



Report to our community
2018–19

Bruyère 

Messages from Bruyère's presidents and CEOs



Bruyère is about to embark on its 175th year in Ottawa. There is much to look back on and be proud of and even more to aspire to and achieve.

This year, we focused on Bruyère's future, engaging our staff at all levels, regional health care partners and our community to undertake the most robust strategic planning process in Bruyère's history. We invested in our people, launching the Your Care Journey, a multi-year leadership capacity building training program with Studer Group. We were recognized internationally for our provision of specialized care and ranked as one of Newsweek's top 1000 hospitals in the world. Finally, teams across the organization dedicated time to showcase our commitment to quality in preparation for our Accreditation Canada visit.

Looking forward, we will continue to be a leader in the delivery of sub-acute and integrated care. We will make progress on co-locating Bruyère's hospital programs and building the hospital of the future. We are also exploring the expansion of our residential programs to new areas of the city to better meet the needs of people requiring specialized care. While these developments will greatly enhance our care and service offering, we will look for opportunities to provide virtual care beyond our walls. As a committed partner in the regional health care ecosystem, we will continue to advance care pathways to build a system that ensures people are supported throughout their care journey.

Further achievements and the variety of services we provide are highlighted throughout this report and told through the lens of those best suited to comment: our patients, residents and tenants. These stories share the full scope of care we provide and cutting-edge research that together combines to maximize the quality of life of the people we serve, whether they are living independently in the community or have a home with us at Bruyère.



Louis Savoie
Board Chair



Guy Chartrand
President and CEO

INSTITUT DE RECHERCHE



The Bruyère Research Institute is defined by its capacity to ask and find answers to difficult questions. What are we currently doing to support the health of Canadians? What can we be doing differently?

In pursuit of answers, our investigators have gained reputations as innovators and problem solvers. Every day they seek to understand and find solutions to health challenges facing people in our community, in our country and around the world.

The Bruyère Research Institute makes a positive change for people from all walks of life. Examples of this are plenty and include everything from remotely providing physiotherapy in Ottawa to helping volunteers deliver medications in the Global South.

This year, we witnessed the expansion of many different innovations including eConsult, a secure online platform to reduce specialist wait times for people across Canada. We launched the Centre for Individualized Health, which will use big data to improve how we deliver care. We have begun working with industry to develop innovations and technologies and bring them to market.

Next year, we will welcome our incoming board chair, Sally Douglas. Sally is a recognized leader in business strategy, communications, sales and business development, human resourcing, and both crisis and event management. She also has a nursing background. She has served on the Bruyère Research Institute Board for one year and we welcome her as our new board chair.

In this annual report, progress is what we celebrate. Next year, we continue to innovate.



Dinis Cabral
Board Chair



Heidi Sveistrup
CEO & Chief Scientific Officer of the Bruyère Research Institute and VP, Research and Academic Affairs

FONDATION



What another incredibly inspiring year this has been for Bruyère. Thanks to your support, Bruyère is changing the lives of people every day. Together, we are building a future model of care through state-of-the-art technology and research.

Bruyère is much more than a hospital; it's a bridge to home, we help keep you home and, for some, we are your home.

We are not only building a stronger Bruyère but a stronger health care system. In most cases, patients come to Bruyère after they've been to one of the many acute care hospitals in our region. They will save your life and Bruyère will work with you to help you regain your quality of life.

This is an important time for Bruyère as we begin to re-envision the future of health care in our community alongside our partners.

The Bruyère Foundation has embarked on the largest fundraising campaign in our history. We pride ourselves on being part of this great community and, with your help, we will find solutions to keep the next generation of older adults and medically complex patients healthier than the last.



Daniel Fernandes
Board Chair



Peggy Taillon
President

Bruyère

Bruyère is a multi-site academic health care organization that is **maximizing quality of life and helping people stay and return home.**

We deliver a wide variety of services in aging and rehabilitation, medically complex, palliative, residential and primary care.

Our research leads to constant innovation in the services we provide with a focus on providing care that promotes independence.

This work is enhanced by our Foundation that shares our story and raises funds with the support of our generous community.

TOGETHER. Making each life better.



Introduction

From the moment a patient’s journey at Bruyère begins, their health is in the best of hands — our hands.

As an academic organization, Bruyère leads the way in identifying and implementing innovative approaches to health that improve patient outcomes. From training the next generation of health professionals and researchers to leading the way in programs for aging and rehabilitation care to performing cutting-edge research, Bruyère offers a wide variety of services that touch on the entire lifetime of the people we serve.

Patients come to Bruyère many different ways: following a stay at an acute care facility or upon referral from their family doctor or community service provider. For patients with medically complex cases or those accessing our stroke and geriatric rehabilitation or brain and memory programs, Bruyère strives to provide the right care to help them **return home to the community** with the supports they need to maintain independence.

Bruyère is also home to many, **offering a continuum of residential care options** ranging from affordable housing and independent living for older adults to long-term care. In addition, we are the largest provider of inpatient palliative care services in the region.



Having a two-site academic family health team allows our care teams to work with and empower our patients to participate in their health journey from prevention to assessment, diagnosis, treatment and intervention. These steps allow patients to **stay healthy and out of care settings**.

Confidence in care is number one and no matter the type of care you receive at Bruyère, our ultimate goal is to **maximize quality of life** and support patients to live their best lives — whether that is at home, in the community or a care setting — the goal always remains the same.

Success stories are around every corner of the halls at Bruyère, and we are pleased to share but a few from 2018 to 2019 which highlight Bruyère’s services in support of this goal.



Helping people home

Our medically complex and rehabilitation services are putting people on the path to home

Rehabilitation

Bruyère currently has 50 beds dedicated to geriatric rehabilitation and a 33-bed inpatient stroke rehabilitation unit; this includes the addition of five beds in 2018 to meet the increased demand in the community.

We are pleased to report increases in the percentage of discharge rates for stroke and geriatric patients and continue to have higher discharge rates when compared to our provincial peers.

- Community discharges for stroke rehabilitation patients increased from 81% in 2017–18 to 88% in 2018–19.
- Community discharges for geriatric rehabilitation patients increased from 85% in 2017–18 to 88% in 2018–19.



Meet
Tim Kerr

At age 43, Tim was the commanding officer of a Royal Canadian Navy Destroyer ship. With no prior history of stroke, he was found unconscious in the ship gym and had to be airlifted to a hospital in San Diego. Once stable, he knew he had a long road of rehabilitation ahead and so Tim made a choice to come to Bruyère. The decision was partly because of the recommendation of his physicians in San Diego and partly because of Bruyère's reputation as a leader in stroke rehabilitation.

It has been seven years since Tim's stroke, including three months as an inpatient at Bruyère and nine months in the outpatient stroke rehabilitation program, and he is thriving. He credits Bruyère's world-class experts and facilities with his ability to recover the best he could.

Tim recognizes he made an exceptional recovery and so he continues to serve those around him — this time as a Bruyère ambassador. It is his recovery story that helps inspire others and he plays the role of both mentor and fundraiser for Bruyère.

Tim is an inspiration.

88%

of stroke
rehabilitation patients
are discharged
to the
community

Despite being unable to run due to a pre-existing hip injury, Tim has led a Bruyère team at Ottawa Race Weekend for the last three years. Each year, he walks incredible distances, the daunting 59.2 km Lumberjack Challenge, for example, motivating current and former patients of the stroke rehabilitation program and staff to participate.

Medals received from this competition hang on the walls of our fourth-floor stroke rehabilitation unit with these encouraging words, "The possibilities are endless... From one stroke survivor to another."

Through his efforts, Tim has helped raise over \$20,000 for Bruyère's Foundation. The impact he has made by inspiring those around him to continue on their recovery journey cannot be quantified.

We continually find new ways of helping people after stroke. Our **virtual reality project**, for example, is being tested as a useful tool for rehabilitation in the comfort of patients' homes. Through this work, we hope that all people affected by stroke can also have success stories like Tim's.





Meet
Dena Finn

When Dena's family physician referred her to Bruyère's Geriatric Day Hospital, she was not feeling very strong and was experiencing a few health issues, including Fibromyalgia, balance problems and mild depression. At the age of 73, Dena was upset that she wasn't able to do all the things she wanted to do because she felt tired all the time.

When she came to the Geriatric Day Hospital, she thought, "Wow, this is incredible... The amount of support that the team offered, not only to me but the whole group we were with, and the group's participation and support was absolutely amazing."

She participated in a 12-week program, visiting Bruyère twice per week for exercises and educational talks on topics that ranged from medication use to home safety, proper footwear, stress relief and more. During this time, she had the support of peers and a variety of health care professionals, including occupational therapists, social workers, physiotherapists and nurses, who zeroed in on her needs and provided solid advice so she could build her strength and increase her energy levels. The goal of this program is that following their time with Bruyère, participants will be able to live safely in the comfort of their homes for longer.

The program had a significant impact on Dena's life; she now feels stronger and that she still has lots of life to live. She was able to make several changes in her home as a result of the program to minimize the risk of potential harm, including things like reorganizing her bedroom, removing area rugs and clearing a path in highly trafficked areas to reduce the chances of falling. She is also experiencing less stress and can be more active, now swimming with her grandchildren for long periods of time.

88%

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By participating in the Geriatric Day Hospital program, which identified and tailored supports to Dena's needs and provided her with tangible advice to help her build her strength, she now has the energy and her home set up to sustain the lifestyle she wants to live. Dena wishes that all seniors could participate in this program to live their best lives in their later years.

Medically Complex Care

Our 336-bed Saint-Vincent Hospital site saw 915 admissions in 2018–19 with an occupancy rate of 97%. This site has an average length of stay of 138 days and provides a variety of services with the help of clinicians, nurses and allied health professionals to be able to respond to all care needs — the physical, emotional and spiritual.



Meet
**Ricki and
Barry Baker**

Ricki and her husband Barry have been married for over 52 years. They have three children, eight grandchildren, active social lives and were both local business owners. They recently decided that they would age in place and had their home renovated to be wheelchair accessible so that the couple could live on one floor, should the day come when they would need this.

That day came a bit sooner than Ricki and Barry expected. In late 2018, Ricki had a severe fall hitting her head and breaking her foot and number one lumbar vertebra. After spending some time at The Ottawa Hospital, she came to Bruyère for recovery.

Ricki was a low-intensity rehabilitation patient at our Saint-Vincent Hospital site. The goal of the care she received was to improve her functional abilities and help her return home to her husband, family and active social life.

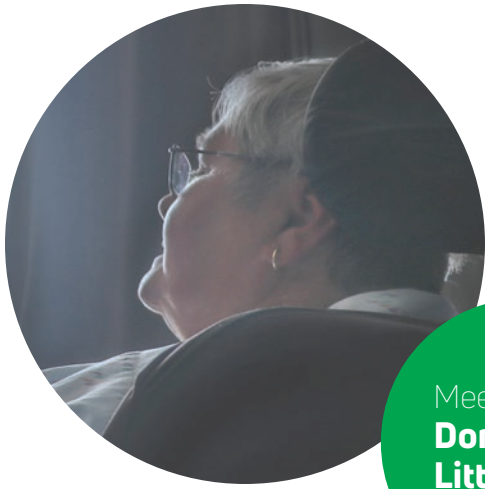
With a combination of physical and occupational therapy for three months, Ricki returned home.

During those three months, Ricki built strong relationships with everyone at Bruyère. However, she developed a special connection with all the nurses on her unit, 3 South. As a thank you, she wanted to invite them over for a garden party. Unfortunately, Ricki didn't have time to plan parties as, during her stay at Bruyère, Barry's health took a turn for the worse, at first requiring care at an acute care facility and eventually transitioning to Bruyère in the very same unit as Ricki.

Comforted by familiar faces of patients and staff, it was Barry's time to begin his journey with Bruyère.

A poem for nurses by Ricki Baker

They spread their wings	They are nearby	They rise to	Side to side	Less fear
Far and wide	At my bed	The test	Here to	The situation
Back and forth	Their kindness	Their helpers	Revive	As it changes
Side to side	Angelic	Who bathe me	My spirit	Day by day
Dispensing advice	Their patients (patience)	Help	All of this	As do the nurses
Along with	Blessed	To wash me	Cannot be	And their helpers
The meds	No matter	Change me	Denied	In each and every
Whenever	The challenge	Move me	Help me to	Way



Meet
**Donna
Little**

Donna arrived at Saint-Vincent Hospital following a knee operation that didn't heal properly, limiting her mobility and preventing her from living independently. Initially, she believed she would be at the hospital for six months to a year and was undergoing regular physical and occupational therapy treatments. A fall, medical complications and socio-economic barriers saw that timeline extend to years.

As Donna is in a wheelchair, one of the biggest hurdles she had to overcome in her journey home was the need for affordable, accessible housing. After years on the waitlist, she finally received the good news that an apartment was available. Upon signing this lease, she faced yet another barrier: the cost of the type of bed she needed, a hospital-grade bed at \$11,000, was beyond what she had expected and could afford. Having come so far in her journey, the Bruyère Foundation, thanks to the help of our incredible community of donors, was able to raise funds and help Donna finally make her way home.

While at Bruyère, Donna became a strong advocate not only for herself but also for those around her. She sat on the Patient and Family Advisory Committee for the majority of her time here and, although she is no longer a patient, she remains an invaluable member of this committee.

Since her move, Donna still continues to visit Bruyère frequently. She connects with patients and ensures their voice is at the table. At her new home, Donna said she is thinking of joining the residents' committee to continue her outstanding work in the community.

Donna's voice is one of many that we listen to at Bruyère. Patients like Donna advise on numerous projects and sometimes help directly with research. The **Access to Resources in the Community** project, for example, frequently consults with patients and former patients to help determine research priorities.



Your home at Bruyère

If we can't help you home,
Bruyère becomes your home

Residential Care

Over 500 people call Bruyère home. Bruyère Village, our residential site in Orleans, has subsidized housing and market rent housing for older adults, with 227 residential units. We also have two long-term care homes: Saint-Louis Residence, in Orleans, and Élisabeth Bruyère Residence, just steps from Parliament Hill, are collectively home to almost 270 people. More than walls and furniture, communities of people and innovative, evidence-based programming are providing a sense of place and enhancing quality of life for our residents.

Our research explores the use of technological innovations that will allow people to re-envision their housing options in life's later years. This work has great potential to enable older adults and their caregivers to stay living independently longer, reducing caregiver burden and delaying and, in some cases, preventing the transition to long-term care.



Meet
**Betty and
Myron
Pinnell**

Today's older adults are living longer; as a result, we see higher rates of dementia and other chronic conditions. Moreover, this growing and influential demographic is challenging commonly accepted assumptions about the inevitable path to assisted living or long-term care. People are telling us that they want to age in the comfort of their homes. Bruyère is listening.

Betty, 74 years old, and Myron, 77 years old, have called many cities in Canada home. When Myron was diagnosed with dementia and Betty started to see signs that they needed additional support — no longer following daily routines and not remembering familial details — they decided to move to Bruyère Village, which has 227 independent and assisted living units, to be closer to their children.

Since moving here a year and a half ago, they've already participated in a 12-week research study that is testing smart technology in the home.

Bruyère is home to an onsite smart apartment¹ where researchers and industry are collaborating and testing technologies to help older people remain independent and at home longer. A recently established collaborative² is taking innovation at Bruyère out into the community to the homes of people like Betty and Myron.

¹ *The AGE-WELL SAM 3 (Sensors and Analytics for Monitoring Mobility and Memory) National Innovation Hub, a collaboration among Bruyère, Carleton University, and AGE-WELL NCE*

² *The AGE-WELL SAM 3 research partnership in collaboration with Bruyère, Carleton University, Champlain LHIN IMPACTT Centre, and the Dementia Society of Ottawa and Renfrew County*

The system being developed detects and addresses wandering behaviour, a symptom of dementia, with the aim of supporting the person with dementia and helping relieve caregiver stress. It incorporates a series of visual and verbal cues, such as directional lighting and personalized voice recordings that can direct an individual back to bed when the wandering behaviour could be dangerous, opening the front door to leave the house, for example.

For the caregivers of people with dementia, nighttime is challenging — knowing that at any point your loved one is prone to getting up and could wander, possibly leaving the safety of your home.

Even though Myron had yet to wander, Betty started leaving a chair with a stack of boxes propped up against the front door, hoping if he did, the disruption could wake her.

Betty said she was happy to participate in the study because it involved installing a sensor that would sound an alarm and initiate an audio cue if the front door opened at night. With the system installed, she was reassured and was surprised by and thankful for how easy it was to install.

The system was removed when the research was completed.

“For the first couple of nights [after the system was taken out] when I went to bed, I just kind of thought, ‘oh, gee that’s not on there tonight, hope everything is ok.’ It just gives you peace of mind and comfort,” Betty said, following their participation in the study.

This technology has the potential to take the burden off the caregiver — something every caregiver can appreciate. It does the work of monitoring and getting the person back into bed — only waking the caregiver by an alarm or a text message if the person with dementia makes it to the front door.

The technology provides relief, safety and independence at home, for the caregiver and the person with dementia, and could ultimately delay entry to long-term care.





Meet
**Audrey and
Ed LeClair**

After 62 years of living lakeside in the small community of Azilda, Ontario, located just outside of Sudbury, Audrey and Ed chose to move to Bruyère Village. The decision was difficult, as they would be leaving behind the home in which they had raised their family and the deep roots and strong connections that they had built over the years. Ed, the town's family physician, and Audrey, a pediatric nurse, had been pillars of their community, with a local community centre dedicated in their family name.

Ed's health began to decline after being diagnosed with dementia in 2017 and Audrey began to feel that the responsibility of their large family home was too much to handle. It was a visit from a physician with the Alzheimer's Society and encouragement from their daughter in Ottawa, who raved about the river views at Bruyère Village, that made the decision to move to Ottawa an easy one.

Since their arrival just one year ago, Audrey and Ed have settled into their apartment at the Village. Living independently, they say they feel comforted by the two visits the couple receives in a day, check-ins by Bruyère staff, adding they feel a sense of security in knowing that help is always just a call away.

A community like the one they left, their neighbours at Bruyère Village care and are concerned for their well-being. Friendly pop-in visits are frequent, especially if Audrey and Ed miss the daily coffee gathering or other social activity they typically attend.

Legally blind, Audrey has never let this slow her down and it has not changed since she and Ed moved to the Village. It is clear she has too much to do in a day — walks by the river, piano playing and trips via the bus to get their groceries!

Although it has only been twelve months since they moved to the Village, the couple says they are feeling like important members of the community and both benefit from the programs offered and like to give back. Recently, Audrey and another resident planted pink and red geraniums on a shared balcony of their floor. This simple yet appreciated beautification project shows just how much Audrey and Ed care about their new home.

500+

people call Bruyère
home

We can also thank Audrey for her contribution to Bruyère's bronze medal win in the Road Worlds for Seniors, an international Motiview competition in which residents at the Village competed this year. It encourages older people and people with dementia in care settings all around the world to stay active by using exercise bikes equipped with video of familiar and new surroundings. Audrey is very proud of her medal and you will likely find her cycling in the 2019 competition on team Bruyère.

Motiview was introduced at Bruyère as a research project in both long-term care at Saint-Louis Residence and the Geriatric Day Hospital. The technology is now spreading to other areas at Bruyère including the Village.

It is fair to say that the unique environment and programs — which enable Audrey at 84 to stay active and remain living with Ed safely at 91 years of age — and the community of people they are growing to love are the essential ingredients contributing to their high quality of life at Bruyère Village.





Meet
Louis LaCroix
and
Ghislaine Charbonneau

Despite being surrounded by people every day at Saint-Louis Residence, residents still find they can experience loneliness. Best of friends, Louis and Ghislaine said the Java Music Club created opportunities for them to develop a deeper connection and feel less lonely.

The Java Music Club is a place where residents come together to share their memories and experiences in reaction to music and images or objects. The weekly session often closes with a trip to the onsite pub where the conversations continue.

The two credit the volunteer-run, peer support program with their friendship.

This music program is grounded in its research. It was brought to Saint-Louis Residence by the Ontario Centre for Learning, Research and Innovation in Long-Term Care (CLRI) at Bruyère, one of three CLRI's in Ontario.

The CLRI at Bruyère received funding³ to implement the program in 38 long-term care homes and five retirement homes across Ontario. To study the overall health and social benefits of peer support groups, research was conducted at a subset of homes in collaboration with Carleton University's Department of Health Sciences.

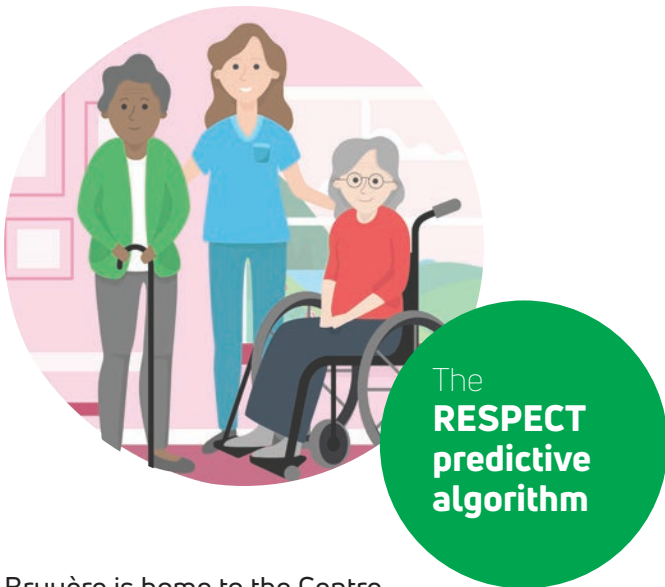
The study found that peer support in the Java Music Club led to increased feelings of happiness for participating members. Benefits of peer support also included creating valued social identity, increased levels of engagement, a greater sense of purpose and a better overall quality of life.



³ Under the Knowledge Mobilization Partnership Project (KMP²), funding was received from the Centre for Aging and Brain Health Innovation, with additional funding from Carleton University's Department of Health Sciences and the Government of Ontario through the Ontario CLRI at Bruyère.

Palliative Care

With 31 palliative care beds, Bruyère is the largest provider of inpatient palliative care in the region. Bruyère is known for providing high-quality care for people at end of life and their loved ones, both at our Élisabeth Bruyère site and in the community. We are also forerunners in this field of research and exploring many ways that we can maximize quality of life at end of life.



Bruyère is home to the Centre for Individualized Health. This centre hosts a collection of predictive algorithms that leverage province-wide data to better plan for care for aging people. Thanks to a generous anonymous donation of \$1 million from a local family in 2018, the hope is that the centre will impact treatment plans at a systems level that ultimately improve the patient and caregiver experience.

A Bruyère and Ottawa Hospital collaborative, one of these predictive algorithms is RESPECT⁴, which helps identify when a person may be nearing the end of life.

Why is a tool like this helpful?

Our existing research, drawing from provincial databases, indicates that there is a considerable gap when it comes to who is receiving palliative care in Ontario. Only half of all decedents receive any palliative care in the last year of life. Among those who had palliative supports in the last year of life, just one third received palliative home care and less than a quarter of decedents received a physician home visit.

With RESPECT, we address this gap by better identifying the need for palliative care and relaying that information to the Ministry of Health so, from a systems level, we can identify the resources, both financial and human, required to meet this need. Ultimately, this improves care and experience for patients and caregivers at the end of life.

Importantly, at the individual level, this tool provides a way to initiate difficult conversations on the topic of end of life, enabling families to plan and identify palliative or other care needs.

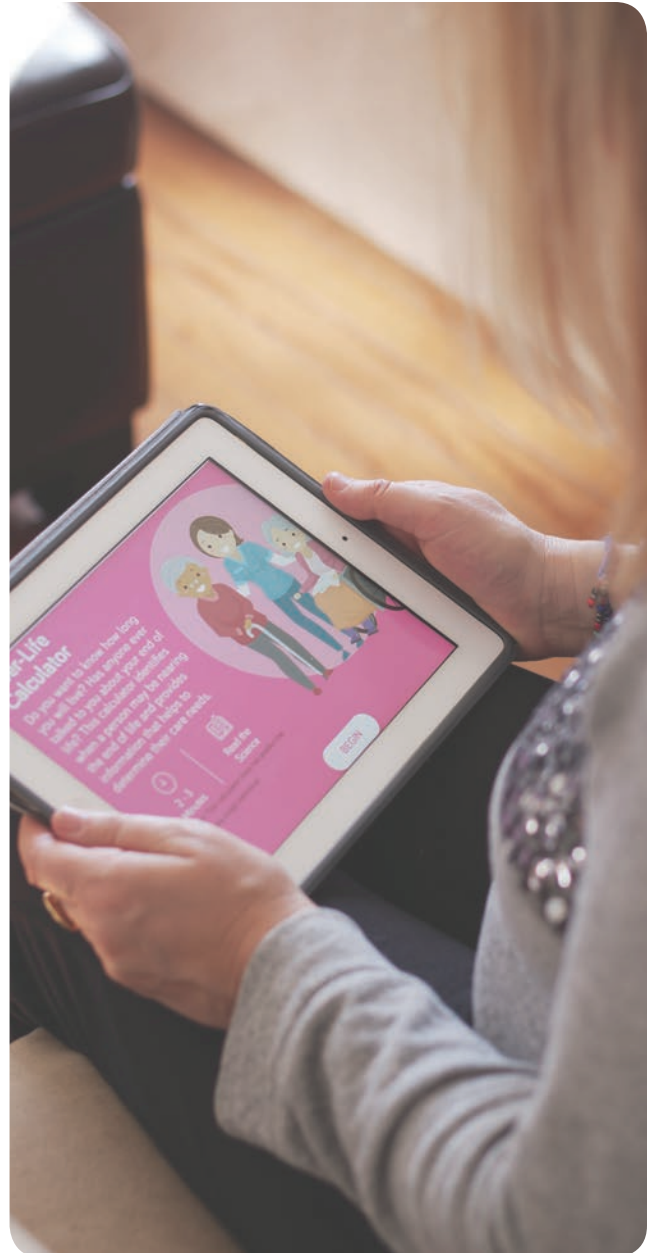
⁴ RESPECT stands for the Risk Evaluation for Support: Predictions for Elder-life in the Community Tool.

One group participant stated: “When I asked the neurologist [at the time of] diagnosis ‘Are we looking at one year, five years, ten years?’ he couldn’t tell me. My mom’s been sick my whole life and that’s the first time that someone’s ever given me a [prediction].”

RESPECT allows families and loved ones to plan. For example, when an adult child might need to prepare to take a leave of absence from work to be with a parent or decide when to take the last family vacation. It also provides a way to track the health of an individual over time so you could objectively spot declines in well-being and access the support one needs.

Another user of RESPECT stated the following: “The results on life expectancy [have] helped us think about having more milestones for my mom... Like encouraging her to travel to visit my relative for Thanksgiving or planning her care when my brother is away. RESPECT has changed the way I feel about planning for my mum’s care and given me [a better idea] of what my family needs to do for mum.”

RESPECT is used in community settings in Windsor-Essex, is being tested by the Champlain LHIN palliative home care program, and will soon be available in some clinical settings at Bruyère.



Keeping people healthy

Advancements in programs and technology that are reducing trips to the doctor's office

Primary Care

Our academic family health team:

- employs almost 100 staff at two sites, including physicians, nurse practitioners, social workers, pharmacists, clerks and more;
- trained over 50 residents in partnership with the University of Ottawa in 2018–19; and
- provides comprehensive health care to over 17,000 patients in the Ottawa region, with almost 48,000 patient visits in 2018–19.



Meet
**Karolee
Stevens**

Karolee used to find simple activities, the kind that everyone takes for granted, like laughing, lying down or taking a deep breath, would lead to persistent and painful coughing fits. A result of bronchiectasis, an often underdiagnosed, chronic lung condition that causes the walls of the airways (bronchi) to be permanently inflamed and dilated, causing mucus accumulation and greater vulnerability to lung infections. Karolee was in her forties and feeling frustrated by the lack of symptom alleviation brought on by the recommended course of treatment: an inhaler two times per day. She wasn't feeling hopeful for new treatments and was becoming resigned to the fact that this would be a lifelong and limiting condition.

All this changed when the Chronic Disease Self-Management registered nurse at Bruyère's Academic Family Health Team, Isabelle LeClerc, intervened.

Isabelle, also diagnosed with bronchiectasis, was disappointed by the lack of information available to her to help manage her condition. She decided, with the support of the clinic administrators and physicians, to build an innovative bronchiectasis program as part of the Chronic Disease Self-Management Program at Bruyère.

48,000
patient visits

In developing the program, Isabelle participated in international conferences, built her network and became a recognized expert on the topic, gathering information to be able to educate patients on how to better self-manage this disease.

Isabelle was able to equip Karolee with specific breathing exercises, positional drainage techniques and an Oscillating Positive Expiratory (OPEP) device that helps Karolee schedule her coughs — helping her break down and expel mucous that in return relieves her symptoms. Isabelle equipped Karolee with the information needed to ask the right questions of her respirologist, including those related to the use of antibiotics.

The Bruyère Deprescribing Research Team is helping prescribers across Canada to reduce or stop a person’s medication when it may be causing harm or may no longer be of benefit. Learn more at deprescribing.org.

This life-changing intervention has resulted in reduced visits to the respirologist, cutting the number of annual appointments in half — and Karolee is now medication-free. Her lung function has improved, she has more strength and energy, and she can now feel relief instead of fear when taking a deep breath, feeling the condition is 100% managed.

In the beginning, the bronchiectasis program developed by Isabelle was only available to patients at the Bruyère Family Medicine Centre, however, with support from the LHIN, this program can now be accessed by all individuals in the region. This self-management program is keeping people healthy through educating, supporting and motivating patients so they can decrease symptoms, reducing hospital visits and improving quality of life.





eConsult:

A technology and process addressing our waitlist problem

We know that wait times to see specialists are long.

In 2016, 56% of Canadian adults waited more than four weeks for an appointment.

The Champlain BASE™ eConsult⁵ is helping solve this problem. A secure online platform that connects primary care providers to specialists, eConsult allows physicians the opportunity to seek and receive advice from a specialist regarding health challenges facing a patient in as little as two days.

Not only does this platform reduce wait times dramatically, but it also reduces the number of appointments a patient has. With eConsult, the primary care physician takes the question directly to the specialist and relays the result to the patient, improving the patient experience.

With such potential to help improve the quality of life for patients, a research team⁶ began exploring methods to integrate this online consultation into the practice of a primary care physician.

The goal was to find a way to build eConsult into the workflow of our family health team physicians to increase and maintain the adoption of this innovation.

The team found that the strength of the program was dependent on using this new tool within the existing work patterns. Clerks would submit the request for the eConsult on behalf of the physician.

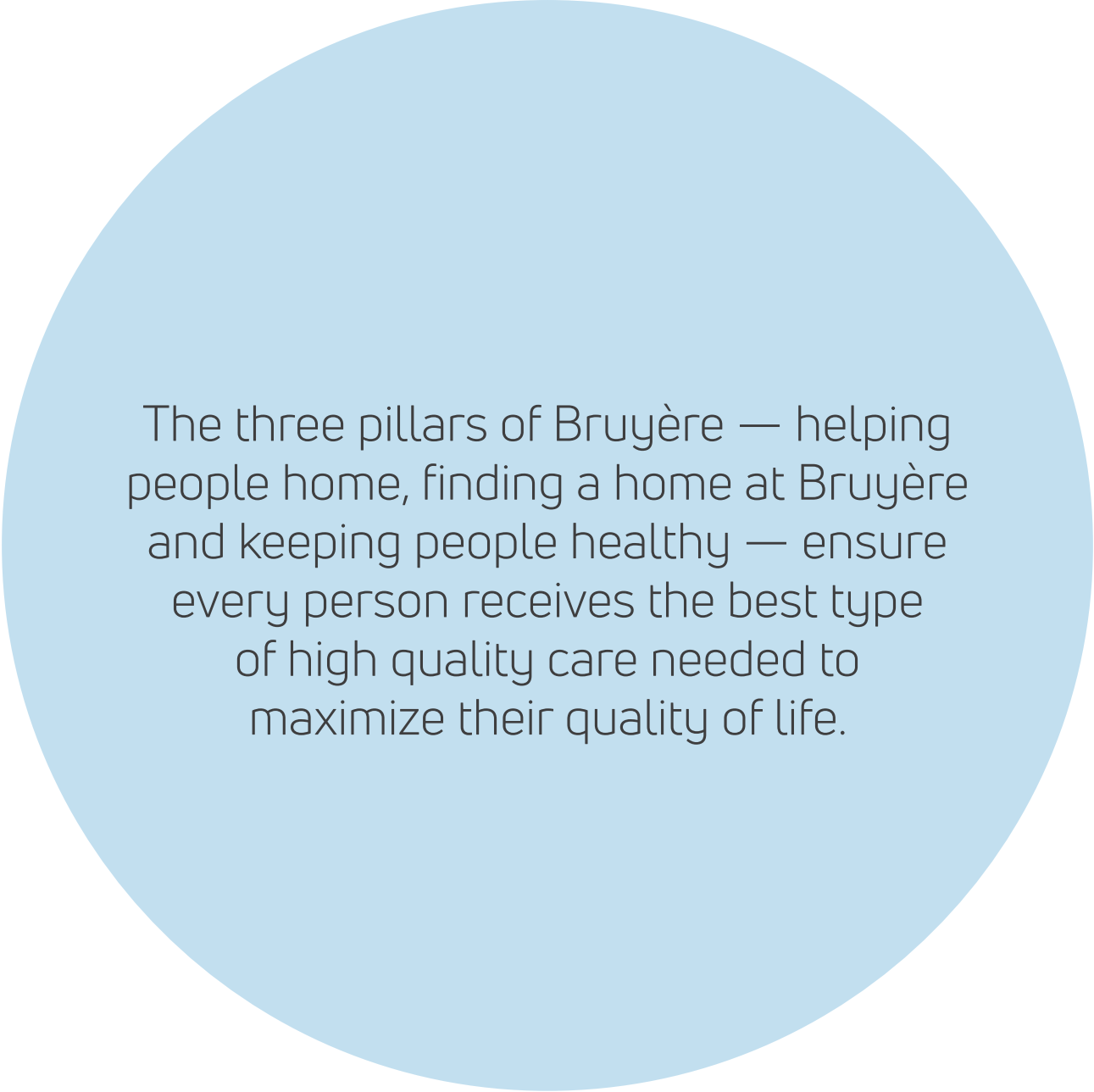
Integrating the new technology into a familiar workflow has proven to be the simplest way to create the most significant impact.

Adoption rates of eConsult have been and remain high, with the Academic Family Health Team at Bruyère being among the top users of the service, improving the experience of our patients by reducing the turnaround time for input from a specialist and eliminating a trip to their office. eConsult has also led to a reduction in the backlog of traditional referrals at the clinic.

Launched as a small proof-of-concept in 2010 in the Ottawa region, the eConsult service has completed nearly 50,000 cases, enrolled more than 1,400 primary care providers, been replicated in Manitoba, New Brunswick, Quebec, and Newfoundland and Labrador. Here in Ontario, the Ministry of Health and Long-Term Care now supports the service and is undergoing expansion province-wide.

⁵ Champlain BASE™ eConsult was developed through a partnership between the Bruyère Research Institute, the Champlain LHIN, The Ottawa Hospital and the Winchester District Memorial Hospital

⁶ Clare Liddy, MD, MSc, CCFP, FCFP; Gwen de Man, MD; Isabella Moroz, PhD; Amir Afkham, BEng(H); Jay Mercer, MD; Erin Keely, MD



The three pillars of Bruyère — helping people home, finding a home at Bruyère and keeping people healthy — ensure every person receives the best type of high quality care needed to maximize their quality of life.

2018

April



Mother Élisabeth Bruyère declared a Venerable Servant of God by Pope Francis

April



Bruyère celebrates recognition of two Health Standards Organization Leading Practices

May



Bruyère Life Changing Day

June



Bruyère annual golf tournament

September



Broadway for Bruyère

October



Launch of the Centre for Individualized Health

October



New partnership between Bruyère and FCi:
Launch of Red Dot Alerts

November



Bruyère Life Changing Breakfast

December



Santa for Seniors

2019

January



Q&A with The Honourable Filomena Tassi,
Minister of Seniors

March



Life Changing Women

April



Accreditation Canada site visit

April



Bruyère is recognized as one of Newsweek's
top 1000 hospitals in the world

Financials



Bruyère

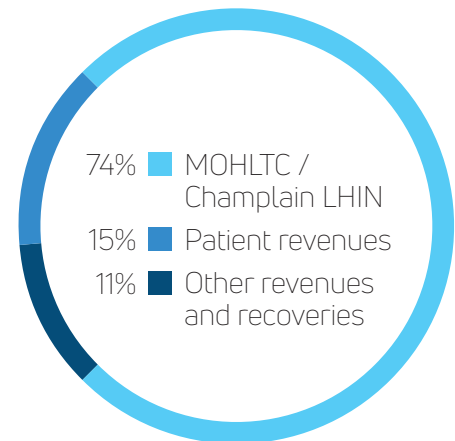
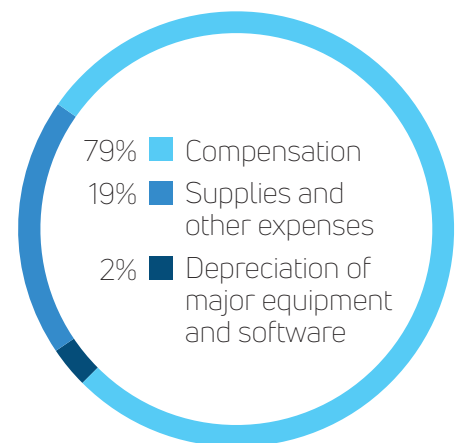
Unaudited statement*

Expenses by categories

	March 31, 2019 (in millions)	March 31, 2018 (in millions)
Compensation	\$ 121.73	\$ 118.66
Supplies and other expenses	\$ 29.73	\$ 28.43
Depreciation of major equipment and software	\$ 2.45	\$ 3.68
	<u>\$ 153.91</u>	<u>\$ 150.77</u>

Revenues by source

	March 31, 2019 (in millions)	March 31, 2018 (in millions)
Ministry of Health and Long-Term Care (MOHLTC) / Champlain Local Health Integration Network (LHIN)	\$ 117.94	\$ 114.37
Patient revenues	\$ 23.88	\$ 24.49
Other revenues and recoveries	\$ 17.18	\$ 17.26
	<u>\$ 159.00</u>	<u>\$ 156.12</u>



* Audited financial statements are available at www.bruyere.org.

INSTITUT DE RECHERCHE

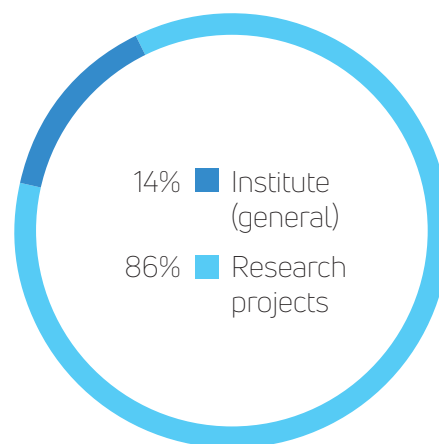


Unaudited statement*

March 31, 2019
(in millions)

Revenue

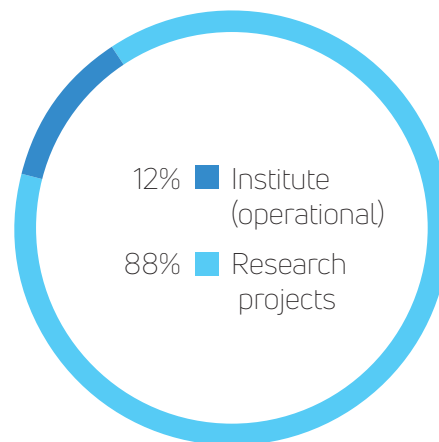
Institute (general)	\$ 1.333
Research projects	\$ 8.045



March 31, 2019
(in millions)

Expenses

Institute (operational)	\$ 1.102
Research projects	\$ 8.238

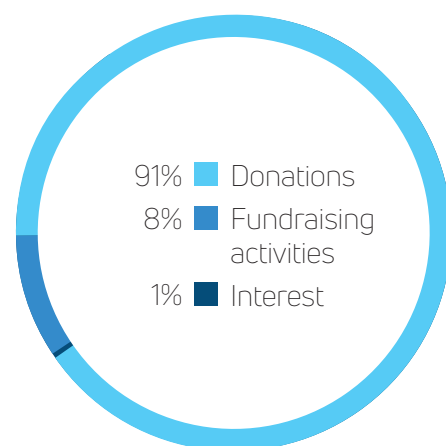


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FONDATION



Unaudited statement*	March 31, 2019 (in millions)	March 31, 2018 (in millions)
Source of revenue		
Donations	\$ 4.437	\$ 2.961
Fundraising activities	\$ 0.401	\$ 0.288
Interest	\$ 0.019	\$ 0.008
Total revenue	\$ 4.858	\$ 3.257



Statement of revenue and expenses

Total revenue	\$ 4.858	\$ 3.257
Total operating expenses	\$ 1.788	\$ 1.343
Excess of revenue over expenses before transfers	\$ 3.070	\$ 1.914

Funds and gifts in-kind transferred

Bruyère Research Institute	\$ 0.849	\$ 0.512
Bruyère Continuing Care	\$ 0.693	\$ 1.064
Other distributions	\$ 0.270	\$ 0.350
Total funds transferred	\$ 1.812	\$ 1.926

* Audited financial statements are available at www.bruyere.org.

Hospital Programs

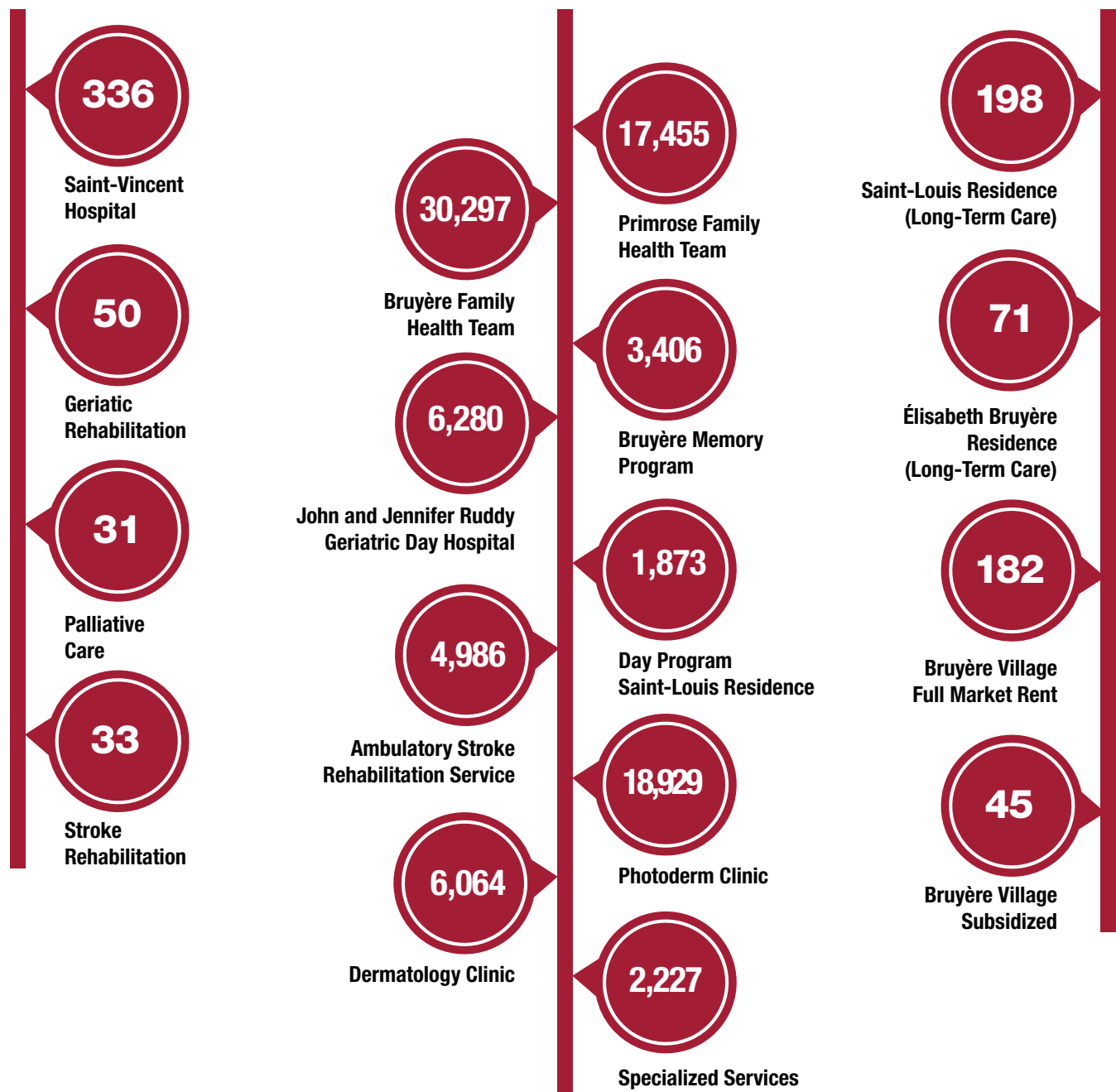
Community Programs

Residential Programs

450 beds

91,517 visits

496 beds







bruyere.org



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