



Partnerships

2012/2013
Collingwood General & Marine Hospital
Annual Report

2012/2013 Report to the Community

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Partnerships



Board Chair Report to the Community, **Shiela Metras**

The Collingwood General & Marine Hospital has come a long way from its founding as an eight bed hospital in 1889. Now a highly efficient 72 bed acute care hospital, it has approximately 450 staff members, 400 volunteers and 65 physicians. The G&M Hospital serves a community of over 60,000 and a visitor population of approximately 4.5 million annually, but none of this would be possible without the partnerships we have formed and continue to foster.

By legislation, the Board of Trustees is accountable for the

hospital's entire operation. Working under by-laws that are continually updated and with the assistance of our senior staff, the board provides governance and oversight to the hospital's operation. Quality and safety are key priorities and we have stringent measures in place to ensure that issues are addressed quickly and effectively, with timely follow-up. We continually monitor performance, risk and quality throughout the hospital through top-level reports and receive on-going education on a variety of relevant topics through seminars, webinars and presentations before each board meeting.

We have a skills-based board which ensures our trustees have the necessary experience to provide oversight on all aspects of our operation. A successful board is also a proactive one and must be willing to persevere through difficult decisions and changing health care legislation.

We are extremely proud of the cooperation and teamwork in our hospital, including outstanding efforts from physicians, nurses, technicians, volunteers and staff.

Our diligence was rewarded earlier in 2013, when the hospital, with the assistance of the North Simcoe Muskoka Local Health Integration Network (NSM LHIN), successfully obtained \$2.67 million from the Ministry of Health and Long-term Care. We are very grateful for this funding, as the board had identified the deficit situation as extremely serious and had alerted the community to our concerns. With the additional funding we were able to retire a continuing structural deficit, the result of several years of chronic underfunding.

Community and regional partnerships are a key element to our success in delivering quality programs and services to the community. We support the Home For Life program which involves local partnerships with five other health care providers in the community, resulting in essential services being delivered to seniors wishing to remain in their homes as long as possible. We are working with the Hospice Georgian Triangle Board to find ways to better service patient's needs for end of life care. We expect

stroke patients to benefit from our partnership with others across the LHIN on the regional stroke program and the orthopaedic program will bring a new ability to reduce wait times for patients requiring hip and knee surgery.

Through these types of partnerships we envision the creation of a community wide plan for health care, providing our patients with an integrated, seamless program of health services.

Our Community Engagement committee seeks input from the community on patient wants and needs, through on-going focus groups and surveys. We want to know what is important to our patients and are finding new ways to stay in touch through our website and social media. We'll soon be asking for your participation in new opportunities to gather more detailed input and hope we can continue to receive and implement your thoughtful suggestions.

With the assistance of the Hospital Foundation, we've been able to keep abreast of the technology, equipment and physical changes that a modern hospital requires. The purchase of a new CT scanner and the redevelopment of the emergency triage room and endoscopy suite are just a few examples of our success, as we strive to provide the highest quality equipment and service to our patients.

2013 is a watershed year for the G&M and for healthcare in Ontario. We'll be examining our vision for the hospital's future and setting essential new goals during our upcoming strategic planning session. In an ever changing funding environment we must provide a delicate balance of investment and expenditure. We look for your continued support as we work to meet your expectations and implement our strategic goals for the G&M Hospital.

Sincerely,



Ms. Shiela Metras

President and CEO Report to the Community, Linda Davis

At the beginning of 2012/2013, the Collingwood General & Marine Hospital found itself facing a number of challenges and new opportunities. Throughout the year, many of the challenges were met and new opportunities embraced. New partnerships were developed and existing ones were strengthened, as the year progressed.

Our financial challenge was truly at a “tipping point” and the Board of Trustees identified the need to take significant action. By working closely with the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) we were able to demonstrate that despite the hospital’s ongoing efforts to find efficiencies, our growth in service requirements could not be met within the current budget allocation. In January 2013, we were very pleased to receive an infusion of funding from the Ministry of Health and Long Term Care that dealt with the financial shortfall, allowing us to balance at the end of 2012/2013.



Our sustainability review was completed at the end of 2011/2012. At the beginning of 2012/2013 we found ourselves with a number of recommendations, which meant significant changes. In particular, we were advised to change our model of care on the medical unit, due to the high number of Alternative Level of Care (ALC) patients. This change meant a reduction in the number of nursing staff, an increase in physiotherapy and the introduction of occupational therapy. What began with fear and significant concern, resulted in the development of an Activation program that has dramatically improved the care of elderly patients in our hospital.

There are three key factors that contribute to the success of this program.

- It was developed with input from patients and family members who had previously experienced care on the unit.
- A devoted core of volunteers stepped forward to assist patients in the program.
- The flexibility and innovation of the interdisciplinary team.

Through a dedicated partnership between patients, staff and volunteers, more of our patients are active, and retaining their strength and abilities while hospitalized. In fact, some are returning home, when this was not thought possible at the beginning of their hospital stay.

A number of efforts have been made to reduce the length of time patients remain in hospital once their medical condition has stabilized. With the financial support of the

NSM LHIN and in partnership with the Collingwood Nursing Home, four convalescent beds were opened in 2012. This allowed a number of our patients to regain their strength in a local supportive environment before returning home; thereby reducing the length of time they needed to remain in hospital.

We are also very excited to be underway on the re-launch of the Home First program with the NSM Community Care Access Centre (CCAC). This program aims to optimize patient care by supporting patients (often high-risk seniors) in their homes with skilled community supports, for as long as possible.

The Home For Life program was launched almost two years ago through the strong support and collaboration of five health providers from our community, the Georgian Bay Family Health Team, the Community Health Center in Wasaga Beach, the NSM CCAC, Community Connections/211 and Sunset Manor Long Term Care Facility. Over the past year this partnership has grown stronger, as the collaborative worked through the many challenges of getting a volunteer run organization off the ground. Financial support from the LHIN gave the program the boost it needed. A program manager and volunteer coordinator were hired, resulting in an increased number of clients and volunteers for a program that is quickly gaining momentum.

The strength of the partnership between the six Home For Life organizations helped pave the way for South Georgian Bay to be named as one of 19 early adopters of Health Links – a project aimed at those who require a significant amount of health care support. You will hear more about Health Links in the coming year.

Through the input of a concerned patient and his family, the hospital began discussions with the Simcoe Muskoka Regional Cancer Centre (SMRCC) to determine what services could be offered at the G&M Hospital. The SMRCC team was very receptive to the idea and assisted us as we planned for the types of services that could be offered and supported here. Over the past year we have strengthened our capacity to provide first visits through OTN (video-conferencing)

and as of January we implemented the removal of chemotherapy pumps, thereby negating the need for patients to drive to Barrie for this procedure.

Although patient care is the primary focus of the hospital, we know that without strong support from areas such as environmental services, food services and maintenance, we are not able to provide optimal care. Last year we took a major step towards enhancing the tools and expertise available to our staff in these areas by partnering with ARAMARK, an internationally recognized company that manages these support services. In a few short months, this partnership has enhanced the cleanliness of our environment and improved the equipment available to our environmental services staff.

Given the demographics of the population we serve and the recreational opportunities available in our community, orthopaedics is a key program for the G&M Hospital. We were honoured to lead an interdisciplinary group from across the NSM LHIN in the development of a proposal that will enhance both trauma and elective care for those with orthopaedic needs. The engagement and willingness of the many individuals on this interdisciplinary group to work together for better patient care, was very gratifying. Together we have developed a plan that has already begun to have an effect and provide more timely access to orthopaedic care for patients from across the NSM LHIN.

The delivery of healthcare is becoming increasingly more complex and challenging. We must continue to work together locally and regionally to ensure that we are able to meet these challenges. In the words of Winston Churchill, “if we are together, nothing is impossible. If we are divided all will fail.” Thank you to all of the internal and external partners who have helped the G&M make meeting your needs possible.

Sincerely,



Linda L. Davis

Chief of Staff Report to the Community, **Dr. Anne Engell**



It has been another busy year at the Collingwood General & Marine Hospital and we continue to attract new talent to Collingwood. With the opening of two new family practices and the replacement of one retirement, we have some new attending physicians on staff.

The G&M Hospital is pleased to welcome Drs. Gillian Brakel, Marius VanderMerwe and Bryan Recoskie. We have also attained some visiting specialists and specialists providing assistance via the Ontario Telemedicine Network. Our thanks go out to Drs. Vik Ralhan and Matt Poyner who are leaving the hospital after a number of years of valued

“Having good people on our team is what gives us our strength and one of our challenges for the coming year will be to maintain that.”

service in Collingwood, to work elsewhere in Ontario.

Our patient order set project has progressed, through growing pains, related to the introduction of new computer processes. However, we expect it to enable many quality improvement activities. For example, it's one piece of a multipart initiative dealing with the care of diabetic inpatients. This initiative involves many disciplines and takes advantage of a strong partnership with the Family Health Team's diabetic education personnel and the regional lead physician.

Antibiotic Stewardship is an important multidisciplinary and multisector activity, working to improve patient outcomes in this challenging world of superbugs. Our medical and pharmacy staff have participated in a number of activities related to this, and expertise and experience is shared across our partner hospitals in the North Simcoe Muskoka Local Health Integration Network (LHIN).

As the potential of LEAN management surfaces, improving quality and efficiency together has become recognized in many health care facilities. In 2012, the G&M Hospital educated its Leadership and Senior Management team on the LEAN philosophy, and physician leadership in these activities will be important. A visit to the ThedaCare health care corporation with members of the senior team this winter was both educational and inspiring. Our

orthopaedic service continues to be a focus of change and development, as plans to form a LHIN-wide orthopaedic program come to fruition.

The examples of Health Links, still in the planning stage, and a shared database of x-ray and other diagnostic images across various Ontario hospitals illustrates our continued building of partnerships to bring a better health care experience to our patients.

Having good people on our team is what gives us our strength and one of our challenges for the coming year will be to maintain that. We are currently recruiting for a new Chief of Emergency Services to lead a committed group of fine physicians who want to continue the department's development as an exemplary service. We are also recruiting for our Internal Medicine services, and we continue to look for a psychiatrist to build on our outpatient program.

Thanks to the entire medical team for making 2012 a year of continued growth and advancement.

Sincerely,



Dr. Anne Engell



Vision, Mission and Code of Conduct

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.

Code of Conduct

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

Leanne White, Geriatric Transitional
Worker at the G&M Hospital.



Nurse and OTN Clinical Coordinator Kristien Mcaleer and Gary Plater.

Bringing Cancer Care Closer to Home

For cancer patient Gary Plater and his wife Carol, life got a little easier this year when they recuperated some precious time back into their lives. No longer do they have to travel to the Simcoe Muskoka Regional Cancer Centre (SMRCC) three days a week, every two weeks for treatment, as the Collingwood General & Marine Hospital is now able to meet most of Plater's needs here.

The couple admits this has made life a little easier, as the treatment sometimes causes Plater to feel very ill and the long car rides to Barrie from Collingwood were sometimes very difficult. With the new system in place, Plater only has to travel to the SMRCC once every two weeks to have his chemotherapy pump connected, instead of three times a week as he previously did.

Currently, on day one of his treatment, Plater comes to the G&M Hospital for blood work in the morning. The results



"I didn't want to be treated better than anyone else, I just wanted to be treated the same. I thought, if other hospitals are doing this, why isn't ours?"

are then faxed to his Oncologist in Barrie. Plater consults with his Oncologist in the afternoon via video conference through one of the Ontario Telemedicine Network offices, located in the Family Health Team's building behind the hospital. If everything checks out, Plater heads to the SMRCC in Barrie the next day to have his chemotherapy pump (a device that resembles a small baby bottle) hooked up to the port in his chest. This stays hooked up for 46 hours, at which time he returns to a prescheduled appointment at the G&M Hospital to have the pump disconnected and removed – a process that only takes 10 minutes.

"It has taken a weight off our shoulders and eliminated two trips to Barrie in a week. We feel more comfortable and at ease now. It was well worth the hard work to get this system set up at the G&M," says Plater, who admits he actively pursued the case.

In the past he would head to the SMRCC for three days in a week for the same process. On day one he would go for blood work in the morning and would then have to wait a couple of hours for the results. After he received the results, he would wait another couple of hours to see his Oncologist. He would then head back the following day to have the chemotherapy pump attached, a process that for Plater takes three hours. He and his wife would then make the two-hour round trip a third time, 46 hours later, for a 10 minute appointment to have the pump removed.

During their travels to the SMRCC, the Platers' discovered

that other patients were having their pumps removed at their local community hospital. From this, Plater sent letters and e-mails outlining the situation to the Senior Team and his voice was heard. "I didn't want to be treated better than anyone else, I just wanted to be treated the same. I thought, if other hospitals are doing this, why isn't ours?" says Plater.

The pump removal process began in January 2013 and the intake of patients has been steadily increasing each month. Patients are scheduled through the central booking system so they have a dedicated time slot for their appointment and don't spend hours waiting around.

Kristien Mcaleer is the lead nurse on this project and says the partnership extends beyond the G&M Hospital and the SMRCC to community services and family physicians. "Since RVH Oncologists don't have privileges here with every patient, when I receive the initial request for care, I have to get authorization from their primary care physician – so it's a real collaboration. Once approved by the physician, I can then follow the patient throughout their treatment," she says.

When a patient comes in for their pump removal Mcaleer speaks with them about how they are feeling, checks to see if there are any issues, inspects the site, disconnects the pump and provides central line care per the SMRCC guidelines. She notes that she is now seeing patients from Collingwood, Wasaga Beach, Duntrune, Singhampton and Meaford, which means more people are now able to experience cancer care, closer to home.

Home For Life

Making a difference in the lives of South Georgian Bay Seniors



Home For Life volunteer Cameron Johnson.



The Home For Life program has made a name for itself in the community since its start-up one year ago, and has made a lot of progress towards its goal of helping seniors feel confident staying in their homes longer.

With support from, and in partnership with the Collingwood General & Marine Hospital, Georgian Bay Family Health Team, North Simcoe Muskoka Community Care Access Centre, South Georgian Bay Community Health Centre, Sunset Manor Long Term Care Facility, and Community Connection/211, seniors are receiving the assistance they

need, which is helping them to feel confident, safe, and happy in their own homes.

“Our vision of a ‘Back to the Village’ approach; neighbours helping neighbours, has become a reality. It’s happening,” says Susan Shiels, Manager, Home for Life SBG.

The focus of connecting seniors with services that enable them to lead healthy and independent lives in their homes is still the goal, but things have evolved tremendously. We recognize that many seniors are on fixed incomes, so despite all the services available in our community, these seniors can’t afford them.

“So that’s when we realized we had to change the game. We figured it out pretty quickly – attracting volunteers who wanted to do more,” says Shiels.

Trained volunteers (Buddies) go to seniors’ houses and discuss the hurdles they are experiencing. “It could be that seniors can’t cook for themselves any longer; have mobility issues, so gardening isn’t possible, or they might be lonely and just want someone to visit them, or to do odd jobs around their house or apartment,” says Shiels.

Once the needs have been identified, the volunteer facilitates the connection to the service provider(s). If the senior is on a fixed income and can’t afford services, Home For Life volunteers demonstrate the ‘Back to the Village’ vision. “Our volunteers will pitch in and do whatever they can. We currently have volunteers visiting seniors, grocery shopping, doing odd jobs around the house and gardening,” says Shiels.

“Our vision of a ‘Back to the Village’ approach; neighbours helping neighbours, has become a reality.”

Shiels shares a story about volunteer Cameron Johnson helping a local senior in need:

“Mr. Johnson met another volunteer at *Lorrie’s house today at 11 a.m. to install a grab bar in her shower. He installed not one, but two grab bars, removed a dangerous shower door, then bought and installed a shower rod and curtain. Additionally, Mr. Johnson used some plywood Lorrie had in her garage and made a step at the front door, which was really needed – Lorrie could easily have fallen. Lorrie could not get the smile off her face, she was so grateful. She couldn’t believe she only had to pay for the material used and was thrilled with how wonderful Mr. Johnson was to her.”

Home For Life also offers technical training, which helps isolated seniors stay connected to their world. Trainers go to the seniors’ homes and teach them to Skype, e-mail, use Facebook, or surf the Internet; whatever the senior is interested in learning.

“Our dedicated group of volunteers sincerely want to make a difference in a senior’s life. Our volunteer opportunities are unique; the volunteers choose what they like to do and how much of their time they want to donate. The flexibility works well,” says Shiels.

Volunteers are always being accepted. If interested, dial 211 or email info@homeforlifesgb.com.

Seniors please call if you would like assistance or if you know a senior in need.

*senior’s name was changed to protect her privacy.



Leanne White, Geriatric Transitional Worker at the G&M Hospital.

Your Transitional Care Team

When a patient enters any hospital environment the goal is to treat and care for the individual until they are well enough to return home

At the Collingwood General & Marine Hospital, in addition to our primary care workers, our physicians and nurses, we also support additional roles that are part of our Transitional Care Team. The team is a dedicated group whose main goal is to inform patients about the various options and community services available to them, as they return home. Additionally, we have also formed strong partnerships with various community organizations and programs, all working towards the goal

of returning the patient home with the best care possible.

Geriatric Transitional Worker (GTW)

The Geriatric Transitional Worker helps patients over 65 years of age in the emergency department that a nurse or physician has identified as an individual with a minor ailment that does not need to be admitted to the hospital, but would benefit from having additional services in place at home. The GTW provides an in-depth geriatric assessment to uncover the support systems the patient currently has in place, their medical history and the complexities that may be involved.

The community programs and services are explained to the patient and the GTW works with the patient to identify what services may work best. Home For Life is a free service run by volunteers that is quickly gaining momentum in the community and is often advised for seniors. (see page 14).

The GTW also encourages the patient to set up an appointment with their family physician and sends a follow up note to the physician to identify what was discussed. The GTW then contacts the Integrated Transitional Care Coordinator (ITCC) to facilitate service setup.

Integrated Transitional Care Coordinator (ITCC)

The newly developed role of the Integrated Transitional Care Coordinator is an integrated role between the Community Care Access Centre (CCAC) and the hospital's emergency department. The ITCC is an essential member of the emergency department Transitional Planning Team, who ensures the patient is evaluated regarding risk of admission, readmission and long-term care service need, and links the patient to existing community services focused on individual need. The care path connects the patient with a basket of services specifically aimed at a successful and sustained return home.

The ITCC, on receipt of referral of patients screened 'at risk' by

the Geriatric Transitional Worker, will assess and recommend a 'transitional plan' of care to resources in the community. The integration of this service in the emergency department improves timeliness, access and identification of services most appropriate to individual patient need. Through the implementation of this combined CCAC/hospital role, the patient will efficiently be reviewed for both CCAC accessible and general community accessible resources through a single point of contact, seven days per week.

Home at Last (HAL)

Home at Last, a service provided through partnership with the Victorian Order of Nurses (VON), provides patients that have been identified by the emergency department Transitional Care Team with a ride home and with care in the home from a personal support worker (PSW) when required. The service runs on Saturdays, Sundays and statutory holidays from 8 a.m. to 8 p.m.

Following receipt of the call, the HAL worker arrives within one hour to take the patient home, picks up medication and food if needed, and stays with the patient at home until he/she is settled. The patient is followed up with the next day to ensure they have managed a safe transition home.

The healthcare team and families are more confident in a patient returning home knowing that he/she has the assistance of HAL and PSW support.

Convalescent Care in the Community

It has been identified that when patients are finished the acute care phase of their hospitalization, they often need continuing supportive care for a period of time, before they are well enough to manage well at home.

In this case, convalescent care is a destination that provides increased support in the way of occupational and physiotherapy to strengthen their ability to manage their daily living and mobility, so patients can then return home.

Previously, patients needed to go to Woods Park in Barrie

for this care support, as it was the closest convalescent care program. This was a challenge, as it can be difficult for seniors to leave their community, and it can be a challenge for their spouse and family members to visit, especially when a patient can be there for up to three months.

A partnership was formed between the G&M Hospital, the Local Health Integration Network (LHIN) and the Collingwood Nursing home to bring this care closer to home. With Ministry approval, available space in the nursing home was transitioned into a four bed, convalescent care facility. Now, patients can receive the occupational and physiotherapy needed to help them regain the strength and ability needed to return home, while remaining close to family members.

Palliative Care Network (PCN)

The Palliative Care Network is a partnership between the patient's family physician, nurse Trish Rawn who is part of the North Simcoe Muskoka Palliative Care Network and two local physicians who have a dedicated interest in supporting palliative care patients.

Since Collingwood does not have a residential hospice to support patients requiring end-of-life-care, Rawn works with these physicians and the G&M Hospital's inpatient care team to try and find the required resources and services to enable the patient to return back to the community and support their end-of-life-care within their home.

Families are provided with supports such as access to a 24 hour call service and a symptom management kit to try and help the patient and the patient's family manage the care at home. Rawn also identifies palliative care patients at the G&M and works with the patient's family physicians to develop a plan to meet the care needs of the patient. This group works as a team to move the individual from the hospital setting back into the community and have them well supported. The partnership eliminates gaps in the patient's care and helps the patient's family through this difficult process as well.

Partnering in Patient Care

Your G&M Hospital, The Foundation and Community Support

New CT scanner, ribbon cutting
at CT scanner unveiling, new
Endoscopy suite.



*"The hospital drives the need and tells
the Foundation what the need is."*

The past few years have been full of change, expansion and growth at the Collingwood General & Marine Hospital, as a new endoscopy suite was constructed, a new CT scanner is now in place and enhancements to our Information Technology system are constantly evolving.

Yet, what many may be unaware of is the partnership between the G&M Hospital and the G&M Hospital Foundation – an entity separately incorporated from the hospital. Working side-by-side to achieve the same goal, "enhanced patient care," they operate with separate Boards and operational budgets.

"The Foundation is a group of marketers and fundraisers. We don't have the medical expertise that the hospital does, so our job is to support the hospital in whatever way it needs when it comes to funding equipment, renovating or expanding facilities, and supporting programs and services not funded by the Ministry of Health," says Jory Pritchard-Kerr, Executive Director of the Collingwood General & Marine Hospital Foundation.

For example, the New Age of Care campaign has laid out its key objectives and is working hard to provide the most complete, accurate information available, instantly at every point of care. This campaign started at the beginning of 2012 and should be wrapped up by the end of 2013.

However, money is still needed outside of the campaign for new equipment, maintenance to equipment and renovations. In this case, the hospital identifies its needs for investment and makes the case to the Foundation. Based on patient impact and care, funds are approved and granted from the interest on endowment funds. Once

approved, the hospital prioritizes its list based on greatest patient impact and need.

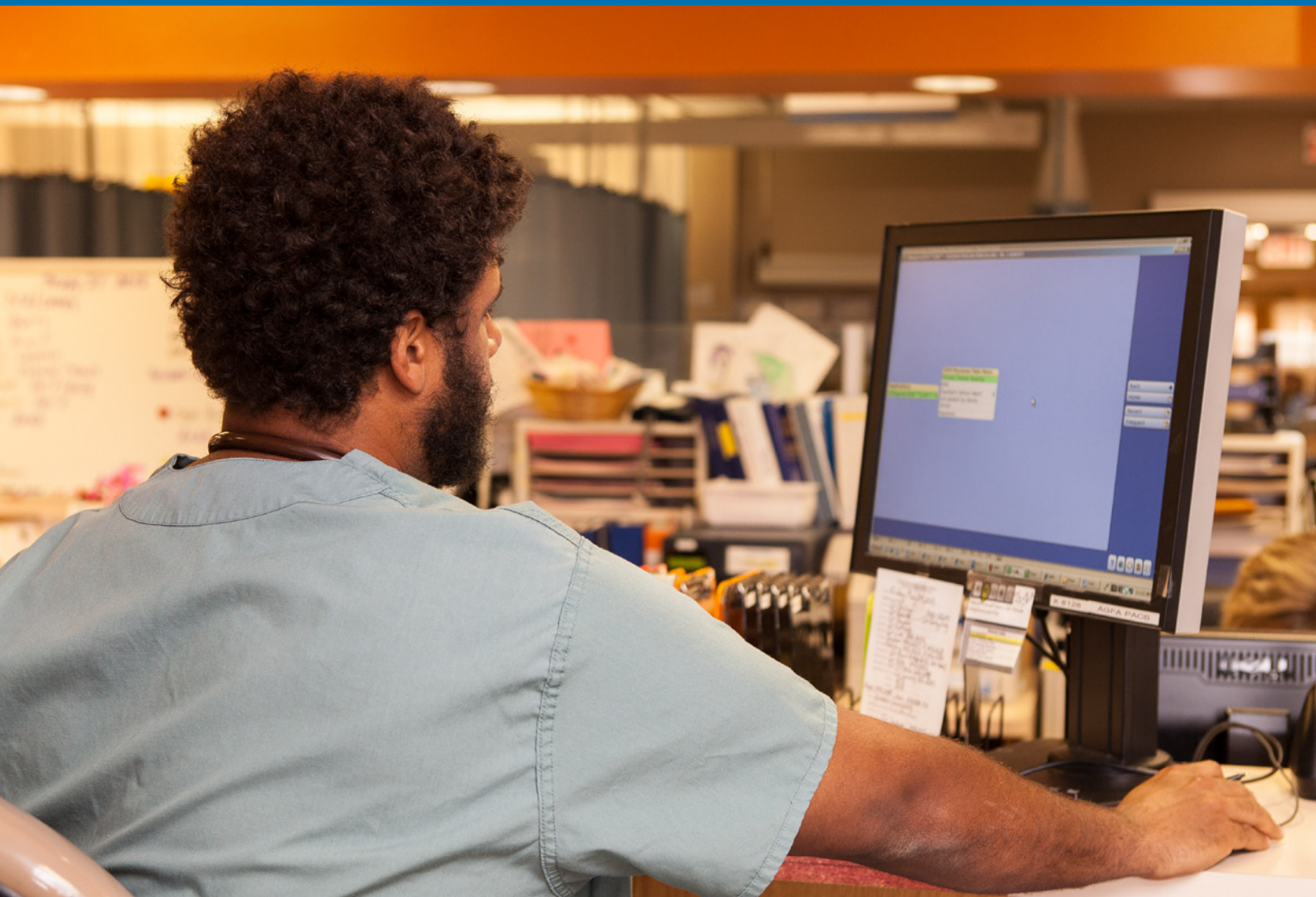
"The hospital drives the need and tells the Foundation what the need is. Our questions are around, is this within our mission? Does this fall within the intent that the donor gave the money for and is it going to have patient impact?" says Kerr.

In 2012 the new endoscopy suite was completed along with renovations to the operating rooms. These renovations were funded by the Foundation and the County of Simcoe.

"I love my job," says Dorn Hilts, a nurse in the endoscopy unit. "This dedicated facility is more positive for our patients and they receive the privacy they deserve. As nurses, we communicate better here and have a good patient flow – it's a very positive working atmosphere. Seeing my patients comfortable and happy makes my day," says Hilts.

Money from the G&M Foundation also funds the Pastoral Care and Community Education programs, groups that may not operate without the Foundation's help, as the hospital does not receive Ministry funding for these initiatives. With this funding, youth, adults and seniors receive event sponsorship for mental health initiatives, drugs and alcohol education and promoting healthy living. The committee also organizes spring and fall education seminars, free to the public. Speakers are brought in and physicians donate their time. These public events, on topics such as teen mental health and healthy living are accessible to all.

"We are both fortunate and grateful to be able to partner with the G&M Foundation in a way that is seamless and productive. Our goals of "enhanced patient care" are jointly shared, and at the end of the day we're both happy when we hear how a new piece of equipment, such as the CT scanner or endoscopy suite provided the patient with accurate information in a timely manner," says Linda Davis, President and CEO, Collingwood G&M Hospital.



Fostering Enhanced Patient Care

Meditech System Upgrade

Working on collaborative efforts to improve patient care are opportunities the Collingwood General & Marine Hospital embraces.

So in 2012, the G&M Hospital, Georgian Bay General Hospital, Headwaters Health Care Centre and Royal Victoria Regional Health Centre worked together on the implementation of a Meditech computer system upgrade to benefit all patients across our local health integration network (LHIN).

Patient care has improved with the upgrade of this

information system, as electronic medical records can now be accessed in a timelier manner.

Meditech is an integrated software that's designed to capture, store and display administrative and clinical data used within a hospital, health system, or medical practice. The cross-region upgrade was months in the planning and has enhanced patient care by providing improved access to health information and the ability to quickly move through different applications within the system. Tremendous effort from all teams involved in the upgrade led to a seamless transition from the old system to the new during the go-live date.

The success of this project was due to the effective collaboration between the four partner sites where similar computer programs are used to manage patient information. Collingwood General & Marine Hospital, Georgian Bay General Hospital (Midland), Headwaters Health Care Centre (Orangeville) and Royal Victoria Regional Health Centre (Barrie) coordinated the activities required to complete the upgrade, sharing their ideas and solutions. Ultimately, the sites were able to support one another while this major upgrade was facilitated.

"At the G&M Hospital, the Meditech upgrade is running smoothly, facilitating the exchange of demographic, clinical, and financial information between departments

Meditech is integrated software that's designed to capture, store and display administrative and clinical data used within a hospital, health system, or medical practice.

How does Meditech better assist its G&M patients?

- Enhanced patient medication tracking reduces errors and risks.
- Newborn charts are linked directly to the mother's chart.
- Critical tests can be ordered on newborns prior to admission.
- Increased data sharing throughout all departments/service areas.
- Standardized user interface allows for increased patient identification across all modules.

and care teams," says Anita Chevalier, Chief of Performance and Clinical Systems.

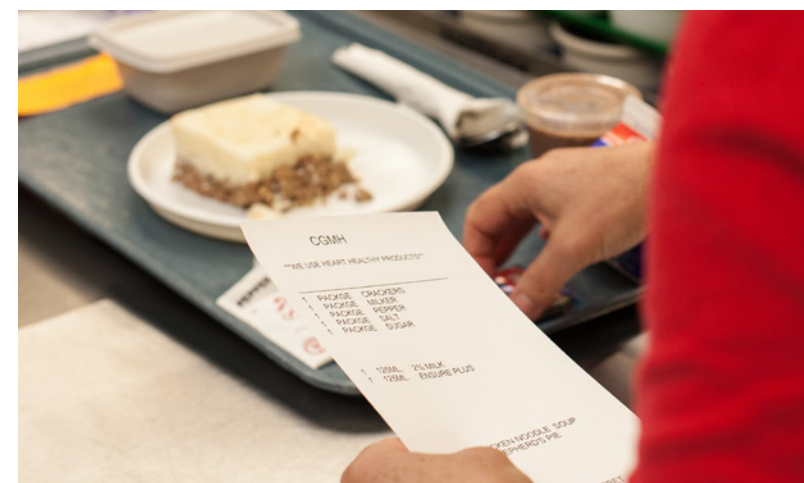
Thanks to community support through the New Age of Care campaign, a major step towards a fully integrated electronic medical record has been achieved for the G&M Hospital.

Cleaner floors with the new automatic scrubber, detailed food inspection, products locked away in new cleaning carts.

“Overall this new system will ensure that vital assets are maintained in the facility,” says Lacroix.

Cleaner, Safer, Healthier, Stronger

ARAMARK partners with the G&M Hospital



At the Collingwood General & Marine Hospital, healthcare is the core business and patient care the top priority, so naturally, partnering with a provider such as ARAMARK, whose sole focus and expertise is providing support services management, allows the hospital to focus on its priority – its patients.

On January 28, 2013, the G&M Hospital began its partnership with ARAMARK for the provision of support services management. A leader in professional services, ARAMARK provides award-winning food services, and facilities management to health care institutions and businesses around the world.

“In just a few short months the hospital has seen a number of positive improvements from this partnership that has enhanced safety initiatives for both patients and staff,” says Mike Lacroix, VP Corporate Services and CFO.

In the area of Environmental Services, the hospital is now using more environmentally friendly chemicals and cleaning products. It has also introduced microfiber technology

that is more effective in microbial removal and is more ergonomic to help reduce workplace injuries. Through these investments, coupled with changes to processes and improved employee training, ARAMARK has helped the G&M increase compliance with [Provincial Infectious Diseases Advisory Committee \(PIDAC\)](#) Best Practices for environmental cleaning by 27% in the first two months.

To ensure a safe environment for staff and patients, chemical tests are now performed weekly to ensure the proper dilution of disinfectants, and Glo Germ and Adenosine Triphosphate (ATP) tests are now the norm to determine proper cleaning procedures are being followed.

One of the first changes made at the G&M was the addition of a computerized maintenance management system. The new system allows management to track costs and schedule maintenance on all assets within the facility. In the first 30 days, more than 200 plant assets were tagged and placed on a preventative maintenance schedule. Since implementation, the maintenance

department has reached 100% completion of all life safety preventive maintenance inspections.

“Overall this new system will ensure that vital assets are maintained in the facility and that we continue to have a safe environment for patients and staff,” says Lacroix.

Lastly, ARAMARK has begun to make a number of positive changes to food services at the G&M. Improvements to the food inventory management system has eliminated a large amount of unnecessary inventory. Improved inventory management has also increased tray accuracy for our patients. A much needed replacement of meal delivery carts will occur in the fall and new enhancements to both patient and retail food menus will occur over the next eight to twelve months.

“We have accomplished a great deal in a few short months and more changes will occur in the coming months and year, all designed to enhance patient care and well being,” says Lacroix.



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