



Together we can

2014/2015
Collingwood General & Marine Hospital
Annual Report

VISION: Our vision is to be a high performing, patient-focused hospital serving our community by providing quality and excellence in patient care. We strive to be a leader among our peers by providing essential services founded on best practices, resourced with appropriate technology and delivered by a qualified, motivated and caring team. We are working to provide timely access to care and to 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.

Caring
Accountable
Respect
Excellence
Adaptable
Teamwork
CGMH

Governed by our new strategic directions all physicians, nurses, staff and volunteers at the Collingwood General & Marine Hospital will continue to provide the best possible **patient experience**, by ensuring community members and visitors receive the **right care at the right place**, with access to **innovative** and efficient technology. We will provide care closer to home for those with complex conditions and timely **access to orthopaedic care** and local rehabilitation services. By implementing these new directions we will **sustain the future of our hospital**, as we build our case for a Health Campus or a major hospital expansion.

Strategic Directions: 2013 - 2017

Patient Experience

We commit to providing the best possible patient experience to the community by:

- Developing and progressively integrating a culture of "Service Excellence"
- Integrating patient/family experience factors into planning and decision making
- Enhancing quality and safety of patient care through standardization and best practices

Right Care at the Right Place

We commit to improving care for patients with the greatest need by:

- Demonstrating leadership in the Health Links project by:
 - Implementing a coordinated care team approach that links patients with community services
 - Connecting frequent ED users and patients without family physicians with the new Complex Urgent Care Clinic
- Implementing the Home First philosophy which allows seniors to return home with support services in place until alternative care plans are made

Access to Orthopaedic Care

We commit to enhancing our role as a regional orthopaedic provider by:

- Expanding orthopaedic services and reducing wait times for orthopaedic surgeries
- Completing the implementation of the Musculoskeletal Integration Plan, which will provide enhanced access to timely care, both locally and regionally
- Increasing access to local, acute rehabilitation services for orthopaedic patients after surgery

Innovative

We commit to pursuing new models of care and operations by:

- Identifying and implementing new models to enhance patient care and provide care closer to home
- Continuing to build transformational excellence and Lean management processes
- Establishing electronic connectivity with community partners
- Identifying and implementing new models to enhance operations and increase efficiency

Our Hospital

We commit to initiating hospital development planning and exploring opportunities for a Health Campus by:

- Developing a master plan/master program
- Building the case for a new hospital and campus of care for our community or a major expansion
- Developing an interim plan to sustain operations for the next 5-7 years

YOU SPOKE, WE LISTENED – OUR COMMITMENT TO THE COMMUNITY



Working together with our partners toward a shared vision for the health of our community

We will continue to provide the best possible **patient experience** by integrating a culture of 'service excellence'. When patients, their families and visitors arrive at the G&M Hospital they will be greeted with a friendly smile, provided an empathetic ear and treated with respect for the duration of their care or visit.

Patients and their families will have a **guiding voice in their care plan** as the health team consults with them throughout their treatment.

We are dedicated to improving care for patients with the greatest need through community partnerships such as **Health Links** – connecting patients who have complex health issues with a coordinated care team made up of local community agencies, health services and the Georgian Bay Family Health Team. As part of Health Links, a Complex Urgent Care Clinic, led by a nurse practitioner, will be available to help:

- patients with complex conditions who don't have a family physician
- visitors to the area
- complex patients referred by their physician who require multiple appointments for treatments such as IV therapy.

We have embraced the **Home First** philosophy, a partnership with the Community Care Access Centre which allows seniors to return home when they are well enough to leave the hospital with dedicated in-home support services in place.

By enhancing our role as a **regional orthopaedic provider** we will reduce wait times, locally and regionally, and increase access to local rehabilitation services after surgery.

We will be making a **significant investment in orthopaedic equipment** and updating our facilities to meet our patient's surgical needs on-site.

We are implementing **new models to enhance patient care** and provide care closer to home, by expanding our Ontario Telemedicine Network, videoconferencing which connects patients with health care specialists across the province.

We will **continue to provide care closer to home** through our partnership with the Simcoe Muskoka Regional Cancer Center. This partnership allows cancer patients to receive some of their treatment, such as chemotherapy pump removals locally, thereby reducing travel to Barrie.

We will **become more innovative** by establishing electronic connectivity with community partners such as the Georgian Bay Family Health Team, community agencies and service providers, through a secure portal. This benefits patients by eliminating duplication and 'retelling their story each time.'

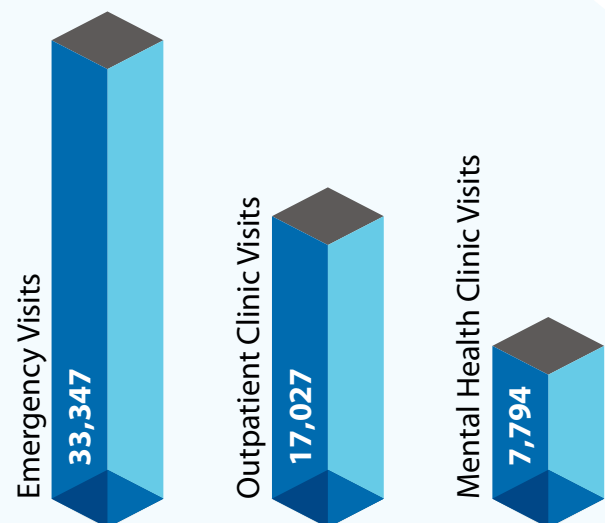
We recognize that we're out of space. We will continue to make changes to sustain operations in the short term and will work towards a major expansion or a new hospital.

By The Numbers

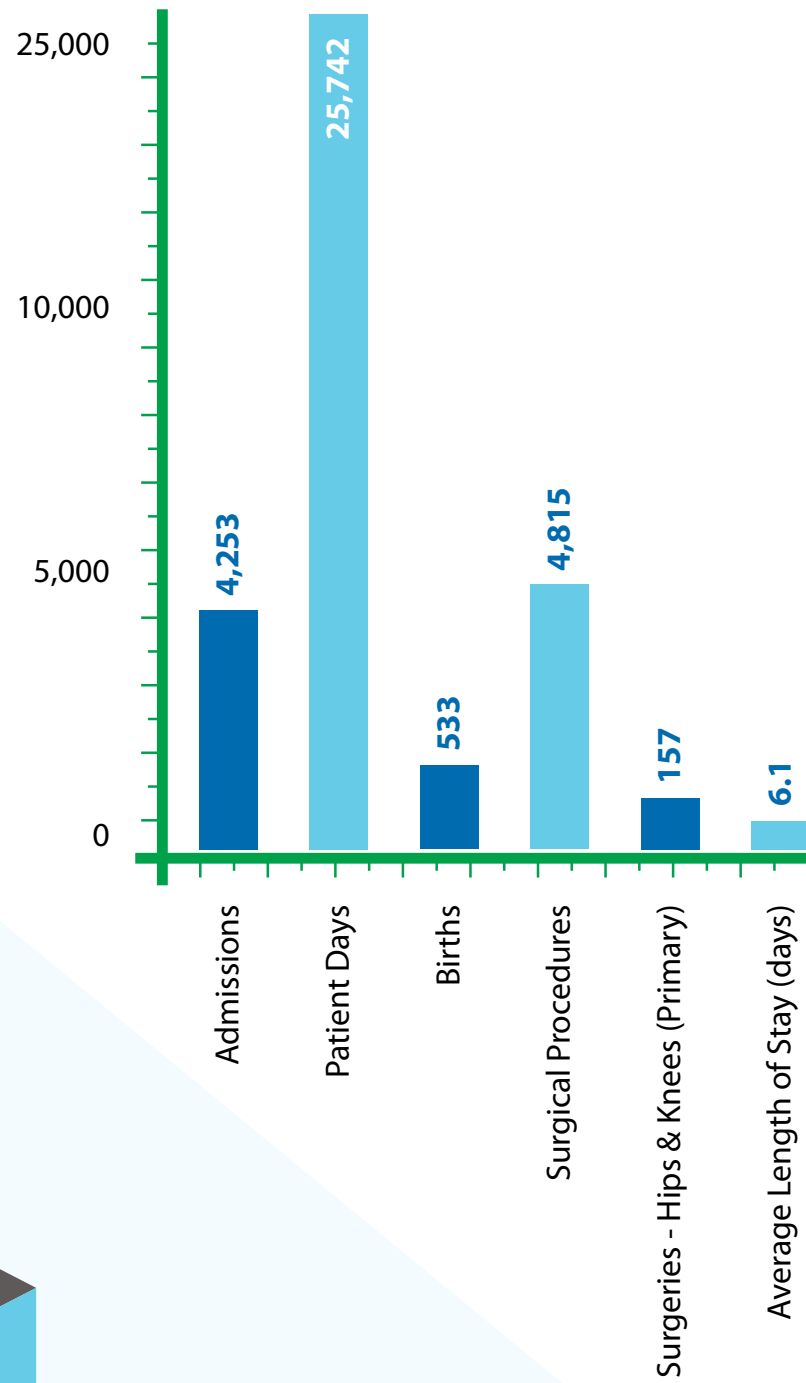
2014/15 Fiscal Year
Audited Financial
Statements

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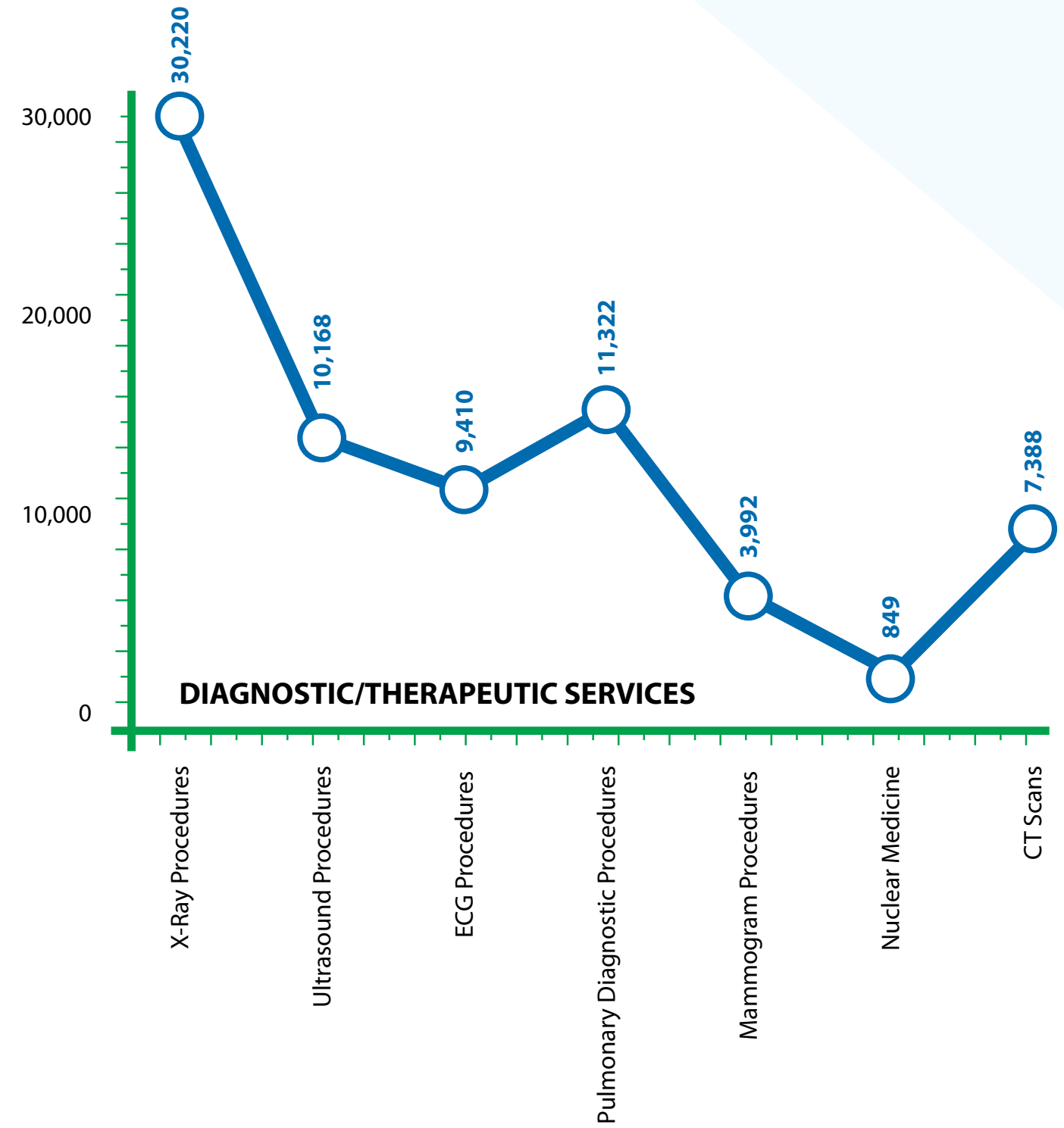
AMBULATORY CARE/ OUTPATIENT SERVICES



INPATIENT SERVICES



DIAGNOSTIC/THERAPEUTIC SERVICES





Together we can

Collingwood General & Marine Hospital (CGMH) is a 68-bed hospital located in Collingwood, ON, and serves more than 60,000 permanent residents and 3.5 million annual visitors to the communities of Wasaga Beach, Collingwood, Clearview and the Blue Mountains.

CGMH is an acute care hospital providing emergency care, diagnostic services including lab, imaging and cardio respiratory therapy, as well as two inpatient units (medicine and surgery). In addition, CGMH also provides care in specialty areas including obstetrics, orthopaedics, intensive care and surgery. The hospital also provides outpatient care including dialysis and a wide range of clinics including mental health and rehabilitation services. CGMH continues to provide care close to home for our community and plays a key role as an integrated orthopaedic centre for our region.

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"Hospitals aren't built from the ground up; they are built from the inside out. They are rooted by its core services, grounded by its staff and physicians, tended to by a dedicated and compassionate group of volunteers, supported by its vision, mission and values, and molded by its strategic directions."

Guy Chartrand,
CGMH President and CEO

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Board Chair Report George Dickson

It fills me with great pride and honour to have accepted the role of Board Chair for the Collingwood General & Marine Hospital (CGMH) last June, after serving as a member of the Board of Trustees for the past seven years. Over the past year I have witnessed a great deal of positive activity underway and it is a privilege to be part of this tremendous team of caring staff, physicians and volunteers.

It is an awesome responsibility to represent the acute healthcare needs of this vibrant and evolving community. With the support of the entire Hospital Board, the North Simcoe Muskoka Local Health Integration Network (NSM LHIN), and community partners, along with the leadership of the Strategic Team – **together** – everyone is working hard to find solutions to our current healthcare challenges, while also planning for the future of healthcare in south Georgian Bay.

With so much positive work underway, it seems hard to believe that it has also been a year of transition for CGMH with our President and Chief Executive Officer (CEO), Guy Chartrand and our Chief of Staff (COS), Dr. Michael Lisi both new to their roles. Yet, one year later, the Board of Trustees could not be more thrilled with the guidance and leadership our CEO and COS continuously demonstrate both in the hospital and out in the community. They are not just “doing their jobs,” they are active community members, with the belief that **Together we can** all make small changes that can positively impact our community.

With a strong team overseeing hospital operations, the Board of Trustees is able to maintain focus at

the governance level on key drivers, such as patient experience, quality care and risk management. Transparency is fundamental to the successful partnership between the Hospital Board and the Senior Team, and we are kept up-to-date through monthly balanced scorecard reports, while also informed of both positive and sometimes challenging patient stories (with patient consent) at each board meeting. We continue to find new ways to improve the patient experience and in 2015 will establish a Patient and Family Advisory Committee.

Yet, challenging times still lie ahead, as for the fourth year in a row, the hospital will receive a zero increase in global funding. In a growing and quickly aging community, this is proving to be a challenge. The Board is supportive of the hospital’s plan to work alongside the NSM LHIN and our community partners over the next 12-36 months to build the much needed capacity within our community. While the hospital has finished the 2014/15 fiscal year with a deficit slightly over one million dollars, we are working on a longer term approach to stabilization and are not looking for quick slash and cut fixes. Rather, we are committed to maintaining an appropriate service level and working together to solve our financial challenges.

On this front, CGMH Board members along with our CEO have engaged with various elected officials including ongoing meetings with our four community mayors, Jim Wilson, Member of Provincial Parliament (MPP) Simcoe-Grey, Dr. Kellie Leitch, Member of Parliament (MP) for Simcoe-Grey and Dr. Eric Hoskins,



Hospital Volunteer, John Hillerby with Board Chair, George Dickson at 2014 Board Awards of Excellence.

Minister of Health and Long-Term Care.


These meetings have been instrumental as we continue on our redevelopment journey. More can be read about this in our CEO Report and redevelopment story in the pages to come.

As we look to the future, the Board recognizes the incredibly onerous role of representing the broader public interest. To accomplish this we understand a systems approach is required, and partnerships and integration with other providers will be key. We want to be a leader and catalyst in moving toward a shared community healthcare vision, as outlined in our 2013-17 strategic directions. We recognize this is necessary in order to implement the Ontario Government’s Patient’s First Action Plan, in which local leadership is vital and service redistribution inevitable and necessary.

In closing, I would like to thank all members of the CGMH Board of Trustees for their valuable advice and dedicated volunteer time. I would also like to extend a sincere thank you to the management team, physicians, dedicated employees and volunteers who serve and focus on our patients each and every day.

Together we are making good things happen.

Sincerely,



George Dickson

President and CEO Report Guy Chartrand

Hospitals aren't built from the ground up; they are built from the inside out. They are rooted by its core services, grounded by its staff and physicians, tended to by a dedicated and compassionate group of volunteers, supported by its vision, mission and values, and molded by its strategic directions.

Hospitals are committed to people more than space and care over concrete, and while much of the past year has been devoted to redevelopment planning, without the people, we are nothing more than a shell. We remain dedicated to our strategic directions of providing the right care at the right place, delivering the best possible patient experience, finding innovative solutions, enhancing our role as a regional orthopaedic provider, all in addition to our work with the Stage 1 redevelopment submission.

If I were to briefly summarize my first year on the job, I can honestly say that the communities we service are full of hard working citizens and the staff, physicians and volunteers at CGMH continue to work diligently every day in an effort to fulfill our mission of **A Dedicated Team Committed To Your Health And Our Community**. I know that **Together we can** make a difference and this teamwork will be crucial to our success moving forward.

While CGMH services a geographically diverse region – Clearview, Collingwood, the Blue Mountains and Wasaga Beach, along with millions of visitors to the south Georgian Bay area each year, in the face of continually increasing demands for our services and the challenges of fiscal restraint, we take pride in the exemplary care we offer to our residents and visitors,



and acknowledge the honour of being trusted by our community to provide this care.

Over the past year healthcare partnerships have evolved and strengthened in these communities, along with our North Simcoe Muskoka Local Health Integration Network (NSM LHIN), as we work towards aligning beliefs, goals and healthcare realities.

I strongly believe in engaging all community members in open and transparent dialogue on the future of healthcare. With this in mind, the hospital's Chief of Staff, Dr. Michael Lisi, Vice President and Chief Nursing Executive, Norah Holder, Vice President and Chief Financial Officer, Mike Lacroix and the Executive Director of the CGMH Foundation, Jory Pritchard-Kerr, along with myself stopped in each of the above communities over the past year with an engagement session entitled, *Let's Talk About Your Hospital And Your Future*. This was an excellent opportunity to provide an update on the hospital and hear what was on your mind – allowing everyone to have their questions answered in a relaxed and comfortable setting. We were so pleased to see so many of you out this year and encourage you to stay tuned for future events by checking our website www.cgmh.on.ca.



CEO, Guy Chartrand and volunteers during National Volunteer Week.

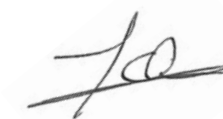
Yet, with the highpoints comes the challenges, and 2014/15 was a tough financial year. Our hospital continued to face significant financial challenges, as provincial fiscal restraints restricted funding increases, while the new funding formula is slowly being implemented. When combined with inflationary pressures, service demand increases and one-time events, we finished the 2014 fiscal year with a deficit of slightly over one million dollars. We continue to work alongside the NSM LHIN who is allowing the hospital to run a deficit in the short term, while we continue to find capacity in our community.

We continue to work with our community partners to fill the gaps in the community, until space becomes available – for example: the higher demand for patients requiring a long-term care bed. This is why the philosophy of allowing patients to wait at home with the appropriate community support service in place, until the right bed is available in the community, is so important - It's about providing the right care, at the right place, at the right time.

During this time frame we will focus on our multi-year and multi-prong approach to resolving the fundamentals of healthcare and will continue to explore the Integrated Delivery Model of Care in our healthcare transformation journey. **Together we can** continue to provide the best possible care to all the communities we service in south Georgian Bay.

I would like to thank our Board of Trustees, all hospital employees, physicians and volunteers for their dedication and passion. I have truly enjoyed working alongside all of you this year and know that great teams provide great results, as we continue along our redevelopment and integration journey.

Sincerely,



Guy Chartrand
Hon. B. Comm, MBA, PhD Candidate

Chief of Staff Report Dr. Michael Lisi

It's hard to believe a year has passed since I began my tenure as Chief of Staff (COS), but when I look at how much has been achieved by the entire medical team in 2014/15, I couldn't be more proud to work alongside such a dedicated and passionate group of physicians.

Devoted to their patients and providing the best care possible, there's an energy that flows through our medical community of family physicians, surgeons, emergency doctors, anesthesiologists, radiologists, internists, cardiologists, psychiatrists and obstetrician-gynecologists.

Implementing change starts with knowledge and understanding, so meeting with all of the department chiefs was an important part of this process for me as COS. It set the groundwork for a year of rekindled department efficiency teams such as the Emergency Department (ED) Care Team and the Medical Care Team, and new initiatives such as the Patient Flow Taskforce – each comprised of medical staff, nurses, clinical staff and Allied Healthcare professionals. It's the team approach that garners the best patient outcomes, as the circle of care is represented from all angles.

As COS and a general surgeon with outpatient clinics, no two days are the same for me. I fully embrace the diversity of this role, and I have a great understanding and appreciation for the amount of initiatives our medical staff are involved in – from developing patient order sets and medical directives, to process changes and culture shifts, such as Choosing Wisely Canada and volunteering time for community education, to improving quality with our hospital being selected provincially for the National Surgical Quality Improvement Program (NSQIP).

In addition, CGMH also has a strong partnership with the Rural Ontario Medical Program (ROMP), which coordinates medical rotations for future physicians from the six medical universities in Ontario, who come to CGMH to be mentored by medical staff in their respective areas of study. From my perspective, what I see are a group of physicians passionate about what they do and creating change, all with the patient and the community at heart.

It was also a year dedicated to intense recruitment efforts for Internal Medicine and I'm very pleased to announce the arrival of Dr. Paul Smylie, our new Internist, to both CGMH and the south Georgian Bay community. Dr. Smylie joins us from Vernon Jubilee Hospital in British Columbia and moved to the area with his family in early spring.

We continue to work hard to enhance our role as a regional orthopaedic provider. Improving access to procedures such as hip fracture repairs, and hip and knee replacements is a priority so that patients may receive their care closer to home in our North Simcoe Muskoka Local Health Integration Network (NSM LHIN). Recruitment efforts to secure a fourth orthopaedic surgeon have been successful. I am pleased to announce that Dr. Darryl Collings, originally from Stayner Ontario, will join our CGMH orthopaedic team.

And with new arrivals, also comes departures. I would like to take this opportunity to thank the following medical staff for providing excellent community care as they move into retirement, including Dr. Peter Phillips who dedicated 30 years to Family Practice, Dr. George Rogan who helped local children for over 30 years as a paediatrician, and Dr. Clare O'Brien whose career in Diagnostic Imaging at



Chief of Staff, Dr. Michael Lisi and surgical team in the OR.

CGMH spanned almost a decade. We wish you the best of luck with all of your future endeavours.

In closing, I would like to thank the entire medical team and the partnership with the hospital's Strategic Team that has truly strengthened over the past year. I'm witnessing first-hand how together we can overcome the greatest challenges and obstacles, and provide our community with the best possible care, not just today, but in planning for the future of healthcare in our region.

Sincerely,



Dr. Michael Lisi
BSc, MD, FRCSC, FACS





New Doc's on the Block: Dr. Paul Smylie, Dr. Chris Martin, Dr. Jamie Stewart, Dr. Monte Bail, Dr. Jessica Dobson, Dr. Mike Carstensen and Dr. Greg Rampersad all came on board in 2014/15.

Year at a Glance

The aquarium represents the positive changes made by frontline staff/physicians that positively impact CARE AT CGMH. In 2014/15 the Lab with 31 and Obstetrics/Surgery with 24 topped the list of positive changes across the organization.



Staff and physicians worked hard to train and implement all necessary Ministry of Health directives to keep the public and fellow staff members safe during the Ebola uncertainty.



CGMH was recognized for achieving the highest rate in staff immunization in an acute care setting, in the 2014/15 Influenza Immunization Challenge, with 82% of staff, medical staff and volunteers vaccinated.



CGMH's Medical Lab received Accredited Status from the Ontario Laboratory Accreditation (OLA), which publicly demonstrates the highest standards of laboratory service.



CGMH staff tested the hospital's emergency response plan in a mock fire drill, which turned into a lateral evacuation. This exercise helped identify opportunities to improve the quality of CGMH's overall response.



The Road to Redevelopment

Cracks in walls, sinking floors, low ceilings, halls lined with storage and staff offices housed in portables – it's not a secret that the Collingwood General and Marine Hospital (CGMH) is out of space. Yet, hospital staff, physicians and administration continue to work together to find innovative ideas and solutions to better use the space we do have, and fix what's not working well in the short term. However, more needs to be done, and in the fall of 2014, with all eyes to the future, the Board of Trustees passed a motion to proceed with the redevelopment Stage 1 submission.

There has been good progress in this regard, as the hospital completed the first critical step in redevelopment planning by submitting a capital pre-proposal in 2010. The pre-proposal has received support from the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) and the Ministry of Health and Long-Term Care (MOHLTC).

"During conversations with the NSM LHIN and MOHLTC over the past six months, both have indicated that there is still support for our expansion. We must be cautious however, as support does not mean approval!" says Guy Chartrand, CGMH president and CEO. "To move forward, we need to complete the Stage 1 submission which includes the Master Plan and Master Program and submit it to the NSM LHIN and the MOHLTC for approval. There's still a lot of unknowns and ultimately the Ministry makes the final decision on whether we're renovating the space we have or if we receive support for a new build."

In late winter 2014, Stantec was hired to lead the planning process of completing the Master Plan and Master Program. The Master Program focuses on how programs and services will change in the future (at 5, 10, 20 years), while the Master Plan identifies the physical space needed in the future (at 25 and 50 years), where and how services will be located, and describes the different stages of development.

Stantec with their sub-consultant partner, Resource Planning Group (RPG), is working with eight different planning teams representing both clinical and support services, and is comprised of both physicians and hospital staff. In early spring 2015, the hospital hosted a Visioning Day where senior administration, frontline hospital staff, physicians, Hospital Foundation representatives, local politicians, community organizations & representatives of the NSM LHIN took part in a day-long exercise which established the guiding principles for the Master Programming services, while a similar Architectural Visioning Day was also held.

Keeping the public informed of the process has also been key, as the hospital held engagement sessions in each of the four communities it serves over the past year entitled, *Let's Talk About Your Hospital and Your Future*. Led by CEO Guy Chartrand and the Senior Administration Team, these forums allowed the public to ask questions and engage in conversation in a comfortable, interactive format.

Keeping our community representatives informed has also been very important and meetings have occurred with our Federal and Provincial Members of Parliament over the past year, including MP Dr. Kellie Leitch, MPP Jim Wilson and our four community mayors.

"We were also extremely fortunate to receive a meeting with Dr. Eric Hoskins, Minister of Health and Long-Term Care, who was very supportive of our redevelopment Stage 1 ground work, noting that he would like to tour CGMH in mid-2015," says Thom Paterson, Vice Chair, CGMH Board of Trustees. "No promises were made, but we left the meeting knowing there was strong support for our approach, as we continue to work with our community partners to expand local capacity."



Clockwise from top: CEO, Guy Chartrand, Board Chair, George Dickson and four area mayors from the Blue Mountains, Clearview, Collingwood and Wasaga Beach – Visioning Day with physicians, staff and community partners – Meeting with CEO, Guy Chartrand, Dr. Eric Hoskins, MOHLTC, Thom Paterson, VP CGMH Board and MPP Jim Wilson.



In addition to our efforts to plan for an expanded replacement hospital, we also continue to build the case for a campus of care for our community. "At the present time we are conducting a full review of the land we are housed on, in addition to exploring alternative locations, yet our focus remains on creating a great process, which ultimately equals great results," says Chartrand.

Our Stage 1 submission will be put forward in two phases. The Master Program will be submitted to the NSM LHIN and MOHLTC in early fall. This will allow us to seek their input and support while we continue to work on the Master Plan component. Our intention is to submit the Master Plan and any required amendments to the Master Program to the MOHLTC in early spring 2016.

If the Stage 1 submission is approved, the Functional Program (Stage II) which provides further detail regarding the proposed facility, including very specific information regarding space requirements, will begin.

While our Hospital Foundation is in the planning stages for a redeveloped facility, it will not begin fundraising for a new facility until after the MOHLTC approves the Stage 1 submission. At present, the Foundation continues to raise money for current equipment needs, as they leverage technology to help overcome some of the challenges presented by the current state of equipment.



Happy to be Home at Last

Grant Madill and Jackie Dipietro were looking forward to escaping the frigid cold of winter by heading south to the Dominican Republic (DR) for 10 days of sun and sand. At a time when most of south Georgian Bay was experiencing record breaking lows, this trip was a welcome relief and time to enjoy some active outdoor activities.

Semi-retired, this was an opportunity to slow down a little. “We’ve worked hard our entire lives,” says Jackie, but the couple couldn’t have foreseen what would unfold next. Gazing out the window, Grant remembers the week, but prefers to look ahead, to healing and travelling again in the near future, “maybe a cruise or Florida next,” he says with a smile.

It was the first night of their long awaited DR trip when a most unfortunate incident occurred, something that could happen to anyone, anywhere in unfamiliar surroundings. During the night, Grant got up to use the washroom. As he returned, Grant tripped over the bed’s low platform, hitting his right shin and landing on his left hip on the unforgiving tile floor. “I didn’t leave the light on,” says Jackie. “At home I always leave a light on for Grant,” she says as her eyes brim up.

First thought to be badly bruised, Grant realized it might be something more when a few hours later he couldn’t stand up. At this point, the couple was advised

to get an x-ray and went to the Hospiten Bavaro - Punta Cana. Here, a hip fracture was confirmed. Initially, hospital surgeons wanted to operate immediately, but were concerned and held off, due to some previous heart issues.

While the couple’s insurance company reached out to CGMH – the hospital – along with many other regional and Toronto Hospitals were battling flu surges, and were unable to find an open bed for him at this time. A few days later, Grant was transferred to a larger hospital in Santo Domingo in which he had access to a cardiologist and orthopaedic surgeon. Jackie admits this was a very difficult change. “I was only able to visit Grant for 30 minutes each day due to tight hospital restrictions. I noticed a big change in him at this time, as he wasn’t getting the right medication and there was a huge language barrier, which caused a lot of grief and frustration. There were no televisions in the room, and Grant was not getting the help he needed,” says Jackie.

After almost a week in a DR hospital, Grant was advised his fractured hip surgery would commence in a couple of days. Upon arrival to the hospital, doctors had taken Grant off the aspirin he took for his heart, as they wanted him free of this medication for a full week, prior to surgery. Feeling isolated, discouraged and frustrated, and in a great deal of pain, Grant felt there was no other option but to undergo surgery in the DR.

“At this point in time I decided to follow-up with our insurance company again,” says Jackie. A second call was placed to CGMH who admitted they were unaware the patient was still in the DR. “Usually after the first call, if we don’t hear back from the insurance company, it’s assumed the patient has been accepted and admitted elsewhere,” says Norah Holder, VP Patient Services and Chief Nurse Executive. “At this point, I said to get him back here right away.”



Jackie Dipietro and Grant Madill, happy to be home at last.

Flown by medical transfer, Grant touched down in Fort Lauderdale to stabilize his condition before proceeding on to the Lake Simcoe Regional Airport, with ambulance transfer to CGMH.

“It was such a long trip, but I was so happy to be home,” said Jackie. “CGMH is our community hospital and this is where we wanted to be.”

Grant’s fractured hip surgery was performed the day after he arrived, without incident. “It was a team approach which allowed things to happen as quickly as they did, from admissions, to surgery, to the terrific nursing care and physio care provided, we wanted to make sure he was as comfortable as possible,” says Aimee Stinson, Surgical Nurse manager, and even Jackie couldn’t believe he was up and walking just days after surgery.

Yet, this story has been a learning experience for all involved, during a winter when flu surges and outbreaks jammed hospitals across the province. “It is very unfortunate that a breakdown in communication caused a delayed return for Grant, but it demonstrated the determination of the surgical team and all those

Over the past year a regional hip fracture pilot has become a program in the NSM LHIN.

As of April 2014, all patients with a hip fracture requiring a surgical repair in our LHIN have had their surgical repair occur within the LHIN. This is a major achievement. The focus now is to ensure 90% of patients with a hip fracture in our LHIN have their surgery performed within 48 hours of the hip fracture.

involved to ensure the patient received the best care possible from this point forward, while also ensuring he received the compassion and follow-up care that was well-deserved, after a very traumatic week of uncertainty,” says Holder.

Now, with roads cleared of snow and ice, Grant can get back to walking outdoors, as he continues along his road to recovery.



Digital machine + new programs = better patient experience

The arrival of the digital mammography unit in the fall of 2014 was about more than a sleek and edgy piece of new equipment. It has enhanced access to care and eliminated unnecessary travel, thereby enhancing the patient experience at the same time.

The new equipment has advanced breast imaging for the purpose of breast cancer screening and diagnosis of all breast pathologies, in both men and women. Image production and interpretation is more efficient, with images posted directly to the Picture Archiving and Communication System (PACS) for interpretation by radiologists – no more developing and posting film. There is also a significant reduction in radiation to the patient.

By going digital, Radiologists now have additional computer based tools at their disposal to change image contrast and resolution, in order to assist in breast cancer diagnosis. At present, CGMH is in the process of accreditation by the Canadian Association of Radiologists (CAR) as they move towards accreditation and implementation of the Ontario Breast Screening Program (OBSP).

The Ontario Breast Screening Program (OBSP) is a province-wide, organized breast screening program that provides high-quality breast screening to women



Opening of new Digital Mammography unit.

aged 50 to 74 who are at average risk for breast cancer with mammography every two years. Run by Cancer Care Ontario (CCO), once accredited by the OBSP, patients over 50 can self-refer and do not require a physician requisition. Reminder letters are also sent out to this group of women for appointments, which is seeing more women getting screened and eliminating unnecessary physician appointments for the referrals.

The new mammography system also includes the latest technology, Tomosynthesis, also referred to as 3D breast imaging. This technology is especially helpful when diagnosing patients with dense breast tissue or any questionable findings.

“Another exciting new addition is that we are now able to offer breast biopsies under mammography,” says Edith McDonell, manager of Diagnostic Imaging, who notes that patients had to be referred to RVH or Owen Sound for this service in the past.

In order to accommodate the increased volume levels, the department is looking to enhance hours of service in the near future, to better meet the needs of patients.



CGMH has an app for that!

For the first time ever, CGMH can now say, “we have an app for that, with pride.”

In the spring of 2015, CGMH purchased the heparin drip calculator app, developed by Dr. Weingarten at South Lake Regional Health Centre. The app assists nursing staff administer heparin (a blood thinner) and also a high risk medication, in a safer and more effective way.

Used in conjunction with the new Alaris IV pumps which arrived in the fall of 2014, the app eliminates the need for nursing staff to manually calculate the heparin dosage to administer to patients.

“Now with the click of a button, nursing staff enter a patient’s weight and it’s converted into a standard unit of measurement which can be easily adjusted. This eliminates lengthy math formulas, spanning multiple pages, and significantly eliminates any risk of human error with heparin – making it a more efficient process for our nursing staff and much safer for our patients,” says Alyson McQueen, Clinical Nurse Educator. The app outlines the initial patient dose and the follow up doses, depending on what the patient’s blood result (PTT) is on the sliding scale.

The app is an excellent enhancement to the smart pump technology of intravenous infusion therapy, which already incorporates safeguards that include a list of high-alert medications, soft and hard dosage limits



Clinical Nurse Educator, Alyson McQueen trains Beth Chmielewski, a Medical Unit nurse, on the new app.

and a drug library that can be tailored by nursing and pharmacy teams.

“It is now even more important to run IV fluids and IV medications on IV pumps to ensure safe delivery of the volume and medication given. Now we have several pumps for each area, and one pump can hold up to four modules for drug administration which can be required in our Emergency Department and Intensive Care Unit. We are very fortunate to be able to provide the Alaris IV pumps, to our patients,” says Judy Garbutt, Nurse and Hospital Coordinator.

Amazingly, the next step will be that communication from the pumps will be able to interface with the hospital’s electronic medical record so that physicians and staff can look up what medications have been prescribed to a patient intravenously.



Supporting community care **starts here**

Healthcare is shifting and a cultural change is occurring. While hospitals were once the main point-of-care, as healthcare transformation occurs, they are becoming the hub in a system that works with many different community partners and organizations, to find the best possible care plan for each patient – customized to meet their individual needs.

At Collingwood General & Marine Hospital, the Transition to Home Team (TTHT) was established in the spring of 2014 to improve coordination of care from hospital to community, patient flow and capacity. The team works with many healthcare providers including the South Georgian Bay Community Health Link to help patients and families connect with the right care and services, at the right point in time, following a visit to the hospital.

The TTHT is comprised of a diverse team of healthcare professionals including a registered nurse, physiotherapist, respiratory therapist and a part-time occupational therapist, while a social worker will be added to the team in 2015. The group works closely with all hospital staff, including physicians, to help safely transition patients home at the appropriate time.

“The TTHT helps to break down barriers and find solutions,” says Jennifer Stewart, Transition to Home Team coordinator. “If a patient came from home, they should expect to return home when they are cleared by their physician. As we support the ‘home first’ philosophy, we are always looking for solutions that may not have previously been considered. Patients with high care needs



Jennifer Stewart Registered Nurse & Transition to Home Team coordinator, Carling Battaglia Respiratory Therapist, Jessica Hearn Physiotherapist and Donna Blakey Registered Nurse.

are still able to return home, but may require additional support from other health services, such as the CCAC, to help to make this transition less stressful,” says Stewart.

The team supports the Emergency Department, seven days per week, by deferring hospital admissions when possible, by linking the patient with the required community services in consultation with the North Simcoe Muskoka Community Care Access Centre (NSM CCAC). If a patient has been admitted for their illness, the team will work on a discharge plan with the patient and family, to identify and remove access barriers. Once the patient’s acute phase is over, a solid plan is generated with patient consultation to transition them back to the community with the appropriate services in place.

“Planning for a patient’s discharge begins the day they are admitted. Together with the patient’s physician, the care team works closely with the patient, family and/or caregiver, and partners them with supports in the community. Life changing decisions, such as planning to move to long-term care, is better made from the comfort of home. Your CCAC Care Coordinator will come into your home shortly after discharge, to help with this type of planning,” says Stewart.

The team continues to make improvements on an ongoing basis, and gather patient and family feedback to enhance the patient experience. Public education continues to be a key piece too, as hospitals and community partners integrate more levels of joint services in the coming years.



ED enhancements help calm the chaos

Anyone arriving at the Collingwood General & Marine Hospital’s Emergency Department (ED)

knows how busy it is on any given day. During 2014/15, the ED had 33,347 visits, almost 1,500 more visits than the previous year. Yet, even with numbers that are on par with some of the big city ED’s, the CGMH team worked hard to develop and implement new initiatives to deal with its wait times, patient flow and admission aversion.

“Frontline healthcare workers, nurses, physicians and senior administration thought outside the box and put forth changes such as the HUB, hiring a contract physician navigator/cast technician, implementing a full-time unit worker and establishing the Transition to Home Team, along with the creation of a patient flow task force, led by our Chief of Staff. Then, great things began to happen,” says Norah Holder, VP Patient Services and Chief Nursing Executive. “Patient flow started to improve, wait times decreased, admissions were avoided and our overcapacity rates began to decline, while patients were happy to be in and out faster.”

And the end result proved to be overwhelmingly exceptional, as the hospital’s provincial ED ranking improved drastically over a one year time frame, from 52nd in the province as of March 2014 to 15th as of March 2015.

All of the improvements have also led to a timelier transition for patients who require admission to an inpatient bed.



“This represents an amazing team effort by staff and physicians across the continuum of care, as they collaboratively focused upon improving patient flow and the patient experience,” says Dr. Kylie Bosman, Co-Chief of the Emergency Department.

So what are some of these initiatives?

- The role of the physician navigator/cast technician was trialed in the Hospital’s See and Treat area on evenings and weekends from mid-December 2014 until the end of March – a peak time frame for the ED. The role was so successful at improving patient flow and wait times, by caring for non-urgent ED patients, that the role has turned into a seven day per week position for 2015.
- Hold Until Better (HUB) is for patients with specific diagnoses who need treatment that may be up to 23 hours in length in the ED, but will be able to go home afterwards. They don’t require admission into the hospital.
- A full time unit worker was also implemented and scheduling enhancements for RNs were made.

Together we can



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