



459 Hume Street, Collingwood ON L9Y 1W9 (705)445-2550

# 2014

## Collingwood General & Marine Hospital Community Report



A woman with short, wavy brown hair, wearing a blue long-sleeved top and a pearl necklace, is leaning over a desk. She is looking towards the camera with a slight smile. On the desk in front of her are several sheets of paper, a blue pen, and a black calculator. In the background, there is a framed picture of a landscape with mountains and water. A large, dark blue puzzle piece graphic is positioned to the right of the woman, containing the title text.

# Hospital Chair Report

Canadian Medicare is founded on the principles of universality, accessibility, comprehensiveness, portability and public administration. As Canadians we very proud of this legacy but we realize that in 2011 it is being severely stretched and is under great strain.

Spending in healthcare is out pacing inflation and population growth and is expected to reach its highest level ever. National expenditures will be \$171 billion this year or over \$ 5000 per person. Think of that ... over \$5000 for every man, woman and child in our country.

Locally, for the G&M Hospital, it's time to come together with a plan. Funding increases have been insufficient for the past number of years to offset cost increases from inflation, wage settlements, new technology and growth in demand for services, especially for seniors.

Everyone has expectations of their local hospital. The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) has created a strategic plan that addresses some of the challenges we face. Their expectations are that we improve access to appropriate care; reduce Emergency Room wait times and Alternate Level of Care patient days.

**OUR PLAN** - In 2011 the Board of Trustees developed and approved a strategic plan to guide the organization into 2013. This strategic plan was developed through identification of key enablers, a review of information gathered from internal and external stakeholders, staff, volunteers, physicians, LHINs, residents of the communities we serve and key partners including hospice, long term care facilities and the Family Health Team. Here is what we have learned and what we have heard from you.

*Continued...*



The New Directions Strategic Plan for the G&M focuses on 5 goals. Actions related to these goals are currently in progress across the hospital. The rest of this Annual Report will provide you with examples of these goals in motion within our hospital.

**Goal 1:** Excellence and Innovation. To deliver quality and excellence in the services we provide to our community, we commit to: Implementing processes that will improve the quality of care and help our patients and their families to understand their role in healthcare safety; Building upon our culture of safety; and fostering innovation throughout our organization by recognizing our employees for excellence and breakthrough ideas. The board has developed a formal Quality Plan with very specific performance targets. [This information is available on our website at: www.cgmh.on.ca](http://www.cgmh.on.ca).

**Goal 2:** Responsiveness. We need to engage our community in order to anticipate and be responsive to its needs. Part of this goal is to connect with our community to provide easy to use channels for resident's in the communities that we serve to provide feedback through our various channels such as our website. We're also looking for the community to better understand our challenges. [\(You can learn about work on our Community Engagement Survey in our story about Responsiveness\)](#).

**Goal 3:** Effective Collaboration. To build a seamless, quality healthcare experience for our patients, we commit to strengthening our local healthcare system by building upon existing partnerships and establishing new partnerships with service providers in our community. We also need to explore ways to improve care delivery by developing a health campus of services as well as be a catalyst for change by working with partners to improve access to the most appropriate level of care for our patients. [\(You can](#)

[read more about work done by our senior friendly council in this report\)](#).

**Goal 4:** Sustainable Quality. To ensure that we can continue to provide the quality and level of service our community needs, we commit to: Implementing an action plan to ensure long term financial stability, becoming the Employer of Choice in our region in order to ensure stability in the workforce, ensuring that our facilities meet the long term needs of our communities. [Find out where we are at within Phase 1 of Clinical Development within the Sustainable Quality section of this report.](#)

**Goal 5:** Leadership in Orthopaedics. To take a leadership role within the North Simcoe Muskoka LHIN as a centre of excellence in Orthopaedics. Our role will be to provide leadership and direction to support orthopaedic needs within the North Simcoe Muskoka LHIN. Future work will involve coordinating stakeholders and ensuring alignment with many priorities. We will be asked to foster a culture to share knowledge and information amongst other care providers and to support the development of partnerships across the community, including hospital rehab and long term care facilities. [Read about advancements later in this report.](#)

This summarizes the 5 key New Directions developed by the Board of Trustees that lead us into 2013. We recognize that the tasks at hand require a team approach and thank you for sharing your feedback with us so that we can best address important community needs together.

Focusing on the 5 goals will help us to set priorities. In 2011/12, the G&M has a projected budget deficit

of almost 700K. Although we did not balance in 2010/11, the deficit was considerably less coming in at just around 200K. With budget challenges top of mind, the Board of Trustees thanks you for your efforts to help keep our hospital sustainable so that critical care services will be here for future generations.

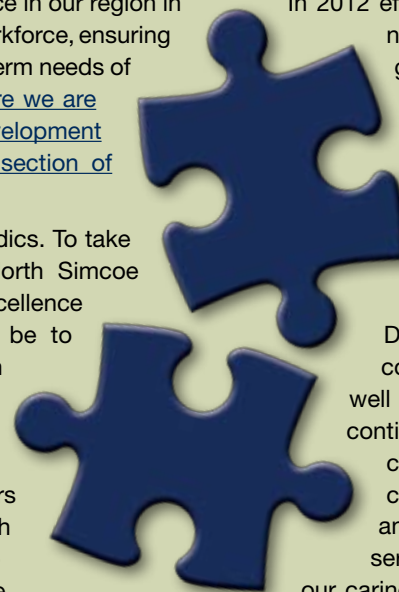
In 2012 efficiencies and cost recoveries from items not funded from the Ministry will only go so far. The only sure way to balance this budget is through program and service reductions unless we can obtain additional base funding. The Board's top priority is continuing to provide safe, high quality patient care and not substantially reduce or eliminate critical services.

During these challenging times we must continue to review our plan with you, as well as explore new cost effective ways to continue to provide high quality patient care. Remember that within our growing communities we must respond to change and embrace new ways to deliver healthcare services locally. We are about teamwork and our caring hospital staff, volunteers, management, physicians, nurses, medical staff, foundation and trustees are committed qualified professionals who are also our friends and neighbours.

We want to hear your ideas and concerns and we are always open to sharing information with the community. Most importantly, we understand that we must always strive to do better. Thank you for supporting our plan. ■

Shelley Wells

Chair, G&M Hospital Board of Trustees



# What's In A Number?

In the case of the Collingwood G&M Hospital Foundation (CGMHF) there is more to it than you might think.

Take for example the amount of money generated by the Foundation in 2010:

- \$3.3 million raised through donations and special events,
- \$300,000 generated through investment income, and another \$200,000 market value increase in our investments.

These are impressive numbers but they don't tell the most important part of the story –to see what we were able to do with your generous gifts [click here](#).

In addition to these purchases, another \$1.6 million in bequest gifts were endowed in perpetuity for ongoing equipment needs. These donors have asked that we keep their legacy gifts working in support of their Hospital for generations to come.

The growth that the G&M has experienced over the past 10 years in patient service volumes is astounding. You've helped to care for these patients by supporting the cost of equipment, technology and facilities. In fact, when you walk into the G&M Hospital, you will see your dollars at work almost everywhere you look. Each of these patients join me in thanking you for the role you've played in their care.

Another number that might interest you is our cost to fundraise. The CGMHF Board of Directors is diligent about monitoring expenses on fundraising programs. For the past three years, CGMHF has participated in the Association for Healthcare Philanthropy's Benchmarking program. This is a voluntary program which requires CGMHF to define and record each of its expenses and then compare itself against other hospital foundations across North America. Based on this program, we can report that our cost to raise one dollar continues to be consistently below 25¢. In the past three years our costs have been equal to or lower than the average costs for North American hospital foundations and we are always well below the Canada Revenue Agency benchmark of 30¢ per dollar raised.

I'm sure by now you are almost overwhelmed by the numbers in this message but I've saved the most important number for last: one – one donor, one gift. That's all it takes to make a difference to healthcare in our community. The CGMHF is extremely fortunate to have so many single donors who impact the lives of our patients every day.

I hope you'll take the time to read through the rest of this report to learn about the extraordinary advances that your hospital is making. Like you, I am a donor to CGMHF and like me, I hope you will be pleased with the impacts you will see.

Thank you for your support. ■

Robbie Ross

Chair, CGMHF Board of Directors

*PS. Please feel free to contact CGMHF Executive Director, Jory Pritchard-Kerr personally at 705-444-8645 or [kerrj@cgmh.on.ca](mailto:kerrj@cgmh.on.ca) if you would like more information on any of our programs.*

Robbie Ross is the volunteer Chair of the CGMHF Board of Directors. "Like you, my family and I enjoy the wonderful recreational opportunities Southern Georgian Bay has to offer AND we rely on the G&M Hospital to meet our healthcare needs."







## CEO's Report

In addition to managing the growing volumes of day to day patient care activities, the G&M team has been a part of a number of significant accomplishments in 2010/11 which continue to improve care for the communities we serve.

We have improved access to patient information by implementing an electronic connection between our Emergency Room and Family Physicians offices, improving the flow of communications between these care providers. As well, an electronic connection between the Hospital and Family Physicians' offices now allows for the transfer of patient information in a timely manner.

We have enhanced our awareness of the environmental needs of our patients who are seniors through the participation of members of the community on a Senior Friendly Advisory Committee. We are well in front of what is now a provincial initiative to develop Senior Friendly Hospitals.

We ensured continuity of care and best practice for patients with a fractured hip or femur in our orthopaedics program. This is part of our work as the lead organization for the development of a North Simcoe Muskoka LHIN-wide Orthopaedic program.

We increased patient safety by developing processes (many of them electronic) that support medication reconciliation on all of our inpatient units. We also increased our capacity to provide safe, high quality surgical care to patients by reviewing and implementing new processes and continually looking for ways to improve.

We began the journey to enhance our physical facilities and better support patient services within our current space through Phase 1 of our Clinical

*Continued...*

Redevelopment Plan. This work will see expansion of several clinical areas including the Emergency Room Triage and reception area, Dialysis, the Operating Room, Endoscopy Suite, and the Sterile Processing Department. This expansion would not be possible without the partnership of our Foundation and Simcoe County.

Through collaboration with the Georgian Bay Family Health Team, we have increased the specialized resources available to our patients while in hospital such as specialized wound care, access to Social Work and linkages to follow-up care for patients with Congestive Heart Failure.

These accomplishments are not due to the effort of one person or one team. But rather, these things have been accomplished because groups of individuals came together to work towards a common goal.

Groups of staff, physicians and volunteers from within the Hospital, providers from our community and from the region along with members of the general public have come together to work on various projects, all focused on the same goal – better health care. It is by coming together that we are able to exceed the efforts of any one individual or group. This has been very obvious in the accomplishments that the G&M has been a part of in the past year.

In order to be successful groups of individuals coming together require direction and leadership. The G&M has been guided by several sources of direction. The North Simcoe Muskoka LHIN's vision and 10 year strategic plan has provided us with an understanding of how we fit in the regional picture with peers from Barrie, Orillia, Midland/Penetang and Muskoka. Closer to home our direction and leadership has been provided by the Board of Trustees' vision and strategic plan for the G&M.

In the fall of 2010 the Board of Trustees came together to reaffirm our vision:

- Focusing on the patient
- Striving for excellence
- Providing the right resources (people, equipment, financial)
- Partnering with others to strengthen care

To help us reach this Vision, the board arrived at our 5 New Directions: Excellence and Innovation, Responsiveness, Effective Collaboration, Sustainable Quality, Leadership in Orthopaedics.

I am particularly proud of our focus on Effective Collaboration. Recently, together with the Family Health Team and the Community Health Centre, we launched an initiative that will strengthen our “local system” of services. The first area of focus for this initiative is to support seniors to stay in their own home by building upon existing resources and using volunteers from our community to help seniors navigate the system. This project has been termed the “Home for Life” project and our goal is to positively impact a minimum of 100 seniors by this fall.

Much of what we have done in our strategic plan has been through the collective efforts of many individuals. Together with staff, physician and volunteers, within the hospital, with care providers in our community and across the LHIN and with members of our community – we have accomplished a great deal this past year.

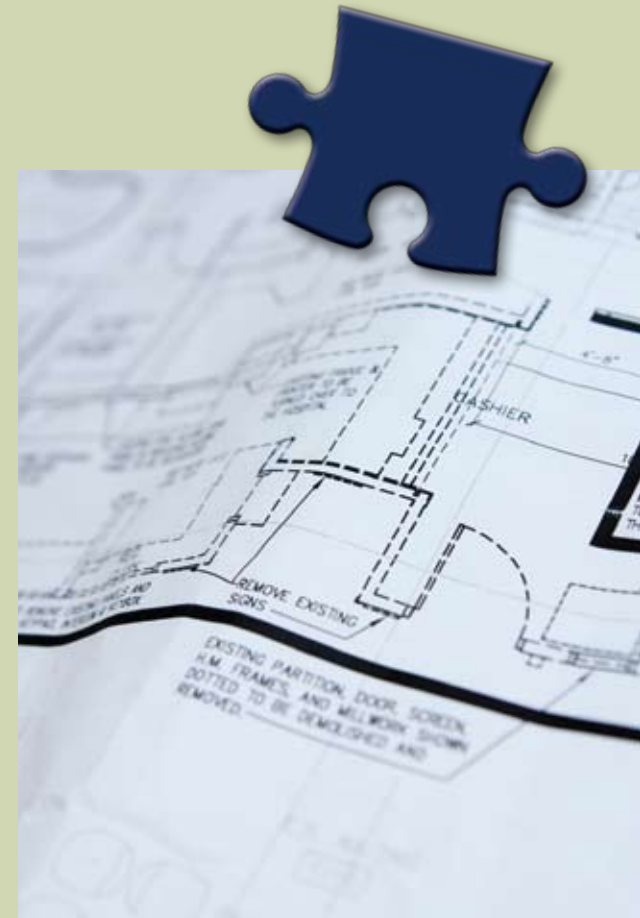
We can't stop this very important work. We will continue to look for innovative ways to work together - with each other within the hospital, with partners in the community and across the LHIN. We will look for ways to break down previous barriers or move away from the way “we have always done it” – to find

new solutions that will work within a finite amount of funding.

We must each do our part to create a strong system as it is through these partnerships that our community will have access to the best possible health care service. We are ALL in this TOGETHER! ■

Linda L. Davis

President & CEO, G&M Hospital





It seems that every hospital visit starts with questions. Do you have any drug allergies? What medications do you take? What dosage? How often do you take them?

### ***Why so many questions?***

One of the biggest risks to patient safety is medication errors. In fact, medication errors are one of the top patient safety risks in hospitals across Canada. Patient safety is a top priority for caregivers at the G&M Hospital.

Medication errors can happen any time along a patient's journey through the healthcare system because at each point of care, new medications can be introduced. For example, a patient with chest pain who arrives in the Emergency Department may receive multiple medications which may be different from the prescriptions the patient takes at home. Once the patient is stabilized and admitted to the Intensive Care Unit for ongoing care and monitoring the medications may be changed again.

Medications that are meant to help a patient in distress can actually cause problems if they are taken incorrectly or react negatively with medications already in the patient's system. It's a problem which is largely preventable, so staff at the G&M decided to meet it head on.

With limited resources to invest, a diverse group of G&M caregivers joined together to form the Medication Reconciliation Team. Guided by research on "best practices" this team of frontline nurses, managers, IT specialists and a pharmacy assistant created processes that are expected to reduce medication errors at the G&M significantly. In fact, the medication incidents related to Medication

## **Excellence and Innovation**

*Continued...*



Reconciliation processes have decreased by 40% in the first 6 months of the project.

This was truly a collaborative approach with each member of the team taking on specific duties, in addition to their daily work, to make the program a reality. Nursing worked with the IT Applications Specialists to design an electronic version of the paper reconciliation document. Staff in the Pharmacy created an online dictionary of approximately 1,500 different prescription medications, herbal remedies, vitamins and medications such as drops and inhalers which may be used by admitted patients at the G&M. The electronic version of the paper form allows nurses to enter this information into the electronic medical record of each admitted patient in a more efficient manner. This record is permanently kept on file for each admitted patient so that it can be used for comparison and updating the next time the same patient is admitted.

Now, back to the questions. The basis of the Medication Reconciliation Program is that caregivers at the G&M will have the best possible medication history for every admitted patient. That means that we need to ask questions about your medications of you and several other sources. It also means that each time you are admitted to the G&M, we will check your current medications against your existing medication history on your record.

The goal of the G&M's Medication Reconciliation Team is to ensure that every patient undergoes a full medication reconciliation process. If you are admitted through the Emergency Department (ED) the ED nurse will begin the process by asking you about your medications. Many of us aren't as familiar as we should be with our medications and the details

seem to become even fuzzier when we're sick so the nurse will also need to review your medications through at least one other independent source. This can be done by looking at the prescriptions bottles you bring with you, talking to a family member, contacting your pharmacy or for those who are on the Ontario Drug Benefit Program, reviewing your information through the secure ODB website for caregivers. This can catch possible errors in how you are taking your medications or even an unrealized drug interaction if many medications are being taken. This information is then recorded on a paper chart (electronic charting has yet to be installed in the ED) and reviewed by the Emergency physician before any other medications are prescribed.

When you are moved to an inpatient bed you will undergo a transfer of care where the chances of a medication incident can increase. To minimize the chance of any error, your medication history will be communicated verbally between the ED and inpatient nurses. The inpatient nurse will then take one more precaution to ensure your safety – recheck your completed medication history with you as it is inputted into your inpatient electronic medical record.

Unfortunately, that means more questions. But thanks to a dedicated group of G&M staff, you can now be assured that those questions each have a purpose in keeping you safe and improving your health. ■







# Responsiveness

In March of 2011 Shelley Wells, Chair of the Board of Trustees, made an announcement to the community that the G&M would be conducting the first ever community-wide survey in order to better understand how permanent and weekend residents use and view their hospital.

A community wide telephone survey was conducted and over 3000 homes were contacted over a three week period in March, 2011 with a final sample of 400 respondents within the Southern Georgian Bay region.

Residents of the Town of Collingwood, The Blue Mountains, Wasaga Beach and Clearview Township were involved in addressing questions that were meant to gather insights, attitudes and experiences related to the Hospital. Eight percent of participants in the survey were weekenders and 92% were permanent residents.

The decision to conduct the wide-ranging survey was initiated by the Community

Engagement Committee, a sub committee of the Board of Trustees. According to Hospital Trustee and sub-committee Chair of Community Engagement, Jeff Shearer, "We have recognized that active community involvement and candid feedback from the residents of South Georgian Bay are vitally important components to insure the continuing success of our Hospital. The results of this community engagement survey gave us precisely what we needed to better plan for the future."

The Community Engagement Survey was meant to focus on everyone's response to the issues that we face together – it allows our hospital to build a network in our community, to engage patients and

*Continued...*



care givers and hear their stories as well as consider challenges ahead. In retrospect, we feel really great about that.

We asked you for your input and we heard from you that residents are passionate about “their” hospital and support the journey of improving services to meet the needs of the community in years to come.

Another message that we found to be very compelling is that 181 respondents told us that they would participate in future research. This tells us that you are open to facing challenges with us and that you want to keep the conversation ongoing.

The gratification in this result is that it encourages us to ask more.

Topics in our research included: hospital care, views about the challenges facing healthcare and the hospital, usage of the hospital, ways to engage the community and questions related to how well the hospital is meeting patient expectations.

Here is what we heard from you and the insights we have gained.

We examined attitudes and perceptions of the challenges we face in our community hospital. Trends that were identified as potential challenges were the growing population, retirement community demands that exceed provincial funding and the resources required to accommodate the needs of our aging population.

In relation to these issues, people had strong reactions against reducing services or becoming a basic services hospital. They were passionate about their hospital and see it improving its services rather than reducing them. Residents want to understand more and learn more about CGMH, but they also want

to do this so that they can better understand how to influence positive change.

It was also identified that the community was very willing to take personal responsibility for minimizing use of the hospital, maintaining personal health and seeking other community health services first before the hospital. 60% wanted to learn more about what they could do and wanted to understand the cost of hospital services.

Insights showed that 77% of respondents said we meet their expectations and an additional 17% said we exceeded their expectations. Hospital use is high; 7 visits per respondent over the last 3 years on average – exploring these trends helps our hospital to better understand your needs in order to focus on the best possible patient care.

Communication is essential. This reflects the Board of Trustees efforts to engage our communities and inform on decision making with service delivery. Respondents wanted to be engaged about the future of the CGMH. Permanent residents were keen to learn more and most felt that traditional media was still the preferred medium to hear from us through.

### ***Where do we go from here?***

Opportunities have come from our information gathering that lend themselves to keeping this conversation going. Traditional forms of media and outreach programs will be used as vehicles for keeping you informed. Along these lines we will continue to ask for your feedback and would like to share your stories within the community. Overall, we still need to chat about how you feel hospital issues are affecting you. 40% of you said that you would participate again... let's share in this effort so that we can all make a difference together. ■





## Effective Collaboration

This is a community that thrives on healthy active living across all stages of life.

Locally, healthy living is always at our finger tips and we would like it to continue on this path for seniors living in our community. What makes this place so special for seniors who live and visit here? Recreation, tourism, seasonal attractions the arts, all have their place in building a culture based on active lifestyles. But what about right here in healthcare? What role will the

*Continued...*

hospital and other healthcare providers have in this mix? This is where the third goal of our strategic plan comes to life – Effective Collaboration.

At the G&M our goal through Effective Collaboration is to be a catalyst for change by working with partners to improve access to the most appropriate level of care for our patients. Recently, we have taken a close look at what this means for our facility when we serve seniors who live and play here. In order to increase our awareness of the environmental needs of our patients who are seniors, the G&M Hospital formed the Senior Friendly Advisory Council.

We want seniors who love this community as much as we do to benefit from resources that are targeted to their needs. Together with hospital staff, this council gathers input from community representatives in order to support what is now a provincial initiative to develop senior friendly hospitals. Work done by this group focuses on innovative ways to make our hospital a more senior friendly place.

Effective collaboration also means working with external organizations to integrate programs inside and out of the hospital that work.

This year part of a team approach to move towards senior friendly care in the community was demonstrated by a task force that came together locally with the G&M Hospital. Aging at home is a priority for our hospital and external care providers. For this reason, the “Home for Life” project came to be.



Together, the Georgian Bay Family Health Team, the South Georgian Bay Community Health Centre and the G&M Hospital joined on an initiative to make home care and community support services available and enable seniors to continue leading healthy and independent lives in their own homes. The groups pooled financial resources in order to collaborate on goals, host a symposium, share resources and knowledge and eventually work with 211 in our region to train volunteers to work with seniors in their own homes and help them be as comfortable as possible with resources at hand.

The team at the G&M also works collaboratively with agencies such as the Community Care Access Centre (CCAC) to access services to make a smoother transition for seniors being discharged from the Hospital to their homes.

Giving seniors in our community the tools they need to maintain their health and independence relieves pressure on long term care facilities and our hospital. This is another one of the ways that the Senior Friendly Advisory Council plans to make a difference locally.

“It’s all about taking information from our community to make this a more senior friendly place” Co-Chair, Sadie Nixon. Sadie is the Hospital’s Manager of Volunteer Services. Daily, she oversees a group of volunteers who play an integral part in the welcoming atmosphere that the Collingwood G&M is known for. Hospital volunteers are our ambassadors from the communities we serve and they are always able to give insight on the needs of seniors when in our hospital.

“We want seniors using our services to feel more comfortable while receiving care,” she explains. “The Senior Friendly Advisory Council takes this feedback

and helps to navigate through the organization to make this place more senior friendly”.

For the council, listening to community needs is key. Their work examines matters communicated from community engagement sessions, internal committees and external resources to provide guidance on senior focused initiatives. The council will make recommendations regarding senior friendly strategies. Expertise was drawn from the council in selecting wall and floor colours for the new endoscopy suite based on comforting colours.

We are working towards a better understanding of what is required to improve access to the most appropriate level of healthcare for seniors in our community. Help us to keep our community healthy and engaged in the wonderful lifestyle that our region offers. Across generations, let’s enjoy this place together and grow efforts to build awareness around what it’s going to take to live in the best health possible while we do! ■

Members of the G&M’s Senior Friendly Advisory Council include:

Co-Chair Maureen Hennessey and Manager of Volunteer Services (Co-Chair) Sadie Nixon, Hospital Staff, Julie Leighton, a Community Liaison Committee Member, Bev Cloutier, 1 Hospital Volunteer, Joan Hara, 2 Seniors from the Community; Lyn Curtis and Maureen Hennessey, 1 Nurse Manager, Barb Gotuaco and Judy Garbutt (Acting Manager), 1 General Community Member, Monica Menecola, 1 Physician, our VP Patient Care Services Norah Holder and ad hoc members as required.



The background of the slide is a faded architectural floor plan of a hospital. A large, dark blue puzzle piece is placed over the top right portion of the plan. The puzzle piece contains the text 'Sustainable Quality' in white. The floor plan shows various rooms, corridors, and structural elements. Some text on the plan includes 'HASHIER', 'EXISTING PARTITION, DOOR, SCREEN, H.M. FRAMES, AND MILLWORK SHOWN DOTTED TO BE DEMOLISHED AND REMOVED.', 'REMOVE EXISTING SIGNS', 'EXISTING VENDING MACHINES TO BE TURNED OVER TO THE HOSPITAL', and 'EXISTING GRILLE BULKHEAD TO BE DEMOLISHED & REMOVED'. Dimensions like '4'-8"' and '10'-0"' are also visible.

# Sustainable Quality

Sustainability seems to be the buzz word of the 21st century but many wonder what it means in a healthcare setting.

According to Wikipedia, “sustainability is sometimes known as the capacity to endure”. This seems a reasonable definition but at the G&M, we can’t just “endure”, we want to thrive by growing and changing with our community. We know that for this hospital, sustainability is multi-pronged: financial stability, human resources stability and the ability of our facility to meet the short and long term needs of our community. Each one of these facets to long term stability can be enhanced by strategic capital investments generated through community support.

Financial stability can be improved by investing in information systems and new technology. Currently, many of the required Ministry of Health and Long Term (MOHLTC) reports are put together manually, using valuable staff time. Improving data analysis and expediting our reporting processes to the MOHLTC will help the G&M to access more government funding. New government funding formulas will reward hospitals that can demonstrate they are working efficiently to meet their community needs. Investments in information technology like the G&M’s new data centre will help us improve our financial position.

Despite its status as a small, rural hospital, the G&M has successfully recruited top notch physicians, well educated nursing staff and a variety of other knowledgeable and caring care providers, support service personnel and management. A lot of this success can be credited to the wonderful lifestyle that physicians and staff at the G&M enjoy in Southern Georgian Bay but in order to retain and grow these important human resources, we must continue

*Continued...*

to invest. Investments in medical technology mean that physicians can make fast, accurate diagnosis and provide leading edge care. Investments in equipment such as patient lifts and modern cleaning equipment ensure that health and safety are priorities for our staff during their work day. And investments in ongoing education such as the MORE OB program challenge our staff to stay at the top of their practice and improve patient care. All of this means happier staff that is even more dedicated and able to deliver excellent patient care.

With patient volumes growing in leaps and bounds, the G&M is now behind the curve in providing adequate space for the patients we see. We know, for example that the Emergency Department and Dialysis Units are both only half the size they should be to treat the number of patients they see every year. In the last twelve months we've made some headway to increasing space to improve patient privacy, comfort and care.

Renovations began to the area vacated by Administrative Services over the winter to build a stand alone Endoscopy Unit. The increasing volumes of "scope" procedures (e.g. colonoscopies) have overwhelmed the Recovery Room next to the Operating Suites in the past. Once endoscopy is relocated (in late August), renovations will begin in the OR area to improve patient privacy and flow. The second OR will be expanded to accommodate orthopaedics and provide proper storage so the third OR can always be ready for use. Renovations to the Sterile Processing Department will also improve our commitment to patient safety. The Emergency Department triage and registration areas have been reconfigured to provide privacy for patients arriving for care. Dialysis is also

undergoing renovations to make the small space more comfortable for patients and staff alike.

All of this is being accomplished through community support (CGMHF and County of Simcoe have partnered for this project). The budget of \$4.7 million was not sufficient to begin to address the larger space problem challenging the G&M in many areas of the facility.

That is why the G&M Administration and Board of

Trustees have committed to a longer term goal of a complete redevelopment of the existing facility. The first step is to obtain a grant from the MOHLTC to fund the planning stages of this massive project. We were pleased that the first stage of this approval by the North Simcoe Muskoka LHIN was received in 2010. Work continues to keep this project in the forefront of the minds of MOHLTC officials so that we can ensure the sustainability of our facilities as well. ■





South Georgian Bay has earned a reputation as both a recreational haven and a retirement community. The hills, water, beach and small town feel draw people to this area to enjoy a wide range of sports many of which unfortunately have a potential to cause a variety of injuries. These same amenities have also made this area a popular retirement community. Permanent residents, part timers and visitors to our community all rely on the G&M Hospital as their first point of contact when they become ill or injured in South Georgian Bay.

As our population and our obsession with “thrill” sports like skiing, snowboarding and downhill mountain biking grow, so do the incidents of orthopaedic traumas seen at the G&M. When you couple this trend with our aging population, orthopaedic surgery comes to the top of the list of most common procedures undertaken at the G&M Hospital.

That’s why the Hospital Board of Trustees chose to focus on “leadership in orthopaedics” as one of the five new strategic directions encompassed in the New Directions strategic plan.

Orthopaedic surgeons at the G&M have a reputation for providing excellent care to patients suffering from badly broken bones. Often, orthopaedic traumas are referred to the G&M from other parts of the province. We also excel in joint replacement surgeries. This wealth of experience and excellent reputation led the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) to name the G&M as lead for development of a LHIN-wide orthopaedics program.

“We are pleased to be able to play our part in an integrated health system that provides residents of North Simcoe Muskoka with access to excellence in all major medical specialties,” says Linda Davis, G&M President & CEO. “We will provide orthopaedic

*Continued...*



**Leadership in  
Orthopaedics**

services to people across the LHIN and our patients access other regional services such as cancer care, paediatrics and rehabilitation in return.”

The first step in this strategic “direction” is to take stock of the G&M’s current orthopaedic practice. We need to know what we have today including human resources, financial resources, facilities and equipment. Next, we’ll set the direction for the next five to ten years in order to make strategic investments in the program.

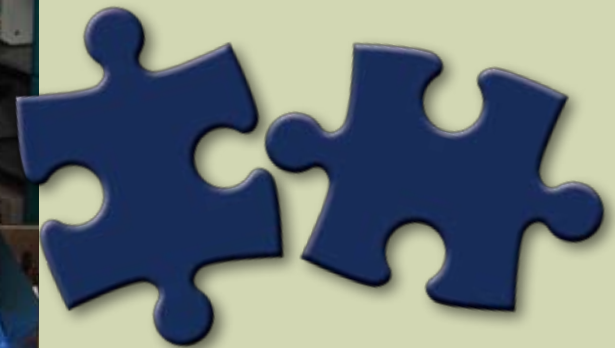
Leadership requires the G&M to maintain the highest standards in orthopaedics so we work closely with the Ontario Bone & Joint Health Network (BJHN), a Ministry of Health & Long Term Care initiative to provide information about the best practice care in orthopaedics across Ontario. BJHN ensures that practices at the G&M mirror the standards of larger orthopaedic programs in urban settings.

To establish a truly integrated system, we must make sure that all partners are responsible for ensuring

the best possible patient outcome. Many hours were spent by staff of the G&M’s Surgical Team in establishing a standardized plan called a “care pathway” for fractured hips and femurs (thigh bone). The care pathway is now used by all hospitals in the NSM LHIN.

This care pathway establishes the highest standards of care for patients from the beginning to end of their care. For example, research shows that hip repairs are most successful when the patient has surgery within 48 hours of the injury. It is also important that the patient receives antibiotics immediately after the injury to limit the possibility of infection during or after surgery. The care plan establishes protocol before, during and after surgery for rehabilitation across all care providers in the NSMLHIN.

In setting “leadership in orthopaedics” as a strategic direction, the G&M Board recognizes that our community will continue to grow and age. Our area will continue to be recreationally oriented, drawing residents that want to continue to enjoy their favourite sports well into their senior years. These populations will always rely on the G&M for care. Building upon our orthopaedics program will meet the needs of our growing and aging demographic, ensuring that our population can continue to work, play and live well in South Georgian Bay. ■







## Patient Feature

### Partnerships in Care – Effective Collaboration / Leadership in Orthopaedics

For Gary McNeill living in the Collingwood area is a great fit for him and his wife Pat. Both active, outdoors enthusiasts, the McNeill's take full advantage of the recreation offered within the South Georgian Bay region. Gary has been coming to the area since the late 1950's, specifically to Beaver Valley Ski Club. He says his passion for athletics connects him here "we don't want to live somewhere that you have to sit and wait... we like it here because you can get out and do."

For Gary and Pat, it has become important to have close access to a network of quality healthcare providers locally. As active participants in recreation, both have suffered sports related injuries that have required surgeries and in some cases very involved rehabilitation.

Like many in South Georgian Bay, Gary and Pat feel that they should be part of the solution in ensuring that their medical needs can be accommodated close to home. Both have been donors to and volunteers for the Collingwood General & Marine (G&M) Hospital Foundation because they understand that government funding is not available to pay for the vast majority of the equipment and technology used every day in the care of patients at the G&M. Gary and Pat also know that injury and illness can strike when you least expect.

Most recently, this spring, Gary was playing golf when he slipped in the mud and hyper-flexed his right leg. Extensive damage occurred as a result when his quad muscle tore completely from the knee cap. Throughout all of the sports related injuries that Gary has encountered personally, this ranked as one of the most severe and definitely required the most collaborative approach in care.

*Continued...*

Gary was fortunate to be able to access specialized services in orthopaedics locally at the Collingwood G&M Hospital. The G&M has been identified as a lead within the North Simcoe Muskoka Health Local Health Integration Network (NSMLHIN) as an expert in orthopaedics services. As such, groups of care providers work collaboratively to see patients through the extensive process of diagnosis, surgery, treatment, rehabilitation and follow up care. The goal here is to enhance our current orthopaedic services to meet best practice standards. Development of a seamless transition into rehabilitation services is crucial in this regard.

Treatment for Gary's latest injury brought him through the G&M's Emergency Department first. "Dr. Matt DiStefano, who I've known and admired for a long time was here to take on my case. I respect the work that Dr. DiStefano does as a physician and also as a superb alpine ski coach. We have crossed paths outside of the hospital when he was an instructor and examiner for some of the ski coaching courses I have taken," says Gary.

Dr. DiStefano assessed Gary's injury, consulted the x-ray images and knew that he would need surgery within 24 hours time. So, Dr. DiStefano made arrangements for Gary to see Dr. McCall the very next morning.

Gary ventured back to the Emergency Department the next day and was thankful to be seen directly by ED Resource Nurse, Cathy Maecker, to get started. "As a nurse taking charge, Cathy was superb in taking me under her wing and setting up my flow of treatments. Initially there seemed as if there may have been a minor lapse in communication. Cathy intervened and before I knew it I was off to surgery and very thankful for her quick response," he explains.

Surgery is rarely a comfortable thing to embark upon,

but Dr. McCall was very reassuring to Gary and Pat. They talked about the treatment plan until Gary felt that he was very informed on exactly what was happening and how Dr. McCall planned to fix the problem. Gary found the anaesthetist, Dr. Houston, to be the same way. "Everyone was reassuring in preparation for my surgery both mentally and physically," Gary recalls.

Out of surgery Gary unfortunately ran into some complications. Waking up in Surgical Daycare, Gary was in agony. Some kind of reaction was taking over so again the team intervened. Gary was seen by the anaesthetist again and woke up hours later as an inpatient.

"Thankfully, my family doctor, Dr. Wells, took the time to visit me when I was staying at the G&M. I was able to talk to him about a collaborative approach to recovery and when I was released from the hospital, I felt that he was also very much a part of my recovery.

It inspires a lot of confidence, when the doctor who knows you best is involved and aware of what you are going through and exactly where you're at along the way," Gary recalls.

Throughout the stages of recovery with this particular injury, Gary has come to see the value in a collaborative approach. In total he underwent an 8 week recovery

plan, starting with 4 weeks of check-ins through inpatient clinics and then a referral to physiotherapy. "Allison Burns is in charge of my physiotherapy and she has been so impressive and compliant. She knows the protocols set by Dr. McCall and the surgical team and she responds through a care plan according to a schedule. At the moment, we are working on range of motion, but we won't graduate to strengthening until the team is confident with my progress. Allison has been superb with goal setting and is encouraging with communication – it's been just great. It's been 8 weeks

but with all of this support I was able to get the go ahead from Dr. McCall that I can get out onto the golf course again soon."

With Gary's medical history through sports related injuries and other conditions, he has spent considerable time in hospitals, doctor's offices and with follow up care providers. It was reassuring this time to deal with a team of care providers that he came to know and trust.

The experience has reinforced the McNeill's commitment to supporting the G&M Hospital Foundation. With Emergency visits at the G&M averaging over 30,000 annually, they understand the importance of having a solid facility that is prepared for the needs of our local community, as well as our visiting community. After this experience with treatment at the G&M, they feel even more compelled to give back with support.

"I am grateful that in my time of need I was able to access the equipment, expertise, services, and facilities I needed close to home," says Gary. "Everyone in my experience was willing to spend the time in providing care, but it is important to remember that they need the tools to do their jobs best. Those tools are only available through community support."

Orthopaedic surgery requires specialized equipment, facilities and surgical skill. Over 90% of the costs related to equipment used in Gary's diagnosis, surgery, inpatient care and rehabilitation have been funded through support of the G&M Hospital Foundation.

Gary's experience speaks to the diverse needs of our active community and our Hospital as a provider that is striving for excellence in orthopaedics. His progress has required time, expertise and the management of details across many spectrums, but his message clarifies that we all have a role in supporting high quality patient care. It will take a team effort to get where we want to go, but thankfully we're off to a good start. ■







## CGMHF FUNDED PURCHASES 2010

Patient Beds & Mattresses	\$ 44,891	Endoscopy Suite Equipment	\$ 12,617
ECG Machine	14,069	Laboratory Equipment	3,639
Digital X-Ray Unit – final payment	249,503	Surgical Equipment	21,509
Cardio-Respiratory Equipment	34,776	Sterile Processing Equipment	1,538
Obstetrics Equipment & Training	73,294	Dialysis Equipment & Staff Edn.	4,027
Computer Replacement	3,386	Urodynamics Equipment	23,326
Facility Redevelopment	711,050	Miscellaneous Equipment	11,566
Community Mental Health Program	25,559	Pastoral Care Program	5,031
Community Education	38,010	Staff Education & Training	1,446
TOTAL INVESTMENT IN EQUIPMENT, FACILITIES & SERVICES			\$1,279,237

## CGMH SERVICE GROWTH

Patient Service	2008/09	2009/10	2010/11
X-rays	26,555	26,923	27,774
Physio visits	12,810	13,464	12,274
Lab tests	1,304,087	1,334,608	1,371,652
Dialysis treatments	4,526	4,888	4,911
Births	464	509	489
Community Mental Health visits	9,142	11,668	10,925
Total joint replacements (hips & knees)	74	85	108
Surgeries	4,408	4,741	4,662
Emergency visits	30,683	31,587	31,592
Inpatient admissions	4,106	3,779	3,718



***Your Care is Our Cause***



**The Collingwood  
General & Marine  
Hospital Foundation**

459 Hume Street  
Collingwood, ON, L9Y 1W9

**[www.cgmhf.com](http://www.cgmhf.com)**