



LA LIGNIÈRE
Clinique

ANNUAL REPORT 2017







A HOLISTIC, SUSTAINABLE APPROACH
TO HEALTH

Our mission

True to our tradition, our mission is to provide holistic care for our patients, from prevention to treatment, while taking the individual and their biological, psychosocial and spiritual needs into consideration.

Our vision

We wish to become a center of choice and regional leader in specialized rehabilitation, while emphasizing our role in the promotion of physical and mental health, by capitalizing on our skills as well as our ethical and Christian values.

Clinique La Lignière SA is owned by the *Société philanthropique de la Lignière*, a not-for-profit association founded in 1904.

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MANAGEMENT REPORT

Nicolas Walther | Chief Executive Officer
Dr Jean-Paul Robert | Chief Medical Officer

Opening of the new *Centre Médical & Thérapeutique* (outpatient center), close collaboration with our partners, as well as hospitality development and restructuring are just a few of the points that we wished to mention in this report.

CLINIC OCCUPANCY RATE AND PARTNERS

The number of our patients has decreased in comparison to the average over the past three years. Thus, in 2017, the average number of patients was 86.61 versus 87.21 between 2014 and 2016, or an occupancy rate of 92.14% versus an average of 92.79% between 2014 and 2016.

We noted very positive stabilizing of the number of Recognized Public Interest (RPI) patients. Compared to 2016, the occupancy rate remained at 98.53% (versus 98.65% in 2016). Most of our patients come from the canton of Vaud.

This increased slightly in 2017, once again confirming *Clinique La Lignière's* place as a cantonal establishment that is well-rooted in the surrounding community. Patients from Geneva represent around 20% of the clinic's total activity. Around 7% of our patients are

from international organizations.

Our principal referring hospitals remain the CHUV, the GHOL and the HUG, with which we have excellent

relationships.

This is followed by the private clinics. The number of daily patients coming from the GHOL decreased slightly but nonetheless still represents more than 16% of our patients. This decrease, which was already noted in 2016, and which principally concerns orthopedic rehabilitation and internal medicine, can be explained by a drop in demand from the referring hospital.

Progress in operating techniques with an immediate return home for patients not requiring an in-patient rehabilitation program, as well as reinforcement of home-based care, provides another explanation for this decrease.

We have nonetheless remained a privileged partner for the GHOL with which we maintain an excellent relationship that is valuable for patients, including with regard to the GHOL stroke unit in which we are also involved. In addition, we continue to work with the CHUV, notably with regard to treating cardiovascular

or heart failure patients, or, unique in Switzerland, those involved in neuro-oncological rehabilitation.

In terms of our financial results, we note a decrease in profit which is mainly explained by an increase in payroll costs due to the application of commitments linked to the performance mandate as well as insufficient remuneration for certain treatments such as general rehabilitation.

ATTENTIVE TO OUR PATIENTS' SATISFACTION

In 2017, we once again renewed a patient satisfaction survey conducted by an external organization (MECON), which compares us in terms of rehabilitation with 24 other similar establishments. For the first time, we completed a survey for each rehabilitation program as well as a specific survey for psychiatric patients. Overall, the satisfaction survey for rehabilitation patients confirmed the strong and weak points already noted in 2016. Strong points include excellent information provided by doctors as well as their humane treatment approach.

However, communication with patients

features amongst the points in need of improvement. Our aim is thus to make changes to everything relating to information given to patients when they are admitted (orientation, treatment programs, etc.), during their stay and at the end thereof. We can nonetheless capitalize on patient satisfaction regarding individual relationships with doctors as well as on the fact that patients have learned to cope with the day-to-day realities of their new state of health.

PATIENT QUALITY, SAFETY AND VIGILANCE

Amongst other measures related to patient quality and safety arrangements, we have established the "Patient Quality and Safety Committee" whose mission is to implement, analyze and monitor patient quality and safety scorecard indicators with regard to the management of undesirable events such as errors related to medication, hand sanitization, and updating work practices in line with developments. Our aim is to introduce a strong patient safety culture at institutional level. The committee is thus in the process of implementing various elements in this regard, such as a patient safety week and complaints

The number of patients has decreased in comparison to the preceding three years.





as are necessary to maintain appropriate levels of patient reception and safety.

OPENING OF THE *CENTRE MÉDICAL & THÉRAPEUTIQUE* AND OUTPATIENT DEVELOPMENT

2017 was also marked by the creation of an outpatient center: the *Centre médical & thérapeutique La Lignière SA*, for which the opening of the first phase was celebrated by the inauguration of the building in June 2017 and which ended in May 2018 with the completion of the renovation work on the adjacent building. Since July 2017, the new outpatient center has had a separate legal structure overseen, in the same way as *Clinique La Lignière SA*, by the newly created holding company.

process amongst other things. Questions concerning hygiene, and the prevention and control of infection are also part of its remit.

HOSPITALITY RESTRUCTURING

The two major facts to bear in mind related to support and logistics activities in 2017 are as follows: on the one hand, the involvement of the Head of Operational Flows; and on the other, the creation of a position for a Head of Procurement and Replenishment.

The arrival of the former has enabled the implementation of overall coordination of patient and employee support and logistics services at the institutional level. In addition, this new function encourages a transversal work ethic as well as improved interdepartmental dialogue with regard to hospitality, technical and security services.

This holistic vision offers better synchronization, coordination and planning of activities, departments and services, as well as projects, greater reactivity to patients, and increased

speed with regard to decision-making and the handling of dysfunctional elements.

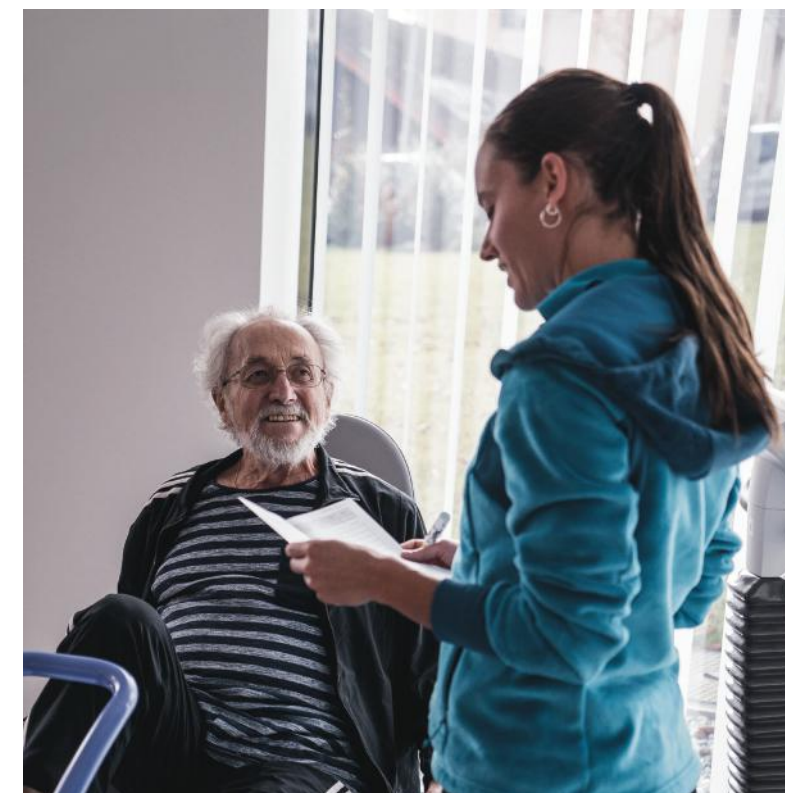
In addition, the new position dealing with replenishment and procurement has resulted in the clinic's first experience of centralized management of orders, along with improved budget preparation and optimization.

ADAPTING OUR INFRASTRUCTURE

We have noted for a number of years that the clinic's facilities and technical equipment were going to require significant renovation and adaptation in order to meet existing standards with regard to safety, energy, working conditions and patient reception.

Aware of the financial implications and issues in terms of sustainability for the clinic, the Board of Directors has decided to mandate an external consultant, whose main conclusions could be helpful for further consideration of the renovation project for the clinic.

In the meantime, we will continue, as we have done in previous years, with such renovations



employees for their enormous commitment and devotion to the clinic's mission and development, as well as all our partners with whom we work in close collaboration and the patients and clients who place their trust in us.

CONSOLIDATED KEY FIGURES

Denis Bouvet | Chief Financial Officer (CFO)

Balance sheet as at December 31st 2017

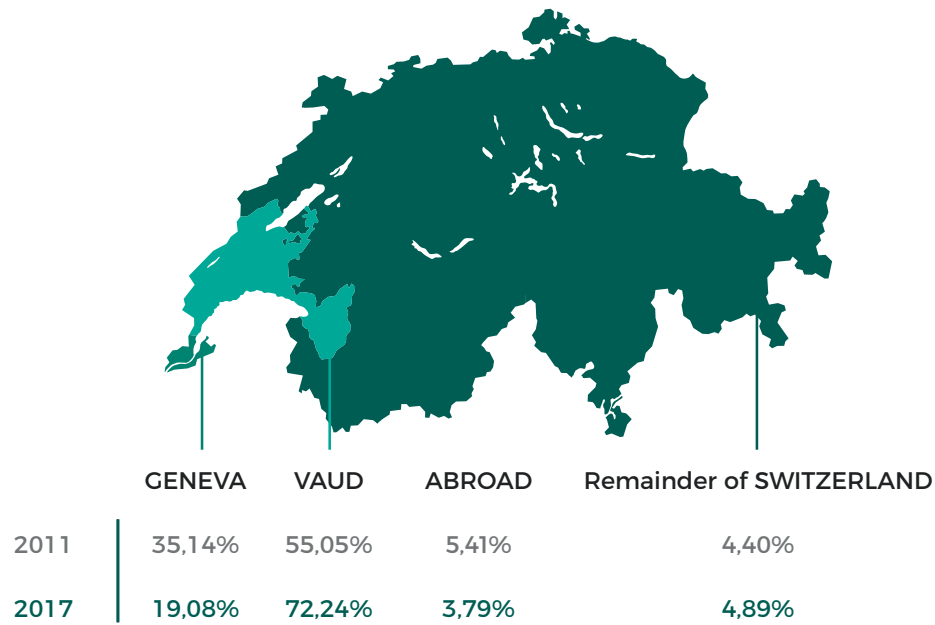
ASSETS	2017	2016	LIABILITIES	2017	2016
CURRENT ASSETS			SHORT-TERM OUTSIDE CAPITAL		
Cashflow	3 879 079	7 647 237	Creditors	636 606	671 071
Patients	4 487 975	4 778 828	Other creditors	252 000	438 320
Other debtors	1 586 000	29 412	Customer advances	341 072	356 367
Prepaid expenses	1 935 447	229 991	Deferred liabilities	417 384	750 680
Stocks	104 805	108 978		1 647 062	2 216 438
	11 993 306	12 794 446	LONG-TERM OUTSIDE CAPITAL		
FIXED ASSETS			Current accounts	6 070 094	6 476 509
Tangible assets	347 883	446 832	Reserves and capital	3 922 000	3 849 000
	347 833	446 832		9 992 094	10 325 509
TOTAL ASSETS			CAPITAL AND EQUITY CAPITAL		
	12 341 189	13 241 278	Share capital	500 000	500 000
			General reserve	11 000	8 000
			Profit	191 033	191 331
				702 033	699 331
TOTAL LIABILITIES			12 341 189	13 241 278	

Financial results as at December 31st 2017

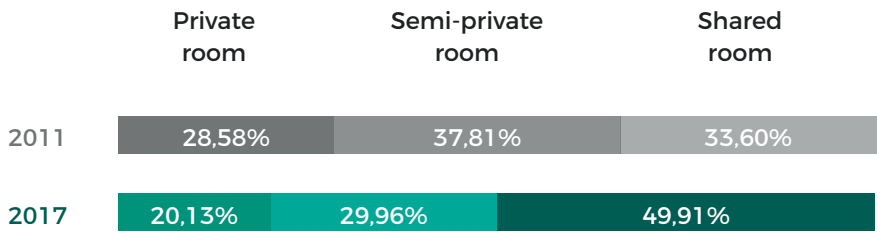
	2016	2017
NET INCOME FROM SALES AND SERVICES		
Hospital and healthcare tax	18 948 311	18 708 340
Other medical services	2 308 177	2 475 211
Acquaforme income	983 785	1 039 050
Services to staff and third parties	878 359	874 723
Staff investment subsidy	764 990	705 981
Debtor value losses and adjustments	-1 142	-48 728
Other operating income	164 879	168 480
	24 047 359	23 923 057
OPERATING COSTS		
Payroll	17 699 135	18 037 308
Other operating costs	5 530 471	5 540 074
	23 229 606	23 577 382
Earnings before interest, tax, depreciation and amortization (EBITDA)		
	817 753	345 675
Depreciation on tangible fixed assets	177 875	136 527
Changes in provisions and funds	362 000	73 000
Earnings before interest and taxes (EBIT)	277 878	136 148
Financial charges and income	95 105	80 223
Special, once off and off-peak expenses	-24 068	20 959
Pre-tax income	206 841	34 966
Direct tax	148 659	32 264
PROFIT FOR THE FINANCIAL YEAR	58 182	2 702

PATIENT STATISTICS

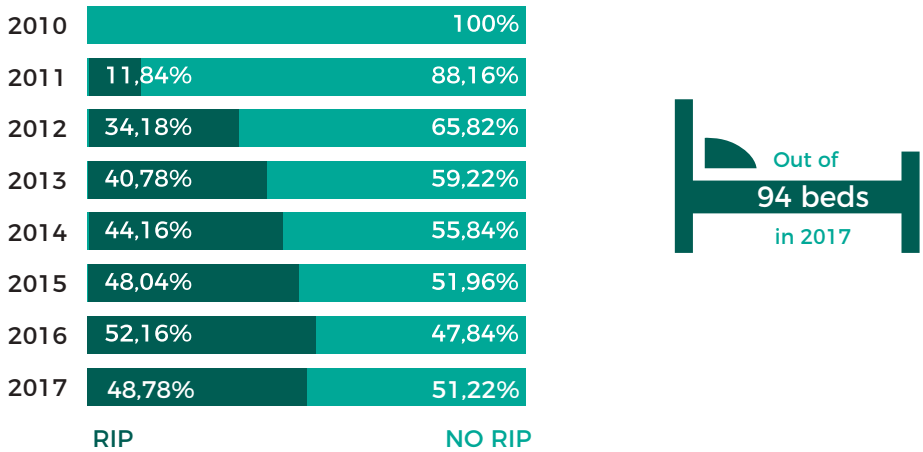
PROVENANCE OF HOSPITALIZED PATIENTS



BREAKDOWN BY INSURANCE CATEGORY



SHARE OF “RPI” (recognized public Interest) BEDS WITHIN THE CLINIC’S ACTIVITIES



HOSPITALIZED PATIENT SATISFACTION

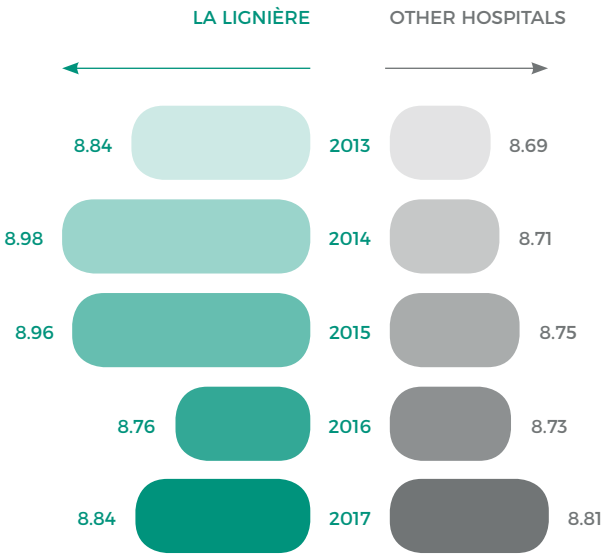
The National Association for quality development in hospitals and clinics (*L'Association nationale pour le développement de la qualité dans les hôpitaux et cliniques - ANQ*) undertakes uniform quality measurement of chronic somatic medicine, rehabilitation and psychiatry in hospitals. Measurement results are used in a national comparison and are openly published. The ANQ thus provides hospitals and clinics with the fundamentals required to develop targeted quality improvement measures

even though these results only represent partial aspects of the overall quality of a hospital or clinic.

For the past five years, *Clinique La Lignière* has been one of 100 rehabilitation hospitals or clinics taking part in the ANQ satisfaction survey.

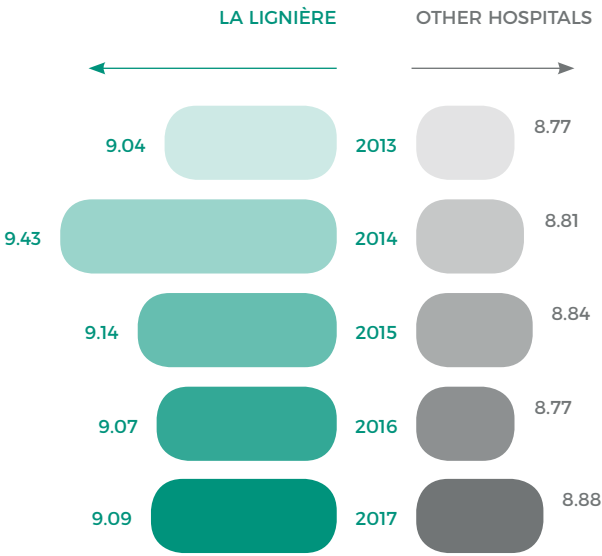
The partial results of the latter are as follows:

Are you satisfied with the **quality** of the rehabilitation with which you were provided?



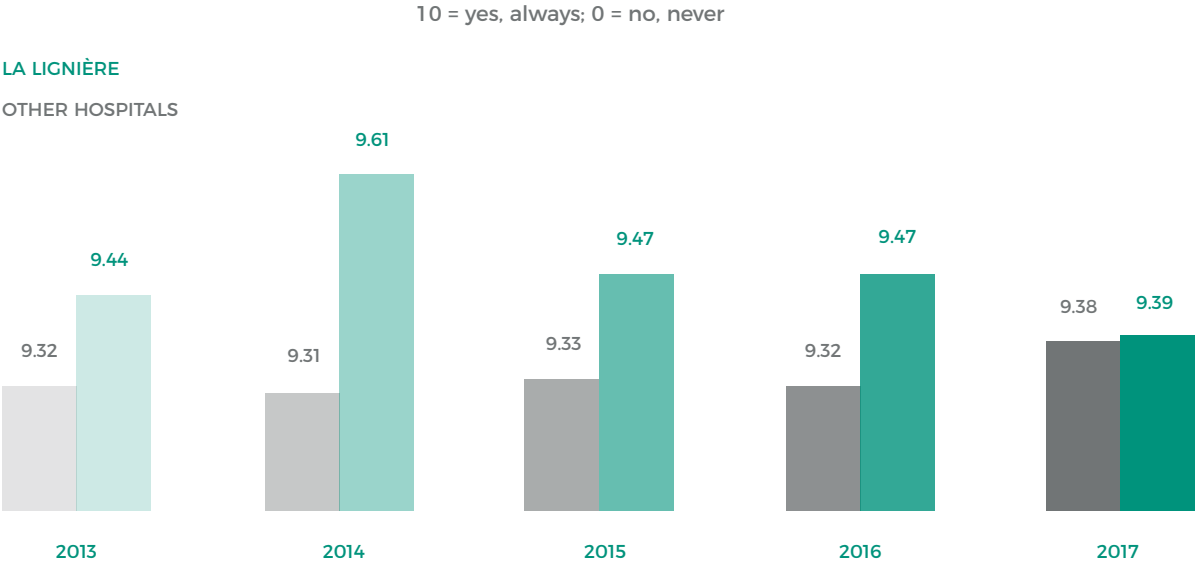
10 = yes, very satisfied; 0 = no, not at all

When you asked the doctors questions, were you given **understandable answers**?



10 = yes, always; 0 = no, never

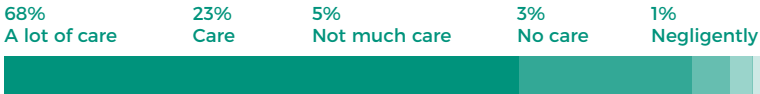
Do you think that during your rehabilitation, the hospital staff treated you with **respect and preserved your dignity**?



Source : Patient satisfaction survey – ANQ

CLINIQUE LA LIGNIÈRE 2017 PATIENT SATISFACTION SURVEY

Was the **treatment** you received from the nursing staff conducted...with a great deal of care/negligently?



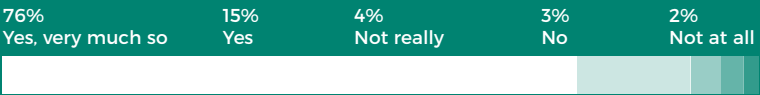
Was your room always very **clean**?



At the clinic, did you learn to live your daily life in your **state of health**?



Was the nursing staff pleasant and helpful?



Was your relationship with the doctors individualized?



SUSTAINABLE DEVELOPMENT

Vanina Bouvet and Antoine Bussy
Commission for Sustainable Development
Excerpt from COP 2017 (Conference of the Parties)

In our approach to holistic healthcare for our patients, we would like to position *Clinique La Lignière* within a dynamic environmental, societal and economic framework. Against this background, and continuing with what we started in 2015, in-depth discussions regarding Sustainable Development were held in 2016.

GLOBAL COMPACT

Declaration confirming support of the principles in the United Nations Global Compact. In 2017, *Clinique La Lignière* pursued the implementation of sustainable development thought processes within the organization. In this manner, we continue to incorporate the ten principles of the Global Compact in our operations, encompassing human rights, labor law, environmental protection and the fight against corruption. These priorities are now an integral part of the clinic's values. We are thus true to these principles in the strategic and operational decisions we take.

WE ARE WORKING WITH THE FUTURE IN MIND

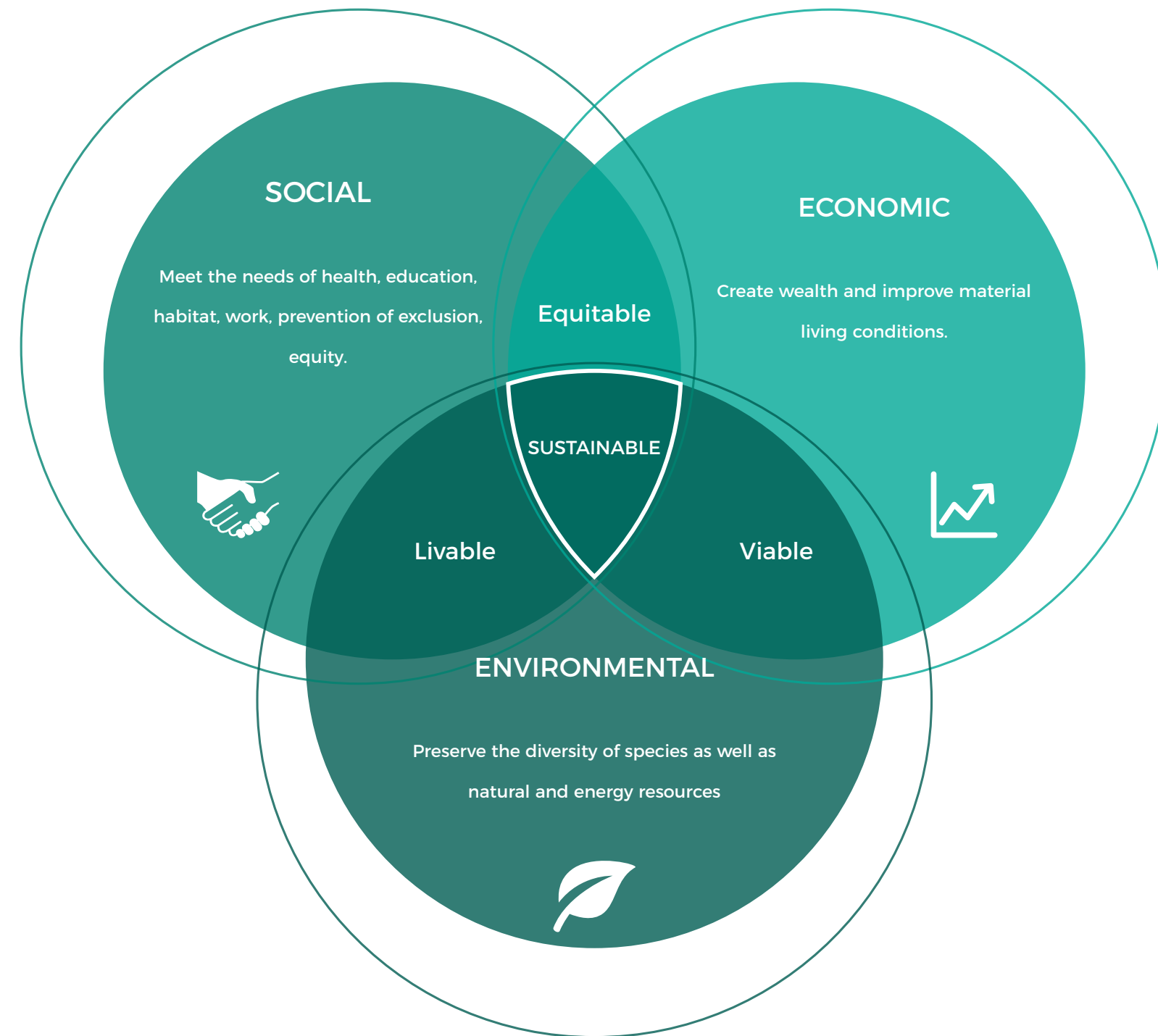
A study assessing the effects of our actions with regard to sustainable development is currently under way, in order to define the different strategic focuses for our institution in the years to come. This should result in the development of an overview that will enable us to subsequently target our weak points and improve the quality of our actions in the area of sustainable development.

AT CLINIQUE LA LIGNIÈRE

SOCIAL Our patients, clients and employees are the focus of our concerns, and our essential partners in this ongoing conversation, with whom we wish to develop a relationship based on trust and collaboration. Health promotion is one of our key missions.

ECONOMIC Our structure targets financial sustainability through improvement of our financial results as well as a quest for cost rationalization.

ENVIRONMENT Our environment is one element of our overall philosophy and it is included in our daily management. In the interests of sustainable development, our environmental policy is achieved by the participation of all who use the site. The way we manage our site pursues this approach.



Our company policy comprises the three fundamental pillars of sustainable development.

GOVERNANCE AND LEADERSHIP

BOARD OF DIRECTORS

President

Mr Mario Brito

Members

Dr Rémy Boscacci
Dr Murray Brandstater
Ms Valérie Dufour
Mr David Jennah
Mr Barna Magyarosi
Mr Bernd Quoss
Mr Nicolas Walther
Mr Norbert Zens

CLINICAL SERVICES MANAGEMENT

Director of Nursing

Mr Patrick Jacquin

Head Nurse, Neurological and Orthopedic Rehabilitation Unit

Mr Patrick Jacquin

Head Nurse, Psychiatric Unit

Ms Manuela Hirep

Head Nurse, Internal Medicine Unit

Mr Rudi Merckx

Head Nurse, Cardiovascular Rehabilitation Unit

Ms Brigitte Nacht

LABELS & PARTNERS



Netzwerk kardiovaskuläre Präventionszentren Schweiz
Réseau des Centres de Prévention Cardiovasculaire Suisse
Rete dei Centri di Prevenzione Cardiovascolare Svizzera
www.swissprevent.ch

AFFILIATIONS



EXECUTIVE COMMITTEE

Chief Executive Officer

Mr Nicolas Walther

Executive Assistant & Human Resources

Ms Nadine Farescour

Chief Financial Officer

Mr Denis Bouvet

Chief Medical Officer and Head Physician, Program for Neurological, Orthopedic and Rheumatological Rehabilitation

Dr Jean-Paul Robert

Head Physician, Cardiovascular Rehabilitation

Dr Claude-Alain Nacht

Head Physician, Rehabilitation Program for Internal Medicine and Oncology

Dr Raoul Kammerlander

Dr Daniela Borcan, from November 1st 2017

Head Physician, Psychiatry Program

Dr Bernard Davy

Head of Quality-Security-Vigilance Department

Mr Michæl Gross

Ms Vanina Bouvet, from February 1st 2017

Head, Health Center

Mr Didier Brocard

Head of Medico-Therapeutics

Ms Nathalie Legoll

Head, Hospitality and Facilities

Mr Olivier Perriard

Mr Mattia Benini, from March 1st 2017

Chaplaincy and cultural activities

Mr Thierry Lenoir

Head Physician, staff health service

Dr Marc Abdelmoula

Staff Health, Health Promotion and HPCI

Head Nurse

Ms Fabienne Syfrig

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Clinic

Cardiovascular rehabilitation
Neurological rehabilitation
Orthopedic rehabilitation
Rheumatological rehabilitation
Psychiatry
Internal medicine and oncological rehabilitation

Centre Médical & Thérapeutique

(outpatient center)

Health Center
