helped us achieve our new vision – “Together, we create a healthy community”.

We know that having access to local healthcare services saves our citizens from having to travel into the city. We also know it helps local industry attract a strong workforce, provides community infrastructure upon which others can build, and ultimately, a community where people want to live!

More than 340 dedicated employees provide the outstanding care that our patients/residents/clients receive. This year the staff at Arnprior Regional Health reported their overall engagement as being 73.2%, an increase of more than 20% from seven years ago. We know that engaged staff result in better clinical outcomes and higher levels of patient/resident/client satisfaction.

Arnprior Regional Health could not be successful without the numerous partnerships we have built and the generosity of our many donors. Whether it is through the Patient Family Advisory Council, Rural Health Hub or Health Links we are proud to acknowledge the participation of volunteers, physicians, patients, clients, residents, and caregivers, as they are instrumental in ensuring we are responsive to the needs of our community.

To continue to be successful we will increase the number of opportunities to engage our community. One example is the partnership with local seniors on the development of the Rural Seniors Health Care Village. This “village” will provide our senior population with the health services they need at the local level.

“Arnprior Regional Health could not be successful without the numerous partnerships we have built and the generosity of our many donors.”

Seventy-three years ago on June 9, 1944, the Arnprior and District Memorial Hospital was incorporated. Since that time, our organization has impacted the lives of thousands of people within our growing and aging community. Whether it was your first job at the hospital, your first emergency department visit, or perhaps you were born here… many of us remember the impact of that first time you knew of the hospital.

Today we are a very different organization as our services have evolved to meet the growing needs of our community; in fact, we are more than just a hospital. Our nursing home, the Grove, opened on October 9, 1981 first accepting residents transferred from a temporary 11-bed nursing home unit at the hospital. The Grove is now poised for expansion from 60 beds to 96. In addition to the traditional hospital and long-term care services, our organization now provides a comprehensive array of community services, which includes an adult day program and assisted living services. These changes in program growth and our relentless pursuit of quality care has
The development of the Rural Health Hub has proved to be an excellent process of bringing together patients, health care providers and health administrators. We have carefully and systematically looked at and listened to different views on what our goals should be and the obstacles we face in achieving them in regard to the prevention, diagnosis and management of diabetes and COPD.

There is no denying that it can be a challenge for a family physician to commit the significant amount of time required to a process like the Rural Health Hub, whilst continuing to care for patients in office and in hospital. However, I hope that our contribution will help to bring about improvements to patient care and clinical outcomes as we continue our mission to achieve excellence through working partnerships.”

Dr. Jonathan Fitzsimon

These five service providers have come together to conduct the investigation, planning and implementation of a rural health hub that is focused on improving the patient experience and the health status of our community through an improved integrated health services and experience models of collaboration. The two health issues that have been the focus of this partnership are Diabetes and Chronic Obstructive Pulmonary Disease (COPD).

**Achievements reached during FY16-17:**

- Establishment of an innovative co-design methodology for rural health system planning specific to chronic disease
- Review of best practices in rural and chronic disease models of care relevant to AARHH
- New linkages developed with external stakeholders in surrounding regions who have indicated willingness to support AARHH in the launch of their priority multi sector projects
- A comprehensive Action Planning Toolkit with priority selected change projects that inform a future care delivery and experience model

Through each step of this initiative, the AARHH Steering Committee has been actively involved in leading, guiding and supporting this initiative. The Steering Committee has endorsed the work to date and confirmed their commitment and support for the next phase of this initiative, which will involve ownership by the region to begin planning and initiating and evaluating priority multi sector projects.
Technology and Your Health

This past year ARH made a change in heart monitoring technology. The first stage of heart evaluation is typically an electrocardiogram (ECG). This test captures the electrical activity of the heart over a short period. If the physician feels further investigation is required, they request a loop or Holter monitor.

ARH has replaced all loop monitors with 14-day Holter monitors. The reason we made these changes was for ease of use for our patients. The loop monitors required the patient to press a button any time they had a symptom. This would record the data around that episode. The patient would then need to use a land telephone line to transmit the data from the device to the heart institute.

Since many people no longer have a land telephone line this created an access issue. In addition, data was only being recorded when the patient was awake and around when they had a symptom. This made the clinical decision of changing the technology to a 14-day continuous Holter monitor an easy one.

Now our patients wear this devise as prescribed by their physician for 24 hours to 14 days. While the patient is wearing it, the devise continuously records their heart rhythm. All the information saves to a memory card and is then downloaded at ADMH and then sent to Queensway Carleton Hospital. Their cardiology department reviews the information and then prepares a report. The ordering physician with the patient then reviews this report.

Celebrating their First Year Anniversary at ARH

Last summer two new family physicians joined the ARH team due to the recruiting efforts of The Arnprior Physician Recruitment Committee.

Dr. Michael Fishman joined the Arnprior and District Family Health Team on August 1. Dr. Fishman has hospital privileges at Arnprior Regional Health. In addition to hospital privileges at Arnprior Regional Health, he became the primary care physician for the majority of retiree Dr. Mark Robson’s family medicine practice.

Dr. Shi also has hospital privileges at ARH where he provides inpatient care and anesthesia coverage. Dr. Shi also took on some of Dr. Robson’s practice as well as new patients. We asked them to reflect on their experience at ARH over the last year and this is what they told us.

“What I’m really liking at ARH is the diversity of work I get to do. I get to see and develop relationships with my patients in my office and I also get to work in the operating room as an anesthesiologist. It really is the best of both worlds.” Dr. H. Shi

“What has impressed me this past year is the level of collaboration between the physician group, nurses, allied health professionals and office staff. Everyone is working together to provide the best possible health care to this community. So many people have made me feel welcome and really made my first year at ARH a great one.” Dr. M. Fishman
Meals on Wheels

In keeping with the Champlain LHIN vision and mandate to integrate the health system at a local level, Arnprior Regional Health (The Grove) and Arnprior Braeside McNab Seniors at Home Program collaborated for the Meals on Wheels Program. Together we supply fresh daily Hot Meals to seniors 60 years of age or older, adults who are chronically ill, adults living with a disability, adults convalescing from surgery or illness, and adults undergoing medical treatments (no matter the age).

Hot Meals on Wheels includes hot nutritious meals cooked fresh daily at The Grove and include: soup, crackers, hot main course, dinner roll and dessert. This past year 4495 meals were prepared and delivered.

A Seniors’ Village Here in Arnprior

Seniors have helped to build our community. They represent our grandparents, our parents, our neighbours and our friends. They contribute to shaping the Arnprior community by sharing their experience, knowledge, expertise and wisdom. Arnprior Regional Health together with the community is committed to ensure that seniors in the greater Arnprior Region can grow old near families and loved ones.

Currently the Grove nursing home has too few beds to serve a community of our size and the government has mandated that all nursing homes must upgrade to modern standards by 2025. Our plan includes an additional 36 nursing home bed licenses so we can expand and redevelop the existing facility to accommodate 96 residents. This includes re-purposing the facility to include seniors housing and community support services for the elderly. The goal is two-fold: to increase the capacity of the Grove nursing home and to develop a Seniors’ Village in our community to meet the growing needs of our senior’s population.

Throughout the year, many meetings and conversations between Arnprior Regional Health and the Ministry of Health and Long Term Care have occurred to advocate for 36 additional licenses to kick-start the Grove Redevelopment. The Help The Grove Grow post card campaign has been successfully rolled out to show the community support for the need for 36 additional licenses to government representatives. We have collected almost 3000 post cards and the recently launched E-Petition totaled several hundred signatures to date (visit www.helpthegrovegrow.ca). Our advocacy efforts, for additional licenses, are being heard at Queens Park and we are hopeful that the government will make those licenses available to commence the Redevelopment of the Grove and Seniors’ Village in the very near future.

Focus groups and interviews with residents of the Grove nursing home and seniors and caregivers in the community were held. Listening to their stories helped us to understand the healthcare experiences of seniors, residents and caregivers. Their input will assist us to map out what services are missing and how the Grove Redevelopment and Seniors’ Village. Participants of focus groups were very engaged and excited to be part of the process. “Thanks for listening. We are finally heard,” said one participant.

“Focus groups and interviews with residents of the Grove nursing home and seniors and caregivers in the community were held. Listening to their stories helped us to understand the healthcare experiences of seniors, residents and caregivers.”
For its winning entry – the “Personalized iPod Project” – The Grove partnered with Arnprior Public Library to raise $4,100 in order to provide each of The Grove’s residents with an iPod and a personalized music playlist. Residents use their personalized iPod to listen to their favourite music, which helps improve their behaviours and, ultimately, their care.

The Grove initially surveyed each resident to discover his or her music preferences. Then, the home turned its attention to promoting the fundraising campaign to the community. The Grove held a green-screen photo shoot with residents at the library to help with marketing.

Once the campaign went public, the Arnprior community jumped on board. People began dropping off used iPods to the library. The Arnprior Rotarians donated $500. In addition, musician Craig Cardiff held a concert with half of the proceeds going to The Grove. By October 2016 – only six months after the idea was born – the fundraising goal was met, and each of The Grove’s 61 residents had a personalized iPod and playlist.

Providing each resident with a personalized iPod has enhanced the resident experience and has raised awareness about the power of music in senior care. The program has now expanded to the community after library patrons began asking to borrow devices for family members with dementia living at home, in seniors’ residences, and other long-term care homes.

“Through its Personalized iPod Project, The Grove has shown the Arnprior community how it is improving resident well-being and is advancing senior care,” says Catharine Gapp, AdvantAge Ontario CEO. “We are proud to recognize The Grove with this special award.”
Connecting with Local Community Services for Better Care

Local health care partners are sharing information for better care, thanks to a new pilot project led by the Champlain Alliance of Small Hospitals (CASH). Community support services say the enhanced communication will make a difference for clients in the region, as well as for their own staff and volunteers.

When a patient comes to the Emergency Department or is admitted to the hospital, care providers need vital information, including what care that patient may be receiving at home. Arnprior Regional Health (ARH) links with the Ontario Association of Community Care Access Centres (OACCAC) and the former Champlain Community Care Access Centre (CCAC)* to ensure that admission information is automatically shared between the hospital information system and the CCAC database. Now that dialogue is being extended to local health partners.

As part of the pilot project, the Arnprior Braeside-McNab Seniors at Home Program is also connected though the Champlain Community Support (CSS) system. The CCAC and CSS agencies are notified when a client is admitted to the Emergency Department. The hospital then receives notification if the client is currently receiving CCAC services. Finally, notification is sent to the CCAC when a patient is discharged, to ensure follow-up and the resumption of services.

A similar process occurs with the Seniors at Home Program. “Health Quality Ontario has identified transitions in care as being a great opportunity to ensure an improved patient experience. This ‘e-connection’ with both the CCAC and Home Support will ultimately result in a better patient experience and potentially reduce readmissions to hospitals and shorten length of stay,” notes Eric Hanna, ARH CEO. “We are excited to be the first hospital to connect with a local community partner through the e-notification program.”

“We wanted to work with Arnprior Regional Health to use communication to better our services and this makes sense,” agrees Dennis Harrington, Executive Director of the Arnprior-Braeside-McNab Seniors at Home Program. “We are very pleased with the format and the timely arrival of information. And this will be beneficial to many more agencies in the future.”

The new program offers many benefits. Emergency physicians are able to make care decisions with more information at hand. For example, a physician may be able to avoid admitting a patient or possibly discharge a patient earlier, knowing that there are CCAC or community supports in place at home.

Likewise, the CCAC and local community agencies are now advised when clients have had a hospital visit, allowing them to plan their services more efficiently. Having this knowledge means that service providers are able to suspend or cancel services as required. They no longer arrive at a client’s door unaware of the change and wondering if something has happened. This is particularly useful for volunteer-driven organizations with limited resources.

To date, Arnprior Regional Health, Kemptville District Hospital and Renfrew Victoria Hospital are on board with the e-notification program with the CCAC, with one local CSS agency connected so far. Plans are underway to add other agencies in the future. Currently, the majority of community support agencies are on the same client information system, which will make it easier to add them. Data is transferred in a secure format to protect patient privacy. ABOUT the Champlain Alliance of Small Hospitals (CASH) This initiative is one of several IT integration projects led by the Champlain Alliance of Small Hospitals (CASH). Enhanced integration will result in an improved patient experience, better care and cost effective service delivery. Our vision is to develop innovative rural health delivery options and to advocate for strengthened rural health. CASH includes eight member hospitals: Almonte General Hospital, Arnprior Regional Health, Carleton Place & District Memorial Hospital, Deep River and District Hospital, Glengarry Memorial Hospital, Kemptville District Hospital, Renfrew Victoria Hospital and St. Francis Memorial Hospital.

*Please note that the CCAC has since re-branded to Home and Community Care.

The Patient and Family Advisory Council’s Perspective

Digital X-ray technology is now available at Arnprior Regional Health after a significant investment of community fundraising dollars through the ARH Foundation. This piece of equipment is specially designed for high volume environments and is equipped with robotics allowing the technologist to concentrate on the patient and the exam as opposed to moving the equipment around.

With the digital technology, the images are very precise and are uploaded immediately to the hospital computer system for quicker viewing by the physician or radiologist. This machine reduces the procedure time by 25% while also reducing the radiation dose between 30 and 50%.

A small team helped bring this technology to Arnprior from the maintenance department leading the renovation, the diagnostic imaging department through their work with the manufacturer, to the Patient and Family Advisory Council (PFAC) for their feedback from the patient perspective.
PFAC Cont’d

PFAC formed at the hospital in October 2012 based on the success of the Family Council at the Grove. Both groups are regularly consulted and feedback is both encouraged and welcomed in order to gain the perspectives of patients and residents.

When it came time to renovate the X-ray room, the manager of diagnostic imaging requested the patient perspective from PFAC. A couple of members of the council took the time to think about the patient experience when having an X-ray. They chose soothing paint colours, selected lighting that could be dimmed, and easy to read directional signs. While these items may seem insignificant, they do impact the patient experience. Medical tests can be very stressful and putting the patient at ease is important to our health care professionals. We appreciate the perspective offered by PFAC.

Arnprior & District Memorial Hospital celebrated ten years of partnership with the Ottawa Heart Institute’s Ottawa Model for Smoking Cessation (OMSC). Since implementation of the OMSC at Arnprior & District Memorial Hospital, over 900 smokers have been reached through personalized, best practice tobacco dependence treatment, resulting in increased quit attempts and long-term cessation. An estimated 300 smokers are smoke-free because of the support they received while at Arnprior & District Memorial Hospital.

“The success behind the Ottawa Model for Smoking cessation is truly found in the determined teams across Canada, like here in Arnprior, that are providing personalized support to smokers who are trying to quit,” said Dr. Andrew Pipe, co-developer of the OMSC and Chief of the Division of Prevention and Rehabilitation at the University of Ottawa Heart Institute. “As all hospital grounds in Ontario will be required to be smoke-free by January 2018, helping patients deal with nicotine withdrawal when they are admitted and stay smoke-free when they leave will remain an important priority for hospitals in our region.”

Arnprior & District Memorial Hospital

A
another busy and productive year has gone by for the ARH Auxiliary. The Opportunity Shop, In-Hospital, Sewing, Grove and HELPP volunteers all contributed to another successful volunteer year.

Congratulations to Ron Anglin who received the Provincial Life Membership Certificate for 2016. Two longtime volunteers retired this past year. We wish Dorothy Baird and Jean Wissing all the best. We said a tearful goodbye to Auxiliary Secretary Cheryl Sunter who passed away suddenly in December.

A donation of $265,000 has been earmarked for ARH from the Auxiliary and this commitment will be paid in full by the end of 2017. The Auxiliary also awarded two bursaries of $1000 to two ADHS students for nursing and allied health. Congratulations to Delaney Hopper and John Russell.

The Ice Cream Program continues to put smiles on the faces on patients and residents, this long-time partnership with Dairy Queen begins each year in May through to September. The sewing volunteers, in addition to regularly saving ARH thousands in repair work, made twelve dozen surgical caps for the operating room.

In closing off a successful year with 16,221 volunteer hours and 157 active volunteers, I would also like to pay tribute to Gift Shop volunteer Willa Wright who at 92 years young takes a taxi so she can work her two shifts a week. This is true dedication.

I would also to thank all the volunteers for the work that they do. Improving the lives of others is what this is all about, whether it is personal contact with patients and residents or raising funds to purchase equipment for Arnprior Regional Health.
As part of the 2016 Budget, Ontario proposed a new investment of more than $345 million to all publicly funded hospitals, including a one per cent increase to base funding for small hospitals such as Arnprior Regional Health, to sustain patient access to high-quality health care services as close to home as possible.

A few months later, another 1% increase was received to improve patient flow and allow us to meet seasonal surge and increased volume due to our aging and growing population.

In addition to these government investments in our operations, further financial support for capital projects came through the Health Infrastructure Renewal Fund (HIRF). This fund supplements hospitals existing capital renewal programs and helps address large scale renewal needs (e.g., roofing systems, boilers, windows). ARH received a total of $1,692,998 from HIRF which was directed towards the modernization of our heating, ventilation and air conditioning systems.

Another significant investment by the Ministry of Health included a one-time capital grant of $1,793,600 towards the redevelopment of central sterilization and reprocessing (CSR). This is the area in the hospital where all surgical instruments are cleaned and sterilized. This funding represents 90% of the required funds for the project the balance of which must be funded locally.

While the provincial government is an important source of funding, ARH also benefits from the support of the ARH Auxiliary and the ARH Foundation. The generosity of both of these organizations has enabled ARH to acquire new medical equipment and complete minor renovations.

Arnprior Regional Health is humbled by the significant financial contributions made by the community during this past year. These contributions reflect the confidence our community places in us, along with the ongoing commitment to ensure our organization remains vibrant and is positioned to play a vital role in the delivery of healthcare services.