

## ***A Day Away Podcast with Alison Smith, Mike LaCroix and Barry Goodwin***

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Alison Smith: Welcome to *A Day Away*, where we chat about the planning, building and funding South Georgian Bay's Hospital of Tomorrow.

My name is Alison Smith, and if you're new here, I'm the Director of Communications for the CGMH Foundation, and now podcast host. I'm a huge fan of the podcast medium, as it really allows for deeper conversations and learning. *A Day Away* explores topics centred around CGMH's innovation, collaborative spirit and the importance of rural medicine. Our hope with this podcast 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 the Collingwood General and Marine Hospital Board Chair, Barry Goodwin and Hospital President and CEO, Michael LaCroix, about building a state-of-the-art hospital on Poplar Sideroad, here in South Georgian Bay.

Barry Goodwin joined the CGMH Board in 2020 and has served as Chair since 2022. Barry was a professor at the University of Toronto's Munk School of Global Affairs and Public Policy. He also had a long career as a Senior Executive with the Ontario and Federal Governments, where he oversaw large government agencies such as the LCBO and the OLG, as well as many regulatory agencies involved with public safety and consumer protection. He has developed significant amounts of legislation and worked in fields like economic development, trade, labour market policy and infrastructure development.

Michael LaCroix is the President and CEO of the Collingwood General and Marine Hospital. Prior to that appointment, he served as the Vice-President of Corporate Services and Chief Financial Officer at CGMH from 2011 to 2022. Michael is a Chartered Account and holds a Master of Health Sciences degree from the University of Toronto and an Honors Bachelor of Business Administration Degree from Brock University. Michael is Lean Green Belt

Certified and also holds a Certified Health Executive Designation from the Canadian College of Health Leaders.

And lastly, about our hospital. CGMH is an 84 bed hospital, located in Collingwood, Ontario. Serving more than 73,000 permanent residents and over 3.5 million annual visitors to the communities of Wasaga Beach, Collingwood, Clearview, The Blue Mountains and parts of the Grey Highlands. CGMH is the major trauma centre for the South Georgian Bay Region with emergency visits averaging more than 37,000 annually.

Thank you both for joining us today.

Michael LaCroix: Thank you for having us.

Barry Goodwin: Yes, our pleasure.

Alison Smith: Great. I like to start out these sessions by asking a bit about your connection to South Georgian Bay. So, Barry, maybe we can start with you?

Barry Goodwin: Sure.

Alison Smith: What brought you to the area?

Barry Goodwin: Well, it's a beautiful area and as a child, my family would vacation here. And then for many years, I didn't really have much to do with South Georgian Bay. But when I started to look forward to retirement and where I'd like to spend my time, the area drew us back.

First wanting to get a weekend place just to enjoy it on a casual basis and then eventually deciding, 'what the heck', let's make it the focus and make it our full-time home. So I did that back in 2018. Spent a long time fixing up one

of Collingwood's nicest old homes, into one that we could live in and moved in in 2019 just for the start of COVID. We spent the whole COVID period here and it was a great place to be during that difficult time.

Alison Smith: Yes.

Barry Goodwin: So I love the area and have been here on a full-time basis since then. I am a non-skier, so I like to get out of here as soon as the white stuff starts to come down and I come back when it's gone, as much as I can. But no, I love living in the area and I was drawn here by the beauty of it and just the relaxed small-town atmosphere that I enjoy in Collingwood. So, it's been a great place to have this phase.

Alison Smith: Oh, that's so great. Nice to be able to come back, for sure. And how about you, Mike? What brought you here?

Mike LaCroix: I feel like I've always been here. Really born and raised in the Penetanguishene and Midland area. So, on Georgian Bay virtually my entire life and was fortunate enough to get my first job after university back in my hometown, my hometown hospital. The opportunity here in Collingwood presented in I guess it was 2011 and made the shift over here. I'd like to think of Collingwood and the Midland and Penetanguishene areas as very similar. Obviously, Collingwood gets extra points for the ski hills. So, I am a snowboarder, so I do frequent the hills in the winter, but yeah, I feel like I've just always been around Georgian Bay and so Georgian Bay in particular is just that extra amount of recreation and beauty that it's a great place to live as Barry said.

Alison Smith: Yes, I count my lucky stars in the fact that I get to live here as well.

Barry, your wealth of expertise and experience is such an incredible asset to the hospital, especially during such a critical time in development. Why the hospital? Why CGMH?

Barry Goodwin: Great question. After we moved here and I stopped working full-time, I was just doing a little consulting work. I really felt a strong need to get involved with something that was important to the town and the region. Just oddly enough, I saw a notice for opportunities to join the board of directors. I didn't really have a particular health background. I'd worked in a few areas like health privacy in the past, but it just appealed to me as a way to get involved in something worthwhile in the community.

I quickly realized our community had grown so quickly and it really lacked some of the key services that people expect and hope for in terms of healthcare, that I thought well there's a place where I could try and make a contribution and get involved.

Very quickly after joining the board, it just takes on a life of its own. It's an interesting group of people, all really community-minded and then the issues started to get complex and challenging with the onset of COVID. Then I became much more aware of the need for a new hospital and all of the work that had gone into that, and it was just something I decided to put my shoulder into and to really see what I could contribute.

Then my past background working within government at senior levels and working closely with politicians and developing new projects and new agencies, just was a great fit with what the hospital seemed to need at that time to move our proposal forward to get approved.

Alison Smith: Well, we're grateful for your support and I know just being from the foundation side, we talk a lot about the many ways people support the foundation and the hospital itself.

Being a volunteer, joining the board and advising our senior leadership team and as well our board advising us. We're just so grateful to have again, like I said, that expertise and experience. So, thank you.

Barry Goodwin: Thank you.

Alison Smith: I just wanted to stop and give a few stats here. As I think many people see and I'm sure both of you have observed, our population is growing at such an unprecedented rate. I'm going to give you a few numbers here.

From 2016 to 2021, Wasaga Beach grew over 20% and if we look in comparison to the provincial average, that was about 5.8%. Collingwood's population is set to double in size over the next 20 years and the Blue Mountains is the fifth fastest growing community in Canada.

Barry, as a local to the community and knowing you came here when you were younger and have just been here over the course of time, how have you witnessed that growth and do you feel any concern over seeing how fast everything's growing?

Barry Goodwin: Well, the growth is tremendous, and you can note it just year over year, even with some of the challenges we had during the COVID period, just growing like crazy and it's changing the nature of the community, in I think, mostly a positive way.

The rate of growth is something to watch and be concerned about, that we're doing smart planning, that the towns are growing well, and that we're looking at the whole region, not just individual towns, and how things are set up.

The things that strike me, my new friends here, people who've relocated from the Toronto area, like I did, or people who have long been long-term residents, is the lack of family physicians. The concern about the age and condition of our hospital, and just how can we possibly keep up with the growth in the population. We have lots of new families and young children in the area, but we also have a lot of older people who have come here for their retirement phase and that puts special needs on healthcare as well.

The growth is happening really quickly, and we have not been able to grab it and keep up with it and get ahead of it in terms of the delivery of really important services like healthcare and social services.

I do see that as a big challenge for us and that's why we've put so much focus on the need for a new hospital and a dramatic expansion to the services that we have from the hospital perspective, while we continue to work on drawing more family physicians and more specialists to the region.

Alison Smith: Yeah. I think one thing I often hear from the healthcare teams is that we're also seeing more complexity than ever before, especially from COVID and after that. Mike, how do you think that's impacting the care we receive now and into the future?

Mike LaCroix: Yeah, it's very interesting seeing sort of a pre-COVID and post-COVID. The one thing when you plan for as long as we've been planning, it's pushing now close to a decade, you get to learn those interesting facts about your community and yes, we're seeing a lot of growth. We're seeing that expansion.

The one thing that stuck out with me is in some of this information we're seeing is that the people who are coming up and Barry's a great example of that. They're in good shape. They're active. They're out there. So their utilization of hospital services is lower than that of the provincial average which helps. That helps in the interim. However, it's only so long before just the swelling of our population translates into hospital usage. And that's what we're seeing now. Even just this past week, I don't recall seeing a day where we've had 130 visits, and we saw that this past week.

We're on record and on pace for hitting the most emergency visits we've seen here as a hospital. Encroaching on almost 40,000 visits. Some of it is, to what Barry said earlier, around just the lack of primary care access and of course that contributes to that, but just the general growth in population. Then to your question, just the added complexities on top of that, not just comorbidities but this new buzz world of multimorbidities, where people are coming and it's not just one issue or ailment, we're dealing with it's a number

of ailments. The care gets more complex and of course the lack of space adds to that complexity.

But I do think we are well positioned at least in the short term. We have a very good connection between hospital and primary care. Patients who do present, we do have better access to their information to kind of get a sense of their treatment plans. But again, as new people come up and they're unattached to a primary care provider, it just adds to the challenge as we go forward. There's a lot that we can handle, but at the same time there's a mounting pressure that we see in front of us.

Alison Smith: Absolutely.

Barry Goodwin: This issue of primary care is one not just unique to our area but is across the entire province and country maybe and it results in people coming to the hospital for emergency help having not had enough care along the way and not understanding really what's going on.

It does put a burden on the hospital that we hadn't had in the past where people were more likely to get treatment from a family physician earlier and so therefore, the care is more planned and more thought through. Now we're finding people showing up with complex conditions that have advanced and it's the hospital where they seek help.

Alison Smith: Yeah. You can really tell that the team at the hospital is working so strategically to try to manage that in such a different way, having to have that forward thinking and accommodate all the amount of people that are coming in now. It's pretty extraordinary.

Well, let's get into the exciting part here. Mike, as I mentioned in the introduction, about you, and for our audience, you were the CFO prior to becoming the CEO. In the time that you've been here at the hospital, I believe your portfolio has always included what we called the redevelopment of the hospital, now what we're calling the new hospital.

I think you you've certainly been quite invested in this project right from the beginning. We'd love to hear more. What does Tomorrow's Hospital look like in a nutshell?

Mike LaCroix: It's been an exciting journey. I do have the scars to prove that journey. But we're in a very good place with the most recent submission. The ministry has chopped hospital planning into three distinct phases. There's early planning, there's then detailed planning, and then there's actual construction.

We're entering into what's known as the detailed planning stage. This is where a lot of the early planning output comes to life. We do have a sense now of what the new hospital will look like, and first out of the gate, it's going to be much larger. It's going to be based on contemporary standards. We're looking of a magnitude of upwards of four to four and a half times the current hospital size.

A lot of that growth is just based on existing beds and services, but then also that growth factor that gets applied to meet the future needs as well. It's a much larger hospital. Everyone I've talked to who has recently built one, they state you're going to need your running shoes because to get from point A to point B, it's a lot different than what we're used to here in our existing hospital.

From a service perspective, general expansion across the board, from just the size and ability for us to service patients out of our emergency department, our medical surgical beds have a growth factor of about 40% in terms of total bed count. That also includes steady growth in our intensive care unit, our obstetrical unit.

We're looking at some exciting new programs and services. Looking at, from an inpatient perspective, inpatient rehab beds, that's a service that we have not been able to provide over these years. We're also looking at the potential of new services as well that include inpatient mental health beds. A little bit more work to do on that front, but we're very committed to making sure that we have very quick access to inpatient mental health services for the South Georgian Bay region. That is not I'll say a fait accompli but it's something that we are working towards as part of this detailed planning phase.



Then just looking broadly, looking at how we can extend existing partnerships with RVH, Orillia Soldiers Memorial Hospital. How can we start to bring services, at least some of in an outpatient format, here locally to South Georgian Bay? We still rely on our partners for regional cancer, for regional stroke and cardiac services, but there's a lot of services we can do here that just will negate that drive to Barrie or to Orillia or in some ways to Owen Sound. I think that's, in a nutshell, what we're looking for and looking forward to in the new hospital, is just more space, but then also expanded services to meet future growth needs.

Barry Goodwin: I think Mike hits on all the main elements of it, but I'd just like to focus on emergency capacity which would be more than three times larger than we have now.

We have one of the largest emergency room demands in the province and partly from our visitors and our recreational and ski area. But, you know, it's going to be more than three times larger and be able to be much more positive experience for patients needing care. Mental health, this was something that the board became very concerned about midway through our planning process and we decided that we really had to have that capacity here in serving the Collingwood area and our whole region and not rely on going an hour or more away for assistance. We're working very hard to make sure that the ministry includes that in our plan, so that we can have stronger mental health services in the future.

Along with the other elements that Mike mentioned, the sheer size improvement, private rooms for everyone, making it a much better experience for patients and their families and for our staff. This delivering frontline healthcare services is a super challenging job, and our staff also need to have, kind of, the room and the facilities and the modernity and the equipment that they need to do what they can do. It's so limited here in our current hospital because the size is just limited so much. This will give them what they need to really fully use their skills to serve patients.

Alison Smith: Yeah, there's just been an extraordinary amount of work that has gone into planning, even thus far. How has the healthcare staff been involved in the

planning up until now and will they be involved in this detailed planning phase as well?

Mike LaCroix: Yeah, so we've early and often have got people to the table and the good side of that is they get to be engaged, and they get to see what they would like to see put on paper and hopefully that'll transform into the future hospital as well.

I guess the downside is because it's such a long process there are obviously big gaps in between. The real challenge, I think, as we get into the detailed planning phase, is just re-energizing those conversations again. But our teams have been very much at the center of it all, even in our ending of our early planning phase, we went into elements of the detailed plan. We thought that was an important thing to do because we wanted to start getting and playing with the block schematics and looking at those departmental adjacencies and the flow and I think that really engaged our team.

I think it also really engaged the things that we knew early on, what we like and what we don't like. Really, that is what we're getting into in this next detailed phase of planning, is really getting into the minutia of the block schematics and those adjacencies and flow, even to the detail of what rooms will be positioned where, and where will the outlets be positioned in those rooms.

I think the teams, it's very important that they're part of that journey. There's also a lot that our teams can learn from other hospital builds as well. Part of this next phase is getting out there, informing ourselves of what is latest and greatest, what is best practice, what has worked for some recent hospitals who have opened new hospitals and how can we apply those things here in our build in South Georgian Bay.

Barry Goodwin: This is a once in a generation, or maybe even longer than that, opportunity to create a new hospital. We want it to be as good as it can be from day one and have the design be informed by the staff experience and the patient

experience there, because this hospital will serve our communities for 50 years. We want it to be right from the beginning and not have to fix things.

Alison Smith: Yes, it is. I just I can't stop saying the word 'extraordinary' because it truly is. There's just so much that goes on and I think just having to balance operating and running a hospital in its present day and current form, while at the same time planning and building our future hospital, it's truly a lot. Then you add COVID and all these other challenges on top of it. So, I do really appreciate you joining our podcast and taking time for us.

On that note, we often hear that CGMH 'punches above its weight'. It's a term we hear quite often. Just to name a few things, our team has a proven track record of navigating rural trauma care with both expertise and efficiency. We also operate a simulation training program. I've had the pleasure of sitting down with Dr. Guscott and talking a little bit more about that and really learning about how he not only prepares our team but also works with healthcare teams across the province just to be ready and able to diagnose and stabilize and deliver that care in critical moments.

Then as well, we always love talking about the generosity of our donors and how, because of them we're able to really invest in state-of-the-art equipment, and that's something that's very important to our team here at the hospital. All of this really is just to ensure that we can be equipped and prepared to provide outstanding care for our community.

All of this is happening, as we've mentioned, in this somewhat old, cramped and inefficient building, still, and we always say within these walls our team is so fantastic. What challenges do you feel you're facing now and what steps is CGMH taking to care for this growing population in the current facility?

Mike LaCroix: That's a loaded question. Maybe I'll start by just addressing the 'punching above its weight class' and I think it's those two things you mentioned. It's our people. But it's our people combined with the generosity of our community to enable those ideas, those visions, getting the right equipment and tools in

that will enable those great ideas to just come to fruition. That's absolutely the secret sauce I would say.

We're sitting in a room and there's a banner here, so those on the who are listening to the podcast won't know what I'm saying, but I see a lot of great examples of some of those individuals who bring these things to light. Over the years, we have done a lot in this existing building. As an example, there's a technology that is all within new hospitals. It's called real-time location services, RTLS for short. We put that in this building 10 years ago. One of those first hospitals that introduced those types of technologies because it enabled us to track assets. That's what it is, kind of an internal GPS and locating technology. In fact, I'm holding up my badge right now and if I press the button, we'd have security running here because I've just called the code white.

It's that type of technology that we've not shied away from. We've brought it into our existing hospital. We also have other technology that we sort of pioneered, that is now becoming the standard in most hospital builds, such as using UV technology for disinfecting and infection prevention control. Similarly, with the types of sinks that we're using and even copper-infused toilet seats. Anything we can do to be innovative in our current space we've done, and we continue to do.

I think what we're up against now is there's sort of that diminishing scale of what we can actually really do any further and I think that's really where the new opportunity lies in the new hospital. A lot of what we've already tested over the years will be moved into that new space, but that is our challenge over the next I'll say 8 years or so is what more and how much more can we innovate and of course there is that balancing act of how much more do you invest in an old building and how much do you just focus on the net new which is imminent.

It is a challenge, but I think like everything else, we've always been up for that challenge. We've always led in this innovative way. And a lot of it, as I just circle back, it's our people. It's our generous community. I do think that's how we've been able to punch above our weight for so long.

Alison Smith: I think one thing I would add, and what I feel like I've heard you both say consistently, is the collaboration and the ability to partner. Relying on our community partnerships, looking out into other communities at what they're doing, getting that research and whatnot, partnership seems to really play a role and is probably very helpful.

I find sometimes those things are innovative, too. You know, it's not always necessarily about the equipment, but our ways of thinking and when we are met with constraints, how can we really work to come up with a better solution using our creativity or imagination?

Barry Goodwin: Mike's even looking at partnering with groups that we haven't historically done. If we're concerned about mental health services in our communities and we've always focused on Waypoint, Mike's also looking now towards Owen Sound. What is happening in Grey Bruce? Is there any way that we can partner on service delivery or client service with non-traditional partners who may have the ability or capacity to help with some of our needs.

We have to really strengthen and broaden our partnerships and look at every square foot within our facility. What needs to be in the hospital? What can be somewhere else? What can we devote to patient care and how can we just make it the best environment for patient care that we can? We'll continue to look at all of that during the next eight years or so. The period of time it'll take to finalize and build and get ready and open the new hospital. It's a long time.

There's no way we're staying put and staying the same during 8 years. You know, the MRI is a great example of a new technology we'll be deploying that will help and improve patient service and convenience. So, we'll be looking for chances to do that. It's just we just have those very real limits of our building and what we can do. But it's kind of a relentless search for things we can do to make service better.

Alison Smith: The MRI is a great example. I know we get asked quite often around purchasing an MRI now, how long it will last in the hospital, and then will we move it over to the new hospital and we always talk about how carefully this

has been planned out to ensure efficiencies and that it reaches its end of its useful lifespan.

Could you touch on that a little bit? The again, extraordinary planning that's gone into diagnostic imaging and thinking about that future hospital?

Mike LaCroix: Yeah, I remember, so I've been here for 13 years now and about at the 12-year mark I remember we brought in our CT, and I remember saying well when we get the new hospital we'll put the next new CT in and here we are replacing our CT this year actually. There is a lot of planning that goes into it, but I do think the timing is almost perfect and that we are refreshing almost all of our diagnostic imaging. We're adding MRI. It's a new service. When the new hospital opens in that 8-year time frame, we will have fully exhausted all of this equipment.

Again, the timing was perfect on many fronts. We really look forward to the new hospital and some of the net new technology that we'll be able to bring there as well. There will be some assets we'll be able to transfer over. It won't be a complete change over, but the diagnostics are probably the things that are bolted down. They're very expensive to move. I think the timing could not have been better. We'll get the full use of all of this equipment over the next 8 years. And look forward to what the new technology is like in the new hospital.

Alison Smith: Yeah. I can only imagine what will be available then. I know there isn't a set plan yet, but the space that we are in now, in the current space, are there future plans for this building and once we've moved out?

Barry Goodwin: This is an important piece of land in the town because it's close proximity to lots of things and close to Hume Street, you know, major artery and with a new official plan coming together for the town. I know the town has looked at the site and what they might want. But this is a discussion we'll have maybe over the coming year or two with key municipal officials and ourselves to see what is the best use of this 13 or so acres.

But we know it's very important and a huge asset for the hospital and for the town. There isn't a specific plan at this point or for this building. We have to really look hard at whether the building has a future life or whether it would be better to reinvent everything that's on the land and reconsider that. But that's once we finish sorting everything to do with the new hospital, which we're almost at. Then obviously our attention will turn here. It will be eight or nine years before it's free for use but we know it's an important location in town and could be put to lots of good uses.

Alison Smith:

I think that part feels really exciting as well, and we often don't talk about it because there are many pieces to solve first. But I think that's what's really great to hear that and great to hear that there will be some future good use for it that our community can benefit from.

Our podcast is called *A Day Away*, a bit of a play on the song 'Tomorrow' from the musical *Annie*, and as I promised, I will not sing it, so not to worry. We do talk a lot about tomorrow 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. As Mike mentioned, he is always living in tomorrow.

However, today, our community benefits from the generosity of those that gave before them. And now, we are 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 healthcare services for our fast-growing community. Improving patient care and privacy. Helping to retain and recruit top healthcare professionals and really build on our strength in rural interprofessional education and training.

We know that a bright, beautiful tomorrow is always possible because of the care we give today. Hospitals are predicated on a brighter tomorrow. To Barry, to Mike, thank you for sitting down with me to chat about your work and tell us a bit more about Tomorrow's Hospital.

As you know, we like to end our sessions with some closing thoughts about what tomorrow means to you. It doesn't have to relate to CGMH, but more what you see for the health of our community and really the future of South

Georgian Bay. Take it away, and it doesn't have to be anything too profound. To put you on the spot. What does tomorrow look like for you?

Mike LaCroix

I feel like I live in tomorrow all the time. I need to enjoy the present a bit more. For me, I think it's, you know, I go straight to our teams. I go straight to what I know and see our teams struggle with every day. The patients that come in and how can we better serve them?

I think tomorrow to me is bright. It's optimistic. It's contemporary. I think it's a place where our teams will thrive. We're thriving now. I mean, obviously, we're under the same challenges that are out there across the province, across the country. But our teams are thriving relatively speaking and as a result, there's a lot of great things happening and our performance relative to other hospitals is quite good.

But I can't help but think that it's going to be infinitely better in the future and a lot of that is enabled through a new home for us at the hospital. So from that, that bright future for our staff and our teams means a bright future for our patients as well because we'll be able to better serve those needs in the future.

Barry Goodwin:

I'm super optimistic as well, as is Mike, and I think down the road and I want the people who live in our region to be able to have the confidence that they can get the healthcare services that they need in their community by and large and that they can move here and live here and not have to worry about gaps and problems and challenges in getting their healthcare needs met. That they can just have confidence that those services are here and if they're not here we will link them to them as well as possible.

I also want our staff and the physicians that work here to have an environment, a setting where they can do everything that they can do to help our patients. I think physically we have limits here that we have to remove and let people thrive and use all the skills and knowledge that they have and the service that they want to provide.

I'm optimistic. I know it will happen. It will take much longer than I ever imagined, but that sometimes happens. It's a complex project and a hugely complicated building to build, more than any other kind of building really. But



we're on it. We're doing it. It will be happening. I think the people of our region can be confident that the future's going to look bright from an acute healthcare point of view, that they'll have a hospital that can meet their needs.

Alison Smith: Oh, that's great. I love a bit of optimism. That's wonderful.

Alison Smith: Thank you, that was so great. We hope you enjoyed our conversation. 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.

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