

## ***A Day Away Podcast with Dr. Randazzo***

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Alison Smith: Welcome to *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, trying on a new hat as podcast host.

Hosting a podcast is a new endeavor for the Foundation and one that we have chosen for its ability to provide deeper conversations and learning. We are exploring topics centered around CGMH's innovation, collaborative spirit, and the importance of medicine in a resource-limited setting. 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.

CGMH is an 84-bed hospital located in Collingwood, Ontario. We serve more than 73,000 permanent residents and over 3.5 million annual visitors to the communities of Wasaga Beach, Collingwood, Clearview, Creemore, the Blue Mountains, and parts of Grey Highlands.

Today I'm speaking with Dr. Michael Randazzo, Chief of Internal Medicine and Staff Physician for CGMH. Dr. Randazzo completed his internal residency training in the United States in 2017, followed by his Fellowship training at the University of Toronto. He began his career as an Academic Internist at Toronto General Hospital and worked there for 5 years prior to moving full-time to CGMH. With a passion for teaching and medicine, he is also an Assistant Clinical Professor, Assistant Professor and lecturer at McMaster, Queens and the University of Toronto.

With all that on the go, thank you so much for joining us today Dr. Randazzo.

Dr. Randazzo: It's a pleasure being here. Thank you.

Alison Smith: Before we dive into our conversation around CGMH, I would love to understand what brought you to Collingwood.

Dr. Randazzo: Well, interestingly enough, I had a connection with a dear friend and colleague of mine who also works in the internal medicine department, Dr. Mark Bonta. He originally was my program director at the Fellowship that I went through in University of Toronto at Toronto General. After my Fellowship, as I was starting independent practice, he said, 'Why don't you spread your wings and come up to Collingwood and see how you enjoy it?' So, I ended up doing a locum here. I was working as a locum physician part-time for about 3 years during the pandemic and whatnot, all while being a full-time internist at Toronto General.

What happened was, I was having a very, very fantastic week where there were a lot of high acuity, very sick patients, but we managed to turn them around. I had patients really appreciating all the care that they were getting to a point where I had patients really saying, "Dr. Randazzo, thank you. You really changed my life around." It was very heartwarming.

Alison Smith: Mhm.

Dr. Randazzo: What happened was, I finished this week, and I was driving home. I was going back to work at Toronto General in the next upcoming days. I called my fiancé on the speaker phone, and I said to her "Sweetheart, we have a bit of a problem." And she said, "oh no what?" I said "Actually it's not that bad. It's not a bad thing. It's just that I really enjoy my life here, and I really enjoy the people here, the community. I really enjoy the physicians." After that, and after a lot of deliberation with my now wife, we're all very happy with my one-year-old baby up in Collingwood.

Alison Smith: Great. How old was your baby when you moved here?

Dr. Randazzo: She was seven days old.

Alison Smith: That is remarkable.

Dr. Randazzo: Yeah. It wasn't easy on my wife, but we did it. Now we're settled here, and we couldn't be more happy.

Alison Smith: Oh, that's so great to hear. I want to give a quick shout out. You mentioned Dr. Bonta, and this is a new medium for us, but Dr. Bonta actually has his own podcast as well.

Dr. Randazzo: That's right.

Alison Smith: Yeah.

Dr. Randazzo: Yeah, he does. Dr. Bonta has his own podcast. It's called Ditch the Lab Coat. He has very renowned guests that come on, physicians, some specialists. So, a shout out to him for sure.

Alison Smith: We look forward to having him on and I'm sure we will get a lot of tips and tricks about this medium from him as well.

Dr. Randazzo: Absolutely.

Alison Smith: So, you work in the Internal Medicine Program. Can you tell us a little bit about that program and maybe how it has grown here at CGMH?

Dr. Randazzo: Yeah. So, just the history of it, the hospitalists and the Family Medicine department they run the wards. They do part of the ICU and are primary physicians in the ICU as well. But the Internal Medicine Department was originally, prior to my tenure here, focused on complex patients. "Well, maybe we should give the Internist a call?" It was a low amount of consults and Internal Medicine was kind of that thing where you would just involve them if there were some issues going on that needed a little bit of fixing up.

What we do now is a lot more. What we're doing is we're getting consulted for suggestions and recommendations on high acuity patients, very sick patients. We're the detectives when it comes to medical questions and diagnoses that haven't been diagnosed yet.

Also, we do ICU level care as well. But on top of that, the Internists here have a very large scope. What else do we do? Well, let me tell you. We end up running the exercise stress tests. We run the Nuclear Stress Tests as well. We read all the Pulmonary Function Tests, we read all the Holter Tests, and we read all the ECGs. And this is all in one week of our being on call 24/7.

Alison Smith: Wow. Never ends.

Dr. Randazzo: Sounds like a lot. But when you do the work and you get used to the work, you get a certain organization around it and so in our department we feel very capable of getting these things done.

Alison Smith: With the growth of this program, I'm sure patient care has improved. Can you tell us a bit about that?

Dr. Randazzo: Yeah, absolutely. It goes back to our training. We, as Internal Medicine Residents and then into a Fellowship we do have training in Critical Care. We have to do four years at least of residency as well. Coming up here, we are seeing these patients who we couldn't have seen back in the day, when Collingwood hospital wasn't as acute as it now is. We have really made a difference here, because the ER physicians, the Hospitalists, the Surgical Specialists they do rely on that type of opinion and recommendations that we can provide them. Collaboratively, we have had a significant impact in the Hospital, which is really, going back to it, the reason why I wanted to be here.

Alison Smith: Just for the layman out there, especially people like myself, can you tell us what it means when it is a high acuity?

Dr. Randazzo: Great question. This means someone who is coming in is very unwell. They could be unstable, meaning their blood pressure is low. They're in shock. They are unresponsive. They could be going into a coma. These are all the kinds of various type of scenarios that we have to deal with.

Alison Smith: Okay. I guess now, you're being able to do things, because of the team that you're building, that they couldn't do before because of this. Do you find that's attracting people to the hospital?

Dr. Randazzo: Absolutely. This is still a teaching hospital, so we have medical students, we have Residents, and we have even Fellows coming from the University of Toronto who come here and they're absolutely just blown away with all that we're doing and all that we're doing in one day and in a week. They find it fascinating that the scope really broadens when you're out here in the quote 'rural' type of hospital.

Alison Smith: Mhm.

Dr. Randazzo: Just to kind of mention about the whole 'rural' type of hospital. I still kind of have beef with it because, you know, it may be a small hospital, but we're doing things that are very advanced and we're really treating very sick patients here.

Alison Smith: You know, it's funny you mention it, because we talk about that word all the time, 'rural', and what does it mean? I think as someone who works in communications, I'm often trying to describe our hospital and what that word means. I think trying to classify or categorize South Georgian Bay is

very difficult and I think that's maybe sometimes why the word seems out of place.

But when we get down to talking about the Hospital, it is being in an environment that's maybe more resource limited, but all the strengths that come from that and I think your team is a great example of, you know, maybe you don't have a whole bunch of specialists, but you are the specialists that can go in and identify a problem and bring in the people that you need to help that patient.

Dr. Randazzo: Yes. And I agree totally. The Fellows recently, they've said, "Wow, you know, Dr. Randazzo, you guys are it. You're the last line of defense." To some people that might be very stressful. You end up getting a certain tolerance and kind of dealing with that stress. But it's true, we're the specialists who take care of the sickest patients here in the hospital, but we also know our resources are limited. So, if there are those higher-level type of procedures that are required, we know when to press that button and call those tertiary or quaternary centers that will be able to help us with that.

Alison Smith: Yeah. I think having the Simulation Training Program is another great example too, of just being prepared for those scenarios that you wouldn't normally see in the hospital.

Dr. Randazzo: Absolutely. Yeah. Jesse Guscott has been pivotal with that as well. He's our colleague, who's our Anesthesiologist and he's been running those sim labs as well. It helps out both the trainees and also the Physicians who are practicing here as well. Definitely.

Alison Smith: You mentioned about CGMH being a teaching hospital. How does that benefit the patients? How does that make our hospital better because we have this program?

Dr. Randazzo: Several ways actually. Number one is, it's always nice to have, instead of one pair of eyes, a couple pair of eyes, right?

Alison Smith: That's true.

Dr. Randazzo: So that's one way. How I feel it really helps, is that we're having these trainees come in, really enjoy their time here, get a lot of experience, and what maybe you have noticed, is that they come back. After years of training, they say this is where I'd like to be, so they settle here, and we've had multiple instances of the Family Medicine Residents coming back and doing Hospital Medicine here as well.

Alison Smith: I think that really speaks to the culture of the team and you bring up a good point just in terms of retention or coming back. We know we have these conversations a lot with folks right now around employee retention and recruitment. It's certainly a pressing issue that's facing hospitals, not just CGMH, but hospitals across Ontario, Canada, probably globally.

Dr. Randazzo: Absolutely.

Alison Smith: I know that's an issue that our leadership team here is taking quite seriously and they are right now working to prepare, not only for this new hospital that will come, but also for expanding services today. Services to meet the evolving needs of our communities now, because it now matters just as much. I think one of the key things that they're focusing on and what a true focus, is the people, our people, our staff, and our community that's here at CGMH. I think as they work on these new plans, they are working right now, which is really exciting, on their new strategic plan. Team CGMH is really going to be a strong focus for them. I'm just wondering, how have you observed this sense of community, maybe even outside of it being a teaching hospital, and really the passion amongst the staff and why do you think that'll be so vital as we prepare for the new hospital?

Dr. Randazzo: Absolutely. I think what I've noticed that is striking is the collegiality between all departments and from our side, the Physicians. I've gone to, and actually I'm quite proud of this, I think the Director of the meetings can actually attest to it, but I have been to all of the Medical Staff Association meetings. That's after a year. So that's pretty good.

Alison Smith: That is good.

Dr. Randazzo: Yeah, it's not bad. But these are a collection of the Physicians here, who are coming to these Medical Staff Association meetings and discussing things that we can improve on in the hospital, including even environmental things as well. But also, "Hey, we're going to be doing a hike in the next month, and this is the date and time. You're more than welcome to come." I've noticed, there was even a baseball game, and Dr. Fraser is going to be upset that I didn't go, and I do apologize to her over the air here, but this is a sense of a true team and culture. I've had great colleagues back at Toronto General as well, but while here, I've noticed that everyone's very close and you can just get on the phone and call your colleague, if we're both taking care of a patient, and easily chat with anybody.

Alison Smith: Yeah, I think that is definitely a differentiator especially as we talk about whether we want to use the word rural or not but practicing here and looking at healthcare here in South Georgian Bay, is that ability to just call someone up and be able to talk about that patient and maybe help diagnose or determine issues earlier.

Dr. Randazzo: Absolutely.

Alison Smith: I think that's why sometimes, that word does associate with the idea that there aren't the facilities available or it's too small. And then there's balancing out with, well, we're not a city. I guess we're a regional center in a sense, but I think there just isn't the best word. It's just we are just us.

Dr. Randazzo: But the fact of the matter is, that we are handling sicker patients, and we have the capability of doing so. The only time that we really need extra help is when there's that sub-sub-specialist opinion that we need, or if a patient's very ill and requires very high-level things that would be required either downtown or in Barrie. We do have a phenomenal cast of Physicians and good trained Nurses.

Alison Smith: What I really love, when I'm chatting with our staff, is there is just such a sense of pride amongst our staff and teamwork. I know this past year we

were chatting with a few of the nurses about their appreciation time and how it's been for them, because we chatted with them the year before, and it was freshly out of COVID. There was a lot of burnout, there was a lot of coming down from that and actually not even really being able to afford the time to come down from that. One thing they said this year, was that they really felt like they were finally coming out of it, because of the strength of the team.

Talking about all the different departments, support from the Doctors, support from the lab, support from maintenance, support from physio, there are so many different people involved in that continuum of care. It really does feel like it's a team environment.

Dr. Randazzo: And it runs 24/7. People might notice that myself, and my Internal Medicine colleagues here in our department, we're in early. We come in at 5:30 or 5 am. What I want to mention about that, is that people notice we're coming in that early, but there is the Nurses. They're working their butts off. Can I say butt?

Alison Smith: Of course.

Dr. Randazzo: Okay. I can say butt. They're working their butts off and I'm right in there and every day I see the blood techs as well, drawing blood. Every day is a hello for them as well, because we end up running into each other all the time. But all in all, the Nurses are doing a phenomenal job. They're doing the best they can with the resources that they have.

Alison Smith: Absolutely. Now that I have such an understanding of how the hospital operates, on the very rare occasion I've had to come in with a sick child and have blood work done, and that's a great example where I now can picture that Laboratory Department and how vital it is for them to be there, and how quickly they're turning around test results. You really don't see that as a patient. They're just so vital and I think we're seeing that more and more specialists like yourself are coming to the area. We have people wanting to move their practice here, really seeking to have a more balanced lifestyle for themselves, for their families.

Dr. Randazzo: It's a good living.



Alison Smith: It is. It's pretty spectacular here. How do you think our community, our patients specifically, stand to benefit from what I would see is that migration of specialists?

Dr. Randazzo: Well, absolutely. They definitely will. What happens is people get hold, and they get word that "Life's good in the wood" and with the constant rotation of Residents and trainees that we're having come in, they're realizing this and they're coming in from Toronto or other downtown areas and whatnot.

This community is growing and it is getting older as well. We have a very high prevalence of patients older than 65. These specialists are realizing that life's very good here, we have the four seasons, we have a wonderful community. We talked about the Physicians being all very community-based, the patients are all going to benefit from all of this. For example, we've now, as the Internal Medicine department, we've opened up the Internal Medicine Clinic and we have recruited Dr. Naylor who is our Internal Medicine Clinic Physician. We're open twice weekly. Now where there was no Internal Medicine Clinic before, now we have him here. Just like we see a large variety of different types of complex medical issues in the hospital, now he's also seeing them and taking care of them in the community as well. That's just an example of how, as time is moving on, everyone's realizing how lovely this community is and people want to be a part of it.

Alison Smith: I guess being able to provide that care here means fewer people have to travel outside of the area because they can now get the care here.

Dr. Randazzo: Absolutely, and that's a big thing. We have people who need technically a Hematologist's opinion or a Respiriologist's opinion or a Neurologist's opinion. Well, the Internal Medicine Department, to a certain degree, can be taking care of a lot of these types of diagnoses and help manage.

Fortunately, with the connections we have, we do know these subspecialists and we can always just bounce ideas or get recommendations from them as well. Coming from those downtown institutions and bringing up those connections as well, is very helpful.

Alison Smith: Absolutely, we're doing things now, and I think opening this Internal Medicine Clinic is so fantastic to help in the care that we receive now. One of the things we're really, obviously, excited to talk about is the future of our new hospital. So just to throw a little stat out here about the hospital now, CGMH serves one of Ontario's fastest growing, and as you mentioned, aging regions with an expected 64% increase in hospital admissions within 24 years, which is staggering.

Dr. Randazzo: Yeah. Kind of raises some hairs, doesn't it?

Alison Smith: Yes. CGMH is working with the Provincial Government to build a new state-of-the-art hospital, which will essentially be a facility that will be almost four times larger than our current footprint. Can you tell us what you're looking forward to in the new hospital and how that might impact Internal Medicine?

Dr. Randazzo: I think the very first thing is space. We don't have enough space to do everything we want to. Could we be running two exercise stress tests at a time? That would be fantastic. But more importantly even is the ICU. What if we could go from five ICU beds to eight and how important that would be? We run into precarious positions sometimes where our ICU is full. We may have to transfer patients to other hospitals if the ICU remains at that capacity. But imagine if we can have an eight-bed ICU and be able to take care of that many patients. That, to me, would be the most important thing.

Alison Smith: Yeah, for sure. I mean that's the most critical time in that department.

Dr. Randazzo: Yeah.

Alison Smith: How do you feel? Obviously, from a Foundation standpoint, we work with this incredibly generous community of support. I know right now they're in the process of fundraising for an Echocardiography and they fundraised for a lot of equipment that Internal Medicine has benefited from. Is there any piece of equipment that you work with now, that you just feel grateful to have here?

Dr. Randazzo: Absolutely. Oh, yeah. What we have is the Philips Spark Ultrasound. Very fancy. We love it. But what it does, it really helps us for a quick and accurate diagnosis.

We can do POCUS ultrasounds, which is a point of care ultrasound looking at the heart, looking at the abdomen. But also, it helps us perform life-saving procedures, when you need them the most, for example, when someone needs a large line called the central line into their neck or sometimes in their femoral region, to give them life-saving support with keeping their blood pressure up.

This type of ultrasound helps us actually perform this type of ultrasound-guided procedure. So that ultrasound was phenomenal. It gives a very clear picture. It's wonderful. And it was all because of a donation.

Alison Smith: Yeah, I think it's always extraordinary. For most of us, this equipment is a little bit foreign trying to understand all the benefits and we always look at the equipment and try to really understand how it's going to impact patient care. Because we care so much about getting people out of the hospital and back enjoying, as you said, 'life that's good in the wood' or wherever you are out in our community and so that becomes so important. We have such incredible donors that are willing to hear about all the stuff and want to invest in better healthcare overall. I think we always are so interested to hear about the equipment and how it's utilized amongst our staff.

Dr. Randazzo: Yeah, absolutely. It's making a huge difference. Let's not even forget just about the things like the Ultrasounds, the Echocardiogram but also even the simulation part. These are important things for the future. Staff Physicians or trainees that will end up coming here, they're going to need this type of education and experience to be able to provide that care later on in the future in our community.

Alison Smith: Yeah. It's so great thinking about and taking all this into consideration because I think it's one of the number one things we talk about: just getting people up here and understanding that it's so fantastic that this hospital will grow with the growing community. It will be bigger, and it

will be up to us to really staff it and equip it with all the people that we need in there.

Dr. Randazzo: Yeah, I'm looking forward to it. I'm looking forward to that day. It's a very exciting time, and I'm happy to have been able to see already, even from my locum time to now, where it's grown. The donations that we have gotten already, what that's actually provided and then looking at the magazine with the concept art of the new hospital, it just gets me very excited for the things that are to come. It's going to be great.

Alison Smith: Yeah, absolutely. I think, although we may be currently in an aging, cramped building, we are right now working to create a home for healthcare professionals, and we're really doing that through the state-of-the-art technology, the equipment we talked about, and as well our strength in rural interprofessional education and training, and of course our exceptional team of healthcare Professionals.

As I mentioned a bit earlier, our CGMH team is gearing up to unveil their strategic plan. I know that's going to be happening fairly soon, I think early 2025. They're going to really want to hone in on that strong commitment to team and community. I must say we're really looking forward to sitting down to hear from the hospital a little bit more about their vision and initiatives for the future of healthcare here in South Georgian Bay.

Our podcast is called *A Day Away*, as we talk a lot 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 healthcare services for our fast-growing community. We know that a bright, beautiful tomorrow is always possible because of the care we give today. Hospitals are predicated on brighter tomorrows.

Dr. Randazzo, thank you for sitting down with me today to talk about your work and to tell us a bit more about what you do there at CGMH.

We like to end our sessions with some closing thoughts of what tomorrow means to you. I know you have a family here and a really young one at home.

What do you envision for the health of our community and the future of South Georgian Bay?

Dr. Randazzo: Yeah, it's a very good question. What I do envision is quality care. Quality care that we're just expanding on. I want, and what I envision, is what we're doing now, in a larger context, to help actually all the patients that we need to help in this community that's ever so growing.

Going back, as you said, thinking about having a little one-year-old, this is the community that she's going to be in, the community that her friends are going to be in, that I've brought my family up here for. I think that having an integral part of this community being the hospital, we need to grow it to where it belongs. I think that we're heading in the right direction.

Alison Smith: Oh, that's wonderful. 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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