STEVENSON MEMORIAL HOSPITAL
Report of President & CEO to the Annual General Meeting
June 21, 2011

I joined Stevenson Memorial Hospital 4 years ago with a mandate from Mark Rochon, the Provincial Supervisor of Stevenson at that time, to reopen Obstetrics and to generally improve the overall functioning of the Hospital. Well, we reopened Obstetrics and we did a whole lot more to improve the Hospital. For this report I would like to review some of the changes that have occurred over the past 4 years to make Stevenson a great community Hospital.

Let's look at updates in 6 areas of the Hospital: 1) Emergency, 2) Inpatient Medicine, 3) Obstetrics, 4) Surgery, 5) Outpatient Clinics and 6) Diagnostic Imaging.

Emergency

In 2007, Emergency faced the challenge of extremely limited space with a large and growing demand for their services. Our staff were treating 30,000 people each year in only 8 treatment cubicles and 2 of those cubicles were corridors. Not only did our staff and patients find this challenging. Our Fire Department was also concerned about fire access in the event of an emergency like a fire.

Today, the picture has fundamentally changed. As a result of moving the Outpatient Clinics upstairs (that space being made available because we moved Administration to the Mary McGill Building), we were able to turn the old Outpatient Clinic space over to the Emergency Department. This increased our Emergency treatment areas to 12, a 50% increase, for simply the cost of one doorway joining the two areas together. A pretty cost effective solution to improve care for thousands of patients.

Recently, we have made further changes to our Lobby with a new layout and furniture to make the most of the space that we have available. If you visit it, I think you will find it more open, brighter and easier to see where you need to go to register or to get triaged if you are a patient. This will help us with patient wait times and the province is tracking the performance of all hospitals in order to encourage hospitals to improve and reduce the time that patients wait for service in Emergency Rooms. Our performance is good in this area and we are improving. In particular, we have focused on getting patients who need admission to a bed to be in that inpatient bed within 8 hours of first entering the Emergency Room doors. We have made great strides in hitting this target. We used to get about 45% of patients to their bed within 8 hours and then last year we were able to increase that to 55%. For the first few months of this year, we are getting up to 70% success on many days.

Other initiatives we have completed to improve our Emergency performance is to have Physician Assistants who can help our physicians to see patients faster by doing some of the easier procedures like sutures for them. We have also introduced a Wait Time Clock which displays

the average time people have been waiting to be seen in Emergency to give our patients an approximate sense of how long the wait will be. We have also created an electronic tracking board that allows our staff to know at all times which patient, with which condition, is in which room and who is looking after them. This is in real time and replaces our previous manual system of knowing which patients were in the department.

All in all, we have made a number of changes and improved our Emergency Service significantly. Hopefully, we can continue to make more changes in the coming years that will further improve the experience patients have when they come to our Emergency Department.

In-patient Medicine/Surgery Services

For those patients who have to be admitted to hospital, we want their inpatient stay to be as short and as pleasant as possible. Given the age of our hospital, the physical layout of our inpatient unit presents challenges that can only be overcome when we finally get to build a new hospital. However, in the meantime, there are things that we have done in the last 4 years to improve our patient experience as an inpatient.

In 2007, some of the issues we started to address were the lack of storage on the unit, the poor corridor access due to all the equipment lining the hallways, the lack of private rooms and the inconsistent medical coverage resulting from the way we organized which patients were seen by which physicians.

In the last 4 years, we were able to reorganize the whole unit and improved our storage area and also removed most of the equipment from the hallways. This has made it easier for everyone to navigate the halls and to visit their loved ones. We were more limited in creating private rooms but were able to create an additional room if it was required. Finally and most importantly perhaps, we have launched our new Hospitalist Program.

A Hospitalist Program is a program designed to increase the consistency of inpatient physician coverage. Essentially, you have a few physicians who agree to do all the inpatient care for a certain group of patients for a period of time. In our case, we use one physician for each full weekend to ensure that our weekend care is more consistent and doesn't have patients seeing different physicians "on call" over the weekend period. We have 3 Hospitalists that we share with Southlake Regional Health Centre who rotate through our weekend schedule. Sharing these physicians ensures that they get lots of experience with all kinds of inpatient cases at our hospital and also at a larger regional centre, thus making sure that they have the knowledge and expertise to handle the most difficult of cases. We also have physicians from the Family Health Team performing the hospitalist shifts during the week. This again ensures that their inpatients get a consistent physician for most if not all of their inpatient stay.

Now that we have more consistent medical coverage, we are beginning to discuss with Southlake the potential for more telemedicine consultations. We often have to transfer patients to Southlake for different consultations with specialists or for procedures. However, we have worked with the Ontario Telemedicine Network and we will be upgrading our equipment this

year and would like to use it more often to see if we can get consultations to occur at Stevenson without the patient having to transfer to Southlake. This will both improve care and reduce the cost of transfers which would be great for both hospitals as well as for the patients.

Obstetrics

In 2007, our Obstetrics Program was in distress. It had just closed due to a shortage of obstetricians and many other challenges both financial and non-financial. The Provincial Supervisor had a mandate to work with Stevenson to reopen Obstetrics and that is exactly what has happened to great success over the past 4 years.

We reopened in April, 2008 with a new management team, new obstetricians, new equipment and a whole new approach to patient care. That approach has paid off since we are now the top rated Obstetrics Program in our peer group based on our Patient Satisfaction ratings since we reopened. Patients have had a great birthing experience at Stevenson and we continue to work to improve our service. We are about to commission a marketing study to see what our patients expect from us and why they may or may not chose us for their birthing experience. We expect to announce more service improvements in this area as we learn more about our customers.

One other item of note is that Obstetricians in Canada are dually-trained so they also specialize in gynecology. So the return of our Obstetrics Program has also meant the return of our Gynecology Program. Women of all ages can now benefit from a full range of women's gynecology services including screening, education, testing, consultation and surgery. Thus the return of Obstetrics has been a good news story for women of all ages in our catchment area.

Surgery

Surgery also faced space challenges in 2007 like the above areas. The Waiting Room was crowded and looking stale. Our patient flow was awkward with patients having to go from one room to register and another to be prepared for surgery and some of the rooms offered very little privacy. Finally, we also had a very thin roster of key surgeons (e.g., we only had one general surgeon).

Flash forward 4 years and you will find that our Waiting Room has been reorganized and decluttered and looks brighter than it did in 2007. As well, we have completely revamped our patient flow system. We have minimized the number of room changes that patients have to endure and by having a private room available for the preparation phase, we have ensured that privacy concerns have been addressed. Finally, we were able to recruit a second general surgeon, Dr. Guergis, who has been an excellent addition to our General Surgery Program.

Outpatient Clinics

I know it is a repetition of comments made above but you should not be surprised when I tell you that the biggest challenge in 2007 for our Outpatient Clinics was space. They had to share their

Waiting Room with the Emergency Department; their rooms were small and they had nowhere to put new clinics if they wanted to expand services.

Our major achievement for the Outpatient Clinics occurred in 2008 when we were able to move Administration off the second floor of the Hospital into the Mary McGill Building and to move the Outpatient Clinics onto the second floor of the Hospital to replace the Administration Department. This has given the Outpatient Clinics their own Waiting Room, larger treatment rooms and more rooms in which to expand services. And they have expanded services. In the past year alone, they added on a Thoracic Clinic (lung and chest consultations), an Endocrinology Clinic (diabetes consultations) and an expanded Cardiac Clinic (more testing and more extensive consultations through a physician linked to Southlake's Cardiac Program). It is amazing how some extra space can improve services so profoundly.

Diagnostic Imaging

Finally, let us look at an area that we have profoundly changed since 2007, Diagnostic Imaging. In 2007, it would be safe to say that our Diagnostic Imaging Department was a traditional department which used film to take all their images and had only a basic set of technologies to offer like X-ray and ultrasound. Flash forward to today and the changes have been impressive.

It all started with the implementation of our Picture Archiving Communication System (PACS) in 2008. Now instead of using film for our images, we moved into the Internet Age and are able to create digital pictures which we can send and store electronically. This has meant less work for our staff (no more film to process) and better care for our patients (images can be sent to any hospital or physician instantly). Now that is a formula for success. Faster diagnosis leading to faster care leading to better outcomes for our patients.

This was followed in June of 2009 with the opening of our CT scanner. This new service for Stevenson and the community has been an absolute success. Finished on budget and ahead of schedule, the CT scanner has fundamentally changed the level of care that patients can now receive at our local Hospital. Instead of having to subject patients to a 4 hour transfer to another hospital for a scan, we are now able to provide a scan on site immediately. However, not only have we shortened the time to receive a scan, we have also been able to increase the number of patients who have been able to get a scan locally. For the same cost that it took for us to transfer 400 Emergency and Inpatients per year to other hospitals, we were able to see over 2000 patients at Stevenson for a CT scan. Five times the patients for the same price. That is the kind of cost effective use of resources that the government needs all hospitals to attain in these days of limited government dollars.

Together with our PACS, our CT scanner is as advanced as any in the province. We can and have sent images to other hospitals and other radiologists in order for our patients to receive the best care possible. In our first week of operation, we had one patient who had a scan of their back done and experienced first hand the incredible service of our new CT scanner. Due to the power of PACS and our CT scanner, this patient's back was scanned, the image was sent to Southlake and both our Emergency physician and the Southlake specialist could view the same

image at the same time and determine the right treatment course. In less than an hour, this patient had received a full diagnosis and treatment plan second to none. Compare that to a 4 hour trip to another hospital for just the CT scan and I think you will agree that having a CT scanner locally has fundamentally changed the care we can provide for our patients.

Just as the digital world has improved CT machines so has it also improved the capabilities of mammography machines. Stevenson has long had an excellent mammography service. As a matter of fact, our local Ontario Breast Screening Program has one of the highest rates of retention (i.e., the percentage of women who come back every other year for their scan) in the province. This speaks to the excellent care and dedication of our staff who run this service. However, in addition to great care, we want the best technology for our patients as well and this is where digital mammography comes in.

Research has shown the improved ability of radiologists using a digital computer-based image instead of an analog or film-based image to detect breast cancers in women with radiologically dense breast tissue. This denser breast tissue is most often noted in women under the age of 50 years and women who are pre-menopausal or peri-menopausal. The research is so compelling that our Foundation has jumped at the opportunity to acquire this technology for our local Hospital. Sometime later this year, they will complete an ambitious one-year $1.3M campaign to allow Stevenson to acquire Digital Mammography.

An added benefit of the new digital mammography machine is its biopsy capabilities. Due to its accuracy and precision, the new machine will allow us for the first time to offer what are called stereotactic biopsies. Patients who have a scan and who need a biopsy taken of an area of concern will now be able to have those biopsies done immediately. Faster diagnosis leading to faster treatment leading to better outcomes for our patients.

One final example of the huge service improvements in Diagnostic Imaging is ENITS (Emergency Neurosurgery Image Transfer Service). In the past, hospitals in Ontario without neurosurgeons would have to call a neurosurgeon on call to talk through a case to see if that patient needed to be transferred for a neurosurgery consultation and potential neurosurgery. That system meant that a lot of patients were transferred who didn't need to be transferred because once a full consultation was done by the neurosurgeon, it turned out they didn't need surgery or they were not a candidate for surgery.

With PACS and CT now available, however, a neurosurgeon can now actually look at the CT image online while discussing the case with the Emergency physician on the phone and they can ask for the Emergency physician to follow-up on anything that the neurosurgeon wants explored as they jointly review the CT image. This leads to fewer inappropriate transfers, faster transfers for those appropriate patients and a more efficient use of the neurosurgeon's time since they spend less time on inappropriate transfers and more time on doing necessary surgery.

The system that now links all the neurosurgeons together with all the hospitals is called ENITS and Stevenson is one of the hospitals on that system. Each day, we know which neurosurgeon is at the other end if we have a patient who needs an online consult. Then if a patient arrives with

a neurosurgeon concern, we take a CT image, call the neurosurgeon and discuss the case over the phone as each physician looks at the same CT image. An appropriate clinical decision is made and the transfer is made immediately if required. Otherwise, other appropriate treatment is pursued. Faster diagnosis leading to faster care leading to better outcomes for our patients.

Conclusion

Four years has gone by quickly. But much has changed at Stevenson in that time to improve our patient care. We are proud of what our team has been able to do in such a short time and look forward to more fundamental improvements in the years ahead. At all times, we will continue to be guided by the principle that faster diagnosis leads to faster care which leads to better outcomes for our patients.

Respectfully submitted,

Gary Ryan
President & CEO