

BLAZING NEW TRAILS

2009–2010 Community Report

IN HEALTHCARE



The 2009–2010 fiscal year witnessed a period of unprecedented growth, challenges, and success stories for Southlake Regional Health Centre. The most obvious of these successes has been the opening of the Stronach Regional Cancer Centre at Southlake, and for that, to a great extent, we have our community to thank. Despite having gone through the worst economy in 70 years, the community served by Southlake's new Regional Cancer Program set an astounding new record for hospital fundraising north of Toronto by raising \$64,789,667. Tens of thousands of gifts donated by individuals, small and large businesses, community groups, and service clubs, and community fundraising events accounted for the majority of the funds. (For more information on the Southlake Foundation or to receive a copy of their Annual Report, please visit www.southlakefoundation.ca)

And, again in spite of these challenging economic times, for the fifth consecutive year, Southlake is proud to have achieved a balanced budget for the 2009–2010 fiscal year. (Detailed audited financial statements can be found under *Financials and Operations* in the About Us section of our website at www.southlakeregional.org)

However, many of our success stories do not involve maintaining a balanced budget or receiving a generous donation. Many, rather, are stories of the human spirit, perseverance, and tenacity. Please take a moment to read about some of the people and programs that have helped make this a remarkable and memorable year for Southlake and the many communities we serve. ♦

Left to right: Brigette Boaretto and Carol Williams stand before some of the equipment used to save Carol's life when she contracted the H1N1 virus.

H1N1 HITS HOME

A Story of Perseverance and Courage

Brigette Boaretto, Southlake's Manager of Infection Prevention and Control, and her team have been planning for a pandemic of some sort for a number of years. "The pandemic everyone believed would likely occur was the Avian Flu Pandemic," Brigette Boaretto said. "Little did we know that our next challenge would be something completely different and something that would nearly take the life of one of our own Southlake staff members."

Brigette's team, along with the Hospital's Infection Control Committee, meet quarterly to examine new risks developing worldwide and to ensure that the Hospital's infection control practices exceed government requirements. So, on April 21, 2009, when the team first learned that there was a serious respiratory illness being reported in Mexico, the team went into immediate action by having informational signage printed and ensuring that Southlake had a four-week stock of pandemic supplies – gowns, masks, respirators, alcohol-based hand sanitizers, and disposable patient care equipment, such as thermometers and stethoscopes.

Even Brigette did not expect things to ramp up as quickly as they did. "We had our first H1N1 patient, a woman who had just returned from a Mexican vacation, in the Emergency Department the very next day after we heard of the illness," she said.

Almost immediately, Southlake was in full prevention mode. Screening of patients and visitors was taking place at all its entrances. The Infection Control Committee was expanded to include representatives from all key areas and the group, which became known as the Emergency Operations Committee, was meeting daily. "However big this thing was going to get or not get, we knew we would be better to be over prepared than underprepared," said Boaretto. It was a good strategy. Cases of H1N1 were soon being reported all over the world and Southlake began to see more and more patients come through its doors.

"For our own staff members, we were very specific that they were not to come to work if they were feeling ill," said Boaretto. Because of these instructions, Carol Williams, Educator for the Birthing and Post-Partum Units, decided that since she was coming down with something, she had better stay home. Carol has three children and all three had been feeling ill during the last few days.

"When my fever hit 40°C, I knew I had to head to the hospital," Carol Williams said.

Within two hours, Carol was admitted to the Intensive Care Unit with severe pneumonia in both lungs. Ironically, she was part of the pandemic planning team for her unit and was well aware that deaths related to serious flu were caused by complications, such as pneumonia, and not necessarily the flu itself. "Knowing how serious my situation was, I was very scared I would not survive," she said.

Carol was placed in isolation and everyone in contact with her was masked, gowned, and gloved, and advised to wash their hands before and after seeing her. She spent nearly two weeks at Southlake before she was discharged, only to be readmitted a couple of days later with a clot in her leg. Doctors

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ATTRACTING THE BRIGHTEST AND BEST



Dr. Kate Morgan, resident family physician, plans to set up local practice once she graduates from Southlake.

When Dr. Kate Morgan was looking for a residency program to complete her family medicine training, the idea of joining a program based within a community was very appealing. Resident family physicians, like Dr. Morgan, have received their medical degree but must practise for two years under the supervision of fully-licensed physicians in order to become fully-certified physicians. When Dr. Morgan discovered that Southlake, in collaboration with the University of Toronto, was setting up a brand new Family Medicine Teaching Unit as part of its Academic Family Health Team, she knew that coming to Newmarket would be her first choice.

For Dr. Morgan, there were many advantages to joining Southlake. In July 2009, she was one of four resident physicians to join the inaugural year of Southlake's Academic Family Health Team, and one of 140 residents to apply. "This is a wonderful opportunity to be right there at the beginning, and to be an integral part of breaking new ground. Many residency programs are either in urban centres, or they require you to split your time between urban and rural settings," said Dr. Morgan. The Family Medicine Teaching Unit allows residents to spend the entire two years of their residency at Southlake. "Coming in, I saw this as a great way to immerse myself in the Hospital and in the community," she added. Along with her own family practice patients which Dr. Morgan sees at the Southlake Family Health Team office, she has already completed residency rotations in the Hospital's obstetrics, paediatrics, psychiatry, medicine, palliative care, surgery, and emergency departments.

She has never for a moment regretted her decision to come to Newmarket. When Dr. Morgan graduates in July 2011, she will share in many 'firsts'. She will be one of Southlake's first graduates of its Academic Family Health Team; within her own patient roster, she will deliver one of the first babies born to a family physician in

the Program; and she will be one of the first physicians trained at Southlake to set up her own family practice in Newmarket.

And this last point is what the Program set out to accomplish. York Region has experienced much faster population growth rates than the provincial averages. With a serious shortage of family physicians throughout Ontario, and thousands of local residents in northern York Region and south Simcoe County without a family doctor, the Academic Family Health Team was developed to fulfill the rapidly increasing need for family physicians in our area. By 2012, the Academic Family Health Team will expand to 18 medical residents, many of whom are expected to set up family practices in the area.

Healthcare Now and Tomorrow

But, of course, Southlake has no intention of resting on its laurels. "The next step, and perhaps the most important, will be to develop, educate, and encourage tomorrow's healthcare practitioners by transitioning Southlake to become a teaching and research hospital," says Dan Carriere, President & CEO. "Our goal is to keep healthcare specialists in Canada, and attract them to our community."

Currently more than 1,700 medical students leave Canada each year to study abroad, as opposed to the 1,200 students who stay. These numbers are of special concern because studies show that about 60 per cent of physicians tend to take on permanent positions in the locations where they last trained. York Region currently has the fewest physicians per capita in Ontario, and Ontario itself has the least number of doctors per capita in Canada.

Negotiations are underway with medical and nursing schools across southern Ontario to grow Southlake's program into a multi-disciplinary health sciences campus for 1,000 students to teach and train nurses, doctors, pharmacists, dietitians, and other health sciences students. "This new initiative will result in greater opportunities to recruit and retain

Southlake's teaching and research agenda stimulates local economy

new physicians and other health-care professionals to the area, and ultimately will mean better care for people in our region," Carriere adds.

The Program is expected to attract health science students because, in addition to its modern facilities, Southlake will be the first Hospital in Ontario to introduce a truly multi-disciplinary approach to training. "In the real world, doctors work closely with nurses, pharmacists, social workers, physiotherapists, and other experts, yet nowhere are they trained to work as a team with specialists from other disciplines," reports Dr. Nancy Merrow, Chief of Staff. "By training various disciplines together, by the time these students graduate they will appreciate the skill set of each member of the team and will work together to meet the healthcare needs of their patients."

Driving Success in Our Region

In addition to improving health-care, expanding Southlake to be a teaching facility will stimulate the economy by creating 1,500 new jobs and generate \$350 million annually. Housing markets and business and retail sectors see these positive impacts too. "People move to our neighbourhoods knowing that world-class medical treatment is available right in their community," says Debra Scott, President & CEO, Newmarket Chamber of Commerce. York Region has grown from 932,000 residents in 2006 to 1,040,000 in 2010.

Business and community leaders see Southlake as having a huge potential to be an economic driver that supports strong spin-off opportunities and contributes positively towards Newmarket's reputation. "Health has been designated as one of the Town of Newmarket's five key target sectors for the community's economic development," says Scott. "Southlake's aggressive expansion has helped us succeed in attracting medical and diagnostic laboratories as well as a broader range of health and wellness professionals." There are already 357 health and social service-related businesses and non-profit or government-funded organizations, many clustered around the hospital. "As the local and medical community grows, the area will continue to attract even more health and wellness professionals," Scott added.

To Dr. Morgan, this transition means that more top-notch health-care specialists will find their way to the Southlake community and fall in love with it as she has. She likes the fact that she is able to live in a metropolitan area with all of the conveniences of a big city, but none of the hassles. "When I look at Newmarket, I see a place that still has a small town feel and is permeated with greenspace," says Dr. Morgan. She came here to become a family doctor, but what she found is the place she wants to practise in. ♦

VITAL SIGNS

Service Statistics for 2009–2010

Total Number of:	
Emergency visits	73,337
In-patient admissions	21,448
Out-patient visits	317,040
Births	2,428
Chemotherapy treatments	12,352
Diagnostic exams	290,394
Beds in operation	370
Patient meals served	389,847
Cataract surgeries	3,749
Cardiac surgeries	933
Total surgical procedures	20,072

Tests and procedures performed to diagnose and treat heart conditions (excluding surgery):

Angioplasty/PCI procedures	1,968
Electrophysiology studies (EPS)	647
Pacemaker/ICD implants	895
Catheterization/Angiograms performed	5,610

People Statistics

Staff	2,794
Doctors	461
Volunteers	811

Teaching and Research

Active research studies	168
Number of students (i.e., medical, nursing, allied health)	603

WORLD-CLASS CANCER CARE CLOSER TO HOME

Patients feel a sense of relief as Stronach Regional Cancer Centre officially opens

As a medical stenographer for a number of physicians, including oncologists, Kelly Reeve is no stranger to the ins and outs of cancer therapy. So, when she was diagnosed with breast cancer last year, she took a moment or two to absorb the shock, and then she picked herself up and set out to do whatever she needed to do to rid herself of the disease. Kelly underwent a lumpectomy followed by an aggressive regime of chemotherapy treatment. "When I was told I would require radiation therapy after my chemotherapy, the first thing I asked was if I would be able to receive that treatment at Southlake's Stronach Regional Cancer Centre," said Kelly Reeve. "More than the treatment itself, I was dreading what those daily trips downtown would do to me and my family."

After an anxious wait to see if the new Centre would be completed in time, Kelly finally got great news. "I felt like I had won the lottery when I was told that yes, I would be able to receive my radiation therapy at Southlake," she exclaimed. Not only that, but Kelly found out that she would be the very first patient to receive that treatment. "It did not really occur to me at the time what an honour that was, but when I think of all the people who worked so hard to make that Cancer Centre happen at Southlake, I understand how important that milestone of being 'the first' was to so many people."

Kelly joined a long list of people – patients, physicians and healthcare specialists, physicists, and families – who were overjoyed when the Stronach Regional Cancer Centre at Southlake began delivering radiation therapy and other cancer treatments during March and April of 2010. To say the Centre was long awaited would be an understatement. To say that it turned out to far exceed anyone's expectations would be completely accurate.

Southlake's Cancer Centre is bathed in natural light, and has several fireplaces, stone walls, beautiful artwork, and comfortable furniture. But don't be mistaken by the spa-like feel. "This state-of-the-art facility represents an advanced model for cancer care," says Dr. Louis Balogh, Vice President, Regional Cancer Program at Southlake, "combining sophisticated cancer technology with expert, patient-focused services and supportive care." Through its partnership with Princess Margaret Hospital, Southlake is able to offer its patients the most leading-edge treatment options available. The Centre is equipped with three high-tech Elekta Infinity Linear Accelerators, used to deliver radiation therapy treatments. "Elekta has designated Southlake as a 'showplace' for its equipment, guaranteeing the Centre will always have the best and the most up-to-date and effective equipment," adds Dr. Balogh.

As exciting as the opening of the new Centre is, not everyone was looking forward to the move. Roger and Marg Fox are chemotherapy veterans, who have visited Southlake's Cancer Program more times than they could count over the last nine years. In 2002, Roger was diagnosed with a chronic form of lymphoma, one that cannot be eradicated, but can instead be kept at bay by a round of chemotherapy every 2.5 to 3 years. Then, in 2006, just when Roger was gearing up for his second course of chemo, his wife, Marg, was diagnosed with a different lymphoma, one that was far more aggressive, but that could be eliminated through an aggressive round of chemotherapy.

Today, Marg has a clean bill of health and Roger has just completed his third round of chemotherapy treatments. "The funny thing about having so many visits to the Cancer Program," says Roger Fox, "is that whenever we go there, we feel like we are amongst family." So, it was with trepidation during Roger's last round of treatments that they headed, for the first time, to the brand new Stronach Regional Cancer Centre at Southlake. "We were concerned that it would be big and modern and that even though we're veterans at this, we would feel completely out of place," says Marg Fox. "We were worried that the Cancer Program would have lost its personal touch by moving into this big new building." Well, it was big, and it was modern, and there were many new faces. "But," says Roger, "the people we had gotten to know so well over the years were there, and the experience of being in the new Centre was exciting, and within no time, we felt right at home."

It was only fitting that Roger Fox would be one of the first people to receive chemotherapy treatment at the new Centre, to share in the exhilaration of this new home. When he finished his treatments, he admitted that he was a bit sad. "I won't miss the chemo drugs," he stresses, "but I will miss the excitement that permeates the new Centre and the people who staff it." As impressive as the building and the technology within it are, it is these exceptionally talented,



Chemotherapy veterans Roger and Marg Fox feel "right at home" in Southlake's new Cancer Centre.

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Southlake's radiation treatment rooms are equipped with the most advanced technology available anywhere in the world.

experienced, and caring physicians, physicists, radiation therapists, nurses, pharmacists, volunteers, and other professionals, who are the heart of this building. They are the people who provide compassionate and individualized care every step of the way and who were as anxious for the new Centre to open as were patients like Kelly Reeve.

When Kelly visited the Stronach Regional Cancer Centre for radiation that very first time, what she did not know was that at the end of her treatment, an announcement went over the public address system in the Centre. "The first patient has now received her radiation treatment." For every single person in the building, the joy, and yes, the relief, at hearing those simple words is something that will never be forgotten. ♦

DID YOU KNOW?

Southlake monitors key quality and patient safety indicators, reporting regularly to the Board of Directors and in many cases to the Ministry of Health and Long-Term Care. Here are a few examples of our achievements this year:

- For the past three years, Southlake's Hospital Standardized Mortality Ratio (HSMR) has been significantly better than those of most Canadian hospitals.
- The rates of serious hospital-acquired infections have improved with all rates at or below the provincial averages.
- Southlake is approaching 100% compliance with delivering timely preventative antibiotics before major surgeries, such as hip and knee replacements.

"At Southlake, we are pleased with the progress we are making to ensure we deliver safe, quality care to our patients. That said, we also recognize that there is always room for improvement," says Dan Carriere, President & CEO. During the 2010-2011 fiscal year, Southlake will strive to improve compliance with hand hygiene practices. "Sanitizing hands is critical to preventing the transmission of hospital-acquired infections," adds Carriere. "We will make even greater strides in improving patient safety through diligent adherence to this one simple practice."

For more information on Southlake's patient safety results, visit the "Our Performance" page at www.southlakeregional.org

SPOTLIGHT ON PERFORMANCE



Southlake has made tremendous strides in recent years, beyond what any of us could have dreamed. From seeking breakthroughs in patient care and treatment to the creation of a world-class research and education centre, Southlake is an inspiring force redefining the vision of the Regional hospital of the future. Here's a sample of Southlake's accomplishments during the last 12 months:

- As one of Ontario's busiest cardiac centres, Southlake's Regional Cardiac Care Program continued its tradition of establishing and maintaining the highest level of advanced cardiac services offered anywhere in the country. Highlights include:
 - High resolution 3-D images of the heart and surrounding vessels made possible by the



- introduction of highly specialized CT and MRI equipment and software means that the diagnosis of a variety of heart-related conditions can now be done in as little as 10 to 15 minutes.
- Southlake's cardiac surgical team is the first in Ontario to perform a minimally-invasive heart surgery procedure using an endocamp aortic catheter – a cutting-edge approach to stopping a patient's heart using a catheter that is fed through an artery in the groin. The entire operation is performed through a small, two-inch incision under the patient's right breast, as opposed to the more traditional approach of making a larger cut along the sternum. This surgical technique enables patients to recover faster and experience less pain and scarring. "There was no happier day than when I found out that they could perform the operation this way," said Colombe Parker, a female patient suffering from heart valve disease. "Thanks to the cardiac team at Southlake, my scar is small and hidden."
 - When experiencing a heart attack, time is of the essence. York Region and Simcoe County residents were the first in Ontario to benefit from a unique initiative that enables paramedics to wirelessly transmit an electrocardiogram to a Southlake cardiologist, and upon confirmation, begin



- life-saving treatment right in the ambulance, prior to the patient arriving at the hospital
- In partnership with The Hospital for Sick Children and the Pediatric Oncology Group of Ontario, Southlake's Paediatric Oncology Clinic opened its doors in February 2009. Expected to provide chemotherapy treatments to 25 to 30 children in its first year, the Clinic is already caring for 70 kids from across York Region and south Simcoe County, and has received a remarkable 582 clinic visits since December 1, 2009. "We were so grateful to have the clinic available and staffed by exceptional people," says Mr. Phillips, whose son Mathew received treatment at Southlake. "It made all day treatments downtown a thing of the past. Most days, our son was able to receive treatment and we were home in time for lunch. If we ran into difficulties, an overnight stay in emergency at SickKids became a quick call to the Southlake Paediatric Oncology Clinic and a room and staff were waiting our arrival. We thank everyone for helping to make the ordeal a lot easier."
 - The Stronach Regional Cancer Centre offers the only radiation program in North America that conducts a peer review of every patient's radiation plan before initiating treatment. This approach ensures that all members of the healthcare team are in agreement with the treatment plan, resulting in better patient outcomes.

- Open for just 12 weeks, the Stronach Regional Cancer Centre is already surpassing provincial targets by providing IMRT to 55 per cent of patients receiving radiation therapy—a rate well above Cancer Care Ontario's current recommended rate of at least 25 per cent. IMRT is a high precision technique used to accurately target cancerous tumors and avoid exposure of healthy surrounding tissue to radiation.
- Performing close to 200 lung and 38 esophageal cancer surgeries, Southlake's Thoracic Program is the fourth busiest in Ontario and one of only a few in Canada to perform minimally-invasive or "keyhole" surgery.
- With additional funding, the Diabetes Education Program now offers diabetes training and education in the rural communities of Alliston, Tottenham, and Keswick, thereby ensuring that residents from these areas are able to effectively manage their illness. In addition, the Program was appointed as the Diabetes Regional Coordinating Centre for the Central LHIN, positioning Southlake as the Regional leader in improving access to quality care for people living with diabetes. ♦



H1N1 Hits Home — continued from Page 1

quickly discovered that she had developed a pulmonary embolism, a sudden blockage in a lung artery that can be fatal. "One of the physicians treating me mentioned that he had been in discussion with colleagues in the US, who were reporting H1N1 patients developing blood clots," Williams said. Once again, she feared the worst. However, Carol was immediately treated and thankfully, after a number of months recuperating, is now back at work.

Keeping Patients Safe

Carol Williams' experience drives home the importance of thorough preparation for whatever might come Southlake's way. During the H1N1 crisis, hospital personnel, including Dr. Nancy Merrow, Chief of Staff, was engaged in daily teleconferences with the Ministry of Health and Long-Term Care and other hospitals in our region. "We were all comparing notes and devel-

oping best practices knowing that every bit of preparation would be important," said Dr. Merrow. Part of the strategy was to establish a Flu Assessment Clinic, which was staffed by nurses, registration personal, lab technicians, radiation technologists, and physicians, who took turns before and after their regular shifts. The Clinic, open during the H1N1 peak from October 30 to November 15, saw, on average, over 50 patients a day. On November 2 alone, 153 people made their way to the Flu Clinic for assessment. "The Clinic was extremely effective in both treating patients and alleviating fears. It was a great success story, especially for our Chief of Emergency, Dr. Stephen Flindall, who had only been on the job for one week," said Dr. Merrow. Although the Infection Prevention and Control Team does an impressive job of preventing the

spread of serious infections, patient safety is a top priority for all departments at Southlake. When the Canadian Patient Safety Institute introduced its *Safer Healthcare Now* initiative, Southlake implemented all 'best practices' and is now monitoring developments and mentoring many of those practices to other healthcare facilities. Southlake is often ahead of the trend in developing procedures that increase patient safety. "We don't wait to be told what to do," says Barb Kendrick, Director, Quality and Planning. "We know what needs to be done and we do it." The Hospital began implementing a Surgical Safety Checklist nearly a year before the Ontario Government mandated the procedure. The Checklist ensures that surgeons, operating room teams, and patients communicate before a procedure to ensure that everyone is in agreement about what is to be done, and

that important safety steps are completed. Then, after the procedure, the team debriefs and discusses any special care instructions that need to be followed once the patient moves to the recovery room. While, thankfully, the H1N1 crisis did not result in the pandemic that was feared, people like Southlake's own Carol Williams are testament to the fact that the Hospital's aggressive Infection Prevention and Control and Patient Safety practices are in place for the right reasons – to protect its patients, staff, and the community. ♦



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