



# POSITIVE CHANGE

2011 COLLINGWOOD GENERAL  
& MARINE HOSPITAL ANNUAL REPORT



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# 2011 REPORT TO THE COMMUNITY

SHELLEY WELLS, BOARD CHAIR

The G&M Board of Trustees is responsible for strategic planning, quality of performance of the hospital, financial oversight, executive performance, relationships with stakeholders and governance. The Board is composed of 8 volunteer Trustees at large and 4 Municipal Representatives.

In 2011 the Board of Trustees developed and approved a strategic plan to guide the organization to 2014.

We are currently in the second year of implementing this strategic plan.

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.

## GOAL 1 EXCELLENCE AND INNOVATION

A quality plan for the organization has been approved by the Board. This report is available on our website. There are several processes targeted to continue to improve our quality of care.

The Emergency Room Triage area was renovated to increase privacy for patients in this very busy department. Enhanced infection control and prevention activities were implemented by the hospital. We also set programs in place to ensure our environment is more senior friendly. Currently training related to a Code of Conduct and Service Excellence is underway across the hospital.

## GOAL 2 RESPONSIVENESS

In order to better understand the needs and expectations of the communities our hospital serves, the Board of Trustees commissioned our first ever community wide survey.

The purpose of this work was to better understand how permanent and weekend residents use and

view the hospital. Residents shared opinions through a professionally conducted community telephone survey. Over 4000 households were contacted.

Residents told us that they are passionate about their hospital and see it enhancing its services for the future as a regional centre of excellence for orthopedics. They are strongly against reducing services. Overall, respondents were willing to be further involved in the hospital and wanted to learn more about how they can make a difference.

Our inaugural Health Care luncheon following this year's AGM allowed us to further engage with the community this year. Survey respondents were invited to attend the luncheon. Our guest speaker at this event focused on navigating the health care system in Ontario.

## GOAL 3 EFFECTIVE COLLABORATION

The third strategic goal focuses on partnerships. Partnerships both within our local community of health care service providers and beyond to other health care facilities in the North Simcoe Muskoka Local Health Integration Network or as more commonly known the LHIN.

The Board has supported a local system integration project this year. Home for Life is a collaborative endeavor among six local health care service providers and is lead by the new community health centre located in Wasaga Beach. The goal of this project is to improve the integration of health and social services, and reduce admissions to the hospital and the number of ALC days. Frail seniors living at home are the first priority population that will be targeted for intervention.

## GOAL 4 SUSTAINABLE QUALITY

Our Phase 1 clinical redevelopment project has been completed with funding provided by the County of Simcoe and the G&M Foundation. This is a step in the right direction in terms of sustaining the physical environment to support our current level of service.

The board concluded in 2011 that in order to maintain current core services, base funding must increase. This

was discussed with the North Simcoe Muskoka LHIN and the Board agreed to undertake a third party sustainability review to put the wheels in motion for a funding request to the Ministry of Health and Long Term Care. This review confirmed that services currently being provided at the G&M are appropriate and needed. It also reaffirmed that services are unsustainable at the current base funding level.

## GOAL 5 LEADERSHIP IN ORTHOPAEDICS

Goal number 5 is to create a regional orthopedic centre of excellence at the G&M. The G&M has been identified as the lead for the LHIN-wide orthopaedic program. Our role will be to provide leadership and direction for this program to support orthopedic needs within the LHIN. Future work will involve coordinating stakeholders and ensuring alignment with other priorities and initiatives.

These are the 5 key strategic directions developed by the board to lead the organization forward and I have summarized the work under way within the organization to implement these goals.

The G&M is an integral part of our communities.

It is the focal point for the beginning of life and the end of life and our critical care journey along the way. In order for this facility to be here for our children and our grandchildren we each need to be involved, to speak out, to support and to express our commitment to this organization and to the hard working physicians, nurses, volunteers who take care of us when we arrive at the emergency room in crises or we are admitted to the hospital.

It is not up to others to ensure that our hospital is here for our children, it is up to each of us.

We are all in this together.

Signed,



Shelley Wells





# ANNUAL REPORT TO THE COMMUNITY

PRESIDENT AND CEO LINDA DAVIS

## A “DEFINING” YEAR

The General and Marine Hospital in Collingwood is over 110 years old. It has seen many changes in health care and many staff, physicians and volunteers have past through its halls, dedicating their time to the health and well-being of our community.

This past year has been a year of significant movement toward defining our future as a community hospital – toward reaching our goals and moving closer to our vision to provide quality and excellence in patient care, to be leaders amongst our peers and to deliver timely, seamless care through collaboration and partnerships both within and beyond the walls of the Hospital.

What has made this year so different? Well, we have set a number of directions that can take us on some very different paths.

## IMPLEMENTING A CULTURE OF POSITIVE CHANGE

The first of these is the process improvement work we undertook in the Emergency Department and the Medical Unit. We worked with staff in these areas to impact change with a program called PIP (Process Improvement Partnership). Front line staff, physicians and

volunteers were provided with the time, relevant data and tools to come together and identify opportunities to reorganize physical space and work processes to better care for patients and families.

The changes these teams identified and implemented have reduced the time patients wait to be seen by a physician in our Emergency room and also reduced the time admitted patients need to stay in the Emergency department before being transferred to a bed on the inpatient units.

These are significant changes and they have been made possible by having those who understand the work, design the change needed. We have called this type of change – positive change – change that is identified as important to happen and implemented by those doing the work. This year we will spread this work to every department in the hospital in our efforts to implement a culture of positive change throughout the G&M.

## HOME FOR LIFE – COMMUNITY PARTNERS COLLABORATION

Another defining direction has been our success in reaching out to our local health care partners to implement a volunteer lead program to help seniors stay at home. With the shared vision of creating the Healthiest Community in Canada, the Home for Life Program was launched last year through the effect

The working together of these organizations has set in motion a very powerful opportunity to have volunteers help frail seniors remain in their own home. You can read more about this volunteer run program later in this annual report.

## ROLE IN ORTHOPAEDICS

Another defining direction was actively seeking and acquiring the leadership role in the development of a LHIN wide Orthopaedic program. Given the recreational nature of our community and the aging population, Orthopaedics is a core program for the G&M. We need to be in the business and we are good at it. In the past year we have met or exceeded the provincial quality benchmarks for hip and knee replacement surgeries. As well, we continue to be a very low cost provider in this service.

The G&M's role as a regional provider of orthopaedics continues to grow as we provide orthopaedic trauma care for patients living across the North Simcoe Muskoka area.

## SUSTAINABILITY REVIEW

A defining direction which has an uncertain outcome was the need to undertake a Sustainability Review. Early in 2011/12 the management team and Board of Trustees came to the stark realization that we could not continue to provide the current level of service within the funding being provided. For a number of years the G&M has reduced costs and avoided expenditures where ever possible; all the while caring for a growing and aging population. Despite our efforts, costs and volumes continued to grow and funding increases have been minimal. We continued to experience deficits on an annual basis and our working capital deficit grew. This year we had reached our “tipping point” and action was needed.

Following discussion with the LHIN, it was decided that we would undertake a third party review. We are currently implementing these changes. Investments were identified in a number of areas including the need to invest in activation and rehabilitation for our elderly population in order to maintain or enhance their physical strength and capabilities while hospitalized. A critical conclusion reached by the outside experts was that although the current programs and services are needed by the community served, they are not sustainable at the current level of funding.

We have been fortunate to balance our budget this year due to one time funding from the LHIN and continual work to reduce costs. However, going forward into 2012/13 we

are forecasting a bleak picture with a projected 2.67 million dollar deficit. We continue to work with the LHIN to see how we can reduce this and ensure sustainability of the services required by our community. Although additional funding to our base budget would be very helpful, it is not the only answer. We must look at how dollars are spent across the system and find new and different ways of coordinating and providing care.

[Click here to see our audited financial statements for 2011](#)

## OTHER INITIATIVES

There have been a number of other initiatives undertaken this past year that have significantly impacted our future directions. The changes made our to physical space as part of the Phase 1 of our Clinical Redevelopment have provided major improvements to patient privacy and comfort both in the ER Triage area and in the new self-contained Endoscopy suite.

Advancements in information systems and technology have furthered connectivity with Family Physicians offices and have paved the way to improved access to information and reduction of our paper systems.

Implementation of a new TV system for patient use has the capacity to provide internet access for patients as well as bedside charting by our staff and physicians.

One of the most common questions patients ask is why do they have to repeat their health information so many times. Some of this is necessary however, the use of information technology to connect information will significantly reduce this need. It is the way of the future and we are very pleased to have the Foundation working on a campaign to raise funds to support further work in this area.

It has been yet another busy year – but truly a defining year. A year that has placed the G&M well on course to reaching its vision.

I would like to close with a quote from the well known author, Margaret Mead - never doubt that “a small group of thoughtful people could change the world. Indeed, it's the only thing that ever has”.

Sincerely,

Linda L. Davis





# 2011 CHIEF OF STAFF REPORT TO THE COMMUNITY

DR. ANNE ENGELL

I am pleased to report to you highlights of the activities of the Medical Staff for the year 2011-12.

I will start by telling you some things about our people. We continue to grow and this year we welcomed three new physicians:

Dr. Greg Bolton  
Dr. Nicole Green  
Dr. Allison Edgar

This brings our total medical staff to 69 and our family physician group to 42 team members.

I would like to acknowledge some changes amongst our medical team this year. Dr. Shelley Turner who joined us in 2009 will be moving to Thunder Bay. It has been a pleasure having Dr. Turner on our staff and we will miss her. On a much more sad note, we lost Dr. Ron Timpson who passed away earlier this year.

We continue to participate in regional activities in our LHIN, the North Simcoe Muskoka Local Health Integration Network. I have chaired the Committee of the Chiefs of Staff and been a member of the LHIN's Leadership Council. We work in these groups to pursue better services for our patients by making strong connections with others in our region.

One of Collingwood's physicians was appointed to the position of Primary Care Lead Physician for this LHIN. Dr. Harry O'Halloran has joined colleagues from across Ontario in giving Primary Care Physicians a voice in regional and provincial decision-making.

The G&M's team of orthopaedic surgeons, Dr's McCall, Koo and Cheng have been working with their peers in Barrie and Orillia to develop a regional program for orthopaedics. The steering committee for this work is led by Collingwood and Ms. Norah Holder our VP of Patient Services and Chief Nursing Officer.

Our physicians have continued to lead innovation within our hospital. The Board of Trustees recognizes staff, physicians and volunteers through Awards of Excellence

and this year several physicians were recognized for their work in advocating for patients, and leading teams in patient care improvements. Various projects were undertaken, including advances in obstetrics, process improvement to reduce waiting times in the Emergency Department and waiting times for beds, and introducing quality and efficiency measures in patient care through the use of electronic physician orders. You can read about these accomplishments in our Annual Report to the Community for 2011.

We continue to be early adopters of technology which brings connectivity and in turn needed information to the fingertips of the treating physician. The Hospital Foundation's New Age of Care campaign supports the acquisition of the machinery we need to stay ahead of these needs. Machines, like CT scanners, do more than just take pictures. They communicate with information systems, so that yesterday's test result becomes information for today's treatment decision. We still have some patient care information that can only be obtained by tracking down a file of paper living in an archive in the basement. Soon we will have all of this brought up to the same level as the rest. The practicing physician can order an x-ray on a hospital patient in the morning, and see a report appearing in an electronic inbox in the office at midday.

For the medical team, this has been a year of opportunity and of challenge. Working within a constrained budget is a consistent (challenge) for physicians and nurses. At the end of the day, patient care is always the top priority and I commend our medical team on maintaining this vision through trying times financially for the hospital.

I am proud of the achievements that our talented team of physicians and nurses continue to strive for.

Sincerely,



Dr. Anne Engell



**VISION**

Our vision is to be a high performing, patient-focused hospital serving our community by providing quality and excellence in patient care. We will strive to be a leader among peers by providing essential services founded on best practices, resourced with appropriate technology and delivered by a qualified, motivated, caring team. We will work to provide timely access to care and facilitate seamless care for our patients in collaboration with partners within and beyond the hospital.

**MISSION**

A dedicated team committed to your health and our community.

**VALUES**

Six core values will govern our actions and decisions in ensuring mission effectiveness and the realization of our vision.

- Caring
- Accountable
- Respect
- Excellence
- Adaptable
- Teamwork

# VISION, MISSION AND VALUES





# PROCESS IMPROVEMENT PARTNERSHIP — THE PIP TEAM!

WITH COMMENTS BY PIP TEAM LEAD, LISA NICOL

In (2010) the Collingwood General & Maine Hospital became aware of a program called PIP (Process Improvement Partnership). Part of the Ontario's Wait Time Strategy, this Ministry of Health and Long Term Care funded program was designed to support improvements to hospital systems and to how patients flow through the hospital's system. Part of the goal was to build capabilities within hospitals across the province for long term sustainable change.

The Hospital applied to be part of the PIP program and received funding in 2011 to begin implementing.

With much enthusiasm, our hospital formed a team, "the PIP team" and quickly this group jumped on board with the goal of making positive change happen throughout our hospital. The team used a LEAN project improvement approach based on learnings from health care transformations in Ontario and across the globe.

As in other participating Ontario hospitals, improvement teams were formed made up of front line staff, team leads and physicians in order to examine patient flow. In laymen's terms, patient flow is the process and time that it takes a patient to get through our hospital from the time of arrival in the Emergency Department (ED) through to discharge from the hospital's inpatient units.

Across four phases of the project, our hospital was supported by expert coaches in health care improvement. While working on projects, the team worked on making efficiencies in the physical space, organization and patient flow so that the hospital was able to make improvements into new habits.

The mission statement developed by the team was ***"Together we will find and sustain solutions for positive improvements in patient and staff experiences. We will be a source of pride in the community."***

The team along with about 30 staff from all areas initially mapped out a patient's journey from entering the Emergency Department through admission and ultimately to be discharged from hospital.

The information gathered was used to identify opportunities to decrease waste or wait times and improve the patient flow. Solutions were created for issues in the Emergency Department and the Medical unit and by November 2011 the changes were being spread to the Surgical unit and Operating Room.

Face to face interaction with front line staff and physicians was used to support staff and gain insight into what was happening first hand.

## HERE IS WHAT WE ACCOMPLISHED FOR OUR PATIENTS...

In the Emergency Department an area was created called See & Treat. This new system was designed to enable the physician to see less acute patients in a timely manner. This means getting their investigation started earlier to decrease the patient's wait time. For example, if a patient comes in with a minor burn on their hand, they are now seen by the physician, treated for their injury and discharged if they do not need further investigation into their diagnosis.

This has meant that the Emergency Department was successful in reducing the time that a patient waits to see a physician for their initial assessment by 12-54 minutes depending on the day.

The PIP program improved the *Quality and Excellence* of the services to the community by decreasing the wait times and improving our patient experience.

Participating in PIP, hospital staff was *Responsive* to the needs of the community, providing quality health care close to home.

The Emergency Department also reorganized supplies into 'like items' to improve access and decrease time for the medical team while they search for items.

On the medical inpatient unit, communication between care providers was enhanced and decreased the patient length of stay by 1-2 days on average.

Supports and changes were introduced on the inpatient units so physicians and other care providers (physiotherapists, dietary staff, etc) could make notes online. Nurses reviewed their reporting to make it shorter but still contain the necessary information.

Perhaps one of the best communications breakthroughs - team huddle boards and huddles (quick team meetings) were started in the Emergency Department, Medical Unit, Surgical Unit and Operating Rooms. This helped these units to come together as a team to review data and make changes. During this time, input from front line staff was used and changes were made or put in motion.

As a result of meeting the LHIN targets for the project, the G&M Hospital received funds from the Ministry of Health to reinvest in continued quality initiatives. The improvements that were started in PIP are continuing to be supported by the newly formed Positive Change Office. Work by this office is taking PIP initiatives and guiding staff to use these new habits on a regular basis so that we will see long term change. New initiatives are being introduced with the ultimate goal of striving for positive change.

From Barb Gotuaco and Lisa Nicol..." It was satisfying to see staff and physicians working together toward goals that help the patient experience. The Huddles have helped to get the staff communicating and working together on common goals. Staff are sharing great ideas that are improving the patient experience as well as their workplace. The Senior Team's commitment to quality has been shown by their attendance at the Huddles and communicating with the staff."



The opportunities identified involved *Effective Collaboration* with many areas of the hospital and external stakeholders.

*Sustainable Quality* was reached as patient flow was improved and supplies and services were relocated to improve utilization.

## WHO WAS INVOLVED?

- ✓ Administration Lead (Norah Holder)
- ✓ Administration Sponsor (Anita Chevalier)
- ✓ Two Team Leads (Barb Gotuaco, Lisa Nicol)
- ✓ 5 Front Line Staff including Nurses (Cathy Maecker, Barb McDonald, Krista Ferris, Debbie Ball, Suzanne Campbell)
- ✓ 2 Physicians (one ER Physician and one Family Physician) (Dr. Darryl D'Costa, Dr. Mike Lewin)
- ✓ Ad hoc members included 2 Decision Support Staff, Discharge Planning, CCAC, and 2 managers from the Ed and Medical Unit. (Toni Hannon, Mike Currie, Donna Blakey, Natasha Evans, Geoff Harris and Judy Garbutt)





# HOME FOR LIFE

*A community  
that acts like a village*

com



This year strides were made towards enhancing senior friendly care in our community. A project called Home for Life has continued to evolve merging resources across a variety of organizations with one ultimate goal in mind – to build a community for seniors that enables them to lead healthy and independent lives in their own homes.

Home for Life is a volunteer run program that works locally to empower seniors to stay at home and out of the hospital. It connects them with the resources that they need to remain focused on their health and wellness. Aging at home is a priority for our hospital as well as for other care providers in our community. For this reason, the project has continued to forge ahead.

With the shared vision of creating the Healthiest Community in Canada, Home for Life was launched last year through the collaboration of five of the G&M Hospital's partners, the South Georgian Bay Community Health Centre in Wasaga Beach, the Georgian Bay Family Health Team, Community Connections/211, the North Simcoe Muskoka Community Care Access Centre and Sunset Manor Long Term Care.

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. Volunteer Coordinator Suzanne Stapells trains and coordinates volunteers who work in one of three areas to help keep seniors living in their own homes.

"It is inspiring and energizing to work with our volunteers. As our society faces many challenges ahead, it is crucial that we reach out and help one another. Being part of a critical solution is empowering and satisfying," says Suzanne Stapells.

The combined effort of these organizations has set in motion a very powerful opportunity to have volunteers help frail seniors remain in their own home.

Volunteers working with information technology have assisted well over 100 seniors to learn how to use computers, Skype and the internet, to stay connected with family and friends. This has allowed these seniors to stay in contact with their support network and combat the loneliness that may lead to depression and illness. This initiative fits with the program's intention to relieve stress on seniors' care givers and their families, especially if they do not live in close proximity to one another.

Home for Life volunteers are also supporting the VON SMART program which is geared to providing exercise programs to seniors in their homes or in Retirement Residences. One of the great success stories here is that the bus owned and operated by Chartwell Retirement Residence is now picking up seniors from their homes and bringing them to Chartwell for the exercise program, providing not only the access to the exercise program but also a social outing.

The third component of Home for Life, called Buddies for Seniors, involves trained volunteers visiting seniors in their homes to help them navigate the system and access the services they may need to remain living in their own home. Although our community has many services available these are not always readily known or easily accessed by the frail senior.

"The Home for Life program is based on the premise of people helping people - a "back to the village" concept to help us reach our vision of the healthiest community in Canada", explains Linda Davis, President and CEO, Collingwood G&M Hospital. Following our hospital's vision to empower people to take on goals that lead to positive change, we feel that Home for Life brings together a team of organizations that share this philosophy".

If you or anyone that you know would like to learn more about the Home for Life program, please contact us at: Home for Life 705-444-0040 x. 4, or email: [HFLvolunteers@gmail.com](mailto:HFLvolunteers@gmail.com).



# RN RPN PRACTICE AT THE COLLINGWOOD G&M HOSPITAL – A COLLABORATIVE APPROACH

As the practice of nursing continues to evolve in the province of Ontario, it becomes more and more interesting to understand the essential role nurses play within the healthcare setting. In the past decade we have started to hear more about the role of the registered practical nurse and the scope of practice that falls within this profession. What is the difference between a registered nurse and a registered practical nurse and what does this mean within your community hospital?

Founded in 1887, the G&M Hospital was an eight bed facility, serving the Collingwood area including sailors who came in off the Great Lakes. The practice of nursing has taken many fascinating transformations since then but one thing has remained constant, nursing has always been essential to care provided to patients of our Hospital. Today at the Collingwood G&M Hospital (CGMH) is fortunate to have a highly skilled and knowledgeable team of nurses comprised of registered nurses (RNs) and registered practical nurses (RPNs).

In Ontario, nursing is one profession with two categories – RN (which includes Nurse Practitioners) and RPN. Only nurses registered with the College as a registered nurse can use the title RN. Similarly, only nurses registered as registered practical nurse can use the title RPN. Either category can use the title nurse (College of Nurses of Ontario 3).

Our Hospital has continued to move toward a collaborative approach in patient care services (otherwise known as an inter-professional collaborative practice). In nursing, this means that care provided utilizes the roles and skills of RNs and RPNs together. This has become a provincial standard and is endorsed by the College of Nurses of Ontario. Because of the success of this model, it has become a leading strategy in our Hospital.

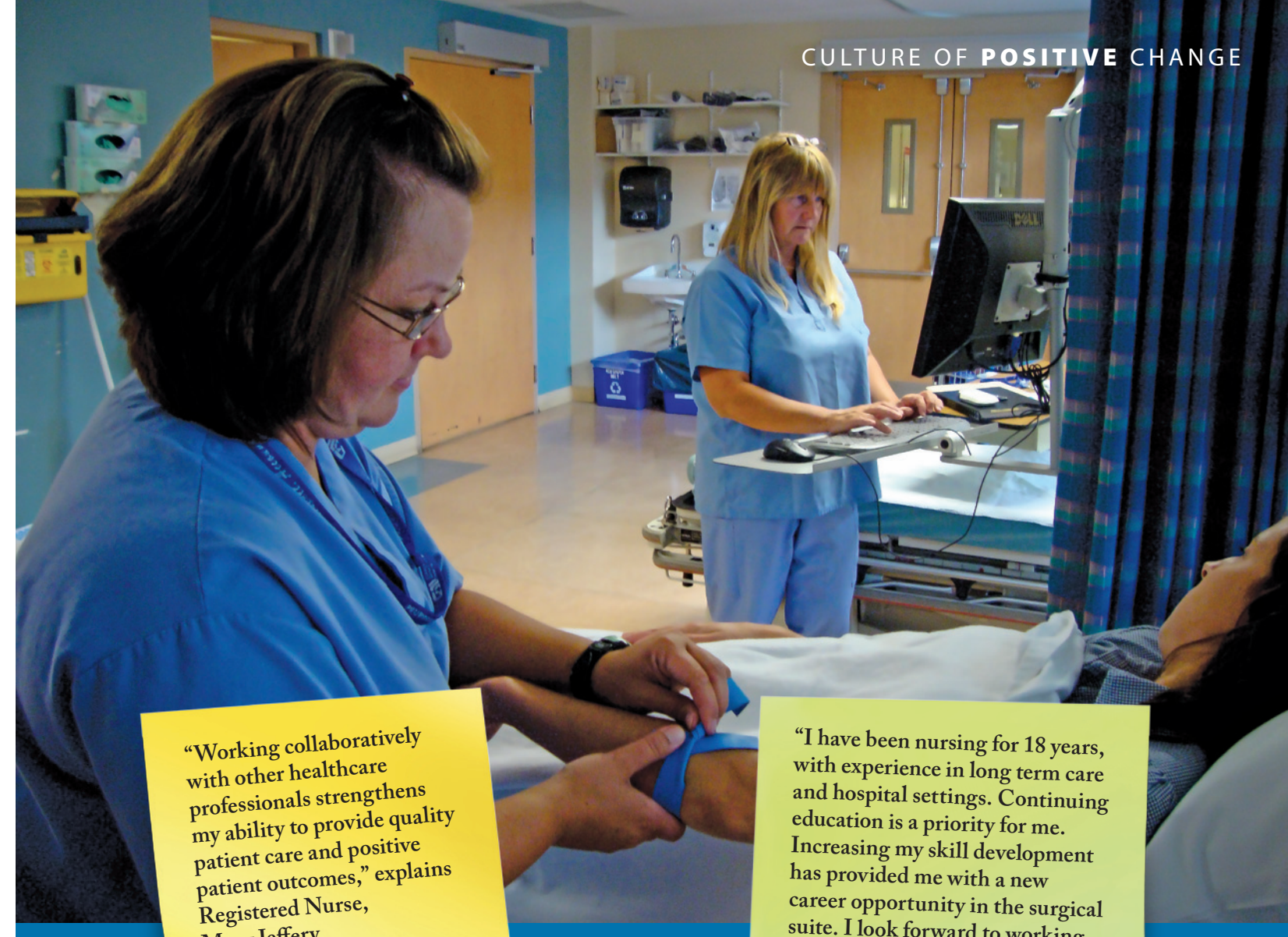
The College of Nurses in Ontario sets defined scopes for both the RN and RPN to complement which each other provide to comprehensive patient care. Guidelines have been developed that explain the contributions of both RN & RPN practices and how to best utilize both of these roles and enhance collaboration between them. Here at the G&M, these roles work simultaneously to make a well rounded team with the best collaborative approach possible for patient care.

The foundational knowledge base of RNs and RPNs is different as a result of differences in basic nursing education. Both types of nurse study from the same body of nursing knowledge. RNs study for a longer period of time allowing for greater depth and breadth of foundational knowledge in the areas of clinical practice, decision-making, critical thinking, leadership, research utilization and resource management. RPNs study for a shorter period of time, resulting in a more focused body of foundational knowledge.

At CGMH nurses work as a team and it is hard to distinguish the difference of the role of the nurse who is caring for you. Together, all of the nurses ensure that our Hospital can support our community by providing every patient with the right match of nurse to best meet their healthcare needs.

In compliance with provincial standards, Nurses at the Collingwood General & Marine Hospital work collaboratively following the College of Nurses' 3 Factor Framework. The 3 Factor Framework takes into consideration the Environment, Nurse Factors and the Patient. The way the 3 Factor Framework comes into play is by considering factors that guide the approach to patient care or treatment. This tool comes into practice when nurses assess the Environment, Nurse Factors and Patient. Consideration of all 3 factors determine the appropriate utilization of the nurse.

Assessment of the Environment has to do with the



**“Working collaboratively with other healthcare professionals strengthens my ability to provide quality patient care and positive patient outcomes,” explains Registered Nurse, Mary Jeffery.**

**“I have been nursing for 18 years, with experience in long term care and hospital settings. Continuing education is a priority for me. Increasing my skill development has provided me with a new career opportunity in the surgical suite. I look forward to working collaboratively with the OR team,” says Deb Kelly, RPN at the G&M Hospital.**

resources available to nurses, consultation with other healthcare providers and the stability and predictability of the environment.

Nurse Factors determine which type of nurse will handle care. The care provider determines whether the outcome of care is best handled by an RN or RPN or if the RPN provides aspects of care in consultation with the RN. The complexity, predictability and risk level of the Patient case also guides the framework of care and determines how the patient care will best be handled.

“When it comes down to it, whether you consider this framework or any other team approach to nursing, our model of care is all about making positive strides every day,” explains Norah Holder, VP Patient Services & Chief Nursing Officer at CGMH. “Working collaboratively leads to the best possible patient outcomes. It also ensures both RNs and RPNs practice at their full scope and results in improved work-life satisfaction

for all nurses. Thus, it is important that we continue to work together through consultation and collaboration.”

The G&M Hospital is more than just a building – it is an organization comprised of caring individuals who must work together to overcome challenges everyday. “We are all in this together” and we must work together to find solutions to our challenges as hospital staff and for the communities we serve.

It is by working as a team that we hope to reach milestones that will lead the way in health care practices. Collaborative nursing practice at our Hospital is one good example of an innovation that we can share with you.

*References: College of Nurses of Ontario. Practice Guideline: Utilization of RN's and RPN's. Toronto, (2009). 3-5. Print.*



# OUR CLINICAL REDEVELOPMENT PROJECT – PHASE 1

Thanks to the outstanding support of our donors, newly renovated clinical areas of the hospital offer improved space at the G&M. Our patients, staff and visitors are benefitting from the generous contributions made in support of this project.

The total project cost of \$4.1 million was funded by the Collingwood G&M Hospital Foundation and the County of Simcoe. The County of Simcoe contributed with a commitment in funding that will cover almost half of the cost of the project by 2016, the remainder of the budget was funded by contributions from the community through donations to the G&M Hospital.



## THE TIMELINE

JANUARY 2010

January 2010, phase 1 of the Clinical Re-development project started.

As of December, 2011, phase I of the Clinical Redevelopment project at the Collingwood G&M Hospital was complete.

### Endoscopy Unit

Late in January 2010, contractors began to demolish the vacated administrative offices (on the lower level) to begin to build a new Endoscopy Unit. Relocation of endoscopy procedures (for example colonoscopies) from the operating room area was designed to improve patient flow and allow all

JANUARY 2011

three operating rooms to be used as needed.

Now endoscopy patients are treated and recover in a private state of the art operating suite with significantly enhanced privacy.

### Emergency Triage / Emergency Registration / Emergency Waiting Room

Throughout the summer months in 2011 renovations started in the Emergency Triage area and to centralize patient registration. The Emergency entrance door was relocated and a new process was

SUMMER 2011

adopted to admit patients through Triage. The new space is better organized, with more clarity for patients in terms of the check-in and triage process once they get to the ER department. The new layout also offers enhanced privacy for patients and better patient flow. With over 32,000 Emergency Department visits throughout the year, this is a very critical area that impacts our patient experience every day.

### Central Patient Registration Operating Rooms

The Hospital's Operating Rooms and

WINTER 2012

Surgical Suite also benefited with the addition of a new storage room that holds surgical supplies and equipment. Previously supplies and equipment were stored in the third Operating Room which caused delays in prepping for emergency surgeries. Now, all three of the G&M Hospital's Operating Rooms can be used as needed. The second OR was also renovated and expanded to accommodate more orthopaedic procedures.

A sterile core area (storage room) was also opened providing storage for orthopaedic surgical supplies.

SPRING 2012

### Dialysis

The G&M's busy Dialysis department has improved storage and as a result, freed up space within the unit. This area now houses 6 Dialysis Stations and treats 36 people.

### Sterile Processing Department

Behind the scenes, our Sterile Processing Department also has a larger, newly renovated, space to work within. This incredibly important support department contributes to the high quality of patient care and safety on a daily basis. This is where surgical supplies come from and

SUMMER 2012

where sterile equipment is cleaned and stored.

"The General and Marine Hospital is very grateful for the financial support of the County of Simcoe and the General and Marine Hospital Foundation. With this generous investment we are able to make physical changes to our hospital that will continue to enhance our ability to provide high quality clinical services locally," said Linda Davis, President and CEO of Collingwood General and Marine Hospital at the official grand opening of the renovated areas.



# ONTARIO TELEMEDICINE NETWORK

WITH COMMENTS BY KRISTIEN MCALEER

*Connecting  
our patients and  
people to the  
care they need*

This winter the Collingwood G&M Hospital welcomed the addition of RN, Kristien McAleer. Kristien is a qualified nurse, who recently made Collingwood her home after spending the last 12 years working at Mayo Clinic in Phoenix Arizona. Kris is now stationed in our hospital, but there is something unique about how she provides care. She connects patients to care pathways with the use of the Ontario Telemedicine Network (OTN).

Telemedicine uses two-way videoconferencing and advanced information communication technologies to deliver examinations, treatments, clinical, education and administrative services to every hospital and hundreds of other urban, rural, and remote health care sites throughout Ontario. Talk about taking advantage of technology, this sophisticated network provides access to quality medical care across the province without having to travel outside of the community.

Let's consider how this works for our patients for a moment. Take dermatology as an example. One of the initiatives of the OTN program was to introduce a service called the Telederm Program. An OTN Telederm appointment is just like a regular appointment, only in addition to an examination by your doctor, digital photographs are taken of your skin condition which are then forwarded electronically to a dermatologist. The dermatologist will review the information, make a diagnosis and send treatment recommendations back to your doctor. Your doctor in turn follows up with you about the suggested treatment plan. For patients, this means that we can spare them a road trip to Barrie or Toronto and better yet, they are receiving fast access to a specialist right here in their home town.

Through OTN we will facilitate oncology consultations from specialists at the Regional Cancer Centre remotely, removing the need for patients to travel to Barrie.

The G&M has been using the Ontario Telemedicine Network for its educational and administrative benefits for over 8 years now but only recently have been able to successfully add Clinical Patient Care services for the community.



Improving the experience that you have here at the G&M is extremely important to us. Not only does it make sense to take advantage of medical technology to do this, it also makes sense to use communication technology. You've heard of Skype... well this is like using Skype to better connect medical care. With OTN access we can remove the distance barrier and connect you, the patient, with earlier involvement of specialists. When it comes to your treatment plan, time is always of the essence. Our clinical team wants to make sure that you are getting the attention that you need, as quickly as possible. OTN improves continuity of patient care through enhanced communications between health care providers.

Our program at CGMH provides patients access to a variety of highly qualified specialists without having to leave the community and in most cases, these clinical visits can occur

much sooner than the "traditional" specialty consults.

Our goal is to further enhance the great care that our community physicians already provide by connecting them with a larger network of specialists to refer to... this program can link patients to specialists anywhere in the province not just the next largest city.

Currently, more than 3,000 health care professionals in more than 1175 sites across the province use OTN to deliver care to their patients. This year, OTN will deliver more than 135,000 patient visits.

At the G&M our first Telemedicine Consult happened on April 16th 2012. We are please to make this announcement and share with you that through the use of communication technology, Kris McAleer has been able to introduce patients to a whole new care path – a fast, environmentally friendly and quality focused one!



# COLLINGWOOD G&M HOSPITAL'S RECIPIENTS OF THE BOARD AWARDS OF EXCELLENCE.

PRESENTED JUNE, 2012

The Collingwood General and Marine Hospital hosted a special awards ceremony to present the 2011/12 Board Awards of Excellence.

Brought forth by the G&M Board, Awards of Excellence recognize and honour individuals or teams within the hospital for their achievements and successes throughout the year. The distinction was created by the Board to provide an opportunity to recognize exceptional efforts by Staff, Physicians and Volunteers, in one of six strategic areas: Patient Care, Leadership, Sustainability, Quality, Partnerships and Safety. Criteria are based on the G&M's strategic plan, New Directions, and reflect the hospital's goal to support excellence in innovation within the culture of the organization.

Nominations for the Awards of Excellence are selected by peers with an application brought forth by management for consideration by the Board. "Staff, physicians and volunteers at the G&M are dedicated to serving our community with very highest standards for patient care and quality in the services they provide. Through effective collaboration and teamwork, their efforts are commendable on a daily basis; however there are some special circumstances in which these people go above and beyond. The Board Awards of Excellence celebrate these efforts," says Shelley Wells, Chair of the Hospital Board of Trustees.

"As part of best practice and innovation we recognize the staff, physicians and volunteers for their exceptional efforts by presenting the second annual Board Awards of Excellence".

## 2011/12 BOARD AWARD OF EXCELLENCE RECIPIENTS:



**Process Improvement Partnership (PIP) – Partnerships:** The PIP Team worked throughout the year to implement positive change across many areas of patient care, particularly in the Emergency Department and the inpatient medical unit. This team demonstrated the CGMH core value of respect by engaging front line staff and physicians in the development of new processes designed to improve patient flow through the Emergency Department and reduce wait time for patients. The team also demonstrated accountability by focusing heavily on improving the patient care experience. Members of the team include: 2 team leads (Barb Gotuaco, Lisa Nicol), 5 front line staff (Cathy Maecker, Barb McDonald, Krista Ferris, Debbie Ball, Suzanne Campbell), 2 physicians (one ER Physician and one Family Physician) (Dr. Darryl D'Costa, Dr. Mike Lewin), 2 support staff (Toni Hannon, Michael Currie)



**The More OB Team and Obstetrical Department – Safety:** Patient safety is a key focus for the Obstetrical team at the G&M Hospital. More OB is a program that is dedicated to maximizing safety in Obstetrical care. This team showed dedication to patient safety through completion of education, evaluation surveys and regular drills of their skills designed to emulate response in emergency situations. This team includes: Debbie Almond, Patti-Redpath Platter, Liz Carlton, Lynn Marie Culliton, Jane Fitzsimmons, Sherry MacKay, Dr. Susan O'Toole, Dr. Gillian Yates, Dr. Janet Clarke.



**Patient Order Sets – Quality:** This year the G&M became the first hospital in Canada to adopt electronic patient order sets. Thanks to the dedication of this team, including medical and information systems applications staff, led by Dr. Anne Engell, CGMH has carried out a complete hospital wide integration of the PatientOrderSets.com system with the hospital's Electronic Medical Record. Using a single click, physicians can move seamlessly from the electronic patient record into this new application and the patient's data moves with them. This is a significant investment in the quality of patient care that our hospital provides. Recipients include: Sandy Dilworth, Jan Sparling, Dave Butcher, Dr. Anne Engell, Dr. Scott Houston, Dr. Brian Marshall, Dr. Dave Ohrling, Dr. Jesse Guscott, Dr. David Baird, Dr. Allison Edgar, Dr. Michael Lisi, Dr. Henry Koo, Dr. Olivia Cheng, Dr. Gillian Yates, Dr. Susan O'Toole.



**Dr. Jesse Guscott & Dr. Kate McLauchlin – Patient Care:** Dr. Guscott and Dr. McLauchlin demonstrated the organization's values by their commitment to working with community partners, removing barriers and ensuring a patient received the best possible palliative care. This team effort allowed one of our patients the opportunity to have some of their treatment done at home and outside of the hospital setting, improving their quality of life. Both doctors took the initiative to take on special training dedicated to the treatment of this patient.



**Quality Nurse Environment Initiative Team, Kelli Raynsford & Peggy Bir – Leadership:** This team of nurses showed the core value of respect by engaging front line staff in a variety of quality processes within the Emergency Department. The led educational and communications based sessions that helped staff to focus on best practices in the field. They reviewed the department's minor equipment and organized supplies with associated check-lists, a significant contribution to continuing the quality of care that this department provides to our community.

On behalf of the Board of Trustees, congratulations to these teams and individuals on this special achievement and thank you for your very commendable efforts. A plaque will hang in a common area of the hospital to recognize these great successes.





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