

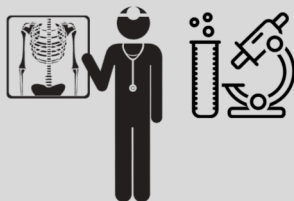
# THE STATS 2019/20



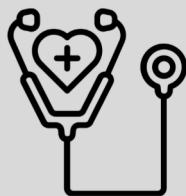
**109,500 emergency room visits**



**13,200 patients admitted to hospital**



**157,500 diagnostic exams  
1.4 million laboratory tests**



**326,000 patients received care at QHC hospitals**



**23,700 surgeries**



**15,770 cancer care appointments**



**1,400 babies born**



**2100 employees & credentialed staff (doctors, nurse practitioners and midwives)**



**1,200 volunteers**  
auxiliaries, foundations, spiritual care, governance etc.



**\$200 million annual operating budget**

## Hospital Services

### Local Hospitals



Trenton Memorial Hospital, Prince Edward County Memorial Hospital and North Hastings Hospital meet care needs close to home.

Each with the following core services:

- ⇒ 24 x 7 Emergency Room (ER)
- ⇒ Inpatient beds



Supported by:

- ⇒ Basic imaging for the ER and inpatients
- ⇒ CT at TMH
- ⇒ Outpatient clinics appropriate for a hospital and based on local need



All patients also have access to services at QHC's larger regional hospital if needed.



### Larger Regional Hospital—Belleville General Hospital

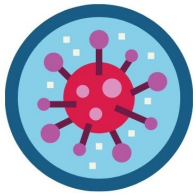


**Core primary care services:** ER, Acute Inpatient beds, Diagnostics and Clinics

**Regional Services:** Obstetrics, ICU, Surgery, Internal Medicine, Oncology Clinic, Mental Health – inpatient/outpatient, Inpatient Rehab and Rehab Day, Behavioural Support Transitions Unit, Children's Treatment Centre, and Advanced Diagnostics: MRI, CT, Cardiopulmonary, Bone Mineral Density, Nuclear Medicine, Lab - Interventional Radiology.

Quinte Health Care (QHC) serves an area of over 7,000 square kilometres with a population of 165,000. QHC is governed by a 16-person Board of Directors, made up of 12 volunteer elected Directors and four ex-officio Directors. This team of skilled, experienced and committed members of our community provide essential leadership, stewardship and oversight to QHC. There is also an Advisory Council of QHC that serves as an advisory group for the management team and provides periodic advice on planning and priority setting.

## COVID-19 Pandemic



- ⇒ Our team of staff and physicians at all four QHC hospitals have demonstrated agility, innovation and resilience in the face of COVID-19. Our team has adapted and adjusted as needed in what is a constantly evolving and unprecedented situation. We are taking all precautions possible for the safety of our patients and their loved ones, our staff, physicians and volunteers, and the communities we serve.
- ⇒ We are sincerely thankful to the community for the remarkable support shown to our hospitals and our team of staff and physicians.

## Four hospitals, one system of patient care

- ⇒ QHC is four hospitals with one system of care. Having a strong, vibrant system of four hospitals is essential to ensuring continued access to high quality services for the communities served by QHC hospitals. For the past two Accreditation Canada reviews, QHC has received the highest 'Exemplary Standing' —which means our hospitals meet the highest standards in safe, quality patient care.
- ⇒ For example, 77% of the patients having surgical procedures at TMH came from outside Quinte West including residents of Belleville, Picton, Bancroft, and Frontenac, Northumberland and Lennox and Addington Counties. 586 Quinte West residents had endoscopy procedures at QHC PECMH, approximately 3000 Quinte West residents received cancer care at QHC BGH, and 7600 had diagnostic tests at BGH such as an MRI scan. Physician specialists regularly provide virtual consults to patients across our four hospitals.
- ⇒ Three times a day, every day, 7 days per week, 365 days a year – our teams from all four hospitals, come together to ensure our patients are at the right place at the right time to receive the care they need. Each department including the ER and inpatient units, calls in to report on the patients, their needs, and their staffing levels.

## Capacity

- ⇒ QHC hospitals, like most in Ontario, continue to experience unprecedented patient volumes. Patients are older, sicker and require more complex care. Continuing to care for more patients means more staff and physician resources, and more supplies and equipment.
- ⇒ Our region has an older age profile than the provincial norm, with more than 23% of the population 65 and older, and that is expected to grow to 30% by 2026.

## Modernizing care across the region—Health Information System

- ⇒ The typical journey a patient takes in our region involves many steps as the patient moves between health care settings and providers. In the southeast region, each hospital has its own system. The systems don't talk to each other. That can mean delays, duplication and frustration.
- ⇒ Health care partners in the southeast region, including QHC are working together to create a regional Health Information System (HIS) - a single electronic system, enabling care providers to access patient information the moment it is recorded, whenever and wherever in the region that happens.
- ⇒ Being able to quickly access and share quality patient information will help health care providers make timely medical decisions, and provide care with more accuracy, efficiency and less duplication. A single electronic system will allow for smoother transitions in care, resulting in improved patient outcomes and satisfaction.



## Recruitment

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- ⇒ As with many hospitals in Ontario, QHC has been impacted by the system-wide shortage of nurses, physicians and other health care professionals.
- ⇒ Our HR team and clinical managers have implemented a number of creative initiatives including Nursing Job Fairs at QHC, improved use of social media and targeted recruitment efforts.
- ⇒ QHC is pleased to be working closely with municipal governments and other community partners in family physician recruitment efforts to ensure our communities have appropriate access to primary care. Having adequate primary care available in our communities means the hospital can focus on providing acute, hospital-level care.

## Improvement efforts

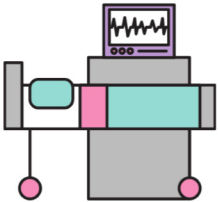
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- ⇒ Hundreds of staff, physicians and volunteers have engaged in building a culture of continuous improvement at QHC. Leaders in the organization have been trained to identify and implement opportunities to improve.
- ⇒ Over the past few years, our teams have implemented hundreds of improvements to enhance patient care, be more efficient, improve workflow and make the work environment better for staff and physicians.
- ⇒ Every week, team members at all levels of the organization involved in priority improvement efforts, come together, report on progress and next steps, and have the opportunity to ask questions and seek help as needed.

## Capital needs

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- ⇒ Our staff and physicians need the right equipment and adequate space to provide exceptional patient care. In the coming years, QHC hospitals will have considerable needs for new medical equipment that the government does not fund.
- ⇒ The three foundations and one fund development committee supporting QHC are essential partners in care. Their work as fundraising professionals is absolutely essential in ensuring our clinical professionals have the tools they need to provide exceptional care.
- ⇒ It's essential we work in partnership – with the experts within our hospitals setting operational priorities and then supporting the efforts of our fundraising experts to work with our communities in addressing those needs.

## Engaging Patient Experience Partners

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- ⇒ To ensure we always have the patient perspective, we have successfully engaged Patient Experience Partners in numerous roles including improvement initiatives such as workplace violence prevention efforts, supporting seamless care, and we have a PEP on our Ethics Committee.
- ⇒ PEPs are active with a number of hospital departments including maternal/child, surgery, emergency, and rehabilitation. These departments have benefited tremendously from the involvement of PEPs to help ensure a strong patient perspective is considered in planning discussions.
- ⇒ Our goal is to have at least one PEP for every program team and for any improvement projects for processes that involve patient interactions.

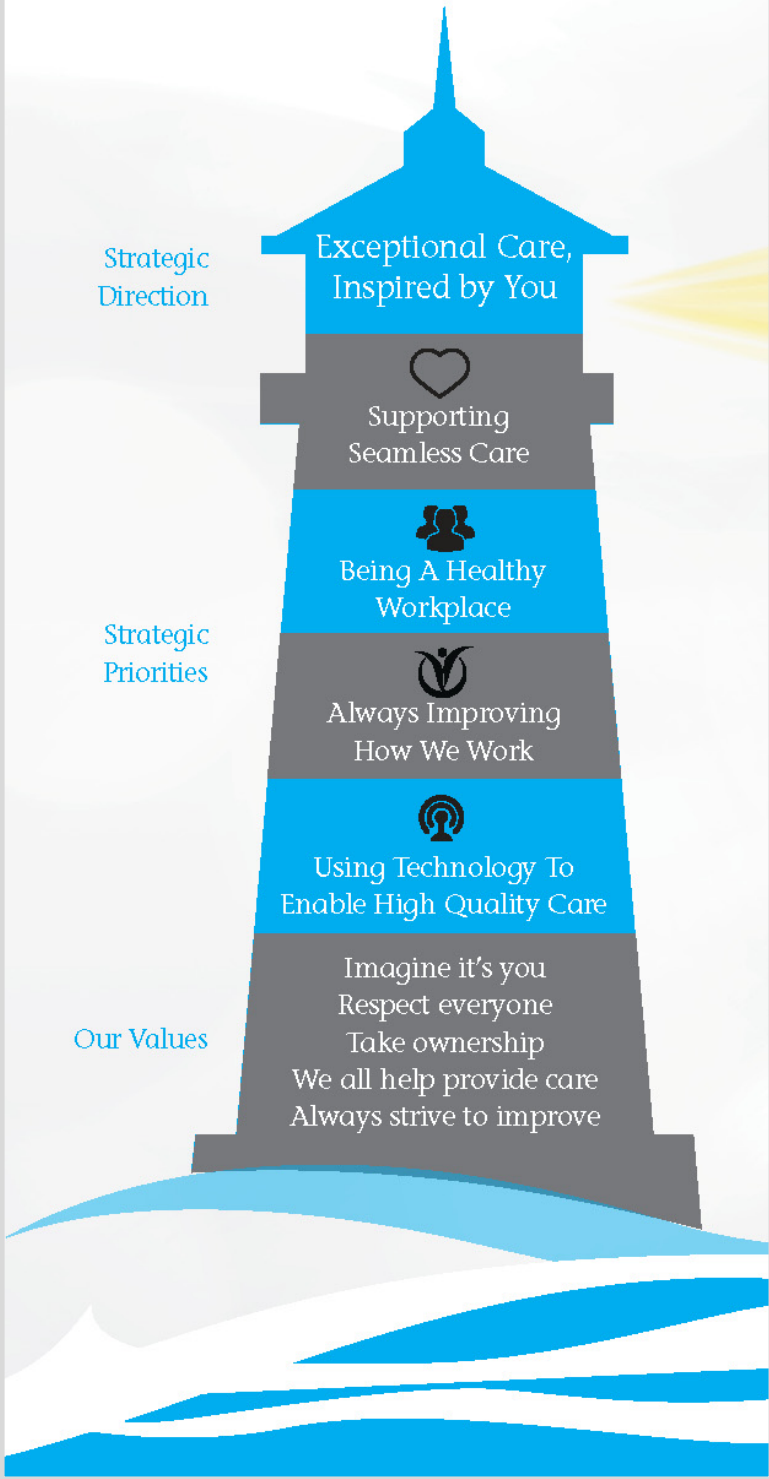
# QHC Strategic Plan Overview

## QHC Mission

We are an integrated system of four hospitals working with our partners to provide exceptional care to the people of our communities.

## Our Vision

The QHC team will provide exceptional and compassionate care inspired by the people we serve.



## QHC PECMH redevelopment

A new QHC Prince Edward County Memorial Hospital remains our number one redevelopment priority. We are currently working on the third stage of the capital planning process—delving into the design details of a new QHC PECMH. Based on the current projected timelines, the new hospital construction will begin in 2022 - with an estimated completion date of early 2025.

## Regional Intensive Care Unit (ICU) expansion

We continue to be at or above capacity in our regional ICU located at QHC Belleville General Hospital. Expanding the unit from a 14-bed unit to an 18-bed unit is integral to meeting the increased patient care needs of the sickest patients in the areas served by all four QHC hospitals. The expansion is underway with the goal of completion by early 2021.

## QHC TMH expansion plans:

We are currently in the pre-capital development stage of a needed expansion our emergency room and inpatient unit at QHC Trenton Memorial Hospital to accommodate the increased volumes of patients. We currently see over 34,000 patients each year in the ER at QHC Trenton Memorial and we anticipate a 9% increase over the next 5 years and 12% over the next 10 years.

## Other redevelopment priorities:

Additional priorities include an expansion of the Fracture Clinic and the redevelopment of a patient tower at QHC BGH.

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