



## Enhancing patient safety in obstetrical care





SUPPORTING BEST PRACTICE OBSTETRICAL CARE. The Obstetrical Units at MAHC's hospital sites have joined the MORE<sup>OB</sup> program as part of our ongoing commitment to deliver safe, high-quality care. From left are Malcolm Eade, MORE<sup>OB</sup>; Dr. Sheena Branigan; Katie Zammit, RN; Alicia Taylor, RN; Dianne Smith, Midwife; Kristen Bell, RN; Robert Alldred-Hughes, Chief Executive Human Resources & Support Services; Dr. Sandi Adamson; Lori Steele, Midwife; Dr. Tina Kappos; Shelly McMurray, RN; Dr. Bill Hemens and Mary Boyer, Manager of Inpatient Services. Missing from photo is Anne Handley, RN.

Muskoka Algonquin Healthcare has joined the MORE<sup>OB</sup> (Managing Obstetrical Risk Efficiently) program to support efforts to provide best practice obstetrical care.

As part of our ongoing commitment to deliver safe, high-quality care, the Obstetrical Units at our two hospital sites are participating in a professional development program that will enhance patient safety, quality improvement, and collaboration in our obstetrical practice.

MORE<sup>OB</sup> is a three-year professional de-

velopment and performance improvement program that addresses risk and patient safety issues in birthing units. The program integrates evidence-based practice standards and guidelines and aims to create a consistent level of care amongst all obstetrical care team members including physicians, midwives and nursing through standardized procedures and care pathways.

"The MOREOB journey is focused on improving outcomes and decreasing risks for moms and babies to improve the patient and family experience in prenatal care, labour and delivery, and postnatal care," explains Bev Mc-Farlane, Chief Quality and Nurse Executive at MAHC. "Our goal is to further develop our obstetrical teams with shared knowledge and skills and behaviours that contribute to safe, effective, family-centered care and an efficient, healthy and safe practice environment."

By integrating evidence-based professional practice standards and patient safety principles and tools, we can develop a sustainable culture of patient safety and show our commitment to continuous improvement in obstetrical patient safety, explains Natalie Bubela, Chief Executive Officer at MAHC.

"I am especially proud of the dedication and commitment already shown by our core teams, which include family physicians and midwives who care for obstetrical patients, nurses who work in the unit, and hospital administration," says Bubela. "They are all keen to participate in this program that has been designed to improve clinical outcomes and decrease the risk of adverse events. They will be able to share knowledge and provide mentorship to other obstetrical providers as ambassadors for the MORE<sup>OB</sup> program."

Through web-based training consisting of

three modules, providers are studying theory, rehearsing scenarios through skills drills, and practicing the physical handling of different equipment, for example.

"The program essentially standardizes communication for obstetrical care so that all obstetrical care providers are speaking the same language, so during deliveries or when looking after moms-to-be, the doctors and nurses and anybody else helping has the same understanding as to what's going on, what to expect and how to anticipate and avoid complications," says Dr. Tina Kappos, Chair of the Obstetrics Committee at MAHC. "It breaks down any professional barriers that may exist and puts all health care providers on the same level so each of us, whether a doctor, nurse or midwife, is learning the same skills together."

Dianne Smith, a local midwife, says the

program is also valuable for midwives. "Midwives value the MOREOB program because it provides the most current, evidencebased recommendations for practice, and it recognizes that teamwork and communication are the most essential elements in providing effective obstetrical care," says Smith.

Nurses in the program are looking forward to developing shared knowledge.

"Our multidisciplinary team aims to be more cohesive and enable a family-centered model of practice that puts patient safety at the forefront. Ensuring evidence-based practices are utilized from the first visit through to discharge, we aim to provide an excellent experience for the entire family," adds Kristen Bell, Registered Nurse.

For more information about the MORE<sup>OB</sup> program, please visit www.moreob.com.

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### Bulletin January 2014

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January 30, 2014 - 2

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## You are the beneficiary of partnerships of care

The coordination of patient care takes a team approach and partners working toward the same goal – the right care, in the right place, at the right

time, from the right provider. It truly takes a group effort to fulfill this vision and we couldn't do it without the dedication and commitment of our people. From the staff, physicians and volunteers to the Board of Directors and administration at the hospitals, we are all working toward providing high-quality services and the best care possible.

In a small community, the coordination of health care can be complex and challenging.

At Muskoka Algonquin Health-care, we are blessed by a group of care

providers and support staff that are top notch. They work together day in and day out so patients receive the care they deserve at the bedside. It always amazes me how they come together, especially when times are tough, to support their peers

for the benefit of the care experience.

Beyond these internal circles of care, we are fortunate to thrive in a multi-partner oriented en-

vironment where other providers in the community are supporting what our teams are able to accomplish. Through the good work of the North Simcoe Muskoka CCAC, patients are transitioned to the next environment most appropriate for their care needs. The Aging at Home strategy is assisting our providers in returning patients to the comfort of their home with the support they need.

And through our participation in partnerships like Health Links, we are actively encouraging greater collaboration between local health care

providers with the goal to improve coordination and information, enabling efficient follow-up and post-discharge referral processes. This connection helps our providers focus on the most acute and complex care needs of our community in more ways than one

Ensuring coordinated health care also involves planning for the future. MAHC has undertaken a Master Planning exercise that is involving not only our internal stakeholders, but our community providers and colleagues as well who are assisting in creating a future vision of local hospital care. We recognize the need for facility planning to establish a vision for how services will be delivered in the future and what the associated facility resources will need to be. This master planning exercise is a requirement to obtain approval for any significant redevelopment of either of our two hospital sites.

At the end of the day, you the patient is truly the beneficiary of all this hard work and maintaining communication links with you and our partners is a critical component to successfully coordinating health care in our region. Your hospitals remain steadfast and committed to making this vision a reality.

Larry Saunders Board Chair

## Patients highly satisfied with hospital care

Results of three patient satisfaction surveys in 2013 evaluating the quality of care received by patients during their acute care and emergency care experience at Muskoka Algonquin Healthcare (MAHC) continue to exceed the Ontario community hospital average.

Dimensions of care such as access and coordination, the conditions of the environment, physical comfort and emotional support are just some examples of how patients can rate their hospital experience voluntarily and confidentially.

Natalie Bubela, CEO for MAHC, says the results are a credit to the organization and a testament to the efforts of all providers and all departments in the hospital that come into contact with patients and help facilitate patient care.

with patients and help facilitate patient care.

"These results rank us above the Ontario community hospital average and highlight our outstanding performance from the patient's perspective," says Bubela. "It is because of the dedication and hard work of all staff, physicians and volunteers that our patients feel compelled to share positive feedback about their care ex-

perience."

As an organization, MAHC strives to achieve excellent results that demonstrate an ongoing commitment to quality, patient- and family-centered care at our hospital sites in Bracebridge and Huntsville.

"Understanding our patients' experiences and their overall rating of care is extremely important to us," adds Bubela. "Listening to them and their families is one of the most important ways we can better understand their experiences and expectations, and will help us to improve care going forward."

The measurement of standardized patient satisfaction for acute inpatient services and emergency departments is conducted by the Ontario Hospital Association's surveying partner National Research Corporation Canada (NRCC), using the Picker Institute survey instrument. NRCC randomly selects 25 acute care patients and 100 emergency care patients at each hospital site to evaluate their patient experience. The full results are available on our website at

**Acute Care** 

## Care rated in 90th percentile

The results are in! Inpatient acute care at the South Muskoka Memorial Hospital Site has been ranked in the 90th percentile for patient ratings for "Overall Satisfaction" based on patient experience surveys between April 1, 2011 and March 31, 2012, according to a national study.

The rating was shared in an annual report by National Research Corporation Canada (NRCC) titled *Patient Ratings of Overall Care and Likelihood to Recommend Ontario Hospitals*, sharing results of patient experience surveys between April 2011 and March 2012.

The report identifies hospitals in Ontario that have achieved performance in the 90th to 99th percentile groups for the "overall care" question (Overall, how would you rate the care you received at the hospital?) and the "would recommend question" (Would you recommend this hospital to your family or friends?)

"It makes me extremely pleased and proud to be able to share this achievement," says Natalie Bubela, Chief Executive Officer at Muskoka Algonquin Healthcare. "It may seem like old news based on old surveys, but what is really remarkable is how our staff and physicians continue to achieve results like these that demonstrate their commitment to quality, patient-centered care. Throughout 2012 and 2013 we have sustained these positive patient satisfaction survey results and continue to strive to improve the patient care experience."

I just wanted to thank all the staff at the Bracebridge hospital for the outstanding care my 87 year old father received in January 2014. He can't say enough about how fantastic his care was and the friendliness of staff. He says that the people were so friendly and happy that it made him feel better just to talk to them... from the medical staff to housekeeping staff. So from my entire family a great big "GOOD JOB!" and thank you!

MUSKOKA ALGONQUIN
HEALTHCARE

## Patient Satisfaction Survey Results

					111010 04110				
	Overall	Overall Quality		All Dimensions		Overall Quality		All Dimensions	
Reporting Period	MAHC	OCHA*	MAHC	OCHA*	MAHC	OCHA*	MAHC	OCHA*	
January to March 2013	95.9%	84.6%	76.3%	66.8%	96.9%	92.3%	78.5%	73.6%	
April to June 2013	89.5%	84.7%	73.9%	66.8%	96.8%	92.4%	80.8%	73.2%	
July to September 2013	89.6%	84.7%	75.3%	66.8%	100%	92.4%	80.9%	73.2%	

**Emergency Care** 

\*OCHA (Ontario Community Hospital Average)

Barb Leduc

## Bulletin January 2014

## Gynaecological surgery taking root at SMMH

The South Muskoka Memorial Hospital Site in Bracebridge is now providing our community with a service that residents previously had to travel to access.

Effective in September, Muskoka Algonquin Health-care (MAHC) introduced gynaecological surgery in our operating rooms one day per week, established through Dr. Khaled Abdel-Razek, Chief of Obstetrics at Orillia Soldiers' Memorial Hospital.

By embracing the new specialty, we have created opportunities for our nursing staff to learn and acquire new skills in peri- and post-operative nursing care.

And through the generous donations of the community, the South Muskoka Hospital Foundation graciously purchased the necessary capital equipment to bring this specialty to MAHC.

Since late fall of 2013, a second Obstetrician and Gynaecologist from Orillia, Dr. Brock McKinney, has been supporting the surgical program and the operating room duties for the gynaecology surgical day.

Dr. McKinney is a recent graduate of McMaster University and is embracing the opportunity to put his skills into practice in our operating theatre and support patient care locally.

"Having access to specialized medical care where people live is really important and I've had great feedback from patients about the care they received," says Dr. McKinney. "As a new guy coming from a big city hospital, it's really nice to come into a small community where people who don't even know you are so friendly and I think it's wonderful that these types of surgeries can be provided close to home where people won't have

to travel as far and can have their families close by."

Since the gynaecological surgery was introduced locally, 20-25 patients per month have benefitted from the service, and over 100 procedures have been completed

The new service is also starting to show other benefits for the patient. There have been cases where two surgeons have been able to work jointly during one operating room time, so patients who would have otherwise had two separate procedures, only had to have one surgical encounter with two surgeons.

The introduction of gynaecological surgery is one example of how MAHC is trying to bring new services to the Muskoka region and keep the operating rooms at the hospitals busy, explains Natalie Bubela, CEO.

"In order to be able to bring this surgery to Muskoka, we had to look at how we could create a full day of operating room availability. Health System Funding Reform is pushing hospitals to become more efficient and to focus on specialization to eliminate duplication of costly services. So we took steps to single site all cataract surgery at the Huntsville District Memorial Hospital Site to bring in gynaecological surgery at the South Muskoka Memorial Hospital Site. By locating each type of surgery at one site only, we are able to enhance our surgical offering and provide two services to our community when only one existed before."

Balancing services between the two hospitals sites is key to ensuring they continue to have strong, vital roles in our communities and maintain high standards of quality care for our residents.



PERIOPERATIVE NURSES. A few members of our surgical services team & are (from left) Karli, Heather, Tracy, Janet, Donna, Jan and Jackey.



NEW DOCTORS. OB/GYNs Dr. Khaled Abdel-Razek (left) and Dr. Brock McKinney are supporting the gynaecology surgical program at the South Muskoka Memorial Hospital Site.



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Bulletin
January 2014

## Organ transplant improves quality of life

Gravenhurst resident Jean Vardon has a new lease on life thanks to a living donor who gave her a new kidney only two weeks ago.

On January 14, Jean underwent transplant surgery at St. Michael's Hospital in Toronto, and just down the hall, her niece Patti was also in recovery from giving her aunt that gift of life.

The surgery was a life-saving transplant for Jean to combat Polycystic Kidney Disease (PKD), a hereditary disorder affecting kidney function that she was diagnosed with in 1984, almost 30 years to the day.

About 18 months ago, when her nephrologist determined her condition was worsening, they started the transplant process. Jean was fortunate to have friends and family come forward as willing potential donors, but there is a great deal of testing to find a perfectly compatible match.

The eventual match from Patti was so perfect that the kid-

The eventual match from Patti was so perfect that the kidney started working right away after surgery and Jean's creatinine levels began to drop.

"I still can't begin to express the love and thanks I have for my niece and the fact that she would do this for me," Jean said following the surgery. "It's an amazing and selfless act and Patti and I are both doing very well."

For Jean, the willingness of others to consider organ donation is the key to saving more lives through transplantation as all three of her children have genetically inherited PKD. She was inspired that four others received a life-saving transplant at St. Mike's during her short stay in hospital. One man was on dialysis for seven years and received his new kidney from a deceased donor.

"The more we can make people aware of stories like mine of life after transplant, the more lives we will be able to save," says Jean. "It's a wonderful gift you can leave to others that allows them to live on with an improved quality of life. If noth-

ing else, register to be a donor and talk to your family about your wishes. There are so many people on the waiting list and one donor can save up to eight lives and enhance as many as 75 lives through tissue donation."

Jean has personally taken up the cause to spread the word about organ donation and transplantation through awareness events and encourages others to register their consent.

"What's the sense in taking your organs to the ground when you can impact so many lives in such a meaningful way," says Jean. "It's definitely not the easiest thing to think about or face



GIFT OF LIFE. Jean Vardon (left) and her niece Patti before the transplant on January 14, 2014.

in a difficult end-of-life situation with a loved one, but if you think about it ahead of time and talk to your family about your wishes, you can do so much good and live on in others."

Muskoka Algonquin Healthcare is also working to increase organ and tissue donations and recently became a hospital designated under the Trillium Gift of Life Network Act.

This means that every patient care unit across both of MAHC's hospital sites is required to notify the Network to report patient deaths and imminent deaths to determine if there is potential for organ or tissue donation. Discussions with patients and families are handled by specially-trained Network staff

By implementing a formal program, we hope that more people will become organ and tissue donors and more lives will be saved through donation, explains Natalie Bubela, CEO at MAHC.

An online Be A Donor registration campaign drive, spearheaded by MAHC, is also underway at www.beadonor.ca/mahc to raise awareness at the two hospital sites and in the community about the need for organ and tissue donors.

"We want to lead by example, so we're asking all of our staff and physicians to consider registering their consent for organ and tissue donation," says Bubela. "We're also asking them to ask their friends and family to register as well and help give the gift of life by becoming an organ and tissue donor today."

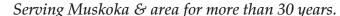
To record your consent in the Ministry of Health and Long-Term Care's Registered Persons Database in Ontario register online through the Be A Donor website, in-person at any ServiceOntario centre, or by filling out a Gift of Life consent form and mailing it in. This ensures that your donation decision is accessible when needed. You are also encouraged to share your wishes with your family to relieve them of the burden at the time of death.



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#### BULLETIN JANUARY 2014

## Will you recognize when a heart attack strikes?

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pressure, squeezing, fullness or

pain, burning or heaviness)

Discomfort in other areas of the upper

body (neck, jaw, shoulder,

arms, back)

Shortness of breath

Sweating

Nausea

Light-headedness

## HEALTH LINK

Looking at Dr. John Eastmure you see the picture of health.

A veteran triathlete who trains at a high level, he is in good physical shape on the outside, but little did he know that heart disease had been manifesting on the inside silently over years.

It wasn't until one September morning, during a half Ironman race in Huntsville, that it came to the surface and Dr. Eastmure unexpectedly suffered a heart attack.

The first leg of the race – a two kilometre swim – was complete. He was onto the 90-km bike course and doing well in his age group when he noticed a burning sensation across both shoulders that he had never felt before. Then he noticed a profound drop in his physical performance and several cyclists passed him on the course. These indicators weren't going away and he knew something was wrong.

"At this point I'm entertaining thoughts that were really foreign to me," Dr. Eastmure says. "I didn't think I could finish the bike course. I just didn't feel like it and I was having thoughts of quitting the race, which I never have.

"Despite it not be classical symptoms, I thought something wasn't right. Something is different," he said. "I felt off. I felt unwell."

Fortunately, he was about to cycle past his

own driveway on the triathlon route and took himself out of the race so his family could take him to the hospital to get checked out.

An ECG showed he was suffering a heart attack, and within minutes of arriving at the hospital he began feeling lightheaded and his heart rate dangerously accelerated to over 200 beats per minute. The crash cart was on its way, but not needed in the end, and he was

given thrombolytic drugs to help dissolve the clot.

During the ambulance transfer to Southlake Regional Health Centre, the vessel must have opened up because his symptoms melted away and he felt normal again. It was determined that one of his coronary arteries was 90% blocked and the other vessels were 40 to 50% blocked.

Looking back on the event, Dr. Eastmure says he didn't

exhibit the classic signs and symptoms that we're told to look for, like severe chest pain radiating to the neck and arm, shortness of breath, sweating and nausea. Despite having high cholesterol, he didn't fit the bill of a heart

attack candidate.

"I had no idea I had a high risk of coronary artery disease," he says. "Individuals with really high levels of fitness and high cholesterol levels like me aren't generally at risk, so I wasn't aggressive at treating my high cholesterol level. The disease process was obviously taking place over a long period of time because my coronary arteries were 40 to 50% blocked and

I was performing with that deficit and having no symptoms."

While every heart attack is different, the common element is the importance of time in the prognosis.

"Time is heart muscle," he said. "The sooner you get that thrombolytic medication the more heart muscle you preserve, the less damage is caused and the better the outcome."

"When people have classic symptoms of a heart attack, they should not wait to see

if it goes away," he says. "They should go to the hospital immediately and be assessed and treated.

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a heart attack, stop all activity and sit or lie

down in whatever position is most comfort-

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If you are experiencing any of the signs of SURVIVOR. Dr. John Eastmure is a Huntsville physician and a heart attack survivor.

#### Do You Suffer From LOWER BACK PAIN or LEG PAIN (Sciatica)?

...have you considered SPINAL DECOMPRESSION THERAPY?



## Dr. Doug Neudorf B.P.H.E., D.C.

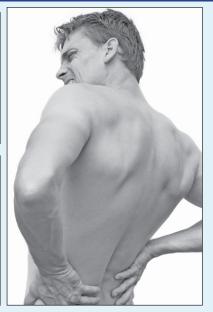
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"I suffered with constant low back pain for more than 25 years. I experienced acute attacks that would leave me down for week at a time. Over the last few years, I developed sciatica pain in my right leg, and weakness. I had heard about Spinal Decompression Therapy and thought I would try it. I noticed some relief early on. Within 12 weeks, my sciatica cleared up, and my low back pain reduced 95%. I was amazed! I can now

Alan V.

- Darrell L.



"I suffered with constant low back pain for more than 20 years. My left leg often felt like pins and needles. At one point, my legs became paralyzed for a few weeks. I received Spinal Decompression Therapy over three months and was amazed at how well it worked."

"I experienced intense and constant left side hip pain and sciatica that was getting worse. Being 85 years young, I thought I would just have to live with it. Then I heard about Spinal Decompression Therapy and thought I would give it a try. To my surprise, I have absolutely no pain and I'm sleeping better, too."

- Mrs. C.

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## Community Health

#### H quin A colla o de Ii

January 30, 2014 - 6

MAHC Community Health Bulletin:

## Celebrating our people and recognizing long service

Health care is a team effort and our people are the most valuable part of Muskoka Algonquin Healthcare (MAHC).

At MAHC, these teams include a variety of care providers and support services that work collaboratively to positively impact patient care. Our staff and physicians are core to our ability to deliver safe, high-quality compassionate care.

In 2013, more than 130 staff and physicians were recognized with long service awards. Long service awards are presented for five years of service and increase incrementally by five years. Please refer to page 7 for a list of all of the 2013 long service award recipients.

Collectively, these award recipients represent thousands of years of experience and just

about every department at your local hospitals.

Some of those that have been recognized started their careers at our hospitals and along the way witnessed several changes in the health care industry. Some came as students who never left, taking opportunities to develop their careers, further their health care training and mentor others.

This tells us that MAHC is a great place to work and we are fortunate to have such dedication and consistency in our family.

MAHC is proud to continue this tradition of celebrating our people and honouring their commitment and loyalty to the organization.

Please note that not all recipients are photographed. Please see page 7 for a list of all of our 2013 long service award recipients.



Celebrating five years of service are (from left) Dawn Major, Nancy Ehl, Monique Charlton, Kim Gibbard, Heather Maskell, Kim Sutherland and Lisa Schulz.



Recognized for 10 years of service are (from left) Kim Rose, Betty Charby, Kristen Bell, Cindy Bumstead and Beverley Lawson.



Honoured for 15 years of service are (from left) Christine Gruber, Tracy MacKenzie and Sherry Wesseling.



Receiving awards for 20 years of service are (from left) Linda Scott, Kim Bendall, Shelly Smith, Brenda Zanetti and Jodie Evans.



Recognized for 25 years of service are (from left) Carolann Woods, Dorothy Green, Georgie Snooks, Anna Collins, Sharon McLellan, Brenda Allen, June Gray, Sheree Stewart, Peggy Jewiss, Lisa Boyes and Andrea Robinson.



Celebrating 30 years of service are (from left) Sandy Stewart and Gwen Terry.



Honoured for 35 years of service is Kelly Klingbeil.

#### BULLETIN JANUARY 2014

## Telemedicine provides access to specialty care closer to home

Transitional Age Youth Tele-psychiatry Consultation Service available to youth

Telemedicine at MAHC is expanding and is making access to health care services more convenient for Muskoka residents at our hospital sites.

Through the Ontario Telemedicine Network (OTN), telemedicine uses secure twoway videoconferencing to connect patients to medical specialists, major teaching hospitals and specialty centres like Sunnybrook and St. Michael's Hospital that are not available in our own community.

There is a long and varied list of specialists we can access through OTN, and that list has been growing, says Natalie Bubela, CEO.

"There has been tremendous growth on the clinical side of telemedicine, which plays a critical role in our programs," she explains. "In a rural community, it's important that our patients have access to the care they need and that distance is not a barrier to health care."

Access is available to a variety of specialists, including addiction and mental health, bariatric clinics, diabetes, drug allergy clinics, geriatrics, heart failure disease management, internal medicine, oncology, movement disorders, neurology, pediatrics, pain management, pre- and post-transplant clinics, pre-anaesthetic and post-operative clinics, rheumatology, sleep specialists, as well as teleburn, telederm (dermatology), telestoma (colostomy care) and teletrauma are just some examples.



TELEMEDICINE COORDINATORS, Cindv Childerhose, RN and Jan Venturelli, RN can provide assessment and/or treatment during the telemedicine appointment. (Photo by Alison Brownlee, Huntsville Forester)

Several new and expanded services have recently become available to our community.

Through a partnership with Waypoint Centre for Mental Health Care, we can support our young adults by providing access to community-based intervention mental health services. The Transitional Age Youth Telepsychiatry Consultation Service provides a one-time consultation for youth ages 16 to 24 who are at risk of or are experiencing serious mental health concerns.

Telemedicine at MAHC now has access to vascular surgery consultation at Royal Victoria Regional Heath Centre (RVH) in Barrie. This allows the specialist to help guide care before the patient is transferred or to provide advice to local physicians thereby preventing unnecessary travel for the patient and family.

As part of the regional oncology program at RVH, patients in Muskoka are now able to have consultation for radiation oncology close to home.

Whether accessing the service individually or in groups, the number of patients who have used telemedicine is steadily increasing.

Our numbers are growing from just over 1,100 in 2011-2012, to more than 1,300 patients in 2012-2013," says Bubela. "Already in the first half of this fiscal year, over 900 patients have accessed care at our hospitals through telemedicine?

Telemedicine reduces the burden of travel for patients and their family members outside of their home community, improves care coordination and continuity and also reduces the need for patient transfers between health care facilities. Eliminating the long-distance travel also makes it a greener option and helps us all to reduce our carbon footprint.

Working together with the specialists, we can make arrangements that are very unique to the patient," explains Bubela. "For example, we recently arranged a consultation with Holland Bloorview Kids Rehab Hospital where members of their rehab team rotated through the appointment. Not only did mother and child spare a trip to Toronto, but they also didn't have to move from office to office to see the different specialists."

The OTN program at MAHC is supported by registered nurses who can provide assessment and/or treatment during the telemedicine appointment.

A referral can be obtained from your physician or you may contact the telemedicine coordinators at the hospitals for assistance. Please ask your specialist if your appointment can be facilitated by telemedicine.

For more information, visit www.otn.ca or contact the telemedicine department at the HDMH Site at 705-789-2311, ext. 2267 or the SMMH Site at 705-645-4404, ext. 3409.



NEW SERVICE. An urgent vascular surgery telemedicine consult service is now available at MAHC through a vascular surgeon at RVH. Here, Dr. John Simpson uses a portable Doppler, which allows the specialist to hear the blood flow in a specific vascular system by videoconference.

## To Our 2013 Long Service Award Recipients:

vears

Katherine Andersen Jean Bagshaw Julie Bailev Pat Best Kelly Brazier Anthony Caradonna Monique Charlton Peggy Clark-Guiry Jayme Cutting Cheryl Dove Joann Edwards Nancy Ehl Amanda Ellis Kim Gibbard Amanda Giordanella Dr. Rohit Gupta Caitlin Hall ljnskje Hosper Karen Jackson Kathleen Kaye Sandra Lachance Pamela Leeder Karen Macdonald Dawn Major Lindsey Marsden Heather Maskell Stephanie May Alana McCabe Dr. John Penswick Angela Reesor Erin Roebuck Lisa Schulz Jennifer Skinner Alice Smith Kim Sutherland Colette Thomas

Meghan Wilde

Kim Bauer Kristen Bell Sheena Boulding Cindy Bumstead Betty Charby Wendy Clarke April Cuss Rodney Duquesnay Dr. Blaine Foell Rebecca Gallagher Kathy Green Dr. Deborah Harrold Sue Higgs Heidi Holmes Mark Janke Beverley Lawson Fraser Lockhart Richard Mann Angela McQuillan Dr. Pierre Mikhail Kathryn Moeller Lisa Ósmond Deborah Payne Jenny Pidlubney Diane Reid Kimberly Rose Dr. Robert Sansom Ann Swan Greg Swan Dr. Richard Trenholm Dr. Raiat Vohra

Mary Blanchard Elizabeth Brown-Rachar June Crozier Dr. Tina Kappos Christine Gruber Dr. James MacDonald Tracy MacKenzie Eileen McHuah Laura Robinson Sherry Wesseling

Kim Bendall Donna Carson Debbie Dixon Jodie Evans Dr. Gerry Forestell Lori Gray Donna Hehir Cvnthia Hurley Julie Jones Nancy McElwain Michael O'Driscoll Dr. Marty O'Shaughnessy Lou-Anne Parish Linda Scott Shelly Smith Yvonne Taylor Jody Wells Brenda Zanetti

Lisa Boves Anna Collins Dr. John Cripps Dr. Vicki Dechert Dr. Antone Deketele Dr. Tony Drohomyrecky June Gray Dorothy Green Janet Green Peggy Jewiss Dr. Chris Kwiatkowski Sharon McLellan Dr. Dann Morton Sheila Quinton Dr. John Rea Andrea Robinson Brenda Robichaud Georganna Snooks Sheree Stewart Dr. Malcolm Wilson Carolann Woods

Brenda Allen

Maria Burns Dr. Keith Cross Carol Haley Suzanne Neges Sandy Stewart Gwen Terry Ramona Thorpe Jan Venturelli

Heather Adams Cynthia Brazier Bonnie Hopson Linda Kehl Kelly Klingbeil Cheryll McConnell



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BULLETIN JANUARY 2014

## Spiritual care visitors play an important role in hospital stay

Toni Delabbio

Chaplain

Spiritual care is an important part of the at St. Michael's Hospital in Toronto. recovery process and the in-house health care team at Muskoka Algon-

quin Healthcare.

January 30, 2014 - 8

Last fall, we welcomed a professional hospital chaplain who brings a comforting and compassionate presence to support patients and their families through all phases of ill-

"Hospital chaplains, like military chaplains, are trained to help people in crisis to get in touch with their personal belief system, religious or non-religious," explains Toni Delabbio, the new chaplain. "In crisis, human beings often go into shock, overwhelmed with feelings. The chaplain provides a ground-

ing presence so that individuals can connect with their personal wisdom and experience in those critical moments. This helps them make the best decisions for themselves with their health care providers."

Toni joined the hospitals in the fall and is now happy to call Muskoka her home after spending many years working as a chaplain

Toni has a Master's of Divinity and spe-

cializes in spiritual counselling and crisis intervention. Toni is trained in dealing with a full range of issues, such as loss, meaning and purpose, grief, and lifestyle changes such as loss of independence, isolation or hos-

She helps patients access their own beliefs and values with a focus on what is truly important to

The chaplain position is graciously funded by the Muskoka Chaplaincy Association.

Toni is available from 8:30 a.m. to 4 p.m. at the SMMH Site on Mondays and at the HDMH Site on Thursdays.

The chaplain is also responsible for contacting faith-specific leaders upon a patient's request.

These community clergy members are faith leaders in the different religious communities in the Muskoka area.

In this way, spiritual care services are available to all patients, families, staff, physicians and volunteers at MAHC and services are delivered in a compassionate and confi-

## Respecting your Goals of Care and wishes for treatment

Our patients and their families have very personal hopes and goals for their care and treatment while in hospital, and we want to respect those wishes.

'Establishing your goals of



Dr. Jan Goossens Chief of Staff

Having a goal of care allows you to plan your health care in

advance. Your health care providers can then ensure you get the right level of care in the right place that meets your personal values and wishes.

"Many of us think advance care planning is what we do when we are near the end of our lives. But life-changing events can happen in an instant, so it's important to establish the patient's wishes for treatment upfront so we can honour those wishes," says Dr. Jan Goossens, Chief of Staff. "If you are admitted to the hospital, your care provider will help you decide on the goals of care designation that best reflects your wishes and goals of care. It is documented in your health record and also prominently displayed on your armband so all

> care providers at the bedside will readily know your goals of care."

> The goals of care are three categories that provide different amounts of care for a patient while in hospital: resuscitative care, medical care and comfort care. These designations cover things like "do not resuscitate" orders and/or the option to be admitted to our Intensive Care Unit, for example.

> "Establishing your goals of care in advance ensures we, the health care team, understands your individual health goals and wishes

and are striving for the same outcomes as you, the patient," says Dr. Goossens. "They guide treatment and care decisions and also ensure we are not providing unwanted treatment or therapies.

Should your situation and/or wishes change, you can revise your goals of care at any time with your health care provider.

"At MAHC, we are proud to support a culture that ensures patient centered decisionmaking and respects the wishes and values identified in these crucial conversations," adds Dr. Goossens.





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## BULLETIN JANUARY 2014

## tandards inimal impact on our patients." The renovation is anticipated to wrap up Renovating to align with best practice standards



RENOVATION READY. Staff in the Medical Device Reprocessing Department at Huntsville District Memorial Hospital Site, including (from left) Julie Williams, Sandra Obirek and Lori Gray, are looking forward to a more comfortable work environment that positions us to meet evolving regulations and accreditation requirements health care standards.

First came the renovation of the Medical Device Reprocessing Department (MDRD) at the South Muskoka Memorial Hospital Site in Bracebridge funded by the South Muskoka Hospital Foundation, and now similar improvements are underway in the MDRD at Huntsville District Memorial Hospital Site.

Thanks to infrastructure funding and a commitment by the Huntsville Hospital Foundation, we are renovating Huntsville's MDRD to align with evolving health care standards and create a safer and more comfortable workplace for our staff.

"Our medical device reprocessing technicians are critical to supporting clinical care services," explains Dawn Major, Manager of Quality and Patient Safety. "They work behind the scenes to ensure that all reusable medical/surgical instruments used in the operating rooms and throughout the organization are decontaminated, cleaned, disinfected, sterilized, and prepared/ stored for

As infections become increasingly more resistant to treatment, the role of these technicians in preventing the transmission of infection from reusable devices is more and more vital, and having a workspace that helps us to meet standards is extremely important.

The investment we are making better positions the department to meet standards, around reprocessing, which is a critical component of safe patient care," says Natalie Bubela, CEO. "Standards around reprocessing are stringent for a reason and it is critically important to separate clean and dirty processes, ensure one-way workflow and maintain air pressure gradients and humidity levels, and this renovation is enabling us to do that."

Not only will the renovation help us to improve the workflow and workspaces in the department, but it will also enhance health and safety for our staff. The space will be outfitted with height adjustable sinks and worktables so they can avoid injury and work more comfortably.

Infection control requirements within the department will also be improved by upgrading the HVAC system, and installing automated doors, stainless steel surfaces, new flooring and additional hand-washing sinks and eyewash stations.

During the renovation in Huntsville, reusable medical/surgical instruments are being reprocessed and sterilized in the MDRD at the SMMH Site in Bracebridge and transported between sites.

Thanks to operational support from the south and good teamwork and co-operation by all of our staff, there is no disruption to the reprocessing service during the renovation and surgical cases are continuing in Huntsville," Bubela adds. "We are fortunate to have two hospital sites and great staff that can support each other in times of need so we can get this important work done with

minimal impact on our patients."

in February.



AFTER THE RENOVATION. The Medical Device Reprocessing Department at the South Muskoka Memorial Hospital Site in Bracebridge underwent a significant  $renovation\ in\ the\ summer\ of\ 2013.$ 

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#### BULLETIN JANUARY 2014

## Foundation focuses on upgrading technology

By Paul Hammond Chair, South Muskoka Hospital Foundation

I assumed the position of chair of the South Muskoka Hospital Foundation last

September and already know that the next few years will be an exciting time for our hospital and the Foundation.

Thursday, January 30, 2014 - 10

Technology changed everything since I was a child. Growing up in Muskoka, I remember the tools at the hospital were fairly basic, mechanical as opposed to electronic, and of course there was the ever-present stethoscope.

Today, the technology is sophisticated, the tools are entirely different, and we can do so much more for patient care. As a result, we're living longer and are much healthier later in life.

I've been working closely with the CEO and senior staff here at the hospital and

have learned so much about the technological developments in the field of health care. Although we have a stellar reputation for what we do for our patients, I am concerned that we are starting to fall behind in terms

of our hospital's technology. Our focus at the Foundation over the next few years will be to upgrade technology and bring us up to date with other Ontario hospitals. This means more resources for diagnostic imaging, converting our paper records to electronic, enhancing our long-distance access to experts and automating our pharmacy operations. Each of these components adds up to better health care for our community in South Muskoka.

We've just closed off our calendar year-end report and it truly shows how many people are dedicated to supporting their local community hospital. I'm

grateful for this support and look forward to working together, with our community on the future of our hospital.



#### Your generosity is making a difference

By John Crockett Chair, Huntsville Hospital Foundation

John Crockett

Supportive and caring – when I describe Huntsville, I use those qualities to capture the essence of our community. And despite

economic challenges persist all around us, that description has been especially true over the last year as evidenced by your gifts and support for your local hospital. I am truly touched by the generosity of so many.

Working together, full and part-time residents are protecting the future of excellent care, for life right here. Every year will bring challenges – but we're making a difference and building momentum.

Your donations are contributing to a new CT scanner. This critical, advanced piece of imaging equipment,

used for diagnosing lung cancer, strokes and other conditions, will be installed at the hospital this year. New laparoscopic surgical tools will soon be in the very capable hands of our surgeons. Thanks to you, we've been able to expand and upgrade our dialysis equipment. New heart monitors provide important, onthe-spot patient information. And your gifts are contributing to improvements in chemotherapy, chronic care and in diabetes educa-

Your generosity is making a difference to the well-being of your community every day. And while our list of capital equipment

requirements may be ambitious, it's not out of reach. The completion of our digital imaging project and the replacement of our 10-year old CT scanner are within our grasp. Other technology improvements for better patient safety are in the planning stages.

Bringing those plans to fruition requires a change in outlook for all of us. The simple truth is taxes do not cover the capital costs of these improvements. It takes millions of additional dollars annually, in the form of donations, to sustain and improve local healthcare. Where government funding

falls short, we make up the difference. You are the difference! Every year, everyone needed, everyone appreciated. It's up to all of us to give our professionals and healthcare staff the tools they need to provide the best care possible.

So thank you for 2013. And thank you in advance for your continued generosity in 2014 and beyond. Together, we'll ensure one of the best hospitals and healthcare teams in this province get the support they need to deliver healthcare for life, here.



**Paul Hammond** 



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#### Your Opinion Matters – take our short survey

Help us better understand how we are doing in communicating with you. Please visit www.mahc.ca to complete an easy online survey. The link to the Your Opinion Matters survey is located on our home page under Latest News. If you are unable to access our website, please contact Allyson Snelling at 705-789-0022 ext. 2544 and she would be happy to mail you a hard copy.

## JANUARY 2014

#### Community support is key to our success

By Brigitte Boehm

President, South Muskoka Memorial Hospital Auxiliary

The Auxiliary Awards Committee was proud to present awards for dedication, commitment and hours of service to 35 of our members at the Awards Tea held in the fall. New this year, members were honoured for more than 40 years as Auxilians, including Judith Fleming for 46 years, and Olive Tomlinson and Ruth Veitch, each for 45 years.

In addition, five very deserving members received the Hospital Auxiliary Association of Ontario (HAAO) Provincial Life Member Award at the 2013 HAAO Convention in Toronto in November. The Provincial Life Member Award is the highest honour awarded by HAAO and was presented to Judith Beckett, Sharon Clark, Melanie Mahood, Anna McConnach and Eileen Sugg. Congratulations to all of these valued members.

 $Thanks \ to \ the \ generosity \ of \ our \ community,$ fundraising events such as our Tag Days, the Spring Fashion Show and our retail programs within the hospital have been able to donate \$96,900 toward the purchase of various pieces of much-needed hospital equipment.

Other contributors include the Gravenhurst Legion Branch 302, which gave \$5,000 toward the purchase of seven patient recliner chairs and three Bridge Groups who generously donate funds annually. For the year 2012-13, the Gravenhurst SMMH Auxiliary Bridge Club donated \$3,345; the Bracebridge Chapter Hospital Bridge Club donated \$2,190; and the PineRidge Marathon Bridge Group donated \$1,365. In addition, the Mattamy Homes Phase 6 Community gave \$2,000 from their Canada Day events.

The Auxiliary also thanks the six homeowners who allowed us to showcase their unique properties on our Christmas House Tour in December. Because of everyone who bought tickets and corporate support from Scotiabank, the Tour raised over \$17,000.

All funds raised through retail programs and fundraising events support the purchase of much-needed equipment. Thank you for your continued support of the Auxiliary.



SPECIAL AWARDS. Members of the SMMH Auxiliary (from left) Anna McConnach, Eileen Sugg, Mel Mahood, Judith Beckett and Sharon Clark each received the HAAO Provincial Life Member award on Nov. 5, 2013 at the Fairmont Royal York Hotel.

#### Funds committed to improving food service delivery at Huntsville Hospital

By Joanne Matthews President, Huntsville Hospital Auxiliary

The Huntsville Hospital Auxiliary has had a very busy and successful 2013!

We were able to commit \$40,000 to replace the outdated inpatient food service delivery equipment with a new Heat on Demand system. The new system uses a LEAN approach and new technology to keep hot food hot for up to 60 minutes. New thermal dishes and serving trays, and real china mugs, are also contributing to improvements in meal presentation and the patient experience and the new meal delivery carts are also much more user-friendly for the food and nutrition services staff at the hospital.

We continue to raise funds to replace some patient beds with a safer and more comfortable model.

We celebrated winning a Muskoka Award for a community organization that had made a significant contribution!

Fundraisers this year included a card party, Tag Day, barbecue at Robinson's Your Independent Grocer, the 4th annual BMO Golf Classic Tournament, the annual bulb sale, the "Huntsville on Stage" variety night, our Cookie Delight sale and Christmas gift wrapping at the mall.

Huntsville Hospital's Branches Gift Shop and our vending machines continue to provide significant revenue with members giving countless hours of their time.

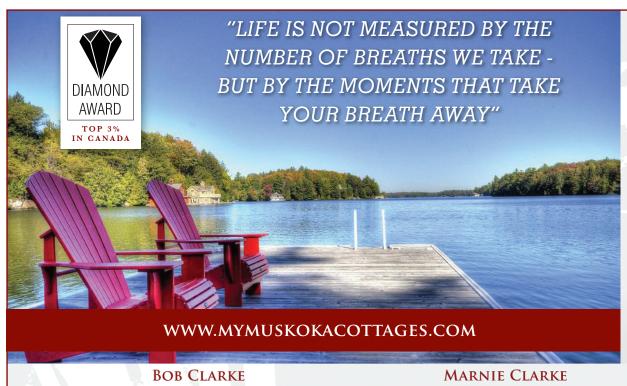
Auxiliary members also supported many hours of care and provided services that were appreciated by our patients, hospital staff, our community and physicians.

Our fundraising planning for 2014 is underway. Our Auxiliary is blessed with energetic and dedicated volunteers who selflessly give their time and are supported by a wonderful community.

We are very pleased to welcome new members if you are interested. Please contact our Director of Volunteers at 705-789-2311 at ext. 2297.



FOOD SERVICE IMPROVEMENTS. LaNor Lovegrove (right) receives her lunch, presented on new thermal dishes and serving trays with real china mugs, as Joanne Matthews, Gwen Todd and Helen Sparkes look on.



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