

Teletown Hall Transcription

Hello everyone, and welcome to Trillium Health Partners' Community Telephone Town Hall Meeting. We are live tonight with Michelle DiEmanuele, President and CEO of Trillium Health Partners.

In addition, we are joined by Dr. Dante Morra, Chief of Staff, and Kathryn Hayward-Murray, Senior Vice President, Patient Care Services and Chief Nursing Executive.

In addition we are joined by thousands of residents from across Mississauga and Etobicoke listening in. To ask a question live tonight, simply press 3 on your phone's keypad. Once again, press 3 at any time to ask a question on the Town Hall this evening. Also, if you are following us on Twitter, you can send questions to @trillium_health. My name is Eric, and I'll be the moderator of the Town Hall this evening.

Now, during this live Community Telephone Town Hall, we encourage you to get involved and to ask questions and give your opinion by filling out some of our survey questions. Michelle DiEmanuele chose this format as this is an interactive Town Hall with you, which means we want to hear from you this evening. Michelle and Trillium Health Partners' leadership team want to hear your feedback and opinions and have a discussion on how Trillium Health Partners can better serve and communicate with you about the important health issues that our families and neighbours face today.

This evening, we will be taking specifically questions and comments about the different services that Trillium Health Partners provides, areas that you feel we are doing well in, or how we can better serve our community overall.

Tonight, our intention is to get as many questions and comments as possible. You can ask a question at any time by pressing 3 on your phone's keypad. At that moment in time, someone will take your name and place you in the question queue. In addition if you're following us on Twitter, you can send your question to us at @trillium_health.

Now for those people just joining us, hello and welcome to this evening's Trillium Health Partners Community Telephone Town Hall Meeting. We are live tonight with Michelle DiEmanuele, President and CEO of Trillium Health Partners.

In addition, we are joined by Dr. Dante Morra, Chief of Staff, and Kathryn Hayward-Murray, Senior Vice President, Patient Care Services and Chief Nursing Executive.

In addition we are joined by thousands of residents from across Mississauga and Etobicoke listening in. We want to remind everyone listening that you can ask a question at any point in time tonight by pressing 3 on your phone's keypad. And of course, for those following us on Twitter, you can send us a question at @trillium_health.

Also, we will be asking you a series of survey questions this evening, and you'll have a chance to vote live using your phone's keypad on those questions as they come up.

Now at this time I'm going to introduce Trillium Health Partners' President and CEO, Michelle DiEmanuele so we can open up the Town Hall.

Michelle, welcome! It's great to be doing another Town Hall with you. Now, tonight will be an opportunity to recap the information from the last Town Hall and provide an update to our listeners on important topics impacting the community and currently we already have thousands of residents joining us. So, Michelle, please go ahead.

MDE: Well, thank you Erik and thank you everybody for joining us. This is actually our sixth Telephone Town Hall and over the next hour we want to provide you with an update on some of the work that we've been doing since we last spoke together.

At our last telephone town hall, over 16,000 local residents joined us to participate in the conversation, ask questions, and give advice. You also asked a number of questions that I really do want to report back to you on and share with you our progress. So, let me get started.

You asked a lot about parking at the last Telephone Town Hall, and as you know, our hospital is busy and with that comes a busy parking area. And since we last spoke, I want you to know we've taken that feedback very seriously and put a number of activities in place to improve our parking. In fact, 251 new parking spots have been added. That's 155 new spots at CVH and 96 at our Mississauga site. We also have introduced a new Parking Ambassador Program outside of the Emergency entrance at our Mississauga location. This service supports approximately 250 patients and families each day who show up at that entrance, and we assist them in their parking needs. And that has proven to be very successful and something that you've provided us with a lot of positive feedback on. We'll continue to look for more solutions to some of the parking challenges, but again, I wanted to say thank you for providing that feedback and we did want to report to you on the progress that we've made.

You asked us also about the quality of the services provided here in our community and at the hospital. And just after that town hall, we were reviewed by Accreditation Canada. This is the body across Canada that comes into hospitals and actually independently reviews every aspect of the processes in a hospital for quality. We received a 99.84% score. At the time of receiving that score, that was the highest that any large hospital has received, and so that independent review really did say we were on the right track. Having said that, we always know there is more to do. We have added more resources in our off hours, in the evenings and on weekends, around areas like physical therapy, social workers and physicians to improve our services. In addition, we are continuing to provide our ongoing education and training for staff to ensure that we're always delivering the latest quality improvements.

You also asked us about our health care workers and the environment in which they are working. I just want to say thank you for doing that because it shows how much you care about those delivering the services in our community. And I can share with you since last year we have done a number of things, like we introduced and launched our new Declaration of Respect, a series of activities and behaviours that should be expected when coming into the hospital whether you are a staff member, a patient or a visitor. And we are ensuring that these are upheld. We support wellness in our organization, Employee Assistance Program, and have on-site counselling available to our staff when needed. These are just some of the things we do to support the environment for our staff to ensure that they stay healthy and they stay safe in our workplace as they care for you.

You also asked about the increase in demand for health care services in our emergency departments and also for health care services in general. As you know, we continue to see more patients coming to our emergency department each year and we are also now seeing these patients coming with more

complex health care needs than ever before. In fact, we're on track to care for more than 1.7 million patients this year.

We know that once people come to our emergency departments, they also have to wait. Thank you for your patience and your understanding during this journey. Every day I want you to know we keep every single bed open in this hospital and available for your care. In addition, on average we use an additional 120 clinically repurposed areas, or 120 beds to care for patients above the 1392 we were built to care for. This is called our surge capacity. Our hospital is too small for the community we serve. We care for more patients than our hospitals were built to care for. Yet together, we have built a high-quality system and there is more to do.

We are working hard every day to make sure that we are adding more beds to care for patients who need hospital care and also community care. We opened, in fact, new facilities at our Credit Valley site this past year, and we have a bigger Emergency Department, as you know. We also have bigger Diagnostic Imaging capacity and we've built new Operating Rooms, more ICU beds and more staff have been made available to service this new capacity. We have state-of-the-art technology and equipment that have been purchased as we expanded out of Credit Valley site.

As the result of a partnership with a local rehab hospital we've been able to access 30 additional rehab beds for our patients - this will allow us to care for more patients who are sicker and needing hospital care, while those needing rehab care will be able to get it in partnership with our rehab provider.

We've partnered with our local long-term care and seniors' homes to access more than 70 additional beds to care for patients who no longer need hospital care but are waiting to transition to their next destination. All of these measures help us to reduce wait times and meet the demand.

This past summer we were busier than we have ever been and we know that we will continue to see more people needing care and we are now moving into the winter months. We are working hard every day to ensure that our wait times don't continue to grow and that we are able to add much needed additional space as I just spoke about.

The reality is our hospital is experiencing the highest growth needs and will continue to do so over the next 10 to 15 years. We are continuing our conversations with government about building our new hospital and also meeting the demands today. A new hospital will include over 600 new beds and replacing over 500 existing beds in our community over the next decade to assist with this growth.

We are in the current stage of design at a very high level and we'll be sharing that with our community over the months ahead. We also have exciting news I believe in the new year about our next stage in our progress for building 540 long-term care beds.

Tonight is an opportunity to ask us questions and for you to participate in the polling questions to help us understand if we are on the right track and what matters most to you.

So Erik, let's get started.

ERIK: Well thank you very much for opening up the Town Hall. We do have our first live question ready to go. Now, quickly before we get to it I want to welcome all the new people still joining us to tonight's Trillium Health Partners Community Telephone Town Hall Meeting. We are live tonight with Michelle DiEmanuele, President and CEO of Trillium Health Partners. In addition we are joined by Dr. Dante

Morra, Chief of Staff, and Kathryn Hayward-Murray, Senior Vice President, Patient Care Services and Chief Nursing Executive.

We're taking your questions this evening, we are joined by thousands of residents from across Mississauga and Etobicoke listening in and we want to let you know if you have a live question you would like to ask, please press 3 on your phone's keypad. Once again, press 3 to ask a question at any time over the course of the town hall. Also if you're following us on Twitter, you can send questions to @trillium_health.

Now, we're going to go to our first live question, but quickly, we're going to do a survey question. Using your touch tone phone, you can indicate your response on this question. We want to know, did you get the flu shot? If yes, please press 1 on your phone's keypad, and if not, please press 2. So again, quickly we just want to do a survey of everyone joining us, we want to know do you get a flu shot? If yes, please press 1, and if not, please press 2.

So we're going to go to our first live question while we tabulate those results. It's going to be coming up from Valerie. Valerie, you're joining us live, you had a question about the flu shot. So Valerie, you're joining us live, please go ahead.

VALERIE: Hi there, my question is for Dr. Dante Morra. I just had some mixed reviews on the flu shot and I'm still debating whether or not I should get mine. I know some people who have had bad reactions from it and just wondering what your thoughts are on getting the flu shot.

DANTE: Great, Valerie or Valerie this is Dr. Morra. Thank you very much for the question and it's a very timely question as we enter into the flu season. As an internal medicine specialist at Trillium Health Partners who also practices, I take care of patients who get the flu in the hospital and I've taken care of patients who are both healthy and patients who are frail who get the flu. And I can tell you it has a real impact on those patients and can cause people to become sick, people to become critically unwell and even die of the effects of the flu. So for us I would strongly recommend it. It is protective of the flu, it protects you as an individual, also your family and people who have frailty around you. And I think probably the strongest endorsement that I can do is I have three children and obviously a family and I get the flu shot, my family gets the flu shot, and I know our medical leaders here at Trillium Health Partners also get it to protect ourselves and our community. So I hope you'll see that that's a strong recommendation for the flu shot.

ERIK: Thank you very much Valerie for that question. We're going to go to another live question but before we do I just want to remind everyone joining us if you have a question you'd like to ask, we want to hear from you. Please press 3 on your phone's keypad any time over the course of the town hall and you'll have a chance to ask a live question on the town hall this evening.

We're going to go now to Alexandra. Alexandra has a question regarding ER wait times. Alexandra, welcome.

ALEXANDRA: Hello, my name is Alexandra and my question is: Why are the ER wait times so long? Like, every year they just get longer and now it's 4 hours and more just to get something checked up at ER and I was wondering if there was any solution that the Trillium Health Partners are bringing so that the wait times are less long.

MDE: Thank you Alex for your question. So, as I mentioned, our hospital is extremely busy. We have one of the largest Emergency Services in the country. And with that of course comes the need for the services to support that. And the hospital was built for a certain level and we have seen on average of caring for, as I said, almost 120 patients more each day than we were built to care for. Having said that, notwithstanding the fact that we don't want you waiting in the emergency department. I can tell you that since we last spoke a year ago, we have actually been able to reduce the wait times for admitted patients into our emergency department by more than 8 hours.

As well, if you are coming to the hospital and you are in the emergency department and are not required to be admitted, we are maintaining our standard which is consistent with the rest of the province, which as you indicated for non-complex issues, in around 4 hours or less. And so, while there is more to do, I do want you to know that in receiving that feedback last year we have made some progress. Having said that, as we look to the future, we really do need to build additional hospital beds capacity, we need to build additional community capacity to ensure that those patients who maybe don't have an emergent issue but require health care services, that there are other alternatives as well.

ERIK: Thank you very much Alexandra for that question. We're going to go to another live question, but again quickly, if you have a live question, we want to hear from you at any time you're going to be able to ask that live question by pressing 3 on your phone's keypad. Once again, press 3 to ask a question at any time. Also if you're following us on Twitter, you can send questions to @trillium_health.

We now have a question from Elizabeth. Elizabeth has a question about, I think, waiting lists for surgery. Elizabeth, welcome, you're joining us live.

ELIZABETH: I want to ask a question regarding hip replacements because of our populous and living longer, there's a bigger need. Now, I've been told initially you could wait up to a year to 2 years. My question is: Is it true that the government only pays for certain amount of hip to be done yearly? And if so, will they not increase that number so that it can reflect the reality of people living longer and needing more hips and knees?

KHM: Hi, it's Kathryn and I'm glad to take your question. Currently, our wait times for hips is about 7 months, so it is significantly less than the 2 years that you've been quoted. But to get to the basis of your question around the government's funding a certain number, that is true. They do their predictions based on our population and our population's health, and they allocate certain numbers to certain hospitals across the province. One of the things that we're doing to improve that as a province is participating in a central intake program so that we can optimize and use all of the opportunities at every hospital in an equitable way so that if you call in to a central intake, you'll go to the next available hospital that has space to be able to do your surgery. And by doing this, we can better provide for the health of all of the people in the province who would require hip surgery.

ERIK: Elizabeth, thank you very much for that question. We're going to go directly to another live question. This one's going to be from Esapera. Esapera, welcome, you're joining us live.

ESAPERA: Well today exactly 4 years since I had my cardiac bypass at Queensway Hospital and I am grateful to this hospital and to the entire staff from the Emergency all the way to the cardiac division took special care of me. My question is I remember hearing from some of my friends at the Foundation that the cardiac division was expecting to expand with respect to acquiring new equipment and

technology and so forth. Could you elaborate or tell me the status on that? And also doing 60,000 surgeries per year, I'm curious to know, what is the percentage of cardiac surgeries out of the 60,000 that are performed at THP? Thank you for taking my call.

DANTE: Hi Esapera, it's Dr. Morra and thank you for your question. And thank you for also recognizing the staff who performed your procedure. What we do at the organization is we are constantly investing and reinvesting into the capital and the equipment necessary to provide some of the leading technology and services and Trillium Health Partners has a vibrant cardiac program that does leading of treatment across in a very specialized way. There has been reinvestment in several aspects of the organization, there's been recently an expansion of our nuclear diagnostics at our Queensway as well as other investments in technology across the platform. So we continue to advance the technology, the types of procedures that we're doing and ensure that we can provide all the life-saving services for our population.

Of those 60,000 surgeries that are operated across Trillium Health Partners, about 11,000 of them are cardiac surgeries, or sorry 1100 are cardiac surgeries, and then there's other types of procedures that we do across the platforms that are quite advanced. Hopefully that answers your question and thank you for it.

ERIK: Esapera, thank you very much for that question. Now, before we go to our next live question, we're quickly going to do another survey question. Using your touch tone phone, we want to hear from you, you can indicate your response by pressing the digit on your touch tone phone. Before tonight, were you aware that the hospital needs to add more patient rooms for more beds in order to serve the size of the community? If yes, please press 1, and if not, please press 2. So before tonight, were you aware that the hospital needs to add more patient rooms for more beds in order to serve the size of the community? Press 1 for yes, and press 2 if not.

We have another live question ready to go, it is from Lisa. Lisa has a question about long-term care hospital beds. Lisa, welcome.

LISA: I actually have 2 questions. The first one is about long-term care. Are you taking over, like, a nursing home or are you adding just long-term care beds until the patient can get in a nursing home? Second, I'd like to know is someone with Crohn's disease permitted to have the flu shot? Thank you.

MDE: Thank you Lisa for your question. With respect to long-term care, the hospital is the owner of 540 licences and so we will be building 2 facilities in our community and then operating those most likely with a partner and in one of those builds we actually have a partnership with Yee Hong and Indus in our community. So we will be operating those and those long-term care beds we hope will come online over the next few years. Maybe I can ask Dr. Morra to talk about the question you had with respect to Crohn's disease and the flu.

DANTE: Hi Lisa, there's no reason why with Crohn's disease you can't get the flu shot. What we always do with people with chronic diseases particularly if they're on medication, biologic medications that you can take with certain conditions that you have those questions answered by your family doctor or the doctor who is going to provide the flu shot. But from a broad question that the answer is that you can get the flu shot. But, you know, from getting medical advice, we'd point you back to your providers to give you that advice with knowing what medications you're on.

MDE: And Erik, maybe I can interject here just because we're talking about the flu and share with our listeners the answers to our first poll question which was: do you get the flu shot? And 59% of our listeners said yes, and 41% said no.

ERIK: Thank you very much Lisa for those questions, and Michelle, thank you for sharing the results from the first poll. We're going to go to another live question. This one is going to be coming up from Susan. Susan has a question about seniors and how they are dealt with in the emergency section. Susan, welcome, you're joining us live.

SUSAN: I'm wondering if there's any way in the emergency if seniors could be dealt with gently because as you know they are fragile, and sometimes they have to sit and wait for hours and hours and hours, where there could be a section in the emergency to deal with seniors when they come in.

KHM: Hi Susan, it's Kathryn speaking, and that's an excellent idea. We are continuously looking at ways that we can care for our patients better and as you know in our emergency department we see everything from birth right up until end of life and so it sometimes does depend on the type of patients that we're seeing at a particular time of day in terms of where we place them. We try our best to adhere to placing the patients where they can be cared for appropriately with privacy and receiving the right care in the right location. It's not always possible, but we do try our best.

MDE: Susan, maybe I can also just say one of the conversations we've been having in the hospital with both patients and staff is how we can continue to involve our patients and our community in the hospital as we think about how best to serve and we've done some terrific work I believe with the help of our patients as we've talked to patients that may have a chronic disease, or who have a particular area of illness and one of our more recent conversations has been focussing more on the population. So, the seniors population, our children's population, and so one of the things I think you can also expect to see over this next year is us dialoguing and having conversations with various populations in a different way and getting the kind of feedback like you're providing to us to think about how we can serve differently and continue to improve.

ERIK: Susan, thank you very much for that question. We're going to go to another live question. Just before we do, I want to remind everyone that if you have a live question, we want to hear from you at any time press 3 on your phone's keypad to ask a live question. Once again, press 3 to ask a question at any time. Also if you're following us on Twitter, you can send questions to @trillium_health.

Our next live question is going to be from Benedicaia. Welcome, you're joining us live on the line. Please go ahead.

BENEDICAIA: I just spoke to you earlier about things. On the 9th I was admitted in Emergency I'd gone, and I was there 9 days in the hospital and the doctors and the nurses, they took very good care of me and I'm just come because 9 years ago also I was admitted for the same arterial operation and now I have no complaints, I am very happy with the Trillium hospital. And I wish all the best and I cannot give you any financial support but I can pray for you all.

MDE: Thank you so much for calling in and thank you for sharing your experience with us and just to acknowledge the fine work of the hospital staff and our physicians who care for people so thank you for sharing that.

ERIK: Thank you very much for those comments. We're going to go to another live caller, it's going to be coming from Pat. Pat has a question about hospital beds and long-term care. Pat, welcome, you're joining us live.

Hello, Pat? You're joining us live on the line, please go ahead with your question.

PAT: Oh, hi. I have concerns over the long-term care wait times. Since we are in a lack of beds shortage, up to five years, and then we now have a problem with the emergency surge that is happening. What is being done for the Oakville region for this wait time?

MDE: So, again thank you for calling, and there's no doubt in our community and you've said it very well which is we need long-term care beds in our community. So that we can have those in the hospital who no longer require hospital care to be able to move into long-term care. That is one of the reasons why Trillium asked the government for the ability to actually build long-term care beds and that has been approved and that plan will go forward and it should help us with building out those services for those who need long-term care and reduce wait times.

ERIK: Thank you very much for that question. We're going to go to another question directly. Again, if you have a live question you'd like to ask on the town hall this evening, simply press 3 on your phone's keypad at any time over the course of the town hall. Also if you're following us on Twitter, you can send questions to @trillium_health. We're going to go now to Perakash for a question, Perakash has a question about patients and being in hallway beds. Perakash, welcome, you're joining us live.

PERKASH: My question is very simple. When are you going to seriously remove this hallway beds? Because we had a very bad experience. One of my close relatives was admitted to hospital in May/June 2017 and he was on hallway for 3 or 4 days. After that, he was in a normal room. He underwent surgery and he was recovering and then he was put into rehab and in the rehab he was also put in hallway and to my shocking, when I went to see him following day, I asked him "How are you feeling?" and this is not well, he said. I said, what happened? He says he is in the hallway, the light was on all night and he couldn't sleep. So in fact, he was worse off than how he was and this is not helping the situation of hospital congestion and I think there is some disconnect with it. He should not have been sent to rehab if there was no room for him. And secondly, we have to eliminate this hallway beds.

MDE: So thank you very much Perakash for that question. And I can't speak about the specifics of your issue, but let me speak about what I think is your primary message and it's an important message about ensuring we have the services available to our community. So, as I shared with everybody right at the beginning, we have 1392 beds. Every single bed is open in this hospital and then we have additional space and the vast majority of those spaces are in areas of the hospital that provide clinical care like rehab areas as one example, our education spaces is another example. When we are full, we reconfigure those spaces to ensure that those patients that need hospital care are getting that care in those reconfigured spaces and only as a last resort. When the hospital is completely full, when all of those additional recommissioned surge spaces are used, those additional spaces, almost 120 of them, do we ever put a patient in a hallway. And it is not our desire to, nor is it a planful way in which we would want to deliver care. But if somebody is in the hospital and is requiring needed hospital services, our organization, our staff, all of us stand together to ensure that those who need the care most get the care they need. And you are right, from time to time that happens in a hallway, and we are working with the

government in a number of ways to increase community services, hospital beds, and transition beds to reduce that possibility.

ERIK: Perakash, thank you very much for that question. We're going to go to another live question in just a second, I want to quickly let everyone know, there may be some new people joining us, I want to let everyone know that to ask a live question tonight you can simply press 3 on your phone's keypad, once again press 3 to ask a question at any time. Also if you're following us on Twitter, you can send questions to @trillium_health. I also want to remind everyone this evening that we will be specifically taking questions and comments about the different services that Trillium Health Partners provides, areas that you feel we are doing well in, or how we can serve our community overall, how we can better serve our community overall.

We're going to go to our next live question, but we actually also have a survey question for everyone joining us on the line. So, using your touch tone phone, you can indicate your response. If you received care at Trillium Health Partners in the last year, were you happy with your care? If yes, please press 1, if not, press 2, and if you did not receive care at Trillium Health Partners in the last year, press 3. So again if you received care at Trillium Health Partners in the last year, were you happy with your care? If yes, please press 1, if not, press 2, and if you did not receive care at Trillium Health Partners in the last year, please press 3.

Now we have our next live question, it's going to be coming up from John. John, welcome. John has a question about ER doctors and clinics. John, welcome, you're joining us live.

JOHN: Hi, thanks for taking my call. I just want to say two things, a comment first is, I had the opportunity to go to the new Fracture Clinic at the Mississauga site which is a great improvement from the old part of the Fracture Clinic, so thanks for making the improvement there. And the question I have is how do I know what level of care I should go, whether I should go to the Emergency department, the Urgent Care at the Queensway site, or a walk-in clinic or a family physician. If you can give me some ideas on how I can determine which is the proper place for me to go, I appreciate that.

DANTE: Hi John, it's Dr. Morra. Thank you for your questions and comments about our fracture clinic, which is acknowledging that it has new improvements. I think that the first key point is if you can access your family doctor as a point of triage, it's always the best first option. The second is there's TeleHealth Ontario as an option where you can call in and they can help you work through that. The third is there are some resources online, MyHealth365.ca, that can give you some of our health care options. And then the final is, it really has to do with the judgment of how sick you are at that moment. Usually it's something that's coming on and you're able to access your family doctor, it's always best to go that way. If you're having symptoms that are incredibly worrisome or it obviously has to do with how those symptoms are as far as your individual judgment. But we find that TeleHealth and some of those other offerings are helpful in triaging you through the system. So hopefully that's helpful as outlining some resources that you can use.

MDE: And maybe, Dr. Morra, I'll just add that our Urgent Care Centre is connected in to our emergency departments so if you go there and you need emergency care, we will make sure that you get to one of our sites.

ERIK: John, thank you very much for that question. We're going to go directly to another live question. This one is going to be coming up from Sulima, who has a question about the provincial and federal governments' involvement in funding. Sulima, welcome.

SULIMA: Hi, I indicated earlier, we seem to be in need of so many extensions in the services. That's why I'm wondering how much of our tax goes into the provincial government to help with health and how much in federal? Are we getting it, or are we just saying we need to extend, we need to extend, but nothing's happening?

MDE: Thank you for that question, and you know I'm really pleased to say that for many, many decades actually there has been a number of investments being made in health care and this community from all levels of government. And in our current conversations with government, we just a reaffirmation of those long-term care licences that I spoke about a few minutes ago. As you know, we just finished our Credit Valley site, I mentioned that in my opening comments. Those investments are now realized and we have an announced new hospital for this community. So I do feel that certainly there has been a great partnership in working with government and with our new government in this area. But generally speaking, about half of all of our expenditures in the provincial government go towards health care, not just hospital care but health care in general, community care, etc., and so I hope that answers your question.

ERIK: Thank you very much for that question, Sulima. We have another live question ready to go, this one is coming from Seria, Seria has a question about home care. Seria, welcome.

SERIA: How would I achieve the, because my husband is not good, so it is I alone, so how could we achieve some home care? And I am very happy with the hospital, I'm so comfortable whenever I come to receive there, I am happy with it.

MDE: Thank you so much for your question, and as I understand your question is really about your access to home care services, and certainly your family doctor can assist you in ensuring that you got services available to you if they're needed, and if there are some questions you can certainly call through to the hospital's Patient Services line, which I will be sharing with people at the end of the call to also assist you. But Dr. Morra, I would probably suggest speaking to your family physician first if you're living in the community.

DANTE: Yeah, I think the key point of access is your family physician, and our patient relations, our patient services line at the organization that is a good access point to provide you with the information for the LHIN resources, when you're not a part of the organization but your family physician is a good referral source for that.

ERIK: Seria, thank you very much for your question, and those kind comments. We're going to go to another live question in a second. I want to remind everyone to press 3 on your phone's keypad if you have a live question you would like to ask. We're also doing some survey questions, and Michelle, I believe you have the results of one of those survey questions. Did you want to share that with everyone listening in?

MDE: Thanks Erik, and I do have those results ready, it's the question of whether or not our listeners were aware of Trillium Health Partners' need to add more patient rooms and beds to serve this community, and 76% of our listeners said they were aware, and 24% said they weren't. But what I

think's really interesting, Erik, because we've had this dialogue with our community over the last couple of years, when we last asked this question a year ago, only 61% of our listeners were aware that we needed more hospital beds in this community and now it's 76%. So that awareness ensures that as we continue to build out our new beds and our new hospital that we can continue to have this dialogue with our community on how we will do that.

ERIK: We're going to go to another live question. This one is going to be from Raymond. Raymond has a question about nurse specialization. Raymond, welcome.

RAYMOND: Thank you for taking my call. As it was pointed out, nursing is a very broad occupation, and obviously they need special training and are the nurses in the hospital, both the Mississauga location and the Etobicoke location. Are they available in those particular hospitals and can they extend the care that is needed for those patients that come to those hospitals? Thank you.

KHM: So that's an excellent question and this is Kathryn answering, the Chief Nursing Executive. So at all three of our sites, our Queensway site, our Mississauga site, and our Credit Valley site can all offer general nursing services for the general public at all three of those sites, coming in through our emergency department and into our surge areas so those patients who are mostly needing medical care and surgical care. Each of the sites has a different patient population, so for example, we care for Complex Continuing Care patients at our Etobicoke site as you've called it, or our Queensway site, and at that site the nurses would be specialized in caring for Complex Continuing Care. At our Mississauga and Credit Valley sites for example, we have Intensive Care Units, so the nurses that work in those areas have specialized training. As well in our ORs, those nurses would have specialized training and our Neonatal Intensive Care Units for example. So we endeavour to ensure that all of the nurses have the training that they need to care for the specific patient population.

ERIK: Raymond, thank you very much for that question. We're going to go to another live question directly, this will be from Allan. Allan has a question about the Toyota model. Allan, welcome.

ALLAN: Thank you for taking my call. I was wondering if the hospital has ever looked at or considered the Toyota model for hospital operations or considered part of it.

MDE: Allan, thank you for your question, are you familiar with that particular model because you've worked with it?

ALLAN: No, I just read about it and I was fascinated by how efficiently – one example that they gave that really spoke to the efficiency of the program, so.

MDE: Yeah, no, I think it's a great observation. One of the things, I think that's really important about the Toyota model for listeners who don't understand is there's a couple of components to it that really do lend itself nicely to being able to apply it into health care. One is that it is a highly team-based model and health care is really reliant on teams as well. The other thing is that it really does have an emphasis on quality and reliability and of course in our health care services we expect high quality, reliable services. And lastly, it also really has a component around continuous improvement and reflection and so I can share with you, Allan, that all of those components of what you call the Toyota model are really very present in our hospital. That real focus on the interprofessional team at the front line, right beside the patient, constantly being able to iterate and improve their service, receive feedback, make decisions, the emphasis on quality and measurement to ensure that reliability. And when there are things that we

can do better, we absolutely reflect and learn from that, and fundamentally what that all means is that we are delivering the services at the highest possible level of excellence, reducing waste, overlap, and duplication that's inappropriate or redundancy, and doing so as close to the patient as we possibly can with that team.

ERIK: Allan, thank you very much for that question. We're going to go to another live question, but just before we do we'll do another survey question. So using your touch tone phone, you can indicate your response and we want to hear from you. Outside of the hospital, are you aware of the health care services that are available to you in your community? If yes, please press 1, and if not, please press 2. So again, outside of the hospital, are you aware of the health care services that are available to you in your community? If yes, please press 1, and if not, please press 2.

Now we have another live question, it will be from Connie. Connie has a question about hospice care. Connie, welcome, you're joining us live.

CONNIE: Thank you for taking my call. My question is what is the long-term plan to accommodate hospice care within our community?

MDE: Thank you, Connie, for that question. We have 2 hospices in our Mississauga and West Toronto areas and both are part of an expansion process that the government approved several months ago. And part of that includes new hospice beds in the Mississauga area and we are working very closely with the hospice to try to build that capacity as we also build long-term care capacity together.

ERIK: Connie, thank you very much for that question. We have our next live question ready to go. Quickly, press 3 on your phone's keypad if you would like to ask a live question on the town hall this evening. We're going to go to our next live question now. It's from Peter, and Peter has a question about the wait list in emergency. Peter, welcome.

PETER: Hi. I'm concerned about individuals who go to the emergency department and in some cases apparently, from what I understand, they shouldn't have been there. They should have gone to either a walk-in clinic or called someone else. And what are we doing to try and educate the public on where do we go if we have an emergency and what emergencies should we bring to the emergency department and where should we go if we don't go to the hospital because in my case, I'm a senior citizen and to be honest with you, I really don't know where to go if I have a problem or an emergency.

DANTE: Hi Peter, it's Dr. Morra. Thank you for your question and it's a critical one. I think what's really important for people to understand is most of the capacity issues that are at the hospital and with the emerge are really for people who are appropriately there. There are people with lots of complicated medical conditions coming in with acute or serious illnesses, and really do require to be there. I think it's always really important for the public to know that much of the challenges around wait times are with patients who are appropriate. There's no doubt that there are some patients who come to the Emergency Room who could've gone somewhere else and the best way for people to know where to go is really to contact their family doctor, use those after-hour services, use TeleHealth, and when, if they need to come to the organization, come to our Urgent Care Centre at our Queensway site. You know, we do things like this Telephone Town Hall to be able to educate people about what is available. There's online programs, partnerships to raise awareness, throughout our community there's our public website, and as well as other information that we're trying to get out into the community. And you

know, one of the things that can help us on our emergency is getting the flu shot. There was an early question around that and things people can do to prevent themselves from getting sick and having to access care. So I hope that provides you a bit of a background of who's in our emergency and how to get people in the right places so that they can access care at the right time.

MDE: Peter, thank you also for the question, it's Michelle speaking now. I just want to say that that is something I have been hearing more from our community, and we have been working with our Local Health Integration Network. They're responsible for the complete regional and community planning and sharing with them the need to make sure that information does get out to our community. And I can also tell you Trillium, with our local newspapers and online will be sharing more information about that in each of the weeks as we certainly head into the winter months.

ERIK: Thank you very much for that question. We're going to go to another live question, but quickly, we're going to do another survey. So using your touch tone phone, you can indicate your response. Based on what you know of THP and what you have heard tonight, are we focussed on the right things? If yes, please press 1, and if not, press 2, and if you're not sure, press 3. So again: Based on what you know of THP and what you have heard tonight, are we focussed on the right things? If yes, please press 1, and if not, press 2, and if you're not sure, press 3.

MDE: Erik, maybe I can share with our listeners as they're voting on this question our results from one of the other questions, which was about whether or not they had received care at Trillium Health Partners in the last year and were they happy with that care? 49% of our listeners said that they were happy with the care that they received at the hospital, 12% said that they were not happy with that care, and 39% had not been in the hospital in the last year to receive care. And so I just would like to say to those who maybe did not have an experience that met their expectations, that certainly we would appreciate that feedback and you can call through to our Patient Services to get somebody to speak with you about that experience so that we can learn from it, hear your feedback directly, and also discuss any concerns that you may have.

ERIK: Thank you very much Michelle for sharing those results. We're going to go to another live question, this one is going to be from Mohammed. Mohammed, welcome, you're joining us live, you have a question about patients after being discharged.

Mohammed? Welcome to the town hall, you're joining us live.

MOHAMMED: Hi, thank you for answering my question. I just want to know, after patient is being discharged, what in-home after-care service does the hospital provide for that patient? Thank you very much.

KHM: Hi Mohammed, it's Kathryn answering your question. When a patient is discharged, there is a team that works with the patient and their family to determine the specific care needs that that particular patient has and the services that we can then line up in the community. So we work very closely with our Local Health Integration Network that has the services beyond the hospital. So the hospital works with them, the team does that assessment before discharge, and so that when the patient goes home, the services are set up and ready to go in the home so that we can make that transition to home and the discharge a successful one.

ERIK: Mohammed, thank you very much for that question. We're going to go to another live question, this is going to be from Margret. Margret, welcome, you have a question about community health partners. Please go ahead.

MARGRET: The first part of my question has actually already been answered by some of the listeners, but I'm just wondering, I myself am a blind person, and I have visited a few of your hospitals, and I'm just wondering: what kind of screening goes into talking to your nursing staff or even your assistants, and I guess maybe even some of the interns as well into providing the proper assistance for blind people. I ask this because when it comes to them trying to explain something they're not sure how to do it, or when it comes to needing a sighted guide to, let's say, go use the facilities, they don't know how to do sighted guides. And I don't know if I'm going to get a clear answer tonight, but I'd really love to talk to somebody after the meeting. Don't misunderstand here, I'm not criticizing, I'm just wanting to know.

MDE: So Margret, thank you so much for that question, and I would love to have a conversation with you further about that, and I would say, earlier I spoke a little bit about the Accreditation process which really does have an independent person go through our organization, kind of test things, and while we met those tests, maybe technically I think there's a lot more that we can be doing generally around individuals with physical disabilities and how they make their way through our hospitals. So I would like to have a further conversation with you, I could certainly share some of the things we're doing but the truth is I think there's more than we need to do and I think that's where I'll just leave it, and I'll look forward to you leaving your number and connecting in with me.

ERIK: Margret, thank you very much for that question. Now, Michelle, we're just about reaching the end of the town hall, with a few minutes remaining, do you just want to share a few final thoughts or concluding remarks with everyone listening in?

MDE: Thanks, Erik. Maybe what I'll do first is just share one of the other questions you asked our listeners about how we were doing and you said based on what they know, and what they had heard tonight, did they think the hospital is focussed on the right things? And 63% of our listeners said yeah, they think that we're focussed on the right things. 32% said they're not sure, and 5% said no. And so, we take all of this information and the questions that you have asked us plus the ones that we haven't been able to get to and we will answer all of those questions and put them on our website for everyone to see. And continue to contemplate the advice that you've been giving us.

So I just really do want to thank everybody for joining us this evening and for sharing your thoughts and your advice. It's been a very helpful conversation and one I can always share with you, we go back and we really do reflect, and then we look at what we can do better, where we need to continue to do what we're doing, and I think always continue to dialogue with patients in between these telephone town halls.

I wanted to end with a couple of other points and some of this reflects a little bit of the conversation we've had tonight. We had a couple of questions that really did deal with where should I go for my care, particularly if I don't need emergency care? And so, if over the winter period you are requiring health care services, or you're unsure of what options are available, I would really encourage you to go on www.myhealth365.ca, and that will give you a list of options in your area. As we discussed tonight, also visiting your family doctor or calling TeleHealth Ontario, these are all available to you if you need services. We also have our Urgent Care Centre for services that may not be an emergency in nature and

I think Dr. Morra talked a lot about how to maybe make that judgment and really emphasize the importance of going to your family doctor. But for serious conditions that require immediate attention, we are here for your care in your emergency departments at our Mississauga and Credit Valley sites, or of course, calling 911 if necessary.

We want to continue to have our conversations with our community in a number of ways as we continue to build out our new hospital and our long-term care beds that we also spoke about tonight. Our long-term care beds will take a few years and our hospital may take many years for us to complete, and they are essential if we're going to get at the specific structural issues where we just simply don't have enough hospital care to meet the health care needs of our community, and I did share with you how we're dealing with that in the next year or so with the many partnerships that we put in place to increase the number of beds and also to ensure that all of our capacity, all of our beds, all of our capability in our hospital remains open and available for you 24 hours a day, 7 days a week, 12 months of the year. I want to also thank our listeners, and also the 180,000 people in this community who worked with us this past year to create our new Strategic Plan and really our plans for the next 10 years on how we're going to continue to work on all these issues that you've raised tonight. That plan sets out this next leg of our journey together and if you want to learn more about that you can go on our website at www.trilliumhealthpartners.ca. I am very grateful and I know all the staff of this hospital are very grateful for our continued relationship with you and for providing your many thoughts not just tonight, but every single day as you come to visit patients in the hospital, when you are a patient in the hospital, or a volunteer, we're very appreciative of the feedback that we do receive. We always want to continue this conversation because we're here for you. And if you'd like to get involved, please leave your contact information at the end of this call. There are other ways to get in touch with us as well, you can leave a voicemail at 905-848-7681. You can go on our website at trilliumhealthpartners.ca, or you can email us at Public.Affairs@thp.ca or tweet @trillium_health.

Again, thank you so much for joining us, and for all of your advice and feedback, and I wish everyone a safe and happy holiday season. Thank you.

ERIK: Thank you again to everyone who was joining us on this evening's telephone town hall, if you still have any questions or any feedback that you'd like to share with Michelle and her team at Trillium Health Partners, you can do so by emailing us at Public.Affairs@thp.ca, or you can stay on the line where you will be able to leave a message. So again, please leave your name and phone number for us to get back to you by simply staying on the line once the town hall has completed. Please remember to include your name and phone number in your message. Thank you again for joining us this evening, and have a great night.