



A Credit to your Health

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Build It Because They're Already Here!

The Credit Valley Hospital opened its doors in 1985 in the midst of farmer's fields (see aerial view, page two). But community leaders, including Mayor Hazel McCallion knew that more families were destined to move in around the hospital and that it was time to build the health care infrastructure to support them. Today the hospital with four regional programs, provides care not only to close to 700,000 residents in Mississauga, but up to two million from the surrounding regions.

The hospital opened with 366 approved beds, with a promise of additional beds in an additional hospital wing dubbed "the A wing" to support the rapidly expanding community. Twenty three years later, the crane is up, the excavators and dump trucks are active and construction is well underway for Credit Valley's long-awaited A and H wings...and the patients are already here!

The expansion will result in approximately 270,000 square feet of new construction and 70,000 square feet of renovations at the hospital. It will provide enhanced hospital services including more beds (392 to 471) and double of the number of labour and delivery rooms (seven to 15) with additional room for growth.

Other improvements include expanding cancer treatment resources to include a new high-dose radiation therapy suite and additional surgical oncology, palliative and complex continuing care beds. Additionally, there will be more capacity for neonatal care, increased diagnostic services and support areas. An expanded laboratory from approximately 15,000 square feet to 42,000 square feet will provide more in-house support for diagnostics.

This special construction edition of A Credit To Your Health is devoted to providing detail about the various programs and services that will benefit from the expansion and renovation project. Most



Pictured at the official groundbreaking ceremony for A and H wings held June 20th are (left to right) Wayne Fyffe, president and CEO, The Credit Valley Hospital; Geoff Watson, chair, Credit Valley Board of Directors; Bob Delaney, MPP, Mississauga/Streetsville; Amrit Mangat, MPP, Mississauga/Brampton South; Peter Fonseca, MPP, Mississauga East/Cooksville; Harinder Takhar, Minister of Small Business and Entrepreneurship and MPP for Mississauga/Erindale; Charles Sousa, MPP Mississauga South; former cancer patient Lauren Donnelly and Norma Bandler, president CVH Foundation.

importantly, two patients share their insight into the significance of the project on behalf of all patients.

"This is a significant project that will serve the needs of Peel Region's growing population and also generate jobs," said Minister Harinder Takhar at the official groundbreaking ceremony held June 20, 2008. "We can be assured that residents in our region will have continued access high quality health care for many years to come."

"Hospitals are one of the pillars of Ontario communities. With significant investments in health care, we now have more than 100 new and existing hospitals in various stages of expansion and upgrade across Ontario. This

project will enhance the quality of life and the quality of care for families in Mississauga and the surrounding communities," said George Smitherman, Minister of Energy and Infrastructure.

"This expansion is an essential part of the government's commitment to renew hospitals," said David Caplan, Minister of Health and Long-Term Care. "Such projects will help lower wait times and improve access to quality family health care for all. Once complete, area residents will be able to get the care they need, when they need it, close to home."

Hospital Board chair, Geoff Watson said "this is much more than an addition to our

existing state of the art health care facility. A and H will be a place where new life begins and where other lives will be forever changed due to life-saving treatments and where others will end their days in an atmosphere of peace and comforting, quality care."

The construction, led by Bondfield Construction Co. Ltd., began June 2nd. Bondfield will build and finance the project for \$162.8 million which will be paid by the hospital when substantial completion is reached in the fall 2011. The provincial government will fund 90 per cent of eligible construction costs. However, costs associated with medical equipment, furniture and site preparation are funded wholly by the hospital. The hospital foundation has undertaken a \$45 million fundraising "lifetime of care" campaign to support those costs.

The commencement of construction of A and H wings is the crowning achievement for Credit Valley's retiring president and CEO, Wayne Fyffe who stayed an additional year after his ten year contract in order to ensure the project got underway. "When I arrived as the new president and CEO in 1997, A wing became my priority," said Fyffe. "However, it was determined that the Carlo Fidani Peel Regional cancer centre and the Vijay Jeet and Neena Kanwar Ambulatory Care Centre would be built first."

Fyffe said the impact of the project on Credit Valley's patients and caregivers once completed will be immediate. "Every patient deserves a bed when they are acutely ill or a woman in labour. Once the new four storey A wing opens in 2011 we will have more inpatient surgical capacity, more labour and delivery suites, and a proper home-like environment for our complex continuing care and palliative care patients. We are grateful to the province for making A and H wings a priority project for our patients and families."



Lauren Donnelly shows her beads signifying more than 600 procedures during her cancer treatment.

My name is Lauren Christine Donnelly. I am a cancer survivor.

I live with my parents, Sandy and Paul, who both work for Peel Regional Police, and my younger brother Ryan, who is now 14. I grew up in Brampton, and in July of 2005 my family moved 20 minutes west to Georgetown.

Only a few days into attending my brand new high school, I began to experience tightness in my chest, and discomfort in my groin, similar to growing pains. Being the active and healthy teenager I was, I put it

off to just that. Within the week, the pain worsened and I could no longer ignore it, and I went to our local walk-in clinic.

Five days later, my family doctor reviewed my results from the blood work done at the walk-in clinic and became very concerned. After further tests performed at The William Osler Health Center in Brampton, I was first faced with the word cancer. I immediately knew what this word meant, as both my grandparents had cancer when I was little. Within the hour I was transported to Sick Kids where I was diagnosed with acute lymphoblastic leukemia. That was September 13, 2005. It was a Tuesday. I was 15.

I was admitted to Sick Kids, and for the next three weeks, my family and I were educated about the disease and the therapy options. My doctors and nurses introduced me to the treatment plan I would follow for the next two and a half years. It involved various cycles and forms of chemotherapy, steroid therapy, and cranial radiation. I was there on a regular basis for treatments and during that time was admitted to the hospital on several occasions which collectively added up to six months. I also crossed the street to Princess Margaret Hospital, for seven treatments of cranial radiation.

To help you better understand what I've been through, I'd like to tell you about my bravery beads. Bravery Beads are a Sick Kids Tradition. Every bead represents one procedure. I have over 600 of them. Green ones are for spinal taps and blue ones are for finger pokes. When I wasn't an inpatient at

the hospital, my parents drove me back and forth to every chemo and radiation treatment, tests and scans, check-ups and procedures. Georgetown is roughly an hour away from The Hospital for Sick Children on a day with minimal traffic. In other words, it was our full-time job.

Now that you know a little bit about me, I'd like to tell you a little bit about the Paediatric Oncology Group of Ontario. POGO has provided many greatly appreciated services to my family that have made our experience as comfortable and convenient as they possibly could be, considering our circumstances.

One of the great POGO contributions is the network of satellite clinics. Once I got into a routine with my treatment, I was able to start receiving some of my therapy and tests at the Credit Valley Hospital in Mississauga. It's about 15 minutes away from my house and much closer than going all the way downtown. I can not begin to emphasize how convenient this was for my family, as the early stages of my treatment required very frequent hospital stays, blood tests, therapies, blood transfusions and checkups.

Not only was this a huge weight lifted off my parents, but it was an enormous relief to me. I absolutely dreaded being in the car while I was on treatment and was suffering from nausea, which was worsened by the movement and bumping in the car. Being able to go to a POGO satellite closer to home is so much easier on kids as well as parents.

I'm proud to tell you that I finished my protocol on March 14th. Although my therapy is over, I have been left to deal with some of

the side-effects treatment leaves behind. I have been diagnosed with avascular necrosis, a painful condition that has left my right hip damaged, and my mobility limited. I am on a leave of absence from my part-time job at a pharmacy, and I am being home schooled. It is possible that a hip replacement may be in my future.

I am in the process of completing my high school diploma. I'm aiming to apply for university for the fall of 2009 semester and I hope to study psychology or journalism.

Over the past two and a half years, I missed out on some of the simple pleasures of being a normal teenager. Many of my teenage milestones were overshadowed by the reality of my condition. Although these past 30 months have been trying and difficult, I have found the silver lining in being stricken with this disease, and feel blessed that I have been given the opportunity to appreciate each new day from a different perspective. I know that I have a great advantage over many people, and I have seen how precious life is at a very young age. It goes without saying, that being here today is a big deal to me, and a real treat. And I am enjoying every moment of it.

I am in full remission. And I am honored to be celebrating the groundbreaking event for the new regional/maternal child centre and other medical facilities. I know I speak for many other teens and younger children who will have their treatment at Credit Valley. Thank you for building this new centre - it will make an incredible difference to people like me and their families. Congratulations and thank you!



Tiny Babies Need a Lot of Space!

A beep here, a hum there – a steady stream of rhythmic monitors greets the uninitiated visitor to Credit Valley's special care nursery. This is the place where the tiniest babies are nurtured to good health by mom and a team of infant specialists. The intravenous lines and ventilators are the lifeline for these premature babies. The cacophony of sound is at first inhibiting but quickly becomes soothing music to moms, dads and caregivers that all is well on the unit.

The special care nursery (SCN) is a 21+ bed regional advanced level II nursery providing family centred, developmentally supportive care to more than 700 infants annually who are premature or have other health care needs according to criteria developed by the Child Health Network of Greater Toronto.

The SCN is equipped and staffed to care for the infant that requires ventilatory support, oxygen therapy, medications, phototherapy, assessment and continued monitoring.

During every infant's stay in the SCN, our health care team, consisting of paediatricians, nurse practitioner, registered nurses, dietitian, lactation consultants, pharmacist, occupational therapist, respiratory therapist, social worker and psychologist, participate with the family in the plan of care.

Some of these babies weigh less than 1000 grams at birth and could fit in the palm of your hand. My, but this mere whisp of a child takes up a great deal of space. There are the machines of course, but there's also the rocking chair for mom who is anxiously trying to bond with her newborn amidst the lengths of tubing acting as a machine-based umbilical cord for her child. There are the computers inputting all important data charting each baby's progress on the unit. Then there's the need to keep a safe distance between this baby and the next for infection control reasons. And forget about having some privacy!

In September, 2007 a satellite SCN with eight bassinets was created to offset crowded areas and infection control concerns because of the increasing number of babies and equipment required leaving

a more comfortable 13 bassinets in the existing space. The satellite unit was created two floors below the existing SCN. This temporary unit is part of the "coping" strategies put in place to manage the volumes of babies being born at Credit Valley and will remain in place until the new maternal/child centre opens in 2011.

The new wing will increase the number of bassinets from 21 to 37 to provide optimum care for pre-term and newborns requiring specialized neonatal care closer to home.

There will be a dedicated isolation room that will be accessible from the main hallway making it easier for families to get an isolated infant rather than masking and gowning and moving through the entire SCN.

There will also be a kitchen where mom or dad can make themselves a snack or a cup of tea without leaving the unit. For staff, there will be the luxury of a meeting room where the multidisciplinary team will do medical rounds or educational in-services.

Four mothers' residence rooms will be available for mothers that have been discharged home but plan to stay for long periods during the day or night to provide care for their infant. This room provides a rest area for the mothers' between infant feedings or care needs. The rooms might also be used by parents whose baby is so critically ill that they will not take a chance leaving the hospital overnight, or to provide some privacy for parents and an infant who may not survive.

Also, two "care by parent" rooms have been designed for parents to use when baby is thriving and ready to go home, to help parents who may have qualms about cutting the umbilical cord to those all important life-saving machines. The room will allow the mom to adjust to her role away from hospital. She will care for her baby as if she was at home, but just steps away from the comforting safety net of the SCN nurses and physicians just down the hall. Once discharge planning is complete the family is ready for home to begin their new life together where the only sounds they'll hear will be their own purrs of delight that baby's finally home.

Babies and Boomers!

Mississauga is one of the fastest growing communities in the country...currently the 6th largest city in Canada. The growth of our city is at both ends of the continuum... babies and boomers! Not only are we living longer, we have lots of expectant moms wanting to deliver their babies at Credit Valley.

Very few people would have predicted such a population boom in the late 70s and early 80s when planning for The Credit Valley Hospital was taking place. The hospital, located at the corner of Erin Mills Parkway and Eglinton Avenue West, was located in the middle of a farmer's field with open fields as far away as one could see!

women to be accommodated close to their family and friend support network rather than a hospital far from home. But accommodating some of these "high risk" moms means fewer beds for other women carrying their babies to term, compounding the space problem.

But enough about our problems! The labour and delivery team is eagerly anticipating their new space when they'll be able to safely deliver the community's babies and the high risk pregnancies. The new regional maternal child centre will increase the number of labour and delivery rooms from seven to 15 with additional space to accommodate the high risk obstetrical patients.

There will even be space to offer some extra teaching support for new moms and dads.

The labour assessment unit to determine whether women are in active labour or experiencing false labour is currently located in a hallway. The existing area consists of three stretchers and an assessment chair. The new build will be three



1983



2006

Those empty fields have been replaced with rows of houses and condominiums. It's not unusual for an obstetrician or family medicine specialist to deliver 10 babies within a couple of hours! We love to hear the cry of a newborn infant. But we don't like to hear the cries of disappointment when we tell expectant parents that they won't be able to deliver their child at Credit Valley.

Stretching our current space to the limit, we can safely deliver 420 babies per month, plus or minus 5%. That's more than 5,000 babies a year in a space originally designed for 2,700 births annually.

When we know we've reached that threshold, we notify our obstetricians and family doctors that they should advise expectant moms that they will have to deliver their babies elsewhere.

It's all about safety. We must ensure that we can accommodate the anticipated number of births scheduled to deliver in any given month. And until the new regional maternal/child centre is open in the Spring 2011, Credit Valley will sometimes have to turn expectant moms away.

In our role as an advanced level two, regional perinatal centre, we accept some expectant mothers who will likely deliver prior to term. These women are admitted weeks before their anticipated delivery date. It's wonderful for those

times the size with space to accommodate assessment for induction of labour. Right now inductions have to wait for an available labour birthing room which may take some time especially with the amount of activity our birthing suites see!

We currently don't have space to accommodate midwives but we hope to consider adding midwives to our team once the new regional centre is open. We will have labour and delivery suites that will accommodate the mother and the midwife, through delivery and until they leave the hospital -- all in the same room.

Although we tend to associate births with happy occasions, the new regional maternal child centre will also ensure those parents who have lost a pre-term baby or a child at birth, will have the privacy in dignified surroundings to grieve their loss.

As the expansion moves forward, we hope to invite former patients and families to provide a forum to help us ensure we are addressing their needs and those of their children.

New Paediatric Centre Focusses On Play

Right now, due to space limitations, paediatrics and adult gynecology are housed on the designated paediatric ward. This mixture limits our ability to create a child and family friendly environment due to the diverse needs of both patient populations. Moving into a ward that is purely paediatric will allow us to create a milieu that is more child-centered and more age and developmentally appropriate. The look and feel of our new ward will provide

a soothing, pleasing and comforting yet stimulating place for children to receive care and treatment.

A new large play area is one of the first rooms seen as a patient enters the unit. Aside from treatment and care, we want to make sure that children are not frightened or stressed by their hospital experience. We want them to know that we care about having fun too. Playtime is important and necessary in the life of a child. Members of

our multidisciplinary team, including the child life specialist, and therapeutic clown will be overseeing activities both in the play room and at the bedside to ensure that we keep play as a major focus at the hospital.

Families will be able to connect with family and friends through on site computers in our paediatric family resource centre. The centre will be a resource library as well as a central communication post. This centre is adjacent to the playroom so parents will

be able to have a little downtime themselves while they are just seconds away from their child.

With more single and semi-private rooms in our new wing, patients and families will have more privacy and space for personal needs a vast improvement to the current unit, which houses three and four bed wards.

In addition, the new unit will be home to a teen room where hospitalized teens will be able to "hang out" and be teenagers.

Just Imagine

family life changes forever

Imagine, you're 32 years old, married with a toddler and a nine month old baby girl. You have the rest of your life comfortably mapped out before you. Then suddenly your entire world is irrevocably changed.

For the last 14 years, 46 year old Janet Dukaczewski has lived in a far different world than she imagined she would have as that 32 year old mother and wife. Just two weeks after the picture shown (bottom right) was taken, Janet suffered a stroke that left her in a coma for several weeks. Through her husband Dan, Janet recounts how "when I came out of the coma, I was unable to move my mouth. My only way to communicate was through eye blinks. I could only answer yes and no questions." It was then she realized she'd be confined to a wheelchair, unable to care for herself, her husband or children, Thomas and Carly; able only to mouth her thoughts rather than speak them audibly in words for the rest of her life. She would miss many of the "firsts" that a mother would share with her children. Janet recalls, "When Carly learned to walk, Dan brought her to the hospital that very day to show me."

It would be beyond comprehension for most of us. For Janet, she's learned to live and enjoy her life at Credit Valley. Her misfortune has not dimmed the passion in her brightly lit

eyes and beautiful smile.

She lives at Credit Valley on the hospital's complex continuing care unit. Her patient room is her home, her caregivers, her extended family. Dan and children, Thomas, now 17 and Carly, now 15, visit often and are comfortable in the hospital environment. But it wasn't always that way.

Janet says "Thomas ran away the first time he saw me after the stroke." She spent seven months in the hospital's intensive care unit, hooked up to a ventilator with a myriad of other tubes and monitors attached to her. It was a frightening experience for the entire family, especially for young Thomas who was far too young to comprehend what had happened to his mother. "The nurses were so supportive. They really understood what we were going through," Dan says. "They are a very tightly knit group. They became our extended family. They are exceptional."

Thomas and Carly "grew up" in the hospital environment. Once Janet moved to the rehabilitation unit and then to complex continuing care, the nurses, social workers and therapists worked hard to create a home away from home for the youngsters. Janet says the nurses "created a roadway for toy cars and trucks on top of my bed, so we could play together. They built

a toy box so they could keep their toys in my room. We'd watch movies and television together."

Space is an issue. Janet is looking forward to the new complex continuing care wing that will provide her and her fellow CCC patients with the little extras that will help them personalize their living space. Janet uses a computer and is hoping her new room will allow space for a computer desk. "I can't emphasize enough how important my computer is to me. Everyday, I use it. A lot of the time is spent writing letters to my children. Preparing, at least, a short letter for them each week is very important to me."

Janet is also hoping her new home will include a larger clothes closet that she can see from her bed so in the morning she can indicate to her caregiver what she'd like to wear that day. And she'd like to have a wall devoted to her personal memorabilia. She'd also like to create a personal biography of her life that she'd like new visitors to be able to read when they enter her room. Additional storage space for her wheelchair and other larger personal items would be a bonus.

Despite the current shortcomings of her living space Janet says, "if I had a choice of where to live, I'd prefer to be here."



Photo top: Janet and family at the groundbreaking ceremony. Photo bottom: Janet and husband Dan with children Thomas(left) and Carly, several months before Janet's stroke.



Laboratory Will Triple in Size!

Over the last few years, growth in the community and expanded clinical programs have resulted in increased volumes, scope and complexity of diagnostic tests completed in the department of laboratory medicine at Credit Valley. There is also a greater need for genetic counseling.

Breakthroughs in science, technology and informatics continue to offer newer and better diagnostic tools. For example, molecular testing has allowed the lab to complete tests more quickly for a variety of infections. Expanded diagnostic testing for heart disease and enhanced testing for various cancer markers help physicians determine future therapy.

Although some of these changes have been implemented, space and layout constraints pose significant limitations in adopting new solutions and maintaining efficiencies. In addition, the cramped space makes it a less

than desirable working environment for staff.

The expansion will increase the department's space from approximately 15,000 square feet to 42,000 square feet. This much needed space will increase and enhance diagnostic support and clinical genetics service for the patients and families in our community.

The new laboratory will be located adjacent to the current second floor laboratory area. During construction the lab will actually lose space! While this will cause further congestion and create a less than desirable work space – especially with the loss of natural light- the constant noise of construction on the other side of the hoarding will hopefully remind the lab staff and physicians that the new space is being built – and that there is no gain without some pain!

More Inpatient Capacity

Good News for Surgical Patients

The additional 150 inpatient beds that are included as part of the addition of A and H wings are welcome news to Credit Valley's surgeons.

Every day there are patients requiring emergency surgery arriving through the emergency department. Although some flex time is built into the daily OR schedule to handle this type of emergency surgeries, the population growth in Mississauga and beyond means the number of emergency patients requiring emergency surgery are increasing along with the number of scheduled surgeries.

When the hospital's emergency room is full to overflowing with other patients who require inpatient beds, some scheduled surgeries may need to be postponed. As a result, the scheduled surgical patient is unhappy because s/he has taken time off work or made family arrangements because of the surgery, which now have to be rescheduled. Because patients are booked weeks if not months in advance, trying to reschedule a surgery without a significant lag time is very difficult.

No health professional wants to say no to any patient. After all they chose this profession because they are caring individuals who took an oath to do their best to provide quality health care.

The additional inpatient beds will help to alleviate the throughput and surgical challenges. Credit Valley's surgeons are also encouraged by the additional OR time

that will result with the new construction:

- 1 additional operating room
- 1 high dose radiation suite
- 2 ambulatory care operating rooms
- Increased c-section capacity from two rooms to three
- Increased endoscopy capacity from three rooms to five

Demand for surgical interventions is projected to increase by 28% over the next 3 years at The Credit Valley Hospital alone.

A proposal being championed by local MPP Bob Delaney to build an ambulatory surgery centre to support outpatient surgeries in the Mississauga-Halton LHIN is under consideration by the Ministry. The facility would be operated at a more cost-effective level as a community-based facility as opposed to the higher costs associated with a hospital's institutional overhead. The facility would be integrated as part of the Mississauga Halton LHIN wide development of surgical services. This facility would replace some of the surgical program expansion identified in Phase III of the hospital's comprehensive master plan at a lower capital cost.

The proposed center will accommodate five operating rooms, two local/cysto rooms and associated peri-operative support space including preoperative assessment and waiting space and post-procedure recovery bays.

