's COVID-19 mascot "Bear Down McRoberts"*



*Glenn and Nadene, our first two screeners at QCH*



*The first patient on the 2nd floor at the Fairfield Inn*



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