

# CANADIAN PROSTATE CANCER SUPPORT GROUP

Newmarket, Ontario

Volume 14, Issue 7, March 15th, 2010

**A support group that provides understanding,  
hope and information to prostate cancer patients and their families**

For every man who is diagnosed with prostate cancer, there are friends and family members that are also very much affected. At our March 18 meeting we will be looking at how prostate cancer does impact our partners emotionally or spiritually and how it can affect their relationship with us. Research shows that women are deeply affected by a diagnoses of prostate cancer, sometimes experiencing greater distress than their partners. At the last two national conferences, in Calgary and Newfoundland, a panel of wives told us about their journeys down this path and how it affected them and their families. We plan to show some (or all) of the Calgary video and time permitting invite some female members from our group to field questions from you. Your partners are more than caregivers. Come and hear what they have to say.

**Meeting Date**      **March 18th, 2010**

**Place**                      **Newmarket Seniors Meeting Place,  
474 Davis Drive, Newmarket**

**Time:**                      **7:00 pm to 9:00 pm**

**Speaker**                 **A panel of partners (on video)**

**Subject:**                 **The effects of Prostate Cancer on Women**

**Canadian Prostate Cancer Support Group,**

**Newmarket, Ontario. 905-830-0447**

**www.newmarketprostatecancer.com**

**a member of the**



Assisted by the Canadian Cancer Society

Holland River Unit

Cancer Information Service

1 - 888 - 939 - 3333

## **Your Executive**

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|--|--------------|
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*The Newmarket Prostate Cancer Support Group does not recommend products, treatment modalities, medications, or physicians. All information is, however, freely shared.*

## February Notes . . . Dr. Nancy Merrow

### Subject: A look at Southlake Healthcare

*Dr. Nancy Merrow, the Chief of Staff at Southlake Regional Health Centre, was our speaker at the February 18th meeting. Nancy gave us a very good overview of the different programs including the teaching agenda the hospital is taking on. Here is what she had to say . . .*

There are over 123,000 patient days per year at Southlake and that's a lot of opportunities to give people a great experience or not so good an experience. We work very, very hard at making it the best experience we can. You hear us talking about the challenge of growth at Southlake, with an extra 36,000 people moving into the Region every year. Unfortunately many of them need health care of various kinds and we are one of the three fastest growing areas of the province. Our Mission Statement says: "We are in the business of caring for people and making their lives better." As a leader in the provision of specialized healthcare services, we are relentless in our efforts to deliver quality services closer to home, and to seek out new and innovative ways to meet the health care needs of the people we serve. We do this by putting our patients first and honouring our commitments. We focus all these plans on four areas of activity: Our patients and community come first; but our people, those 2700 employees, those 400 physicians, those 700 volunteers all require an environment where they can do what needs to be done for you people, when you need us. We focus equally on the success and the satisfaction of our people and on our patients.

I want to point out some of the recent developments on our Flagship Programs. Some are newer than others. I am particularly proud of the Academic Family Health Team of Southlake that started last summer. It is located in the Medical Arts Building across the bridge from the hospital on the second floor of that building. In that Family Health Team we are going to be training family physicians. They will come for a full two years of residency training, which means they are graduating physicians doing specialty training to become family doctors. They spend three half days a week in the family medicine clinic, seeing patients. They each develop a little practice. They take on about 200 patients over the two years and learn what it's like to be someone's doctor over a period of time. And they do all the specialty rotations with our guys in the hospital: surgery, medicine, obstetrics, gynecology, pediatrics, cancer care and all those things they do in a hospital.

Some of you may have had occasion to seek health care at the Arthritis Program. That's lead by Dr. Thorne, Dr. Aubrey and Dr. Ing at the hospital. It is one of the programs that is most sought after as a role model. Hospitals are looking for new and better ways to provide arthritis care. They often come to Southlake to find out how we set up our Arthritis Clinic and how it works.

The Cancer Care program, we'll talk more about later.

Cardiac Care. I think the most unique thing is we are the fourth biggest Cardiac centre in the province and that

includes the teaching hospitals. We have 24 hour primary coronary intervention. Cardiac patients in the York/Simcoe area are preferentially brought to Southlake by EMS, if they are identified on cardiac tracing when they come to pick them up, they don't take them to any other hospital, they take them directly to Southlake.

The Cataract Centre, which opened a year and a half ago has the highest patient satisfaction rate of any other hospital in the country. Again, if you have had a chance to take anyone there for care, or go there to have your eyes looked at, it is brand new, state-of-the art. Our outcomes are second to none.

The Child and Adolescent Mental Health and Eating Disorders Program is a Regional resource for kids who are suffering from Anorexia or Bulimia and again, our psychiatrists who work there have published papers and do research. They are premium in Canada for the work that they are doing.

Some of you may have had the opportunity to have a Laparoscopic Prostatectomy because of your experience with cancer. Our lead surgeon is Dr. John Preiner, who brought that procedure to Southlake and he's very good at it and the other surgeons are all picking up on that.

We have become the number one destination for nursing students from York University. Of all the places they can go to do their clinical, they want to come to Southlake. York is the largest nursing school in Ontario. They learn from us and eventually they want to come back and work for us. We have a Palliative Care Unit;

Paediatrics, the latest flagship of which is our Pediatric Oncology satellite clinic, where they are able to give children, who previously had to travel to Sick Kids in order to get chemo therapy, their treatment at Southlake. We can give chemo, we can check the blood counts, give them blood transfusions and manage the complications of their cancer right here.

Our Dr. John Randle is an Internationally renowned shoulder surgeon. In addition to specialized procedures on shoulders, to reconstruct them, he has been developing new types of prostheses and instrumentation for shoulder surgery, so now in addition to having a new knee, you can have a new shoulder.

We have over 2,000 student days at Southlake now. We have learners of all kinds coming to the organization on a regular basis: nursing, physio, occupational therapy, medical students, dietician students, social work students; you name it, we are trying to offer them an experience at Southlake, because we know that, once they come here, they are going to want to come back and work here.

Our thoracic surgery program, under the leadership of Dr. Julius Thome, Dr. Alexander Lee is, again, one of the top thoracic surgery programs in the province, in terms of volumes, in terms of outcomes. We are very proud that we can get lung lesions, esophageal cancers, reflux problems all fixed regularly at Southlake.

We have had some recent successes that we are very proud of: we were voted one of the top 90 employers in the GTA for 2010, that makes a huge difference in these days of health care professional shortages, you want to be one of those destination hospitals where people want to work. We are also celebrating six Southlake initiatives being chosen for the OHA's Innovation in Health Care Expo: ICT Collaborative by Transforming Care Models from "Registration" to "Welcome"; Improving Quality and Patient Safety: Implementing Post Discharge Phone Calls; Creating a Centre of Excellence in Eye Care Through Process Redesign; Improving Efficiency of Patient CTAS 4&5 Flow by Intro of an Orthotech Model and an Emergency Department Notification Project.

York Region Council has recently approved an annual allocation for capital expansion to hospitals, including Southlake, which will be regular contributions over the next 20 years so that the hospitals can grow, while the regions are growing. This is going to make a big difference to what we can accomplish, again addressing that growth agenda which I mentioned earlier.

A little bit about our H1N1 experience in the Fall. We were very fortunate because, really, the epidemic of H1N1 blew over Ontario in about a two to four week period. Our activity in H1N1 really peaked out Nov. 1st but before that we had plans in place for an express flu clinic. We were able to see over 100 patients a day extra, over and above our emergency volumes and vaccinated over 2,000 of our staff, physicians and volunteers and got through that one with flying colours.

We are working on service excellence standards. We have a very high patient satisfaction rate at Southlake but we can always do better. There are always situations people talk about, where things could have gone better and we continue to work on that. The new trend in hospitals is to create much more of a service oriented experience for patients, so that they really feel that they are being cared for as a person, not just as a health care problem.

We are working towards that, to a higher degree at Southlake. We are working on our budget, like every other hospital. We will balance this year but it's always tight and we look to our community for support when we do hear about things we have to do to make the budget balance. We focus on things that have the least impact on patient care. We certainly aim to never have to lay people off but it does come to that sometimes and we try to have the least impact possible on the programs that we provide. *Dr. Merrow then referred to the statistics for mortality rates, patient satisfaction and acquired infection rates, and total Emergency Dept. admissions versus the average Emergency wait times, which can be found*

*on the hospital web site. Referring to wait times in Emerg., Dr. Merrow wished we could take that slide out. One thing I can say about wait times in emerg. is that, of all hospitals in York Region and the Central LHIN, we are the best. But Mr. Carriere our President and CEO usually follows that statement by saying, "So, we are the tallest of the seven dwarfs." No one is proud of Emergency wait times in any of the hospitals in Ontario. We are putting a lot of effort into this at Southlake. It's a domino effect. The hospital is full, we have people in the hospital who should be elsewhere but those elsewhere are full and consequently there are people in emerg. who should be upstairs but upstairs is full. People wait to get out of the hospital not just to get in. It is a problem.*



*Dr. Merrow then showed us an overhead picture of the hospital, pointing out the new and future construction. Talking specifically about cancer, most of you will be familiar with these statistics: about 40% of Canadian women and 45% of Canadian men will face a cancer diagnosis in their lifetimes. This is a reflection on where we've gone with our planning of the hospital. What kills people around here? Cardiac, cancer, let's focus on those things, let's get that care close to home. Those 200 people from York Region who drive to Toronto every day for radiation treatment, as of March 9th will be able to come to Southlake. We expect to be at full volume right away, because, as some of you may know, our radiation patients were being transported down to Princess Margaret for the last year or so. The PMH radiation oncologists have been seeing patients here and meeting them down at PMH for their treatments. We're talking about 50,000 trips per year that can now be avoided. The four-storey, 105,000 sq. ft., outpatient cancer centre is almost completed. There will be six radiation treatment units but we are starting now with three. There is a relocated and expanded 23-bed chemotherapy unit, 3 outpatient clinics and a designated space for clinical trials. The terrace, healing gardens, use of natural light and other elements will aid the healing of mind and body. For people who have to go there, it will make this a much more pleasant experience than we have been able to provide up to now.*

We do hear from people sometimes saying that the hospital's getting so big; now you're going to widen Davis Drive; there's not that community feel any more. We can't stop growing at Southlake. As much as we wish everybody would get healthy and stay that way, people are going to get sick and they are going to get really sick and the hospital needs to be ready for that. We know we need to continue growing. As much as we cherish our reputation as a friendly community hospital where people used to know each other, it just isn't a match for what work we need to get done for people over the next few decades. So what's next at Southlake? The Residential Hospice is a pet project of mine. I'm very committed to end of life care for people who have a terminal illness. A Residential Hospice is a small, usually only ten patient homelike setting for people who can't die at home and

would prefer not to be in a hospital. We have scoped out a property on Queen St. that we feel will fit very nicely with the residential character of that part of the hospital campus and we are working on making that a reality. Expanding the Academic and Teaching Agenda, I have talked a bit about all the students and academics that come to Southlake and research is going to be another very key initiative for us. It brings experts to the hospital, if they can fulfill their professional drive to not only practice and teach but do research. We are actively developing a research agenda, so that we have the universities and industry and lots of partnerships bringing exciting initiatives to Southlake.

*Dr. Merrow concluded by taking over twenty minutes of questions from the members, many of which were about their experiences in the Emergency Dept.*

**Everyone will fondly remember the Upper Canada Chordsmen, our main entertainment for the past eight years at our annual Christmas party. They will be presenting their annual musical production at the Newmarket Theatre on April 10th. Having attended the last several, I can heartily recommend their show as a very enjoyable night (or afternoon) out . . .**

**Use your cancer-fighting powers volunteer as a driver on March 25th delivering daffodils around our area for the Holland River Unit you can sign on at (905) 830-0447 or at our meeting on March 18th**

**The 50/50 lucky draw winner of \$38.50 at the February meeting was Ruth Greene.**

# Upper Canada Chor smen

## Present

**a musical journey through time with the production of:**

# *Sentimental Journey*

**Playing at the Newmarket Theatre Saturday April 10, 2010**

Get on board and travel with us and we will take you on a fun filled musical ride through 1900's to the present day; reminisce in the atmosphere of the wonderful music of the years gone by.

- ◆ Matinee show at 2:00 pm is \$15.00 – Group Rate \$10.00 [10 tickets]
- ◆ Evening show at 7:30 pm is \$20.00 – Group Rate \$15.00 [10 tickets]

In addition to our award-winning **UPPER CANADA CHORDSMEN SHOW CHORUS**, we're featuring:

- ◆ **SUSAN BROWN** with her renowned and inspiring voice as she puts her special touch on the decades
- ◆ **PLAYBACK** a headline Retro 50's Band sure to get theatre jumping!
- ◆ **OFF- BEAT** – an incredibly talented young pop-jazz group
- ◆ **ONYX VOCAL BAND** – Four voices in harmony

**Solid, fast-paced Family-rated variety entertainment!**

Tickets available at: Newmarket Theatre

505 Pickering Crescent, Newmarket, On, L3Y 8H1

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