

A Day Away with Alison Smith & Dr. Greg Devet

Alison Smith: Hi there, it's Alison Smith your CGMH Foundation Podcast host. I'm just jumping ahead, and I wanted to touch base with you on a little bit of information that I have for you before you listen to this episode. What you'll find is the extensive planning process that we go through is ever evolving and sometimes we have updates and things change. Our job is to keep you informed of the latest and greatest updates on our new hospital.

This past December, Deputy Premier and Minister of Health, Sylvia Jones visited Collingwood to announce the approval of CGMH's early planning submission for a new hospital and to confirm that the new state-of-the-art facility will be built on Poplar Sideroad.

With this announcement, CGMH enters Stage 2, better known as Detailed Planning, of the Ministry of Health's Capital Planning Process. This next stage transforms the project from concept to actionable design, where the physical layout of the early planning stage is realized in preliminary designs that will guide future construction in the new hospital. That's really relevant as I sit down and chat with Dr Devet. There is one key detail that came out of this approval that is important to note before you listen to the episode. It is actually, really exciting. The Ministry has acknowledged the rapid growth of our community and is therefore approved plans for CGMH's Emergency Department to triple in size. This is versus the original proposal of doubling in size, to which you will hear Dr Devet and I reference.

As always, if you are interested in learning more about the development of this hospital, and those key stages, please check out the Hospital's website at yourfuturehospital.com, or you can head to the Foundation's site tomorrowshospital.com or if you prefer, just reach out to us directly. We can answer any questions that you have and we would love to chat with you more about South Georgian Bay's Hospital of Tomorrow.

Thank you and enjoy the show.

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Welcome to our very first episode of *A Day Away*. where we chat about the planning, building, and funding of South Georgian Bay's Hospital of Tomorrow.

My name is Alison Smith, and I am the Director of Communications for the CGMH Foundation and apparently now, podcast host. I'm a huge fan of the podcast medium as it really allows for deeper conversations and learning, especially for those on the go. Some of my favorite podcasts include New York Times, "The Daily", "Pod Save America", Brené Brown's "Unlocking Us", and "On Being" with Krista Tippett.

A Day Away will dive into topics centered around CGMH's innovation, collaborative spirit, and the importance of rural medicine. Our hope is that we can inform our community, on the impact of your support and how you play such a vital role in the future of healthcare.

Today, I will be speaking with Dr. Greg Devet about the current Emergency Department and what we can look forward to in the development of the new hospital.

CGMH is the major trauma center for the South Georgian Bay region with emergency visits averaging more than 37,000 annually. As an 84-bed hospital located in Collingwood, Ontario, we serve more than 73,000 permanent residents and 3.5 million annual visitors to the communities of Wasaga Beach, Collingwood, Clearview, The Blue Mountains, and parts of the Grey Highlands.

Dr. Greg Devet began his tenure here as Chief of Emergency in 2022. Thank you for joining us today, Dr. Devet.

Dr. Greg Devet: Thanks for having me, Alison. I appreciate the opportunity.

Alison Smith: Yeah, and this is new to both of us, so we're going to see how this goes.

Dr. Greg Devet: We're going to chart the path for what this podcast will be.

Alison Smith: Absolutely. So, before we dive into the conversation around the hospital, can you tell us what brought you to Collingwood?

Dr. Greg Devet: I came here as a resident from 2011 to 2013 as a Family Medicine Resident. I did not initially intend to come to Collingwood.

I had graduated from Western med school and thought maybe I'll go out east, go out west, just take the opportunity to travel somewhere I've never been before. I happened to go to the McMaster interview, which, at that point was sort of a backup, just in case, option. You've got to find a spot somewhere. The two representatives were a local doc, Dr. Matte, as well as Lindsay Seymour, who was working in administration, they represented this community in an amazing way at that interview.

The doctors played hockey, which is something I'm a fan of. At that time, you could ski and you could get an amazing learning opportunity. The hospital was much smaller with not the same educational people around, so, if you wanted to really practice your resuscitation skills you could. It's still like this now, but at that time, it checked all of those boxes you wanted to check. I was like, "Wow, this is amazing."

When I came here, it was much better both in the hospital and in the community than I had anticipated in terms of growing a community, meeting my wife here, having amazing staff that at that time that I looked up to, in a community that I had no interest in ever leaving. So, I, like many people, just put down roots.

Alison Smith: Nice. Yeah, it seems to be common, I think, just having the ski community, the hockey community, everything you can do outdoors and sort of work and live in such a beautiful area.

Do you find that that's common with a lot of staff here that will come for the beauty and the landscape of Georgian Bay?

Dr. Greg Devet: Yeah, they come for some component of that, and they never leave. It might be something a little different than they expected that keeps them here, but it's almost never that somebody ups and leaves. It's always a specific reason like a family thing that's very unique to that person.

Almost never have I heard of someone inside of medicine or in the community just leaving. It's so rare you hear, "No, we're just moving." It just doesn't happen much, which is why we're growing so quickly. Which is great. And a challenge.

Alison Smith Yes, absolutely.

You have been the Chief of Emergency now for a few years and definitely during a pretty intense time, I would say, as well. We've been challenged like we never have before.

We're a very small but mighty hospital. The Emergency Department is less than half the size it should be to treat more than 37,000 patients that we see annually.

Even so, we find when we're out chatting with folks in the community, we're often touted for 'punching above our weight'. Can you tell us a little bit about some of the ways you and your team in the Emergency Department are working through some of those constraints and those challenges with the crowding, and this aging cramped infrastructure, to be able to maintain the quality of care that you do?

Dr. Greg
Devet:

Yeah. I think we 'punch above our weight' in a number of ways. Our catchment is quite big, Collingwood is big, but our catchment involves much of South Georgian Bay including Wasaga Beach, Thornbury, Stayner, and other rural areas locally. We also have massive tourism. We see huge volumes in Christmas and in summer. We are unique in what we do for ortho and our experience and what we know how to do. It's not just that we do it a lot, but because of that, and because we lean into it, we do it exceedingly well.

We are known to be exceptional at ortho to the extent where when you speak to other docs in other communities or who may be starting here, it's almost like to live up to the standard we put into our orthopedic care is kind of a challenge in and of itself.

That would be one big way. But then, in addition to that, many of the physicians, I would say each of them, have taken it upon themselves to lean in as much as they possibly can to ongoing improvement. When you look at leaders across the province, we've got some ER emeritus physicians like Dr. Guscott, Dr. Distefano who are known across the province and across Canada in what they do in anesthesia and orthopedics. Dr. Kylie Booth, who's won the CAEP ER award for Emergency Physician of the year. Dr. Greg Bolton, also known provincially as an excellent teacher.

These are actually awards that are hard to win, or it's very rare, especially for rural places to have people representing a town within the province like that. You see these sorts of physicians in Toronto, maybe where there's more of a vibe of that sort of thing. But it's quite uncommon to have several all in that sphere. As a result of having these people who've built this culture, there's

sort of this rising tide within our physician group of clinical excellence. This is the standard in terms of how we care for people. When I came here and started working with these people, I was like, "Oh my gosh, I've got to pull my socks up, this is tough." I looked up so much to many of these physicians and wanted to be just like them. I mention another one, Dr. Chisholm, who was a huge leader in our department.

What does that mean for patients here? That's us stuff, but what does it mean for the care we provide? Currently, in a group of 75 of the biggest hospitals in Ontario, our ranking would be 11th in many of the big statistics around how we move people, how we get them through. I think that we used to rank 25th. I think we're heading to the top 10 in the next few months probably. I think we're going to have a sustained run, which is hard to do.

We are also innovating, finding ways to help with wait times, which you're really well aware of, which is our ER FastTrack program. We recognize waits across the province are huge and tough for many, many people. We're trying to find unique ways to help them out. We're currently one of, I believe, only two Emergency Departments in the entire province where you can actually book an appointment into the Emerge. You can forgo, for some indications, those super long waits. We're innovating to reach beyond what is normal to provide the best possible care.

Another example, we're probably the only hospital in Ontario that actually knows how to refer. We see so many orthopedic injuries from the GTA. We know how to refer and get you back to your home place. We see so many tourists with their orthopedic injuries. We will not only say, "Yeah, you got to go home. You've got a fracture." We will find a way to get you right back there. Here's your appointment. You're going to see your specialist back in Toronto tomorrow because we know we see so many people like that because we're unique.

We've stretched on many occasions. I should also mention our nursing staff, which, over the past two years, has had a fair amount of turnover. I see the developing leadership from them, in terms of not only getting amid what had been (and is improving) a huge nursing shortage, getting through the day, but also developing a culture, bringing up other nurses to be our next core of amazing, phenomenal Collingwood Emerge Nurses.

In many realms, we're really succeeding at the moment, which is great. There's a seven-pronged answer to your question, but it's hard to prioritize one group in the Emerge because so many people have come together to make it. I think we're in a really good spot now, so it's just hard to answer it in one way. You'd

be leaving people out who've really contributed to us being in a pretty good spot right now.

Alison Smith: I think you've touched on two really great areas as well, which one is just practicing rural medicine in general. I'd be interested to hear your thoughts on what rural medicine really means in the Emergency Department, but also, you're dealing with old aging infrastructure. You've grown out of the size of the Emergency Department that you should be. Plus, we've come out of a pandemic.

There are all these challenges that you and your team have had to work against. Plus, just practicing medicine in a smaller community where you kind of have to be everything and all to our community. Can you tell us a little bit more about what rural medicine means for you?

Dr. Greg Devet: Yeah, I think to define it, you've got remote medicine and rural medicine. I've worked remotely up in Nunavut and that has to do with almost a complete lack of many of the traditional resources and luckily, we're not there.

We've got the imaging modalities, we've got a lot of specialists, we're certainly not without resources and they're growing, as this community grows, they're growing a lot. But I would say, to work rurally, you're probably looking at our hospital as an institution, realizing in a small town your hospitals and your education sources are really, really crucial components and kind of taking on that responsibility. Leaning into the commitment that not only the Emerge docs share, but there's a whole group of physicians. Our internists, our family doctors, we can work together to help patients in a way that probably would be cumbersome in large places.

I'll see patients in the emerge and call the family doctor because I feel like I'm not getting a full understanding of what the entirety of their problem is. I know the internists on a very personal level, both of our full-time internists, and I recognize what it takes to help them get through their week, how I can help them disposition the patient to have them ready on admission. When I need them, they'll come because we've got that personal relationship, where if I have that concern that, as much as I'm taking away from your family at this time or whatever, you've got to be here right now.

I think we all kind of pull together on a string because we know each other, often outside the hospital. I think that's a big part of what it means to work

rurally. You understand your role in the community, you understand your role with your team, you know your team not just from work but from outside work. We're growing but we're not big enough that you don't have a deeper relationship with a lot of your colleagues beyond just seeing them at work, which is great, too.

Alison Smith: Yeah, that makes all the difference. You mentioned resources. I think many folks out in the community are not aware that the Government doesn't fully fund healthcare in Ontario. Here at our hospital, over 90% of all medical equipment and technology is funded through community support, which comes through the Hospital Foundation.

We are very fortunate because our community is so caring and generous. It certainly makes our job a little bit easier as we're trying to raise funds, so that you guys can continue to deliver that fast, accurate diagnosis and exceptional care.

Are there any pieces of equipment in the Emergency Department that you could, kind of, just dive into to tell us a little bit about, that you've felt you've really benefited from, that our donors have funded? I'm thinking maybe the Lucas 3 or maybe some portable ultrasounds. Anything that just comes to mind for you?

Dr. Greg Devet: Yeah, the two big ones I would say would be the Lucas. The Lucas is huge. So, what that is, is a CPR machine. And now we've got just about all of our ER staff, and I think definitely some of the ICU staff, and some of the medical staff trained on it. What that is, rather than people doing CPR, it's the machine that you bring down to do the CPR mechanically. It's not really important because we don't want to do the pushing ourselves, but the quality and consistency of a machine placed exactly on the right part of the chest is going to give dynamite CPR.

If you look at surviving a Code Blue, so this is somebody who's pulseless and needs CPR, the number one predictor of whether you're going to survive and go on to have an okay or even reasonably good neurologic outcome is the quality of the CPR.

It's easily far and above the number one thing. I would say the Lucas is probably the standard of care now and it's made a huge difference. You can actually see it in the waveforms on the monitors, the quality that comes from the Lucas. I think that's been a huge one.

Another one I would go to is the curtains that we have. This is something that because I don't work in EVS (Environmental Services), I don't understand it fully, but the antibacterial curtains that we have, that not only help with, but I believe are minimizing the likelihood of transmitting disease, but also, they can be cleaned quickly.

For our EVS, it's not just a matter of, can we avoid transmitting bacteria, but we run so many people through this department, on average, a little bit over a hundred a day, that we need to turn around those beds ASAP.

We think of 'how fast are the doctors and the nurses', but it's not just that. It's how fast can we turn around beds? How fast can our care team make it more available for the next person coming in? And they've noticed it's made a huge difference. I pointed to that as one that I never would have personally thought of, but now that I understand and I see how quickly we can turn around, it's great to have.

Portable ultrasound is a standard of care. That's a \$70,000 machine that came here through the Foundation as well. That's a needed important part of caring for patients in the Emergency Department. It's a standard of care for many ER things as well. These pieces of equipment are not inexpensive. They're very specialty items and we need them in the Emerge.

Alison Smith: Yeah, the curtains were one actually that that was funded through our Giving Circle in the Foundation. I know there were a lot of great stats that came out of that about time and money being saved. And they have sprayers as well, these, sort of, big cleaning guns that they can go and use, and it's been able to really help with that turnover and cost which are great.

Dr. Greg Devet: Yeah. And it's cool too, because innovation's not just the physicians or even the people who are directly clinical. We innovate in many ways. It's just an awesome example of how we work as a team in ways that maybe the community might not initially think.

That solution, I imagine, came from Sean or someone else in EVS. I, in a hundred years, would never think of that and we all work together to do the best we can and that's an excellent example of our nonclinical team stepping up and innovating as well.

Alison Smith: I think that's a bit of our hope too, even with this Podcast, is talking to some of our different teams.

Now having worked with the Foundation and seeing a bit behind the scenes, I know when I've had to come to Emerge and maybe with a sick child and they've had to have bloodwork, I'm seeing sometimes a volunteer, a doctor, and a nurse, but I know when they're getting that bloodwork that it's the lab department that I'm relying on. I'm relying on how fast they can process it, what they can actually find in those blood results. It's true. There's such a huge team that works behind the scenes that we don't always see as a community outside of here.

Dr. Greg Devet: Yeah. If I can go further to that example at the lab, we developed a protocol. We all think of massive transfusion when we have to transfuse large quantities of blood. We're talking maybe four to ten units in somebody who's significantly bleeding either from their stomach or belly or in a trauma.

But we developed this protocol of a stat pack for when you don't know if you're going to have to activate the massive transfusion protocol, which is kind of like the hit button in emergency, where you're like, 'oh is it that bad?' I don't know, you're in that kind of in-between. We developed that protocol about a year ago. We had a case just last week where, when we don't know yet, we order a stat pack, and two units come up right away. We gave those, we saw we were not in for a bit, we're in for a lot more blood. What happened previously, sometimes you call it too late and you're kind of like, 'Uh oh, where's my blood? Where's my blood? Where's my blood?' But it's that chatting with those different departments about how to make it right. We had the two units, and we realized we're going to need a lot more, but we had them on the go, ready to go, while we waited.

We ultimately gave eight units of blood and six of fresh frozen plasma. But that little innovating that you do before, helps in those moments that you don't see often and it's not just the nurses and the docs. That's another example with our lab team and Sarah Hamilton who's been a great resource for us in Emerge as well.

Alison Smith: They are extraordinary. They are such a hardworking team. It's really admirable.

Dr. Greg Devet: Yeah, if I could give a shout out, they've had significant staffing difficulties, especially last summer, which reflect the lab staffing difficulties across Canada. I can't even believe what they would do to cover each other.

It's hard because, not always do the staff, even in the hospital, always know the staffing level of various departments. They were running a lot of hours to work, knowing that if you don't have a lab, you don't have a hospital. You can't do what you do.

They were a small group of people, specifically last summer, and throughout a lot of the year, working way more than the average person would consider, providing balance in their life, to keep this place going.

Alison Smith: Yeah.

Dr. Greg Devet: People don't know about stuff like that.

Alison Smith: We heard about a staff member that actually flew home from a vacation so they could help out and that just, you know, it breaks your heart but warms your heart at the same time that people are so dedicated and committed to their community. It's really extraordinary.

I think the other thing that people are obviously very excited about and talking about a lot is the MRI machine. We've successfully raised all the funds for that, thanks to donor support. But how will the MRI machine benefit the Emergency Department?

Dr. Greg Devet: Big time in Neuroimaging. Whether you're talking brain or spine, that's the number one. Probably more so, we would use it in spine, but brain as well.

Specifically, anything that has to do with what's happening in the spine, whether it be a bad trauma or infection or any other dysfunction, the modality you need is MRI. We used to call Barrie and they'd be like, 'well get a CT first' and everyone knows it's not what the patient needs. The CT no matter what it shows, you need that MRI.

Our partners in RVH are great, but we can't control the timing of it. Maybe it's immediate, maybe it's in 12 hours, maybe it's the next day or day after. So that patient's care may potentially be delayed and that's an important part of the

body. If you need to know if there's an infection or a significant trauma in your spine, there's no time later you want to know that or need to. It's a very immediate type thing and having that here, in-house, for our Emerge to be able to act quickly and disposition our patients quickly.

When you talk to Neurosurgery or your Orthospine team, it's always kind of like, 'well talk to me when you have the MRI'. That's really what's going to drive care, so we can get that result ASAP. These are people who may potentially be quite sick with spinal issues, and we can disposition them to the care, often to Toronto, that they need right away for some of the worst and most important things we see in the spine. It's crucially important.

Also important, in my view, for stroke care. It's becoming, sometimes in the context of an acute stroke, but definitely a day later, more important in prognosticating what's happening.

I see it in cerebellar stroke, as something that can specifically help us in the Emerge really quickly. That's very hard to tease out when people have significant balance and vertigo issues. Is it a stroke in their balance center? Is it regular vertigo, which is more common? The MRI is the answer.

It's something our community's grown to the point of just really, really needing. Our patients when we admit them and wait, that's a reasonable plan, but not the best plan. The MRI here will give us the best plan.

Alison Smith: I think we're all very excited for that, too.

Dr. Greg Devet: It's beyond time. That's just Emerge. All the other stuff, you know, like shoulders. I'd be curious how many people are driving to Barrie or Owen Sound. They can get this care here, and that's not even the ER stuff. The other stuff really needs it.

Alison Smith: Especially people having to drive in the middle of the night. Some of our aging population, their partners or support workers having to drive them in the middle of the night. It'll just be so great to have it here locally, especially in those winter months, I think.

Dr. Greg Devet: I'm looking forward to working with it in the Emerge and it'll be interesting to kind of learn a bit, when we have more access. I suspect sometimes you use

only what you have access to, and I suspect our department will be ordering more MRIs just because it hasn't been something we previously felt we had easy access to, only if it was really indicated. But I think we're probably going to find many of our Emerge patients really could benefit from it acutely from the Emerge and then we actually end up using the modality more for patients because we have that access.

Alison Smith: Absolutely. Another thing I think where people are really, desperately waiting is for a new hospital.

Dr. Greg Devet: I am one of those people.

Alison Smith: We all are. We are. And I know we're at this point as we're recording it, eagerly waiting for our next approval, but we do serve, as I've said a few times now, a fast-growing and aging region.

We are expected to have a 64% increase in hospital admissions within 20 years and Emergency Department visits are expected to increase by 19% just by 2028.

CGMH is working with the Provincial Government to build a new state-of-the-art hospital on Poplar Sideroad which will include the expansion of the Emergency Department. It is designed to double in size.

Can you tell us a bit about the space and how it's being designed? I know there's a lot of talk around purpose-built infrastructure. I'm not sure if that's something you would speak to or not, but maybe just tell us a little bit about what you're looking forward to and just gaining in that size and any other details we might be interested in.

Dr. Greg Devet: The first thing I would say, is I actually think that those statistics, they came up at a recent meeting, I think they undercut what the need actually will be.

The first thing is, I would say the need will actually be far greater as it relates to Emerge visits and people being hospitalized.

As a matter of personal opinion and just looking at the aging demographics and the local population demographics, it's a tsunami of people coming to our

Emerge and coming to be admitted in our hospital over the next 5, 10, 15, 20 years.

Our current state in the hospital, which luckily has been actually much better over the past year, but specifically last summer, was one in which just finding a bed was hard. We'd have the staff, the doc, the nurse, just finding a bed in the Emerge for the patient. It would be like this unbelievable juggling act where you're trying to horse trade to see if we can move this person here and this person here.

Our doctors and nurses are very hardworking. They don't allow themselves to be stagnant, just literally waiting for a bed. That can happen in healthcare centers where people just sit there, just like I can't see them. I'm going to just have to sit around.

We've never been at that level because we're hardworking as a culture, but you just wonder how you can possibly see people. There's nowhere. There's been a lot of great work as it relates to utilizing our space in the Emerge to open up new patient care spaces as well as some of our leaders in administration have helped with discharge to get more room. It's been less of an issue where, for the most part, we can get a patient in a room, but it's one of those things that we shouldn't really have to deal with and think of. It's not just us. Many hospitals just don't have a place to see people.

At its most basic, I can do a lot with not much. I just would really love, all the time, to have a place to see people. With the huge increasing number of beds ... just that.

I know it's not exciting to talk about. We've got this amazing trauma room, which I'll get into, but I can't communicate how hard it is for healthcare people to work when something that should be such a basic thing, of just finding a place to care for someone, almost seems to take up 80% of your mental function and then the rest of the 20% is actually providing the care.

When we have a new hospital, it'll be nice just to have more space and space that feels welcome. Our Emerge, I would hope that people are welcoming to people who visit our emergency, but it's a bit non-modern.

We've found new care spaces, but I think at times it can be hard with privacy as well. We're just busting right out of it, and we just want people to have care spaces that have the best possible privacy, the best possible lighting, that just look welcoming.

You can take care of them. We have different modules that will be able to take care of them. More room for our psychiatric patients which I think, generally speaking, modern hospitals are becoming more welcoming in terms of what that environment looks like, for people going through a really tough time.

Our trauma resuscitation room will be huge because a ton of people come in when someone's really got a really difficult trauma resuscitation on the go. There's lots of equipment and people that need to get in there and get access and we'll have a completely modern trauma room as well.

So, the thing I'm most excited about is just a space for people. There are all those other things that come with the modern features that I'll look forward to as well.

Alison Smith: That must play such a role for a patient specifically. I think having privacy, having a sense of dignity in your care, there's such an added stress when you don't have those things when you're coming in and you're feeling ill. So, just to have those basic needs met, I'm sure makes for such a better experience as they go through their own health journey.

Dr. Greg Devet: We're balancing that. We're currently, in our way too small Emerge, balancing the need to care for the patients at all, which, when they've got huge delays because they're in that waiting room still and we don't know what they have, and the wait times are going up, they need firstly just to be cared for. Also balancing that with the need for privacy and a welcoming space. It's a hard balance to have to try to make because you feel like you're not. It's a trade-off you just don't want to have to make. Where we are is, we're trying our best, but some of these new care spaces don't have the privacy that would be adequate or 100% adequate in my view, but in our current hospital Emerge with the beds, I just see no way we can move forward with seeing people and just getting them the care they need, in even close to a timely fashion, without it.

Not having to make those trade-offs will be welcome, not only for the patients, most importantly for the patients. It's hard on the staff to make these trade-offs. It doesn't feel right.

Alison Smith: It just seems like you're totally right, that it seems like so much of your time is spent on logistics and optimizing time.

I think one of the great programs, and maybe you could just touch on it again, because I think there's still a lot of folks that aren't aware of it, is the FastTrack program, because that is something that should help ease a little bit of what's happening in Emerge. Can you just tell us a bit more about that program?

Dr. Greg
Devet:

We see about 100 people a day in the Emerge and our core mission will always be to take care of the most sick, most in need patients first and people understand that.

You know, if you're coming in with a true-blue significant emergency, you will always go to the front of the line. But as a result, in any Emerge, including our own, people often can experience fairly long wait times for things that are somewhat minor, and people even recognize often that they're having somewhat minor things. You know, like they've hit their thumb with a hammer, they wonder if it might be broken, cough, cold's been lingering, and they wonder could there be pneumonia seeping in. Need to get stitches. We're the only place in town for that.

As a result of the triage system, which is an appropriate system, they wait. We're just finding that we can do a bit more to serve those people earlier. We can see somebody quickly whether they wait four hours or four minutes, it'll take the same amount of time for us.

What we're offering to patients is a way they can actually book their appointment. We have appointments available in the morning. There are about eight appointments from 8:00 a.m. to 10:00 a.m. In the afternoon from 1:30 to 2:00, at this time there's three appointments. You can actually book in for some of the minor indications that we know are easier for us to get you in and out, that your patients are more at risk for waiting.

We recognize they don't have other options, in many cases, whether they don't have primary care option, difficulty accessing walk-in care, and they just need a place to go for some of these minor things. They can actually book through our website cgmh.on.ca.

The indications you can book in for, are if you have a cough or a cold type of illness, urinary tract infection, if you need stitches (and it's a minor cut and it's under four hours because we can't let those ones wait all day), you can book in for that. Orthopedic injuries, more of the minor ones where you're like, 'I think I need an X-ray, I might have broken something.' Those type of indications, you can actually book an appointment.

Almost always we can get people in and out in under one hour. I would say the feedback has been amazing. People can't even believe it. Because it changes the paradigm of what emerge care is. You think you have to wait. You should wait. That's just the norm. People just wait in Emerge. It's like what it's going to be. But you don't have to. I don't believe people have to.

I just want as many people to know about it as possible, because some people still wait because they just don't know. The people who are using the program, we get the feedback, they're like, 'Oh my god! Why was this not designed somewhere 10 years ago?' 'This is the exact solution. I knew I needed an X-ray, where else would I go?'

It's just nice to use this forum to get that info out to the community that people who are using it are very, very happy with it. Understandably so.

Alison Smith: We've heard from our community as well. We've heard a lot of amazing feedback just with how fast it is, how quickly they're diagnosed and taken care of.

Dr. Greg Devet: It was funny though because we're not natural advertisers. We built it all and there is a whole computer system, and this is how we are going to triage, we're going to get them in and get them out. But hospital people, generally speaking, are not great self-advocators, we're not great advertisers.

Doing stuff like this helps get that word out. It's the kind of type of thing where you have to let people know. You can't just secretly do something cool. People need to know about it. It's kind of nice to get this avenue to let people know.

Generally speaking, it's been a pretty awesome experience for those who have gone through.

Alison Smith: Yeah. And again, that's on the website. That's The Collingwood General and Marine Hospital website cgmh.on.ca.

Dr. Greg Devet: It takes 3 to 5 minutes, using your Health Card, to just quickly put in 'this is what happened', and you book your timeslot and generally speaking, we get people in and x-ray, if indicated, and out in an hour or less. Generally speaking, I wouldn't say always, but almost always. Often, even much quicker.

Alison Smith: With the new hospital, there will obviously be programs and services running this way and there will be a lot of logistics taken into consideration.

Do you find in terms of how the Emergency Department will be designed, in terms of where it's located, patient flow into other areas of the hospital. Should we expect any interesting changes there? Anything that you're really looking forward to?

Dr. Greg Devet: You know what, I'm going to answer this question honestly. We had those meetings, a lot of them, a few months ago and I was really focused on the Emerge side of it and the flow was really good, but I can't recall a lot of the flow stuff from the whole big hospital.

I suspect it'll be a fair amount better for a lot of things, but my part of it was more the Emerge and less of the whole flow of the whole hospital. The flow will be good, I think, in terms of getting people in and out.

I'm personally less interested in where people were walking around and more interested in, can they stop walking somewhere, that they need to be in an actual room, in a bed. That part is what, again, going back to, makes me most excited.

Alison Smith: I think we hear a lot in the community too, that people are just so excited to have privacy. Have private rooms, have areas, have their space and not feel so crowded. I think that's a really great thing to look forward to.

Dr. Greg Devet: Yes, absolutely.

Alison Smith: Our podcast is called *A Day Away*. It's a bit of a play on the song Tomorrow from the musical Annie, though I promise never to sing on here ever.

But we do talk about tomorrow a lot around here. As a Foundation, our work is always future planning and forward thinking to ensure we can provide and care for generations to come.

Today our community benefits from the generosity of those that gave before them. And now we're embarking on our biggest and boldest mission yet. We are steadfast on a mission to build South Georgian Bay's Hospital of

Tomorrow, to expand health care services for our fast-growing community, improving patient care and privacy, helping to retain and recruit top health care professionals, and build on our strength in rural inter-professional education and training.

We know that a bright, beautiful tomorrow is always possible because of the care we give today. Hospitals are actually predicated on a brighter tomorrow.

Dr. Devet, thank you for sitting down with me today to chat about your work and tell us a bit more about the Emergency Department. I was wondering if we can end this session just by you giving us a little bit of some closing thoughts on what tomorrow means to you? It doesn't have to even relate to the Emergency Department or CGMH, but more what you see as the health for our community and life here in the future of South Georgian Bay.

Dr. Greg
Devet

To touch on the family part of it, I see tomorrow being for this community just really, really bright. I've got a wife and two daughters, eight and five, and a son who's six. I grew up in a really, small town of about 2,000 people. I left that small town as did many people looking for kind of more opportunity and that brought me here to Collingwood. When I think of my children's trajectory, they'll go off and find their own, I don't know, place in life. But I feel like a lot of opportunity remains here in South Georgian Bay. They won't have to go, they can go, and be somewhere, but they can come back can find whatever vocation, whatever passion they have. The opportunities here are growing, that I can kind of envision my children finding what they want in life here, in terms of the opportunity here for young people. Whether they're entrepreneurs, business owners, educated in more of a formal, kind of like, professional sort of way. The opportunities here, I think will be really, really great. They're great now and I think they'll only be more of the same.

As it relates to healthcare stuff, and I think this place is also, I should just mention, populated by a number of unique, interesting people, who are just brought in by this wave of, I don't know, innovation, newness like they've brought for something, and they want to be here. I think this community will continue to have a vibe of people who don't land here by accident. They want to be here. They want to make this community as great as possible and will continue to sort of prop up the community to other individuals who are brought in here to keep this place being amazing.

I've just met in this community, in my time since starting roots here, so many interesting people that I've learned so much from. I just think that ongoing influx of amazing unique ideas will continue.

As it relates to the hospital, I'm pretty worried. I wouldn't say about our community's healthcare situation, as much as the provincial, I would say even global, but we'll just say provincial healthcare situation, in terms of the significant need for more healthcare resources.

In terms of the growing population of Ontario and locally and aging population and will we have the ability to dedicate the resources needed and will we have the health human resources needed to fit that significant, significant need?

That's something that I know for myself and Shelby our ER manager, it's an issue now for us, just trying to make sure we're hiring appropriately to staff our departments. I believe that that issue will be an ongoing one for various departments throughout hospitals in Ontario. I'm asking myself how can I position our hospital from a human resources standpoint to be that attractive place that you want to go for our Emerge. I think it'll be the same thing for various departments. How can we be as attractive as possible?

The community and its amenities really help. It's a great place to live. But I think that'll be the big one. So, I'm a little worried in that way. But within that difficult environment, I think again, because Collingwood is such an amazing place to live, I think we're more suited than other communities to rise to that occasion, to rise to that challenge which will be coming up in healthcare moving forward.

Alison Smith: I think there is so much uncertainty, unlike anything we've ever seen. I think that one thing that has given us a lot of hope, is just the fact that I think our whole area, South Georgian Bay, has always been full of communities that change. You know, we've come from being shipyards, to being a ski town, to being four seasons. Now we're sort of this mix of an entrepreneurial hub with a lot of young families moving here. I think that certainly feels hopeful and hopefully inspiring to our communities. I think they're so generous and giving I know to our hospital. And I think we're just really happy and appreciative that you and your team work so hard to try and accommodate how it grows, to work through these HR challenges, and, like you said, you want to be practicing medicine. You don't want to have to be thinking about all this. So, I know on behalf of the community, we really appreciate all that that you do to support us and keep us healthy. So, thank you.

We hope everyone enjoyed our first episode of *A Day Away*. It was our first, like we said, and we've made it through. We are working to build the new hospital that South Georgian Bay needs and deserves.

With your help our new facility will be ready to support all of us when we need it most. When tomorrow comes. Thank you.

Dr. Greg
Devet:

Oh, can I say one thing really quickly as well? Sorry, that was probably your natural end to the podcast. But I just want to say thank you to the Foundation.

You know, sometimes it's hard, and prior to kind of working in a leadership role, I didn't really know what foundations do as much. You're just kind of working your shifts and stuff, but you guys, your whole team, and it's not just you, Allison. That equipment we discussed, the new hospital, these things are needed by donors, by the Foundation. What you do does make a difference. Interestingly, I would almost say it's needed.

We don't notice as much the things you do, as much as what kind of gap would be left if there weren't your team doing this, in terms of, I'm aware that there's a necessary need for new hospitals to have some component of donation. MRI these sorts of things. I couldn't imagine if we weren't able to have these things for our community. Also without some of the things through the Giving Circle, there would be a massive gap, and my sense, without being a someone who's researched this, is our Foundation seems to have a fair amount of success in terms of, you know, when we need something you guys are a resource we can go to and discuss and want to do everything you can to help us. So, I just I appreciate it. Our team notices and appreciates that.

Alison Smith:

Thank you. I think it's an interesting job to basically full-time be asking people for money. It's not always a comfortable ask, but I think when you know what the ask is, which is helping in healthcare, it makes it that much easier. Like I said, the community is really generous and, I don't think it's necessarily unique to South Georgian Bay, but I do think it is a rarity that they will, if there is a need, they will jump up and support it. That certainly makes it easier.

We get to hear all these incredible patient stories and that really fuels and inspires us. So, almost every day someone 's calling or stopping by and saying, "This person saved my life. This person delivered my first baby and my third baby, and I'm so glad it was them again." Just to hear all those stories that really keeps us motivated and going. But thank you. I appreciate that.

Dr. Greg Devet: All right. And thanks for this opportunity. We did a podcast.

Alison Smith: We did a podcast.

[Music]