50 YEARS

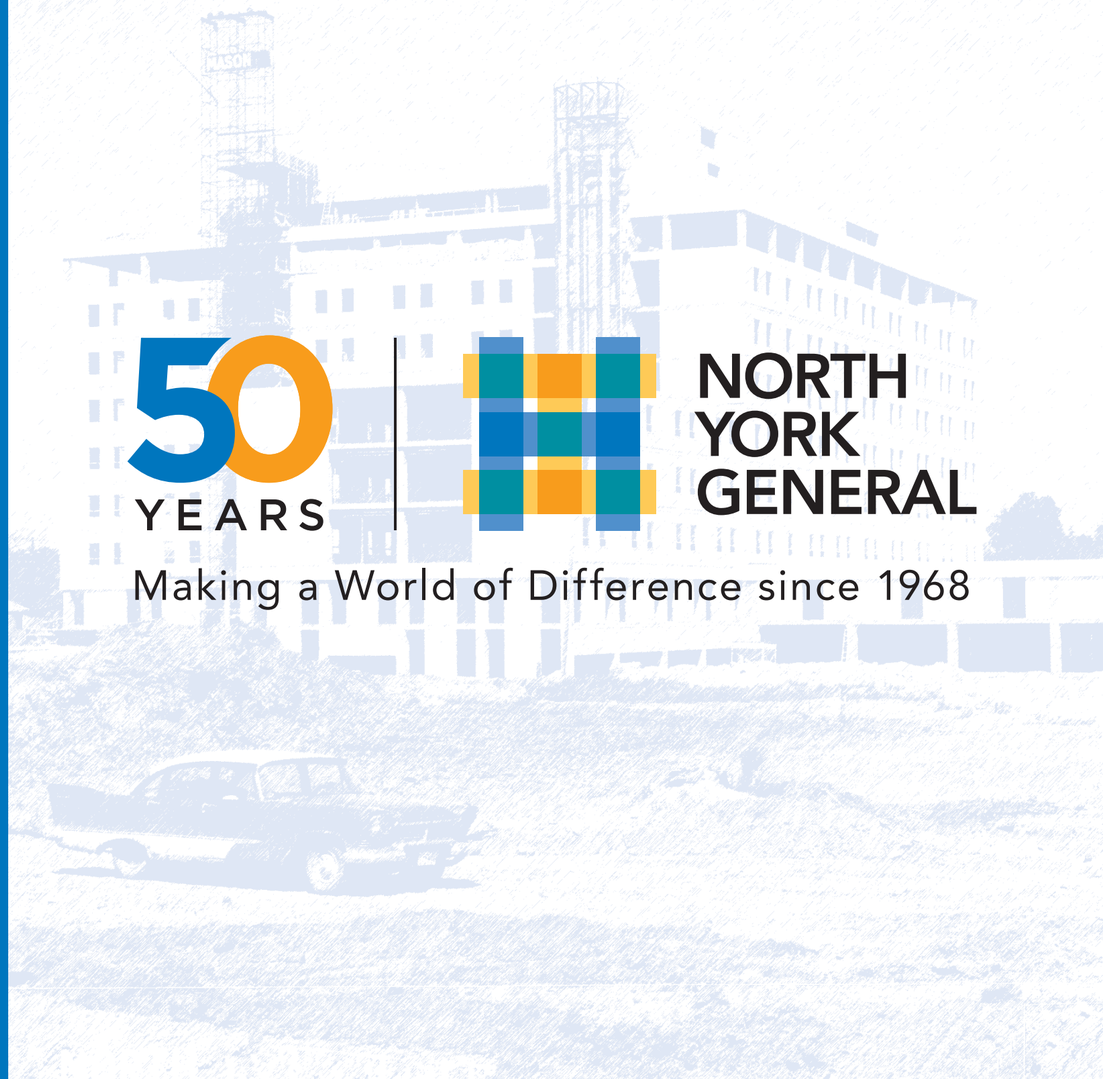
NORTH YORK GENERAL

Making a World of Difference since 1968

nygh.on.ca

Published in print in 2018.

50th Anniversary Commemorative Book



50 YEARS

NORTH YORK GENERAL

Making a World of Difference since 1968

Making a World of Difference since 1968

CONTENTS

FOREWORD

It is my pleasure to share a few words about the book that is in your hands. A few years ago, when talk first started about ways to commemorate the 50th anniversary of North York General Hospital (NYGH), we quickly settled on the idea of a publication that would showcase the remarkable history of this institution and the people who have worked and volunteered in it. As we saw it, the NYGH story is not just about bricks and mortar – it's the story of the thousands who have worked and volunteered here in the past five decades and built the hospital's reputation for putting patients and their families first in everything that we do and providing first-class care to the community.

50 YEARS | NORTH YORK GENERAL

Making a World of Difference since 1968

Those stories are in these pages. There's Colonel Clifford Sifton and the other community leaders who had a vision of a hospital rising on a barren lot on a dirt road to provide medical care to North York residents who had to go to downtown Toronto hospitals. There are the doctors who came from those University Avenue facilities – Keith Welsh, George Stock and others – and helped shape a team of colleagues. There are the nurses such as Elma McLeod and Marilyn Bell Chenier and others who always looked out for our patients. And there are the dozens of other health care professionals, administrators and volunteers who helped to establish an institution that continues to grow and get better.

For many of you, this will be a trip down memory lane. But this book is also a way to honour all of those people for their dedication and tireless service to the residents of North York and beyond. Because of the example they set every day, our NYGH family today are committed to providing the best care and experience for our patients and their families. We are driven to advance the quality of health care we provide through learning, inquiry and innovation.

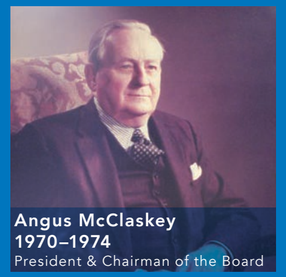
We do not know how the next 50 years at NYGH will unfold. There will be challenges, of course. But when stories are told at some point in the future, we are confident that they will show that NYGH always addressed the realities of the health-care landscape with a focus on what matters most: providing quality, safe and efficient care to our patients and their families.

This book is dedicated to the memory of Nelia Laroza, a nurse who died while working during the SARS outbreak in 2003 and whose selfless dedication to duty is representative of everyone who has worked and volunteered at NYGH in the past 50 years.

Murray J. Perelman
Chair, Board Of Governors
North York General Hospital

NYGH CHAIRS OF THE BOARD

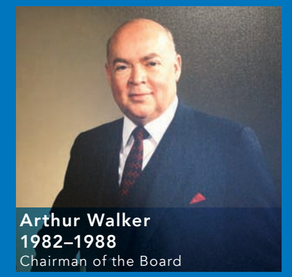
Clifford Sifton – First Chairman of the Board, 1961–1970
Col. Clifford Sifton was also heavily involved during the planning phase of North York General Hospital starting from 1961.



Angus McClaskey
1970–1974
President & Chairman of the Board

Eric Johnston
1974–1979
President & Chairman of the Board

Douglas Berlis
1979–1982
Chairman of the Board



Arthur Walker
1982–1988
Chairman of the Board

Wayne M.E. McLeod
1988–1993
Chairman of the Board

Jack Hurlbut
1993–1995
Chairman of the Board

Grant Murray
1995–1997
Chairman of the Board

Brian Steck
1997–2000
Chairman of the Board

Kenneth Morrison
2000–2005
Chairman of the Board

Gordon F. Cheesbrough
2005–2010
Chairman of the Board

Dunbar Russel
2010–2015
Chairman of the Board

Murray J. Perelman
2015–2018
Chair, Board of Governors

Administrator / Executive Director / President / CEO

John MacKay
1964–1968
First Administrator

J. Emerson Robinson
1968–1980
Executive Director

James McNab
1980–1985
Executive Director

E.W. Wright
1985–1986
President

Hume Martin
1986–1989
President

Murray MacKenzie
1989–2002
President and CEO

Bonnie Adamson
2002–2010
President and CEO

Tim Rutledge
2010–2018
President and CEO

OVERVIEW

The community was there right from the start.

In the late 1950s, there was uproar about the critical shortage of hospital beds in the newly created Metropolitan Toronto, and the cries were particularly loud in what was then known as North York Township. Here was a city the size of Calgary — about 200,000 people — with not one public hospital bed and only 183 beds in private hospitals.

Talk turns to action

Money was a problem. Grants from the Ontario government were inadequate and they were non-existent from the new Metro Toronto government. Even worse, North York politicians had been elected into office with a pledge they wouldn't spend any money on hospitals.

But the rumble of talk turned to action in January 1960 when representatives from 22 service clubs and ratepayer organizations met to see what could be done without the politicians. "Almost everybody at the meeting knew of a family – or belonged to one – that had faced the ordeal of snaking through traffic to a downtown hospital with a sick child or an expectant mother," the *Toronto Star* later noted. "Others had been on hospital waiting lists for six weeks or more."

Out of that meeting came the North Metropolitan General Hospital Association, which got itself incorporated and set up a board of directors drawn from the business elite of the day who chipped in a bit of money to get things rolling.

Most importantly, perhaps, the board also recruited newspaper publisher Clifford Sifton, who owned a large home at Lawrence and Bayview avenues. "The Colonel" – he was a Lieutenant Colonel in the First World War – was reluctant at first. He was looking forward to retirement and claimed he was a failure at raising money.

And he had no illusions about the task that lay in front of him.

"Constructing a hospital from scratch really is an exercise in building castles in the air," he once famously said. "The difficult part is in turning it into bricks and mortar."

Richard Rohmer, a distinguished veteran of the Second World War practising law in North York, was involved in the early stages of hospital planning and believes getting Colonel Clifford Sifton on the board "gave us some instant credibility." Angus McClasky, another early booster who was the force behind the development of Don Mills, said Mr. Sifton "provided the drive and the leadership" needed to turn those castles in the air into walls on the ground.

Mr. Sifton became the Board Chair just as the first donation –$50,000 raised at a Massey Hall concert – was received and the purse strings at North York Township (as it was then known) loosened enough that 13.4 acres of land north of Highway 401 could be purchased. The site wasn't much to look at. There was a valley in the middle, Leslie Street was still a dirt road and Sheppard Avenue a mere two-lane road – but it was a start.

With the site in hand, Clifford Sifton and other board members set about to enlist support for the new hospital. They held their early meetings in the dining room of Mr. Sifton's home but later moved to Baycrest Hospital. "They had lovely tea and biscuits too, so we stayed," he said.

They spoke to community groups, politicians, religious groups and, most critically, the operators of two institutions – the children's hospital run by the Imperial Order Daughters of the Empire and the tiny Bethesda hospital – that were looking to a troubled future on their own.

Things began to move quickly. In December 1962 the township was persuaded to put on its ballot a plebiscite that asked North Yorkers to raise their own taxes by about $10 a year for 10 years. An astonishing 70% of voters agreed.

Within six months, the hospitals were united under an unwieldy 60-member board of directors and a proposal for a hospital was being shopped around. The number of beds planned jumped around a bit. Initially it was 70, then it jumped to 400 and even 800 before falling back to 670. As the date of construction neared, it settled at the very odd number of 601. The joke at the time was that Mr. Sifton wanted a 600-bed facility with an extra bed for himself that he would need after succumbing to exhaustion.

In late 1963 – a year after the plebiscite – a two-paragraph story in the North York Mirror announced the North York planning board had approved a nine-storey hospital. North York General Hospital was born.

To help pay for the $8.6 million needed to construct and outfit the hospital, the board almost immediately launched a $3 million building fund campaign; $600,000 needed to come from ordinary folks. The newspapers of the time carried pictures of men looking straight out of Mad Men – dark suits, skinny dark ties and Brylcreemed hair – using sledgehammers to pound in signs announcing the campaign. They were veterans of these community-building activities and they thought this one would be a piece of cake. "Most of us know people are dying because hospital space isn't available," one organizer said.

About 5,000 canvassers were recruited to go door-to-door with the hope of getting $150 per household (worth about $1,100 in today's dollars). Skeptics suggested they would be battling a "let-the-government-do-it" attitude, but they were wrong. More than 13,500 individuals and businesses pledged contributions to the campaign and a remarkable 97% of the pledges were honoured, even by people who had moved away. The early contributions, about $1.75 million overall by July 1964, led *Canadian Hospital* magazine to herald North York General as a "showcase of voluntary regionalism."

Some admitted their motives were not altruistic. "My interest in this campaign is a very selfish one," one organizer said. "I want a first-rate hospital to be immediately available for my family if the need arises. We will have this only if our campaign is a success."

There were smaller, individual efforts as well. Brownies and Girl Guides in North York collected 300,000 one-cent coins to furnish a playroom in the children's wing. Even more entrepreneurial was a woman who jingled a shoebox under the noses of people parked on country roads to watch the Buttonville Air Show – itself a fundraiser for the hospital – and pleaded the hospital's cause.

Breaking ground

The first shovels went into the ground in March 1965, more than five years after that initial meeting of service clubs and ratepayer associations.

As bulldozers roared into action, Mr. Sifton and his board began to recruit medical staff. Leaders in Toronto's medical community promised him that they would help find first-rate chiefs of staff, but the hospital was also clever in devising its recruitment tactics.

At the time, teaching hospitals downtown typically set the retirement age for department chiefs at 62 years and North York General saw an opportunity here. "We figured," said Mr. Sifton, "that in a suburban hospital you either go for the young Napoleons or you try for the mature and well-known and hope they will attract top-notch doctors."

North York General reasoned that doctors at 62 have many good years left in them, so the board set the retirement age at 68. The best in the profession leaped at the chance for a green-field job opportunity.

The young Napoleons came as well, attracted by the chance to work with the leaders in their profession. Fifty years later, many of them remember with awe the names of their first bosses – Dr. Keith Welsh (nicknamed Gabby because he was a man of few words), Dr. Stanley Bain and Dr. George Stock, for example. By the winter of 1968, about 100 doctors had accepted appointments at the new hospital.

At the same time, the hospital was running into a city-wide shortage of nurses that threatened to keep it from opening. The board decided that opening a nursing school on a nearby property would be the solution, but it had to stare down a provincial government that was pleading poverty. "There's no money," the health minister said. "Then, no hospital," Mr. Sifton replied. Eventually, permission (and money) was given to establish a nursing school that would have 200 graduates a year.

Finally, with the major obstacles overcome and construction completed, Premier John Robarts came to North York on March 15, 1968 — Leslie St. was paved by then — and unveiled a plaque to dedicate the hospital. "This was created by partnership at all levels," he said. "There were 32 community groups and 13,000 private contributors as well as financial assistance from all levels of government."

Later, he went to the gift shop staffed by volunteers and bought a bouquet of flowers. In return, he was given a bottle of men's cologne.

But the real star of the day was Clifford Sifton, who had overcome his own doubts and had laboured on the hospital project for more than eight years. "I doubt if the people of this community will ever fully know the extent to which they owe this hospital to the efforts of this one man," said Board Vice Chair W.W. Nixon.

Perhaps the community did know and appreciate his efforts. In the weeks that followed, as the facilities were given a trial run and before the first patient was admitted, more than 10,000 people toured the hospital under the guidance of 202 volunteers in turquoise smocks who worked as a collective (and carefully counted) 2,274 hours. People pitched in in other ways, too, by bringing to the hospital their cash register receipts from the then dominant Dominion Stores supermarket. The volunteers collected the receipts and traded them in for 19-inch televisions, mostly for the children's centre. It took $75,000 of receipts to get one TV. Within three years, the volunteers had acquired 40 of them, representing sales at Dominion of about $3 million.

North York got its hospital.

Opening day

Things started slowly with just 50 beds available when the doors opened to the public on May 15. Those who came over the threshold discovered a building that was so first class that it gained the nickname of "the North York Hilton." People who worked nearby would come to eat in the cafeteria because they liked the food.

There were just five patients admitted that first day of operation, the first a victim of a car crash just outside the hospital doors. This was typical. Doctors who were around in those early days describe an emergency department that was eerily quiet and where surgeons would hang around to wait for new cases. For many doctors, the day included some time in the doctors' lounge where, over coffee and cigarettes (this was long before smoking prohibitions), they would compare notes while waiting for patients to come in. There are many stories in those early days of a graceful camaraderie where, for example, surgeons in one discipline would volunteer to help their colleagues in other disciplines.

The collaboration remains to this day but the ease of those days didn't last for long. By November, 580 beds were available. The first annual report notes there were 11,509 patient admissions in 1969 and 35,580 emergency visits, while the department of surgery was approaching its capacity.

Soon, the opening-day jitters were over.

"The year 1969 marks the end of the beginning," the annual report said. "Our task now is to make this a hospital worthy of the effort that went into its creation." A year later, after a period of stupendous growth, the report talked about consolidation. "The earlier job of getting the job done was refined to getting the job done effectively and economically," the report said. But Angus McClaskey, who replaced Clifford Sifton as Board Chair in the summer of 1970, remained jubilant about what had been accomplished.

"So, here we are today with a cracking good hospital," he said.

The years since 1968 have been a time of constant change. North York has gone from being a township to a borough, and then city, and now a component of the merged City of Toronto. The population has grown as suburban developments filled in the space to Steeles Avenue. The young families in subdivisions such as Don Mills have grown older and they have been joined by people from nations all over the world.

Five decades later, in an era of tighter fiscal control by Queen's Park, it's a matter of course for the hospital to get things done economically. And it goes without saying that North York General is a hospital worthy of the effort that Clifford Sifton and countless others put into creating it.

The scope of the hospital's activities has expanded greatly. As a "community academic hospital," it now provides a range of acute care, ambulatory and long-term care services at multiple sites including the General site that opened in 1968. The hospital serves north central Toronto and southern York Region, and its regionals programs serve all of south central Ontario. It is a teaching hospital, affiliated with the University of Toronto, and partners with 36 different academic institutions to develop the skills of doctors, nurses and other health care professionals.

The hospital has gone to the community for a number of fundraising campaigns and, each time, the people of North York have responded. As a result, it has become increasingly ambitious in its scope of activities.

Its obstetrics centre is one of the largest single site centres in Ontario and each year the hospital welcomes more than 5,800 babies into the world. Its Genetics Program builds on the scientific breakthroughs in this area and offers assessment, diagnosis and counselling for patients. The Seniors' Health Centre offers a range of services in a residential setting for an aging population. It is becoming an authority on ways to take cutting-edge research and apply it in clinical situations to improve the lives of patients.

NYGH endured the searing tragedy of the 2003 SARS outbreak and it came out stronger. It consulted widely with staff and asked fundamental questions: What's good about NYGH? What needs to change? How do you want things to be in the future? The hospital transformed its culture from the ground up.

Through it all, NYGH's General site remains, fundamentally, an acute care hospital for the community and the many thousands who visit one of its sites every year. Demand for the hospital's services will only intensify as the population in the community ages. Already it is operating at capacity, and may need more beds, even as it collaborates with its community partners to allow more patients to be treated at home.

Change has been a constant companion at North York General for the past 50 years and the next half-century will bring transformations that can't be imagined now. Dr. Greg McCain, a plastic surgeon who joined the staff in 1972, doesn't see this as a problem. "I hark to my feeling that if you look after patients, the hospital will look after itself."

1960s

1959: The Don Mills Community Association, chaired by Thomas Dobson, forms the North Metropolitan General Hospital Association (NMGHA) and organizes a meeting of representatives of 22 service clubs and ratepayer organizations to explore building a 70-bed hospital. In November, the North Metropolitan General Hospital is incorporated and a provisional board of directors is organized in December.

At the time, the Missionary Health Institute was planning a 135-bed hospital and the Imperial Order Daughters of the Empire was planning on rebuilding their Children's Hospital on Sheldrake Boulevard in Toronto.

1960: The first meeting of the provisional directors is held and a bank loan is arranged on the personal guarantees of the directors.

1961: Colonel Clifford Sifton is elected Chairman of the NMGH; a position that evolved into chairman for NYGH.

1962: The Henry Farms, 13.4 acres of land on Leslie Avenue near Sheppard Avenue, is secured for $95,000.

1962: North York Township voters give 70% support to an increase in the property tax mill rate for 10 years to fund the hospital.

1963: North York General Hospital is formed when the three groups amalgamated their projects and financing and began planning a 600-bed active treatment hospital.

1965: Construction of an $8.2 million facility begins in March.

1966: The Women's Auxiliary is formed.

1968: Premier John Robarts dedicates the hospital on March 15. The first patient is admitted on May 12 and three days later NYGH officially opens with 50 beds. By November 580 beds are operational.

1968: The charter of Bethesda Hospital was assumed by North York General Hospital at its inception. This change in structure recognized that the hospital-based work of Missionary Health Institute could best be achieved through a partnership that allowed both institutions to pursue excellence in their respective specialties.

Building a hospital from scratch

Things started slowly. By the spring of 1968, there were 601 beds in a shiny, new facility and about 100 doctors were raring to go. The premier, John Robarts, had officially opened the hospital on March 15 and members of the newly formed Volunteer Services, then called the Women's Auxiliary, were giving tours to thousands of people. Yet everything — the equipment and procedures — needed to be carefully worked in. It wasn't until May 12 that the first patient, a 60-year-old man suffering from pneumonia, was admitted — and three days later the hospital opened with 50 beds. For the first little while, there was no emergency department and just five medical and surgical cases were being admitted daily. The task of integrating the three founding organizations was formidable: the new hospital would combine the functions of a general hospital, a sick children's hospital and a psychiatric department as well as train nurses. Moreover, there was a shortage of nursing staff and hospital administrators were keenly awaiting the spring graduations of Toronto's nursing schools. In November, all beds were finally opened and North York, at last, had its community hospital.


ROBARTS DEDICATES NY GENERAL

VOICES

Everybody knew of a family – or belonged to one – that had faced the ordeal of snaking through traffic to a downtown hospital with a sick child or an expectant mother. Others had been on hospital waiting lists for six weeks or more.
***Toronto Star*, March 1968**

Toronto lawyer **Richard Rohmer** was part of a group of ratepayer associations and service clubs that got together to discuss the shortage of hospital beds in the fast-growing northern suburbs of Toronto. He prepared the application for incorporation of the hospital under the name North Metropolitan General Hospital Association and later served on the first Board of Governors of the North York General Hospital.

In the time that I was on North York Council, 1957 to 1958, a group of us in Don Mills somehow came together for the purpose of discussing the need for creating a new hospital that would accommodate the growing number of people moving into E.P. Taylor's Macklin Hancock-designed Don Mills. We could see a clear and obvious need for a hospital. We knew it would take a long time to get it organized and off the ground. What we knew was that none of us in the organizing group had any clout. We would have to go and recruit some wealthy and influential people to populate our board of directors. It took a while but that is exactly what we did.

The first person I approached was Colonel Clifford Sifton of the family that owned both newspapers and radio stations throughout Canada. The colonel was a hard-nosed First World War veteran who had fought at Vimy Ridge. He was a man of local residence, his large, prestigious home being located on the north side of Lawrence Avenue just as it met Bayview Avenue, which also had a huge arena where he and his family and others played polo. It was Colonel Sifton's agreeing to be on the board that gave us instant credibility.

Businessman **Clifford Sifton** headed the family holding company Armadale Co. Ltd., which owned newspapers and radio stations across Canada as well as the Buttonville airport north of Toronto. He was also Master of the Hounds at the Eglinton Hunt Club.

Constructing a hospital from scratch really is an exercise in building castles in the air. When we started out, we said, "let's, let's, let's," then we had to find out just what we could do with the amount of money we could raise.

The North York Mirror noted in 1968 that Mr. Sifton had to be talked into spearheading the effort to build a hospital.


NORTH YORK GENERAL HOSPITAL

15th MARCH 1968

IS DEDICATED TO SERVE THE HEALTH CARE NEEDS OF THE PEOPLE IN THIS COMMUNITY.

THIS NOTABLE CO-OPERATIVE ACHIEVEMENT STARTED WITH A WIDESPREAD SPONTANEOUS CAMPAIGN BY LOCAL CITIZENS JOINED BY THE MISSIONARY HEALTH INSTITUTE, CANADIAN MOTHERCRAFT SOCIETY AND THE I.O.D.E. CHILDREN'S HOSPITAL. THEY WERE ABLY ADVISED AND ASSISTED BY SENIOR MEDICAL CONSULTANTS & THE ONTARIO HOSPITAL SERVICES COMMISSION & WERE SUPPORTED BY BUSINESS, COMMUNITY & CHARITABLE ORGANIZATIONS, & BY GRANTS FROM CANADA, ONTARIO, METROPOLITAN TORONTO & THE BOROUGH OF NORTH YORK. TOGETHER THEY CREATED THIS INSTITUTION.

I.O.D.E. CHILDREN'S HOSPITAL

MISSIONARY HEALTH INSTITUTE

Premier of Ontario John Robarts dedicates the hospital on March 15, 1968.

In the beginning...
A group of citizens concerned with the critical shortage of hospital beds in the metropolitan area formed a hospital known as the North Metropolitan General Hospital to serve the fast growing population of North York.

Salute to our castle on the ground

NEXT month a dream comes true for hundreds of dedicated and generous North Yorkers.

Their "castle in the air," an eight-storey hospital to serve a community desperate for medical facilities, opens in late April.

The castle is already an impressive landmark on the borough horizon. It stands white and stately north of the Macdonald-Cartier freeway at Leslie.

The "castle" reference comes from a remark by board chairman Clifford Sifton. In a recent interview, he said: "Constructing a hospital from scratch really is an exercise in building castles in the air. The difficult part is turning it into


BUSINESS GIANTS BACK HOSPITAL

Ideally Located To Serve Growing Need In East End Of Township


NY general opens

Ontario premier John Robarts dedicated the gleaming $12.7 million North York General hospital at Leslie and Highway 401 Friday.

The hospital's 600 beds will be empty until the end of April while finishing touches are made and staff hiring continued.

Robarts called the hospital one of the largest and most modern in Ontario, at the ceremony attended by more than 400 guests.

This was created by partnership at all levels," he said. "There were 32 community groups, and 13,— 000 private contributors as well as financial assistance from the four levels of government."

The $3.5m psychiatric unit within the hospital was an example of the changing attitude toward mental illness, said Robarts. "People now realize that mental illness is just like any other illness," he said.

Robarts made the first purchase from the hospital gift shop (flowers for his wife) and was presented with a men's cologne set.

W. W. Nixon vice-chairman of the hospital board of directors paid tribute to hard-working chairman Clifford Sifton and unveiled a portrait of Sifton, a gift to the hospital.

"I doubt if the people of this community will ever fully know the extent to which they owe


This was approximately the stage of hospital construction when the Volunteer Steering Committee met in 1966. When the Hospital opened in 1968, volunteers contributed 383 hours in the month of April. In the month of April, 1976, they contributed 6,491 hours.

Mr. Sifton became a reluctant board chairman when his son Michael and several other board members pricked his conscience over lunch at the National Club.

"I had three reasons for saying no," the colonel recalls.

"I knew nothing about hospitals, I had proven I couldn't raise money and I was preparing to retire – to do less instead of more."

Purchasing the land

The hospital board – astute and influential – was not one to miss a land bargain.

Henry Farms, a piece of high land west of the Don River and North of Highway 401, was to be developed.

By this time, the board had secured from North York Township a $25,000 grant. That made it possible to acquire the land – 13.4 acres – for $95,000. William Nixon, vice-chairman of the hospital board, estimates it was worth twice the price.
***Toronto Star*, January 1968**

Clifford Sifton outlined why North York needed its own hospital.

Thousands of families in this predominantly youthful community have already had the need for a local hospital hit them forcibly in their own homes. Every day, children are being rushed to hospital many miles away because of injuries or sudden illnesses. It's at times like these, when minutes count, that the dangerous lack of hospital facilities in the area becomes a matter of great personal concern.

Donald Alcorn was a leader in the campaign to raise $600,000 for NYGH.

This campaign should be easier to sell than building projects for churches. Most of us know people are dying because hospital space isn't available.

Premier John Robarts spoke at the official opening on March 15, 1968.

This [hospital] was created by partnership at all levels. There were 32 community groups and 13,000 private contributors as well as financial assistance from all levels of government.

The North York Mirror exhaled after the hospital was officially opened.

Premier John Robarts pulled the curtain on a plaque commemorating eight years of planning, coaxing, occasional frustration and spontaneous enthusiasm that all began with a handful of concerned North York residents with an idea.

Endocrinologist **Harry Palter** joined NYGH in early 1968.

We finally twisted [administrator] John MacKay's arm and said, "You've got to get blood on the floor – it can't be all beautiful and lovely," and it got going slowly.

We were all young, we were all energetic and there wasn't really a bad one in the group.

Family physician **Stanley Bain** recounts coming to work on the day the hospital opened in May 1968.

There was an accident at 401 and Leslie and I'm driving up in the car and I get out of the car and here's this lovely little old lady who's been injured in the accident in a car. There was an ambulance there and the hospital emergency department was just opening. She was bleeding and so they took her there and she was the very first person in the emergency department! There was some sort of celebration because she was the first person.

The first **Annual Report** in 1969 looked past the giddy first few months of operation.

The year 1969 marks the end of the beginning. Our task now is to make this a hospital worthy of the effort that went into its creation. This requires that every person and every dollar be employed with maximum effect and that our objective be to meet our share of the health needs of this great and growing community.

Family physician **Joan Bain**, who had been one of 12 women of 160 students in her class of 1955 at the University of Toronto medical school, joined NYGH in 1968 when just 20% of the doctors' staff was female. Not everyone treated women equitably.

You learned not to see things and not to hear things because it wasn't useful. But I always felt supported by NYGH. I always felt comfortable here as a physician. When family members have landed in the hospital I've felt very comfortable with how they were looked after.

Urologist **Morton Brown** joined the staff in June 1969, from Toronto Western Hospital. He became Chief of Urology in 1990 and served in that position for 10 years.

I was tickled pink to be here. I was just a youngster. We were only two people in this department and somebody had to be available 24 hours a day, seven days a week. And so for quite a while, I'm not sure how many years, but I would venture to say it was at least 15 years, we were on call every night.

There was a great camaraderie here. We were mostly young men and a few women starting off our lives in medicine. We were building up our practices and helping one another, and we were comfortable talking about our patients' problems and how to deal with things and giving advice and consultation. I was a bit nervous because I wanted to do a kidney case, and knew I would have trouble getting an assistant. Yet I asked Dr. [George] Kay, and he agreed even though he was the Chief of the Orthopaedic Department. I was a little shaver of 32 years of age and he was a seasoned veteran and he was assisting me holding a protractor.


NY General hospital gets a new chief


N.Y.G.H. CELEBRATES IT'S FIRST BIRTHDAY

At one year, NY General's a bouncing baby

By GREGORY GLOVER


The Public Builds A Hospital

Gastroenterologist **Allan Hart** signed his papers to join NYGH in December 1967 when he was working in Cleveland and he started work at NYGH in July 1968.

Back in the early days, the president of the hospital spent as much time in the doctors' lounge as the doctors did – every morning almost. They wanted to be in there. Have a cup of coffee. "What's going on, guys?"

When the hospital opened, the rumour was that Mr. Sifton wanted a 601-bed hospital. Six hundred beds for the public and a bed for him if he ever needed it.

Lots of us brought our kids in on Sunday mornings to rounds. They'd sit at the nursing station and the nurses would give them a pencil and a piece of paper while we made rounds.

Cardiologist **Stuart Klein** joined NYGH in 1969 after working in New York, Boston and Ann Arbor, Michigan.

When I came here, Leslie Street was a two-lane dirt road down to York Mills. I lived in the first apartment at York Mills and Leslie. They took part of E.P. Taylor's farm to build that apartment and when I got up in the morning I could smell the horses around because that's where Northern Dancer trained (Winfields Farm).

There was tremendous camaraderie. We worked hard and we played hard. It turns out that we were having so much fun that the word got out that this was a really pleasant place to work and we had the largest number of intern applicants for years and years. The Toronto General Hospital – the big house – couldn't match us at all. Everybody wanted to come here.

Winnifred Miller became a volunteer in 1966 – two years before the hospital opened. She was on the North York General Hospital foundation for 17 years and served on the hospital board for two years. A half-century later, she was still doing a weekly volunteer shift, retiring in 2017.

In 1966, I got a letter from Velma Shoemaker asking if I would sit on a committee to get the setup for the women's auxiliary, because that's what they were called in those days. The first meeting was held in the Children's Hospital on Sheldrake Boulevard, which was run by the IODE. Mrs. Shoemaker was there along with John MacKay who at that time was the administrator of this hospital.

There might have been 12 of us there and we discussed how we were going to begin because there was nothing. We knew that we needed volunteers ready to go and that if we were going to have a gift shop we needed something to display and we had no money. So we had to raise money. So in the two years prior to the election of the first board of the Volunteer Services we were trying to get together a crew of volunteers and we were trying to earn money so we could stock the gift shop. And we achieved both of those goals. We had raffles, we had a garden party at one lady's house and things like that. We had an easy time getting the volunteers, actually. When the hospital opened, we had so many volunteers and the hospital opened bit by bit so we didn't have places for all of them.

NYGH Nursing

There was a good deal of boxes being ticked in the months before North York General Hospital opened its doors in 1968. Construction done? Check. Operating rooms kitted out? Check. Cafeteria ready? Check. Doctors hired? Check. Nurses? Well, not quite.

In fact, the shortage of nurses across Toronto posed a real concern for the opening of the 601-bed hospital.

"You can't open a hospital without nurses," warned Board Vice Chair W.W. Nixon.

Hospital officials had concluded that the solution to the nursing shortage was the establishment of a nursing school adjacent to the hospital. But the Ontario government said it had no money for this. "Well," said, Mr. Nixon and Board Chair Clifford Sifton, "then no hospital."

The province agreed to find a solution but weeks slipped by and, as Mr. Sifton later recalled, at every board meeting, "I was faced with 60 fellows asking 'what about the nurses?'"

Eventually, the province expropriated land across Leslie Street and the York Regional School of Nursing enrolled 600 students. (It didn't last long, however, as responsibility for educating nurses was shifted to community colleges.) Enough nurses were found to enable NYGH to begin accepting patients in May 1968.

But Mr. Nixon had made his point: the hospital was only going to be as good as its nursing staff. Luckily, for residents of North York and beyond, that staff turned out to be very good indeed.

Hundreds of nurses have come and gone at NYGH in the past 50 years, doing their part to cement the hospital's reputation for patient-centred care. Nursing has changed enormously in that period in keeping with trends in the larger society. Nurses became increasingly educated and men joined their ranks (about 10% of NYGH's nursing staff is male). They also became vital partners in clinical practice.

Karyn Popovich, NYGH's Vice President, Clinical Programs, Quality and Risk, Chief Nursing Executive (interim CEO in 2018), recalls, "I have had a long and fulfilling career at NYGH, having worked here for over 35 years in many different nursing roles. I've seen some practices come and go, and come around again," she says. "Nursing as a profession has matured in terms of practice in clinical care, education and leadership."

As a charge nurse, starting in 1981, she would accompany doctors on the rounds with a basket of charts. "I have fond memories of the way we worked with the physicians and interns. Physicians would make rounds to see patients, and as a charge nurse I would follow, bringing all the charts in a basket and taking verbal orders as we went along," she says. "Today we don't take verbal orders unless it's an emergency."

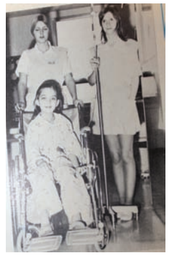
Relations with interns were quite collegial – the young doctors relied on nurses to teach them the fine points of clinical practice. "Interns would teach the nurses pathophysiology and the nurses would teach the interns the finer clinical skills so they could impress the physicians when questioned," remembers Ms. Popovich.

Just as nurses stopped wearing their caps and white uniforms, their relationship with physicians also changed. They became increasingly educated in physiology and theories of care, and learned to work as a team with doctors, physiotherapists and other health care professionals. It's no longer a case of the doctor dictating care. Today on the units, everyone's opinion is respected.

Karyn Popovich, Vice President, Clinical Programs, Quality and Risk, Chief Nursing Executive, and Susan Woollard, Director of Medicine, Critical Care and Elder Care.

Nursing station 1972.

Class of Nursing Assistants at Bethseda Training Centre, under the administration of NYGH.



Nurses at NYGH, and across southern Ontario, demonstrated their immense value in the SARS outbreak of 2003. The flaring of cases at NYGH – the so-called SARS II – proved especially difficult as health officials at Queen's Park struggled to combat it. Nurses watched their colleagues get sick – one even died – and they lived with a quarantine that set them apart from families, friends and neighbours. Many wondered if they were being told the whole truth about the outbreak or questioned whether their advice was being listened to. Still they came to work.

Bonnie Adamson, the CEO at the time of the SARS outbreak and herself a registered nurse, said her heart ached for her colleagues on the front lines.

"Here they are working in an environment where they're colleagues one day and the next day one of them is a patient with SARS and how do you know why one got it and not another?" she said.

"That was the surreal part of all this. I felt very badly for them. I didn't take it personally, but from a professional stance I knew that they were really suffering. It was tough work but they were committed and that was the beauty of the profession. The nursing profession is very, very committed to what they do and so they still do what they're expected to do."

Elma McLeod had retired from NYGH before the outbreak, but in her 30 years of 12-hour shifts in the emergency department she personified the dedication of nurses. She says she saw herself as an advocate for the patient and if that sometimes brought her into conflict with a doctor, well that was the way it was.

"Being a nurse, we're the front line, we're there 24/7," she said. "When the patient collapses at two in the morning, the doctor's not usually there and you have to do what's right for your patient until they get there and if they don't get there."

The daughter of one patient wrote, "I don't think patients and families appreciate the good work nurses do."

She praised one NYGH nurse for her gentle manner that calmed her father after surgery.

"There was a night when I told her my father had not closed his eyes all day," the patient's daughter wrote. "She stood at the end of his bed and talked so softly and with sincere care and told my father it was okay to go to sleep. My father did close his eyes even if it was for a brief time. He did not do this for anyone else, not even family."

Elma McLeod

Everybody knew Elma McLeod. For 30 years, she was the face of the nursing staff in the emergency department. From the day she arrived at North York General Hospital in 1971, she worked 12 hours a day and she always pitched in where necessary.

She stood up for patients. Some thought she was a "gentle tyrant" while others simply remembered her as a "firecracker."

This characterization was always contrasted against her stature. For the record, Ms. McLeod says she is 4 feet 11.5 inches tall. She says although she sometimes had differences with doctors, she had "excellent rapport" with them.

For example, Cardiologist Stuart Klein says, "Elma was a powerhouse. She was only two feet tall. She was very dynamic and when Elma spoke, you may not have been able to see her, but you listened."

And Plastic Surgeon Greg McCain: "Elma was an Irish lady about 4 feet six and ruled with an iron hand. You didn't cross Elma for anything."

Plastic Surgeon Joe Starr remembers her as "a wonderful nurse, extremely well-trained, capable" who ran a no-nonsense show. "If a surgeon came in and demanded something – as we often did, she would say what's all this fuss? Settle down. She'd go ahead and get everything we wanted. She was so wonderful to work for. She knew everyone on her staff, knew them well, knew their children, beloved by all."

Ms. McLeod was renowned for ensuring that her patients were comfortable and safe.

"Heaven help you if a patient asked for something and you didn't get it for them," recalls Dr. Isser Dubinsky, Chief of Emergency Medicine from 1986 to 1996.

CEO Tim Rutledge worked closely with Ms. McLeod when he was Medical Director of Emergency Services in the 1990s. He said they sometimes butted heads about procedures but he never doubted her commitment to her job.

"She was a strong voice for the patient and was also a strong voice for compassionate nursing care," Dr. Rutledge said.

1970s

1970: The Medical Arts Building on Sheppard Avenue opens. This makes the corner of Leslie and Sheppard a focal point for health care in the community. All 586 beds are opened.

1970: The first class graduates from York Regional School of Nursing, located across the street from NYGH. In 1973, the custodianship of nursing schools is transferred from the Ministry of Health to the Ministry of Colleges and Universities and Seneca College subsequently takes over the school's operations.

1972: Renovations to the emergency and occupational therapy departments are finished.

1973: Expansion of the laboratory, radiology, dietary and stores departments are completed.

1976: The Volunteer Services organization plants five trees on the patio at the rear of the hospital to commemorate its 10th anniversary.

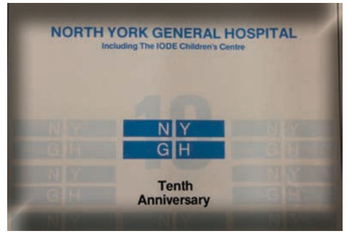
1977: The main lobby is refurbished and automatic doors are installed.

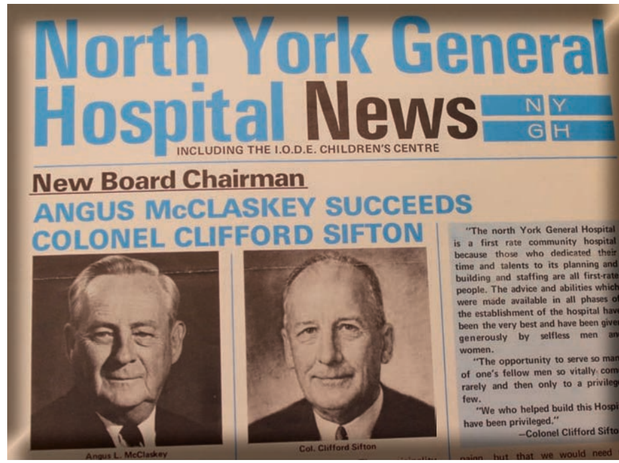
1978: Ambulatory care begins with an ear, nose and throat clinic, and programs in speech and language pathology and auditory-verbal therapy. Classes in diabetic education and a comprehensive maternal-infant program follow.

1978: The intensive care unit expands to 17 beds from 10.

Providing first-class medical care in the community

It was a time to get down to business and serve the community. That "castle in the air" that Clifford Sifton talked about had become a reality and the residents of North York had discovered they could find first-class medical care on their doorstep and no longer had to go to downtown Toronto. In 1969, the first full year of operation, NYGH admitted 11,509 patients for 128,794 patient-days and had 35,580 visits to the emergency department. The next year, 14,539 patients were accommodated with a total of 164,055 patient-days and emergency visits had nearly doubled to 60,645. And demand just continued to grow. By the end of the first decade, the hospital cared for 18,318 inpatients while emergency visits topped 105,000. In 1970, the board chair reported that the finances of the hospital were "in good condition." By the end of the decade, his successor was predicting a budget deficit. Given this growth, it was inevitable that the fun of the early days — the camaraderie, the parties and the hijinks — gave way. NYGH was maturing.




North York General Hospital News
INCLUDING THE I.O.D.E. CHILDREN'S CENTRE
New Board Chairman
ANGUS McCLASKEY SUCCEEDS COLONEL CLIFFORD SIFTON
"The north York General Hospital is a first rate community hospital because those who dedicated their time and talents to its planning and building and staffing are all first-rate people. The advice and abilities which were made available in all phases of the establishment of the hospital have been the very best and have been given generously by selfless men and women.
"The opportunity to serve so many of one's fellow men so vitally com rarely and then only to a privileg few.
"We who helped build this Hospi have been privileged."
—Colonel Clifford Sifto
Angus L. McClaskey
Col. Clifford Sifton

VOICES

J. Emerson Robinson, Executive Director from 1968 to 1980, reported on the dawn of the new decade.

The year 1970 was a year of consolidation. The earlier job of getting the job done was refined to getting the job done effectively and economically.

Angus McClaskey took over as Board Chair from Clifford Sifton in the summer of 1970 and served until 1975.

We all put in a little money and had a survey made. The survey indicated that we could raise $400,000 — enough for a 70-bed hospital. Today [in the summer of 1970] we have a $14-million hospital with beds for 600 patients. Col. Sifton provided the drive and the leadership that made that possible. So here we are today, with a cracking good hospital.

The North York Mirror saw the new hospital as a wonderful addition to the community.

North York General is a little more than two years old. Like any new institution, it has had growing problems. But in that short period it has become a source of pride in the area. It has still more to offer and we are sure it will serve the community well.

Fundraising continued even after the hospital opened. In the summer of 1971, **Jennifer Stobbs**, 12, and **Connie MacDonald**, 10, set up a booth in front of their North York house to sell soft drinks, stamps and chewing gum. In a letter, they sent along $3.35 and four unused pieces of gum.

"We decided to help out. The gum hasn't even been unwrapped."

Another young person, eight-year-old **Christopher Hewitt**, was also a fan of NYGH after visiting the hospital in 1970 for repairs to a four-inch gash he suffered when he ran into a stone wall while playing. He wrote a letter when he got home.

I want to say thank you for the kindness. I like you very much, you are so nice. All my stitches are out now and it did not hurt when they were taken out. I also want to thank you for the bottle of lemonade. When I got home, I had lots of nice things to eat.

Plastic Surgeon **Greg McCain** joined the hospital in 1972 from Purdue University.

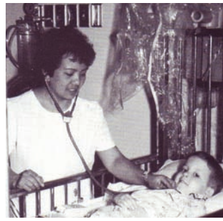
Even though we had expanded, we were still very much a cottage kind of hospital. We were sitting in the emergency waiting for people to come in. Now, can you imagine that today?

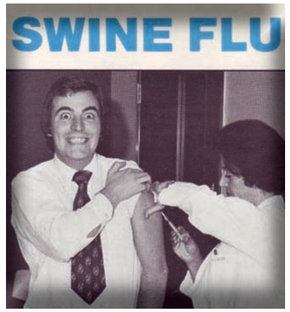
Laparoscope with the most up-to-date camera attachment.

Staff and Patients from 8N getting hands wet.

8N CAR WASH A SUCCESS

Medical school graduates from University of Toronto.





Angus McClaskey presents award to Mrs. Elaine Philips, Food Services Dep

Dr. Charles Palmer, President of the Medical Staff Association, presents Dr. W. Keith Welsh with a color portrait at the medical teaching library opening.

One of my very first days here I got called to the emergency department to see a boy who'd been in a car accident. I went into the operating room and there was the chief surgeon, an orthopaedic surgeon because he'd broken something, there was a general surgeon there doing his spleen, a urologist because he'd ruptured his kidney and I was there to sew up some things. And I thought to myself, here are five specialists all in one operating room all at one time doing this. I remember being a resident downtown and you'd be lucky to get two residents in the OR. Every one of these people had umpteen years of experience and were there for one purpose, and that was patient care. We didn't have a lot of interns and residents in the beginning so we did all the work and I think we built a great foundation, which meant that in the next wave, interns and residents wanted to come here.

We were and still are the envy of every plastic surgery division all over the country. And part of it is because we were a community. For instance, when I came on staff, Joe Starr, who was here ahead of me, he operated on Thursdays and I operated on Tuesdays and I used to keep an hour and a half on Thursday to come in to help him and he kept an hour and a half every Tuesday to help me. So, in other words, we really learned off each other and we worked together as a team.

The **Volunteer Services**, which had started in 1966, even before the hospital was open, was having a few problems with the changing fashions. Its April 1971 newsletter sought to maintain standards.

A few of you were a little upset about the recent pronouncement regarding our uniform. So, we would like to point out that some volunteers have taken the latest fashion decree to "do your own thing" to heart and in the past few months some very strange (to say the least) apparitions have been seen in the corridors at NYGH. Slacks or pantsuits are terrific and most of us are supporters of the style BUT under our smocks they leave a lot to be desired! You know our attitude – friendly, caring – and our appearance – neat, attractive – goes a long way toward creating the desired public image of our hospital to patients and visitors.

The board was more relaxed and voted early in 1971 to approve pantsuits for female employees, but not before some discussion, as the **NYGH News** reported.

The motion was fully discussed, moved and seconded. But before it was put to a vote, Angus McClaskey, the Chairman, asked if there were any further comments. A stalwart male governor spoke up firmly – "I'm against pants," he said. "Sorry," the chairman said, "but I must insist that you wear them."

Plastic Surgeon **Joe Starr** joined NYGH in 1970. He served as Head of the Division of Plastic Surgery for 10 years in the 1990s.

When I first came here, there was the coffee room, it was the doctors' lounge, and everybody would come. That includes the CEO of the hospital. In those days it was called the Executive Director, Mr. [J. Emerson] Robinson, and the Vice President of Medical Affairs, Dr. Cliff Smythe. Anyway, these two guys came in, put their feet up, we all smoked in those days. This was 1970, none of this knowledge about smoking was really around. So, we bummed cigarettes from each other, drank coffee, told stories and waited for a patient to come into the emergency room so we could all jump up and try to get him.

Cardiologist **Emory Burke** joined the staff in 1972.

The Head of Orthopaedics was a gentleman named George Kay. Wonderful Scottish brogue, a serious kind of guy that everybody was a little frightened of. One day Dr. [Harry] Palter came in after having fallen off his bike going over the front part of a car and broke his collarbone and came into emerg. George comes to see him and he says, "Well, Harry, we'll put that in a figure of eight and it'll heal in six weeks." I'm watching this and Harry is getting agitated and says, "Why don't you just put a pin in it so I can get back on my bike?"
"Well, Harry, give it some sweet time and it'll heal perfect."
"But George…"
"Nurse MacLeod, may I have a Valium, please?"
"But, George, I don't need a Valium, I'm fine."
"It's for me, Harry."

Occupational therapist **Maxine Peters** joined NYGH in 1974 and for the next 32 years witnessed the evolution of her profession and the hospital.

Occupational Therapy when I took it [at school] was all craft. You learned how to do crafts on the premise that activity in its inherent sense is therapeutic. And I still believe that. But over the years we got more practical. Can you go back into the community? Can you look after yourself? Can you do your job etc., etc.? And that involved not just the physical but the mental or cognitive. In the early days [when I was doing cognitive assessments], almost 98% were in English. By the time I left [in 2006], other languages were being spoken more frequently. It was a community hospital. My happiest years were here.

Nurse **Marilyn Bell Chenier** joined NYGH as a nurse in September 1968 when Sheppard Avenue was still a dirt road, and met her lifelong friend **Nancy Gallacher**, who started as the clerk in the emergency department three months earlier when it was just getting organized.

Marilyn: We had a lot of fun. There weren't that many rules in those days. We were very idealistic. We thought we were the best and we were going to give the best service.
Nancy: We did have some amazing laughs and some amazing cries.
Marilyn: Nancy was the chief cook and bottlewasher in our [emergency] department. She was the first person the ambulance crew saw, in the very beginning, the first person they registered with.
Nancy: We didn't have triage then.
Marilyn: No, we didn't have triage nurses. She was everything. We even kept a supply of socks and other clothing from our husbands. We even had winter boots. I'll never forget one day this man came in intoxicated and when he woke up he had nothing to wear. So we went down to the room and all we could find was a pair of female maternity pyjama bottoms. We gave him a ticket to go to the Good Shepherd and down he went to the bus stop on the corner in these pyjamas with only a drawstring to hold them up.

Dr. Russell Tanzer began working at NYGH fresh out of medical school in 1973 and continues to contribute to this day.

It was a completely friendly place. It was totally unlike downtown hospitals were like. They accepted a 25-year-old kid.

No one in the hospital ever said no to anyone who asked for help.

Security and a changing patient population

Providing a secure environment in a hospital such as North York General can be a tricky thing. There are many doors and most of them are open round the clock. And some of the people coming through the doors are troubled, agitated or confused.

Stuart Matheson, site supervisor for the contract security firm Paragon, says he and his 28 staff know they need to walk a fine line.

"Because it's a public building, we don't want to have ID checks at every door, which makes it intimidating to come in and get the help you need," he said. "It's a balance between being there and doing our job and not being an imposing presence." Mr. Matheson says he looks to hire guards who are good talkers who will talk out a situation rather than intervening forcefully. He has his own story to tell about a woman "who was having hard times" and was upset about being admitted.

"So, I sat with her for about two hours, just talking about nothing really but it was enough to calm her and make her comfortable," he recalled. "And I was able to use that with her on another day when due to a situation she got agitated and scared and she started to run away and fight back. I went up to her and took her hands and she just walked with me to where we wanted her to go."

However light the touch, the modern world of locked doors and guards in security vests who enter their shift reports into a computer is a far cry from the hospital's early days when security was almost non-existent.

Saul Goodman, a social worker who started at NYGH in 1977 and later served as Director of Mental Health, recalls the days when patients were free to roam the hospital and its grounds. But most of the patients that he saw were dealing with depression, and didn't have the mental health challenges of some patients who need help today. With the change in delivery of mental health services implemented by government, general hospitals, like NYGH, began serving the more acute care needs of those with more serious mental health issues along with highly specialized care in their local communities.

"If you walk through the unit today, you get the locked door, you get the security, you get the glass walls around the nursing stations, he says. "At the time [in the 1970s], there were no doors, it was wide open. It was a different population."

Maxine Peters, who started at NYGH in psychiatry, has the same memory.

"There were no locked doors when I was there," she said. "There was a restaurant [across the street] on Leslie and we were so familiar with the fact that our patients would go over there that we would phone them and say 'have you got any of our patients?' and they'd say 'you know, I think we do.'"

NYGH legendary Christmas parties

Work hard, party hard. That seemed to be the unofficial motto of the staff at North York General Hospital in its early years.

There were legendary Christmas parties and memorable interns' parties. Everyone on staff dressed up on Halloween and the men wore one-piece swim suits for the annual Big Swim fundraiser.

No one wanted to miss the Christmas holiday party in the late 1960s and early 1970s. It was the place to be for young doctors and nurses and, decades later, they recall it with a smile on their faces.

It was simple enough, not much more than skits – each floor of the hospital was responsible for devising one – and music. The event started soon after the hospital opened in 1968 – everyone agrees that the show had a certain exuberance.

Cardiologist Stuart Klein was the emcee and he would start the night with a 10-minute monologue that would, as Plastic Surgeon Joe Starr recalls, "take a crack at everybody we could think of."

Endocrinologist Harry Palter would join in as the serious guy – Dean Martin to Jerry Lewis – and he says that "we were careful but sometimes we crossed the line a little bit."

"It was a little racy," agreed Dr. Starr, who arrived at NYGH in 1970 and became a convenor of the party along with Dr. Klein. "We had a big auditorium. We filled it year after year, one night only. It was topical stuff. The funny thing is, we were supposed to be the censors. We couldn't censor anything. We were worse than the whole bunch of them put together. We had such fun and everybody – everybody – enjoyed this show so much."

Despite the occasional lapses of taste (or perhaps because of them), he said that everybody wanted to get in on the event.

"All the interns spent their first six months training for the event," he recalled. "It was the event of the year, standing room only, people were fighting for tickets. It was tremendous."

Dr. Rick Penciner, Director, Medical Education, recalls there were two events a year when he interned in 1991. He remembers it as a relief from the "challenging and stressful year" that interns endured as they rotated among specialties.

"We would write these satirical sketches, kind of like Saturday Night Live, about medicine and internship and we would perform them and sell tickets to the entire hospital," recalls Dr. Penciner.

1980s

1980: New parking deck construction completed for patients, visitors and staff.

1982: A CT scanner is installed at a cost of $1.5 million.

1982: The first regional antenatal genetics laboratory and counselling service outside a teaching hospital is established.

1985: The first phase of the Seniors' Health Centre, containing 60 beds, is completed. It features a multidisciplinary day hospital program as well as a chiropody clinic.

1986: A $1 million fundraising campaign is launched to provide for a number of priority projects for which government funding was not available.

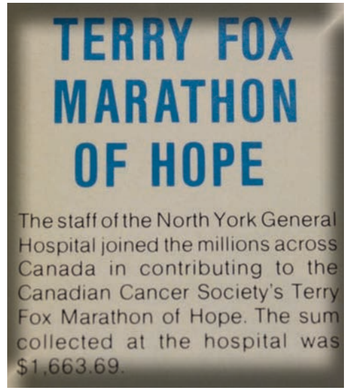
1987: The Ministry of Health approves a 60-bed expansion of the Seniors' Health Centre.

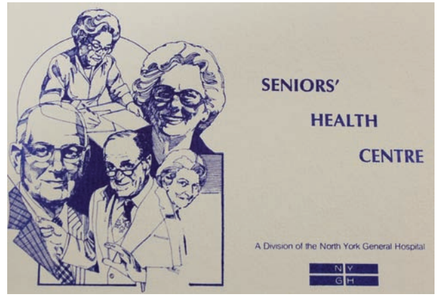
1988: A $3 million contract is signed with University of Alberta Hospitals for a computerized patient care information system.

1989: Construction begins on the $10.8 million emergency department redevelopment. As well, the chemotherapy clinic opens, giving cancer patients better access to treatment.

Brave new world

It was a changing of the guard as J. Emerson Robinson, Executive Director, who had led the hospital since its doors opened, stepped down. The fun days — the free-spending days of a start-up enterprise — were clearly over and initial comments in annual reports of the 1970s about the challenges of "constraints" in financing soon gave way to frank discussion of the consequences of government underfunding. Inflation was rampant and the physical plant needed expansion to take account of the new services that North York General Hospital was adding to serve a population that was growing and also aging. Despite the concerns, however, the hospital continued to emphasize the positive; annual reports always talked about progress even in the face of adversity. The first public fundraising campaign since the 1960s was launched and the first strategic plan was created to bring some order to the new world.





VOICES

James McNab, Executive Director, from 1980 to 1985, reflected on the hospital he inherited from the first Executive Director J. Emerson Robinson.

Physically it was fine, organizationally it was fine.

A year later, with government funding falling short, I was concerned in the face of government restraints.

During the 1980–81 fiscal year, North York General, along with other hospitals throughout the province, confronted a major problem: how to maintain a full range of services in the face of ongoing government constraints. Although we were able to maintain our high quality of care and continued to deliver an extensive range of essential services to our community, we incurred a major deficit in doing so. Obviously, high inflation, limited government funding and the continuing demand for quality health care services cannot co-exist indefinitely. Something has to give. We were striving to ensure it is not the quality of the health care services we provide.

That concern deepened in the 1981–82 annual report from Mr. McNab and Board Chair **Douglas Berlis**.

North York General Hospital first opened its doors to the community in 1968 and is now at the stage where the need to replace equipment becomes increasingly vital with each passing year. Some of our equipment is obsolete and much of it is wearing out. There is no doubt we face difficult days ahead before we obtain the additional space, equipment and financing we need.

By 1984, **James McNab** and Board Chair **Arthur Walker** noted the "belated though welcome" injection of $110 million into the Ontario health system and reported that NYGH had recorded a surplus in the previous year. That black ink continued the next year, but there was anxiety about the growing backlog of long-stay patients in acute care beds.

This is the result of a lack of alternative care facilities and ambulatory service options, and the situation has forced the occupancy of remaining beds to very high levels with consequent cancellations of elective surgery.

Hume Martin, who served as president from 1986 to 1989, reflected on the state of NYGH as it celebrated its 20th anniversary in 1988.

NORTH, THE TORONTO STAR, TUESDAY, NOVEMBER 25, 1980

Hospital's cardiac ward enters nuclear age

By Joseph Hall Toronto Star

North York General Hospital's cardiology ward is moving into the big leagues of medicine, using nuclear technology to plumb the secrets of the heart.

The hospital's nuclear cardiology unit, which was unveiled last week, will allow a specially trained team of doctors and technicians to probe for weaknesses in heart tissue without the use of more dangerous and expensive traditional techniques.

...with a thallium scanner, which plots weak spots in the heart tissue using state-of-the-art computer equipment, says Dr. Douglas Shatz, the unit's director.

"What it allows us to do is look inside the heart chamber in a non-invasive way," Shatz says.

Patients using the equipment are placed on a treadmill, then injected with a harmless amount of radioactive thallium when the heart reaches its maximum stress level.

When the heart, which is monitored by an electrocardiogram, reaches that point, the patient is put on a scanning table, where computer images of the heart are generated and examined by the physicians on the machine's four screens.

"The thallium reaches the blood vessels in the heart muscle and the scanner picks it up, allowing us to trace constricted or damaged vessels," says Dr. Douglas Lutelsky, who was trained on the equipment at Toronto General Hospital.

"It allows us to locate defects in the heart and prescribe either medical therapy — just pills — or surgery," Lutelsky says.

In many cases, the scanner eliminates the need for angiograms, which require doctors to snake tubes through blood vessels directly into the heart.

"This (the angiogram) is an excellent technique but it's dangerous (about 1 in 1,500 patients die) and expensive," Lutelsky says.

North York is the first community hospital in the Metro area to be equipped with a cardiology unit, which will...up to 30 patients a week...operational.

"It will mean many...tients from the area can st...area and not have to b...downtown hospitals for t...Shatz said.

Art Walker, chairman...board of governors at Nor...General, said the unit wo...the hospital at the forefr...community hospitals in Ca...

VEGETABLE GARDEN THRIVES AT SHC

(left) Lieutenant Governor of Ontario, Lincoln Alexander, unveils plaque presented to the Imperial Order, Daughters of the Empire (IODE). The IODE Children's Hospital was one of NYGH's founding partners.

Admitting Department.

As we have said before, when a Hospital nears its 20th birthday, we face the prospect of saying good-bye to those employees who have been with us since the early days. One such person is **Millie Rowe, RN,** who retired in February after over 18 years at NYGH. Millie is seen here ready to cut the cake at the retirement tea given for her by PAC and Day Surgery staff.

The environment generally was we needed to fundamentally shift what hospitals did and how health care worked. I wouldn't say we were anticipating an elderly tsunami, I mean that's just hitting now. But we knew that our capacity as a hospital to serve the tremendous volume of emergency and other patients we had was going to be compromised if we didn't develop better abilities to get people to go back into the community into a more appropriate environment, and that's the Seniors' Health Centre. Under Murray's [MacKenzie] leadership [in the 1990s] it became much more a continuum of care in terms of ambulatory, complex elderly patients as well as people requiring nursing home care. Our vision at the time was we need dedicated capacity. At that time, I think it was a fairly aggressive move to: a) build a nursing home and b) to finance it and do it on a not-for-profit basis. The standards were so tight and the finances were so tight that it was really hard to do it and not be a burden on the hospital.

In 1986, the **North York General Hospital Foundation** launched a $1 million fundraising campaign for projects the government would not finance. It was the first fundraising campaign since the hospital opened and it was a success thanks, in part, to some innovative tactics, as the **Annual Report** of 1987–88 outlined.

On Marjorie Chin's desk in the patient accounts department at North York General Hospital there sits a large green glass jar with the word "Donations" carefully cut out of construction paper and taped to the front. Every day, the patient accounts staff happily accept donations from patients and visitors and deposit them through the narrow neck of the glass. They raised over $2,000. This simple jar is a perfect example of the sort of community spirit that exists between hospital staff and clients when it comes to raising funds and friends for North York General Hospital.

Hume Martin recalls how the Board of Governors launched the hospital's first strategic planning committee in 1987.

Management began to assert itself. We wanted to pick and choose what our strengths were going to be, where we were going to focus our resources. To my mind, it was essential and it resulted in things like the first IT contract that we signed in 1988. We began to put in place a more comprehensive information system. Without a strategic planning process I don't think we would have begun to make those choices in a coherent way. We were just becoming more corporate, to use the language.

In the 1989–90 Annual Report, CEO **Murray MacKenzie** and Board Chair **Wayne McLeod** surveyed the landscape and saw lots of black clouds.

Rarely does a day pass without the news media covering the tremendous challenges and changes to the health care system in Ontario. The pressures are formidable – financial constraints, an aging population, increasing incidence of cancer and stress-related diseases, technological development, overcrowding, particularly in the emergency department, and difficult access to both acute and long-term care beds.

As we look to the future, we will continue to search for innovative ways to deliver excellent care in a cost-effective manner. Our average length of stay will continue to decline and services will be provided on an ambulatory care basis. Community assessment and outreach will enable more patients to receive care on an outpatient basis.

Dr. Isser Dubinsky, chief of emergency medicine from 1986–1996, joined NYGH from another hospital and found a place that encouraged learning, teamwork and innovation. There was an attitude in the hospital that said we're in this together, we'll solve this together and we'll compromise with each other, we will support each other even if we have different perspectives to start with.

There was a real consensus building, affiliative style of leadership, a real interest in providing physicians within the organization with a voice, a real interest in ensuring that all parties were spoken to and heard from, an acceptance that we worked as a team to meet the health care needs of the community and that was the first priority.

There was always scientific, technologic and educational innovation taking place.

In May 1980 the Board of Governors approved plans to proceed with renovations and **NYGH News** reported the expansion of its Day Surgery Unit.

This project will provide the hospital with an expanded Day Surgery Unit and an updated Admitting Department. A security office will now be provided in the admitting area. The new Day Surgery Unit will relieve pressure on the in-patient beds and complies with Ministry of Health policy with shifting in-patient care to out-patient care. Most importantly, it will provide essential surgical services to our community at a reduced cost to the tax payer.

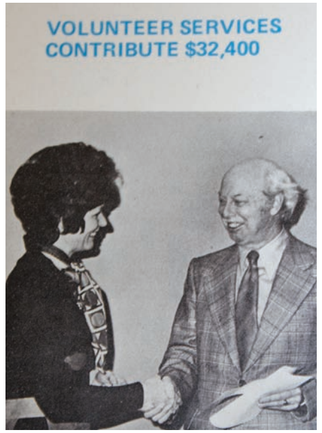
Lionel J. McGowan former member of the North York General Hospital Board of Governors passed away June, 1980.

Mr. McGowan served as Vice President of the Board and Chairman of the Building Committee from 1963 to his retirement from the Board in 1974. He played a prominent role in the planning and construction of the hospital.

Hospital News Toronto and Region depicts the unveiling of a historic plaque presented to the IODE (Imperial Order, Daughters of the Empire) in 1988.

In recognition of the 87-year-old organization's national and historical significance, Lieutenant Governor Lincoln Alexander unveiled the plaque of recognition at North York General Hospital.

Ontario Premier John Robarts, was the first official customer of the Gift Shop run by NYGH Volunteers, March 15, 1968.



NYGH Volunteer Services

North York General Hospital has been served by volunteers even before it opened its doors. Volunteer Services was founded in 1966, two years before patients were admitted, as the Women's Auxiliary and has supported the hospital in its fundraising and public relations efforts ever since.

More than 200 volunteers worked 2,274 hours conducting tours for 10,000 people before the hospital was officially opened.

Money was raised to stock the North York General Volunteer Services Gift Shop, and by 2016 the shop had contributed more than $7 million to support quality care in the hospital. The shop is still going strong. A team of almost 100 volunteers keep the shop operating seven days a week. There is NO paid staff.

The Gift Shop is the primary source of revenue, but the Projects Committee plays an important part of the fundraising efforts as well.

The Projects Committee has organized many worthwhile fundraisers; there are regular Book Sales and Garage Sales, there were dinner dances and fashion shows, and the "Quilters" produced magnificent quilts, which were successfully raffled off and raised considerable funds.

Volunteer Services' current pledge is $3 million for the Volunteer Services Centre for Medical Imaging. This pledge is close to completion.

When the Seniors' Health Centre opened 32 years ago, the volunteers were given the opportunity to manage a Tuck Shop, not to raise money necessarily but for the convenience of the residents and staff.

In addition to fundraising, volunteers have contributed countless hours of service. They serve in almost every area of the hospital. One important area is the Information Desks. The main desk is manned from 7 a.m. until 7 p.m. every day of the year (including Christmas). As well as directing and guiding patients and visitors, they handle ALL incoming and inter-hospital mail.

One of the Founding members/Past President noted, "In the early days, most volunteers were women who did not have careers but were looking for interesting and worthwhile activities outside their homes. Now, volunteers are often retirees, men and women interested in community service, students and new residents looking to integrate into the community while volunteering their time."

The face of volunteers has changed over the years. We are now a very diverse community and we welcome one and all. Today there are more than 675 volunteers including three Founding Members giving of their time in nearly 50 different areas throughout the hospital.

VOLUNTEERS CONTINUE TO MAKE A DIFFERENCE.

1990s

1992: Canada's first electronic data link allows hospital to receive images immediately from the magnetic resonance imaging centre at Sunnybrook Health Sciences Centre.

1993: Mila Mulroney, wife of Prime Minister Brian Mulroney, opens $12 million expansion of Seniors' Health Centre.

1994: A fundraising campaign, Getting Better Together, reaches its $40 million goal.

1994: Four labour, birth and recovery rooms open as part of Maternal/Newborn Program redevelopment.

1996: Volunteer Services celebrates its 30th anniversary, and completes a five-year campaign to raise $1 million for the labour and delivery unit.

1997: Grace's Place opens, which allows parents to stay with their children right up to surgery.

1997: The Health Services Restructuring Commission directs NYGH to assume management of North York Branson Hospital and orders an ambulatory care centre to be developed there and operated by NYGH.

1997: The BMO Financial Group Breast Diagnostic Centre is opened.

1998: North York Branson Hospital becomes part of NYGH and is renamed the Branson Division of NYGH.

1998: The Charlotte and Lewis Steinberg Familial Breast and Ovarian Cancer Clinic, a service of the genetics program and the first clinic of its kind in a community hospital, opens. It provides DNA testing and counselling for women with a high risk of developing an inherited form of breast cancer.

1999: Construction starts on a $78 million redevelopment of the main hospital site.

1999: The Freeman Centre for Palliative Care launches its outreach program to bring physician services into the homes of terminally ill patients.

1999: An accreditation report says "this progressive organization is excellent in all areas and can be viewed as a quality model."

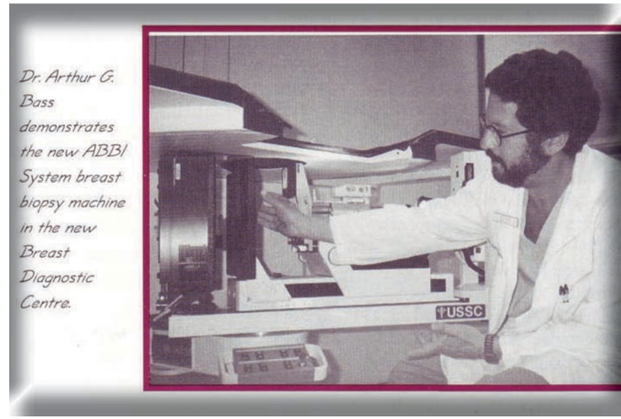
Tough decisions in changing times

After a few relatively placid years, the drama outside North York General Hospital's gates intensified. A New Democratic Party government elected in 1990 was committed, in principle, to robust social programs, but it wasn't certain that hospitals and other health care providers deserved to be at the centre of the system. In addition, it soon found itself swimming in red ink and undertook deep budget cuts while overriding the wage provisions of many collective agreements.

A Progressive Conservative government that took office in 1995 made the cuts even deeper and the hospital was forced to let go 70 full-time equivalent staff positions with the prospect of a further 70 job losses later that year. "The past year has been extremely painful," the Annual Report lamented.

As if that weren't stressful enough, a provincial commission in 1997 directed NYGH to take over the administration of North York Branson Hospital, which caused a furor in that community and fears that it would lose its hospital.

As all of this was unfolding, NYGH continued to expand its services to the community and celebrated its 25th anniversary.



VOICES

Annual reports in the 1990s provided gloomy reading. The 1991–92 report by CEO **Murray MacKenzie** and Board Chair **Wayne McLeod** looked back over a year of change and "enormous financial pressures."

This past year was one of unparalleled turmoil and stress within the health care system. It was a period when many hospitals and other health care organizations began to fundamentally review their role and the way in which they provide service.

A year later, the 1992–93 report found the challenges faced in the previous 12 months were "some of the most daunting" in NYGH history.

A 1993 **NYGH Strategic Plan** assessed the intentions of the New Democratic Party government, which had cut the hospital's base budget by $2.97 million as part of its efforts to tackle a growing provincial budget deficit.

The current stringent fiscal environment will continue and could further intensify. There is no reason to expect that hospitals will be allowed any special treatment. In fact, the prevailing view of hospitals in government central agencies is that they are a low fiscal priority.

In the short and medium term, [the prospect of further funding decreases] presents a bleak fiscal situation for North York General. Despite its very high level of productivity, North York General may be faced with some tough decisions about the continuation of existing programs. It will be important that the Ministry [of Health] realizes the folly of curtailing highly efficient programs at North York General.

Murray MacKenzie, who served as CEO from 1989 until 2002, dealt with Ontario governments of all three political parties in a period of severe financial restraint. More than a decade later, he reflected on his experience.

You had to certainly understand their perspective. They weren't out there to be bad. They are actually out there to do their very best they could for the people of Ontario. And as long as you could talk to them in terms of their priorities they would listen to you and what your priorities were. That's not to say they could always help you but often they did whatever they could. We got a lot of little breaks here and there and when additional money did come available, we were one of the very first to know that it was to come available and we got prepared to position ourselves to take advantage of what little there was.

Emergency Department team.

Campaign surpasses $40 million goal

It took only three years to raise an incredible $40.1 million to fulfil the hopes of the Getting Better TOGETHER Campaign. The feat was celebrated by members of the Hospital "family" on June 20 with a Dixieland band and a giant hospital-shaped cake.

Guest of honour, North York Mayor Mel Lastman, praised medical staff, employees, Board members and volunteers for their early lead in the campaign. President Murray MacKenzie said the campaign was the third largest health care campaign in Canada, and thanked everyone for their tremendous support and commitment.

Dr. Walter Hambley and Barbara Jean Murdoch-Brien, Co-Chairs of the Hospital Staff Division, thanked everyone who participated, noting that there were hundreds of donations from staff, totalling $500,000. More than $150,000 was contributed by the Staff Fundraising Committee.

Dr. Isser Dubinsky, Chair of the Medical Staff Division, said the level of support by physicians shows their pride in NYGH.

The Campaign means better care for NYGH patients -- from newborns to seniors. The projects funded by the Campaign are: an Emergency Department expansion; a Seniors' Health Centre expansion; the purchase of high-tech diagnostic equipment; expanded and renovated maternal and child care facilities; and a new educational complex and medical library. With the exception of the educational complex, all the projects are now completed or underway.

Special thanks go to the chair of the Campaign, Brian Steck, CEO of Nesbitt Thomson Inc., and Vice Chairman of the Bank of Montreal, and to the Campaign volunteers who made the effort a great success. And of course, all the staff and other members of the Hospital family deserve thanks and congratulations!

Sources of Funding

Celebrating the conclusion of the $40 million Getting Better TOGETHER campaign are Dr. Walter Hambley, Barbara Jean Murdoch-Brien, Wayne McLeod, and Dr. Isser Dubinsky, who helped lead the Hospital Family to its $4.4 million contribution.

Checking out the new equipment...Birthing Suite staff show off the monitors that are part of the new obstetrical information management system, launched in September. From left are Janice Saroop, Susan Kwolek, Cheryl Armstrong, Geri Brick, Joy Symes and Dr. Man Fan Ho.

A new delivery for Birthing Suites

In terms of the ministers and the relationships, part of it was that I had a relationship as the hospital CEO, but on various occasions I was also holding other roles. One of those roles was with Elizabeth Witmer when I was chair of the Ontario Hospital Association. I met with Elizabeth all the time on behalf of all the hospitals in Ontario and we got to be actually, I would say, pretty good friends. I made a point that I wasn't going to embarrass her. I never think that's a good strategy and I would work with her and provide her with evidence about what made the most sense given the constraints that the government was working with. I, very effectively, gave her the sorts of information that her staff and her ministry were unable to give her or chose not to give her, I'm not sure which, and I think she found that very helpful. It meant that when you needed her to take your call, she would take your call and listen to you. I mean, if you've got an impossible situation, if you know the minister at least knows what you're facing and knows that you have emergency nurses coming into your office and calling because they can't provide the quality of care that they want to provide, she knows that too, and she feels it. I'm giving her ammunition to take to cabinet too. That's not to say the government could manufacture money out of nowhere but I know that during the period that I was Chairman she found $1.3 billion extra dollars for hospitals, which I felt pretty good about and, obviously, North York benefited accordingly.

Cardiologist **Joe Starr**, who joined NYGH in 1970, reflected on the changes at NYGH by its 25th anniversary.

Things did change. If you don't change with the times, you're going to get left behind. Computers came in, we all had to get used to using computers to admit our patients. I miss those days when I could write my orders.

Tim Rutledge joined NYGH in 1996 as Chief of Emergency Medicine after nine years at Mount Sinai Hospital. He became Director of Medical Education in 2007, Vice President of Medical and Academic Affairs in 2008 and CEO in 2010 to 2018.

The hospital had a positive reputation but it struck me very early that this was an organization that had a culture of "how can I help?" It went beyond the physicians of course. There was this collegial team spirit that involved the nurses and all other staff.

It goes back right to the beginning of the hospital. The people that brought this together had this very responsible attitude in terms of their role in the community. We were here to serve this community with excellence.

North York Branson Hospital came onto the NYGH radar in 1997. A **Ministry of Health bulletin** in July signalled a change in the operations at NYGH.

The [Health Services Restructuring] Commission amended its direction to close North York Branson Hospital. Upon further review of the health needs of the population, the HSRC recommends that North York Branson and management of North York Branson Hospital will be transferred to North York General Hospital.

A month later, at a community meeting on June 3, **Murray MacKenzie** acknowledged that not everyone was happy with the events.

I am sure that some of you are still angry and upset about the commission's decisions. The past several years have been very difficult for the community served by Branson Hospital. The Branson community mounted an excellent campaign to save the hospital and keep services in the community. The community is to be commended for its loyalty.

Some might say that you did not succeed because Branson will close as an inpatient hospital. But instead of closing the hospital and losing all services, the commission recognized the large number of seniors in this community and understood the need to maintain access to health services for this vulnerable population. They decided that the Branson site should be converted into an ambulatory care centre with a special focus on seniors.

Two decades later, **Murray MacKenzie** reflected on the controversy over Branson.

The directive was for North York to take over management and administration and the provision of services at Branson.

What we did was look at all of the options that were in front of us over time. We streamlined the management structure. By and large, the North York managers became the managers of the united organization. Some of them were assistant director types of roles and they became directors of the whole organization in time. And for some of them we created new roles, we found niches here and there.

I heard some horror stories in other organizations where it didn't work, but I think the Branson-North York get-together was probably the most successful in the entire province in terms of people.

Dr. Stan Feinberg, Chief of Staff and Chair of the Medical Advisory Committee at North York General Hospital, recalls the early days of transition with North York Branson Hospital to NYGH in the late 1990s.

The news of the Branson merger really came as a shock to staff at Branson. It was a family type atmosphere, with long-time employees. As Branson has its origin with the Seventh-day Adventist Church, a healthy lifestyle for staff was always encouraged there as reflected by an all-vegetarian cafeteria, no stimulants allowed – including caffeinated colas, and a regular senior management outdoor run.

None of us were sure what our status would be at a new organization; and it involved a split of services between NYGH, Humber River Hospital and York Central Hospital.

In the end things worked out. Patients were able to access more and better services. Being part of a larger organization with more depth in skills and varied practitioners was a very positive outcome.

NYGH is, and remains, a key infrastructure to the community. Since I live in the community, I interact socially with people every day who seek their medical care at NYGH. As the city gets larger and more challenging to navigate, patients value getting top-quality health care close to home.

North York General Foundation

Just as an army marches on its stomach, a hospital moves forward with money. For North York General Hospital, this has been true since the early days when its boosters wrote cheques because they wanted a hospital in their backyard.

Others, not quite so affluent, conducted door-to-door canvassing, collected quarters and dimes from spectators at an air show and, later, brought in their supermarket cash register receipts to buy TVs for patient rooms. Some $600,000 of the $3 million building fund campaign of the early 1960s that helped pay for the hospital came from the general population.

In other words, the community has always been there for the hospital. And that's just as true now as it was 50 years ago.

The connection point is the North York General Foundation, which for decades has raised money that supplements government funding and allows the hospital to provide the advanced level of care that its patients need. Since 2008 it has raised more than $146 million, which has funded critical equipment replacements and upgrades, new technology and research initiatives, even as Ontario government funding is trimmed.

The foundation operates separately from the hospital. It has its own board of governors and it produces its own financial statements. But President and CEO Terry Pursell is aware that most people don't separate the hospital and the foundation. She thinks it's important that they don't because the touch-point of door-to-door canvassing disappeared years ago.

"The foundation brings the community to the hospital outside of any episodic health care," Ms. Pursell says. "It gives them the opportunity to connect to the hospital."

The foundation believes that personal experience remains the basis of philanthropy. This is as true for the major donors as it is for those who participate in a foundation-sponsored gala or golf tournament. Staff and board members seek to turn experiences with the hospital, as patients or friends and relatives of patients, into donations. The aim is to leverage a few hours, days or weeks of patient care into an enduring relationship with NYGH.

Fundraisers in the 1960s knew the importance of the personal appeal. A 1964 handbook for volunteer fundraisers offered this advice when meeting a potential donor: "Tell him why you decided to work for the campaign. This should be a personal statement, made sincerely and with conviction. Make it clear to him you have already pledged your personal contribution."

The foundation recognizes the fundraising world these days is cluttered with appeals, but it still believes people still give to people just as they did when someone knocked on their door.

"The hospital wouldn't be here if it weren't for volunteer and community dollars," says Ms. Pursell. "People give to this institution because of their relationship with staff, their physician, their nurse or their relationship with a volunteer."

The list of major projects financed by the foundation since 2010 is impressive. For example, it's the sole funder of the $8 million redevelopment of Phillips House. The heritage estate near the hospital will become an outpatient mental health care facility for children and youth. It has also contributed $6.8 million to the medical imaging department, $5.3 million to the redevelopment of the emergency department and over $20 million to research and innovation.

As the hospital's first half-century was drawing to a close, the foundation remains committed to give medical staff, health professionals, researchers and capital planners the resources they need to create a better hospital experience for patients, right here in your own backyard.

Clockwise: Lewis & Charlotte Steinberg, Rudy & Rita Koehler, Yetta & Zoltan Freeman, and Gulshan & Pyarali G. Nanji.

Families such as these have been supporting our hospital before we even opened our doors.

2000s

2000: New openings include the expanded Emergency Department and MRI Centre, as well as the Community Care Centre and Ontario Breast Screening Program at Branson.

2001: NYGH becomes the first hospital in Canada to offer integrated prenatal screening, to reduce the rate of false positives for certain birth defects.

2001: A new 32-bed wing at the Seniors' Health Centre opens.

2001: The ED is renamed the Charlotte & Lewis Steinberg Emergency in honour of their $2 million donation.

2002: The $4.5 million Tippett Foundation Neonatal Intensive Care Unit opens; acute palliative care begins thanks to a gift from the Freeman Family Foundation.

2002: Bonnie Adamson became President and CEO.

2003: The new southeast tower and expanded south wing open.

2003: NYGH is at the centre of a second SARS outbreak, forcing the closure of all hospital services for six weeks. Nelia Laroza, a registered nurse, is the first Canadian health care worker to die from SARS. NYGH is a leader in the Toronto Rocks music festival that marks the end of the SARS outbreak.

2004: Canada's largest clinical genetics facility opens.

2006: The Cataract High Volume Centre opens at the Branson site in a partnership with Markham Stouffville, NYGH and Humber River Regional hospitals.

2007: The Gale and Graham Wright Prostate Centre opens at the Branson site.

2008: NYGH becomes the first hospital in Ontario where every cancer surgery patient has their operation within the priority target time.

2010: Dr. Tim Rutledge, who was the Medical Director of Emergency Services and Chair of the Medical Advisory Committee, became President and CEO

You get through things with your colleagues

It was a decade of searing trauma and remarkable transformation. At Queen's Park, the fiscal chaos of the 1990s had abated and North York General Hospital embarked on a massive redevelopment. "We are building a health care facility for the 21st century," noted the first annual report of the new millennium. But the improvements — including an expanded emergency department and the new southeast tower — were overshadowed by the tragedy of severe acute respiratory syndrome (SARS) outbreak of 2003. For nearly five months, the staff worked in what many note was a "surreal" atmosphere as they stared fear in the face daily and cared for patients with SARS, including their own colleagues. The outbreak was eventually contained — although it tragically took the life of nurse Nelia Laroza — but the hospital didn't return to business as usual. There were hard conversations about individual and government responsibility. The Infection Prevention and Control Program was reinforced and a new philosophy was instituted that made all staff responsible for protecting public safety.

Construction of the new south east tower and expanded south wing.

VOICES

Mr. Justice Archie Campbell led the Commission to Investigate the Introduction and Spread of SARS in Ontario, which submitted its final report in December 2006.

SARS was a tragedy. In the space of a few months, the deadly virus emerged from the jungles of central China, killed 44 in Ontario and struck down more than 330 others with serious lung disease. It caused untold suffering to its victims and their families, forced thousands into quarantine, brought the health system in the Greater Toronto Area and other parts of the province to its knees and seriously impacted health systems in other parts of the country.

Dr. Tim Rutledge, President and CEO (2010 to 2018) of NYGH, was the Medical Director of Emergency Services at the time of the SARS outbreak.

The first cases appeared at Scarborough General Hospital. We had heard that there were some serious cases of pneumonia there, some of which were rapidly fatal. Then we began to see a few cases of this horrible pneumonia in patients who had been in the Scarborough General Emergency Department. I remember seeing one in the first week or so in our ED – an elderly woman who initially seemed to have a typical pneumonia.

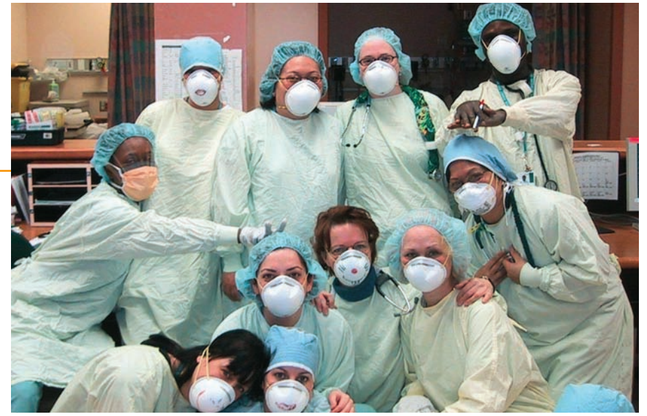
It was so early in the outbreak that I didn't realize how important it was that she was in that department. We didn't know how transmissible it was. It turns out that it was very transmissible.

She had a patchy infiltrate in one lung on her initial chest x-ray. Early in my shift I referred her to internal medicine for admission. As the hours of the day went by, she got sicker and sicker. By the end of my shift, a repeat chest x-ray revealed that both of her lungs were whited out with inflammation. By this time she required admission to the ICU, however, ours was full at the time. We found an ICU bed for her at one of the hospitals downtown.

She was so sick that she needed to be transferred by ambulance with a physician in attendance. I was at the end of my shift and people were quite anxious about what this case was, so I decided to do the transfer. I put on a simple mask, gloves and a gown. Fortunately, I didn't need to intubate her in the ambulance. We learned weeks later that was a high-risk procedure.

Dr. Rick Penciner was Assistant Medical Director in the NYGH Emergency Department at the time of the SARS outbreak.

The hospital became a war zone. A command centre was set up, task forces met: administrators and chiefs scurried to important



meetings. There were overhead emergency announcements, midnight phone calls to staff and frequent email updates. This was uncharted territory and the navigation was challenging.

Only those on the inside understood what was happening. My family, friends and colleagues at other hospitals could not appreciate the magnitude and significance of these events of the twilight zone we existed in. Throughout all of it, the ED physicians, nurses, team attendants, unit clerks and housekeepers dignified themselves with hard work, dedication and mutual support. The spirit was strong and we even had a few laughs in between the tears.

Dr. Donna McRitchie, Vice President of Medical and Academic Affairs, was Medical Director of the Intensive Care Unit during the SARS outbreak. She remembers the exhausting days but also the humour that got people through them.

It was sort of a blur – it was just so busy and so demanding and so stressful that the summer was a blur. But, you know, you learn to get through things with your colleagues. You had this mask on your face all day and you're breathing, I'm sure, high CO2 content because your mask would be stuck on your face. It was hot, and you were sweaty and tired.

One member of the **SARS Steering Committee** spoke of the difficulty of keeping up with the directives and the information coming out in the early days of SARS.

Information was coming at us from, it seemed, all sides and from a few different sources, some from the Ministry of Health and Long-Term Care and some from the Provincial Operations Centre. Early on, it seemed as if we were drinking water from a fire hose.

From **The Spring of Fear**, the final report of the SARS Commission:

By May 2003, Toronto was claiming a victory over SARS. Directives geared towards a "new normal" were issued and precautions were relaxed. Government and public health officials travelled to China to talk about the successful containment of SARS in Ontario. But SARS was not over. Rather, it lay smouldering in the orthopaedic ward at North York General Hospital. While precautions were in place, transmission occurred primarily between patients who shared rooms. Once precautions were lifted, SARS quickly began to spread, among patients, visitors and health workers.

Dr. Tim Rutledge, President and CEO from 2010 to 2018 of NYGH, was Medical Director of Emergency Services and Chair of the Medical Advisory Committee at the time of the SARS outbreak.

We weathered the first wave quite well and eventually there was the directive that we could stand down on the precautions. But little did we know it was brewing on our fourth floor. It's not uncommon for patients to develop a fever after an operation like hip surgery, and we had an elderly man who did – he turned out to have pneumonia. Everybody was thinking SARS was over and we had stepped down. To this day, we don't know how that patient contracted SARS.

Stringent infection control and worker safety precautions, so recently relaxed, were imposed once more. Health workers donned their N95 respirators and gowns and gloves again. As soon as precautions were reinstated, the disease again subsided. Precautions up, disease down; precautions down, disease up.

The second outbreak was devastating. In the end, 118 people contracted SARS through their affiliation or contact with North York General Hospital. Of these 118 people, 54 were health workers and 64 were patients or visitors. Of these people, 17 died. Of these 17, one was Nelia Laroza, a highly respected and much loved nurse who worked on 4 West, the orthopaedic unit where SARS simmered undetected and undiagnosed. For those who fell ill and for those who lost loved ones, the cost of SARS is immeasurable.

It is a strong testament to the dedication and professionalism of the front-line health workers and physicians at North York General that amidst the confusion, uncertainty and fear of that day, they did what they had to do to provide care to those who were ill, among them their own colleagues.

Bonnie Adamson was President and CEO of NYGH from 2002 to 2010.

Regular communications with all the staff, physicians and volunteers were very important. During the outbreak, large staff meetings were held in the cafeteria several times a week. The purpose was to keep people updated and answer as many questions as possible. We were receiving information from the government every day and sometimes hour to hour. We regularly checked all fax machines in the building every day because a new directive could arrive at any time. Central control meetings were held every morning where the daily strategy was planned, priorities determined and decisions made.

As the outbreak went on, staffing the SARS units became increasingly more difficult. After one staff meeting where I was basically begging people to please consider working on the SARS unit, a staff member approached me at the elevator.

She said, "Mrs. Adamson, I was at your session. You know I don't mind dying because I work at North York General, but I don't want my children to die because I work here. I listened to you very carefully and I want to know where to sign up." I'll never forget that conversation and bravery of that staff member and all others who worked in the SARS units.

A nurse on 4 West who worked the weekend of May 24–25, 2003, after learning that SARS was back and that many of her friends and colleagues were ill.

I remember going in Saturday morning and I said to my husband, he was in the other room, and I said, "I'm going to go but I am so afraid," and I saw my husband's face and we both had tears in our eyes because I thought I was the next one to get it. I was just so emotional. I just felt so awful. I have to go in, I'm still standing here. I thought I was going to be the next one, 'cause all our nurses were falling down. …I was one of the ones that could go in, to help my work. I think it's your duty to go in as a nurse, to go to the last, to the very end.

Bonnie Adamson, President and CEO of NYGH from 2002 to 2010, testified before the SARS Commission.

SARS II, when it did hit, brought with it some unprecedented challenges. An anxious staff, fearing not just for their own safety and well-being, but even more worried about taking the disease home to their loved ones. An exhausted staff as the crisis stretched from days to weeks to months with little relief. Extraordinary safety precautions, requiring staff to wear protective gear that made them look and feel more like riot police than health care workers. The gut-wrenching reality of providing care to our own staff stricken by SARS.

And the challenge that hit hardest, the death of one of our colleagues, nurse Nelia Laroza. Police and firefighters have an innate understanding of the dangers of their jobs, but I don't think most health care workers thought about dying in the line of duty. It was a tragedy but at the same time it brought home how health care workers really are heroes.

Nurse **Edna Cabanes** read a verse from the Bible, John 15: 12–17, at the memorial service for her colleague, Nelia Laroza in July 2003. A garden on the hospital grounds was dedicated to her memory.

This is my commandment, that ye love one another as I have loved you. Greater love hath no man than this, that a man lay down his life for his friend.

Dr. Donna McRitchie, Vice President of Medical and Academic Affairs, was Medical Director of the Intensive Care Unit during the SARS outbreak. At the time, the ICU had been built in the new southeast tower to replace the old, outdated facility, but it needed to be equipped with computers, telephones and medical equipment. This happened in one whirlwind four-day weekend at the height of the outbreak.

We called the district manager of this equipment company who was on a beach in South Carolina somewhere – it was an American company and it was a holiday for the Americans – and we called him and said we have to get this equipment in and it has to be here by Monday. He said, "I don't know if that's possible but I'll try. What do you need?" We didn't really even know what we needed. But we said we needed all the equipment that goes on the mobile arms that will be in each room looking after ICU patients. So he said, "I'll get my regional sales guy to drive out there with all the stuff that we can possibly offer you and you can tell us what you need." However, we couldn't actually meet this person because we were in quarantine. So what we had him do is come in with his car to the front door of the hospital. He had all this "stuff" in his trunk and he brought his car up, opened the trunk, and ran away. We came out with our masks and gloves and gowns on and we sort of picked through his trunk and said, "We need 18 of those and 20 of those and 10 of those" … and we got it. It was sort of like purchasing contraband from the trunk of a car but he got it to us and we made it work. The ICU was up and running.

Bonnie Adamson, President and CEO during the SARS outbreak, worked from 7 a.m. to midnight for many weeks.

As I look back on it, I knew the CEO owned a compelling leadership accountability to keep that place going, the people motivated and provide whatever resources they needed. Every hour of every day I attempted to encourage and support everyone I met. Being present, engaged in daily activities and knowledgeable about the current and sometimes rapidly changing status is all part of crisis leadership.

I needed to understand firsthand this experience with others. One strategy was to gown up and go inside the SARS units to the bedside of SARS patients. Years later, when I was in London, Ontario, someone came up to me and said, "You know, my son worked at North York during SARS. He said he was in a room, gowned up with the SARS patients and you came in and you were gowned up. They said to each other, 'Well, I guess if she can come in here we can do this.'" As a leader you really have to walk the talk.

Bonnie Adamson, President and CEO at the time of the SARS outbreak, says NYGH set a new course as a result of SARS.

After SARS was over, the organization was devastated. Trust of the administration, some physicians, the system, government had eroded at many levels. Commonly held perceptions were that the administration did not do enough, or the right things, and information was withheld, which contributed to the disastrous outcome and difficult experience for so many.

At a physician and staff meeting many were expressing great frustration. After entering the room, it was my turn to stand in front of them. I started by saying, "Please, tell me honestly about your experience during SARS. I'm here to listen, I'm here to support you." Again, there were a lot of raised voices and yelling and anger.

In response to the "broken" organization, the senior team quickly recognized that we needed to rebuild the organization. We started with small focus groups of front-line staff, leaders, physicians, board members, patients, family members asking them to share with us the good about NYGH, the bad and what you want NYGH to be like in the future. Extensive sessions were held. All the information was themed and became the basis for a new vision, mission, values and strategic plan. In the vision statement, the word "forgiveness" was present – people needed to forgive what had happened all the way around. That input came from a frontline staff member. It was such an authentic time for an exchange of the truth and no punishment. This new beginning set the stage for the future – a future aspiring to be the safest hospital in the world for patients and staff, with the highest quality of care embraced with a leadership style of empowerment and engagement and a culture of trust and respect.

Dr. Tim Rutledge, who was the Medical Director of Emergency Services and Chair of the Medical Advisory Committee at the time of the SARS outbreak, became President and CEO in 2010.

Suffice it to say, there was a silver lining to this. We recognized there was a time for healing and a time for rejuvenation. And so we were very purposeful in the following years with an intense focus on quality and safety. We also significantly bolstered our infection prevention and control infrastructure – both physical infrastructure with negative pressure rooms etc., and our infection prevention and control team with top-notch expertise. I would say that we're one of the most advanced hospitals in the country in terms of infection prevention and control.

We've also had a real focus on our culture and leadership to support optimal quality and safety. As examples, we've made efforts to evolve the way we do things from command and control to stewardship, from blaming to accountability, and from silos to systems. Everybody's voice is respected. We are growing as a learning organization, which means we strive to learn in every possible way. It's not just about formal training and learning from the literature. We learn from each other, valuing front-line input on how best to make improvements. Learning from our mistakes in a no-blame way. It's really quite a paradigm shift to recognize that when people make errors, they do so in a system that sets them up to make those errors. So rather than blame the individual, we work to make it safe to talk about errors, study them and figure out how we can prevent them in the future. …It has been a very purposeful evolution of our culture. It's been a journey and we're still on that journey.

From **The Spring of Fear**, the final report of the SARS Commission:

Nothing in this report should be taken as any criticism of those at North York General Hospital who worked so hard and so selflessly on the front lines of the war against the deadly disease that was SARS. They fought bravely in the face of a new and unknown disease, never knowing what the next day might bring, always wondering if they or their families were safe… Even when the second outbreak became evident, in the face of anger, fear, despair and overwhelming disappointment, they continued to work and provide care for those infected with SARS. Everyone in Ontario owes a debt of gratitude to these front-line heroes.

Nurse Nelia Laroza contracted SARS while working during the outbreak at NYGH and died. NYGH continues to honour her with a dedicated garden and plaque in her memory.

Toronto Rocks

The SARS outbreak had petered out just a few weeks earlier and Toronto was feeling battered.

The Rolling Stones, who had often rehearsed and performed in the city, suggested a concert to revive spirits and in the course of a mere month the largest outdoor ticketed event in Canadian history was organized.

About 500,000 people attended the day-long concert on July 30, 2003, which also featured AC/DC, The Guess Who, Justin Timberlake, Rush and other acts. But not all the professionals were on stage.

North York General Hospital was asked by Toronto Emergency Medical Services officials to be responsible for a field hospital. It was a mammoth task for a hospital whose own emergency department had been closed by the SARS outbreak. Establishing a hospital at the Downsview Park venue also meant providing staff, medications, supplies and equipment. But as Dr. Tim Rutledge, Medical Director of Emergency Services at the time said, "It was a great opportunity to say to our community, 'We're back and ready to provide emergency services to you.'"

The hospital had just three weeks to set up the facility. A team was established to design the hospital layout in a former airplane hangar and to study the experience of previous mass gatherings, particularly the World Youth Day in 2002 that featured an event at Downsview with Pope John Paul II. The medical staff was prepared for everything from cardiac arrest, drug overdoses and broken bones to sunburn and dehydration.

The day of the event was sunny and very hot and the clinical staff, wearing eye-catching golf shirts, was kept busy. The team consisted of 156 staff and volunteers, including 27 physicians, 63 registered nurses, seven X-ray technicians and four pharmacists.

The day started uncertainly at 6 a.m. when Dr. Rutledge, who had insisted during planning meetings that there be abundant free water, discovered that bottles of water were going to be sold for $5. He raised enough concern that this policy was changed and flats of water bottles were placed where the crowds would be. The first patient – just two minutes after the 8 a.m. start – was a comatose man heavily overdosed on heroin who was stabilized and sent to hospital.

"It was hard work, certainly, but we felt a sense of pride and excitement at being part of this historic concert," said Dr. Rutledge.

He believed it was a spirit-building exercise for the hospital after its traumatic SARS experience. "There were a lot of smiles on faces even though we were working," he said. "Everybody had this sense that we were making a major contribution, that we'd pulled something off that was pretty remarkable."

2010s

2011: All health records are now electronic.

2012: A three-year strategic plan sets as its central theme, "Our patients come first in everything we do."

2012: A campaign to raise $150 million to upgrade facilities, technology, equipment and research kicks off.

2012: NYGH is the first hospital to meet 100% of Ontario's wait time targets for surgery, including cancer surgery.

2012: The Patient and Family Advisory Council is established ensuring the needs of patients and families are incorporated into all facets of care.

2013: The Centre for Education is established as an initiative to focus on interprofessional education programs.

2014: The Baruch/Weisz Outpatient Care Clinic opens giving patients improved access to services.

2015: The Seniors' Health Centre celebrated its 30-year anniversary.

2016: NYGH balances its budget for the 14th consecutive year even as it allocated money for improved access to high-demand surgical services, additional staff training and new equipment.

2016: NYGH again receives Accreditation with Exemplary Standing, the highest ranking given out by Accreditation Canada.

2016: For the third year in a row Cancer Care Ontario presented North York General with a certificate for being the Top Performing Hospital in the province for 2015–2016 in Cancer Surgery Wait Times.

2016: For the third consecutive year, NYGH ranked first in the province's Emergency Department Pay-for-Results (P4R) Program, which evaluates several wait times for emergency services.

2017: Redeveloped 7th and 8th floors of the Steinberg Family Acute Care Unit opens for Medicine and Neuro-Stroke patients.

2017: NYGH is the first acute care hospital in Canada to be presented with the HIMSS Davies Award of Excellence for its eCare initiative.

Excellence in integrated patient-centred care

North York General Hospital looked to integrate what it had learned from its difficult SARS experience. A new senior team searched for innovative ideas such as the emerging trends in health care and how the community's needs had changed. It reached out to the four corners of the hospital to determine what values the staff — at all levels — thought should be brought to the provision of health care. The answer came back clearly that the patient should be at the centre of everything the hospital does. A new three-year strategic plan in 2012 reflected that process and provided a roadmap for the pursuit of excellence in integrated patient-centred care and a new emphasis on academic pursuits. A further three-year strategy in 2015 refined this plan. As it neared its 50th anniversary, NYGH had become a modern community academic hospital.

Dr. Everton Gooden (centre) with Prime Minister Justin Trudeau and Sophie Grégoire.

Board of Directors, 2016.

VOICES

Dr. Tim Rutledge, President and CEO, 2010 to 2018, of NYGH.

I didn't come in saying this is what we're going to do. Our strategy was developed with a lot of meaningful engagement of our staff and physicians. I came in with a sense that we were a good hospital, and we want to be better. I wanted to continue to foster a culture where the people of the organization are valued, and are committed to excellence.

As health care professionals, we had been talking about patient-centred care for a long time, but we hadn't been walking the talk.

NYGH has always been a teaching hospital. From its very beginning, this hospital has been involved in educating future health care professionals. We're a hybrid model, a community academic hospital.

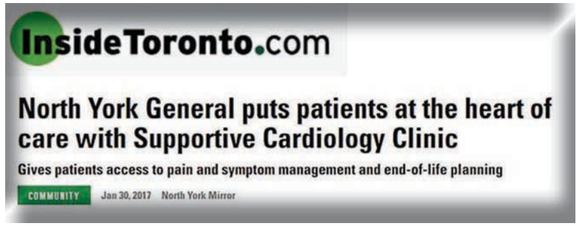
Jennifer Bowman, Vice President, People, Strategy and Clinical Support, assesses how NYGH has evolved.

The hospital today is much more dependent on a multidisciplinary approach. It's not just about doctors supported by nurses as it was in 1968. There's allied health professionals, nurse practitioners, just a range of different health practitioners who work together in a less hierarchical way than previously. There is much less of a hospital being the place you stay when you're sick. This hospital had more beds when it was built in 1968 and you know the population now is a lot bigger than it was then. But women don't stay in hospital for a week after they have a baby anymore. There's much more of an understanding that the hospital isn't necessarily the best place for people as they're recovering.

I think the hospital's biggest challenge is finding different ways of doing things. So, on a per population basis we're going to see more and more procedures done outside what a traditional hospital would look like – more and more technology involved in things like telemedicine. A lot of different solutions for our aging population – so it's not just nursing homes, it could be a small apartment complex that has assisted-living opportunities in it because the models we have now just aren't geared to the population we've got coming.

A man writes to praise the Seniors' Health Centre for "making such a positive change" in his 86-year-old father's life.

We are all very lucky to have a resource such as this available to our seniors; and you can rest assured that you and your staff are improving lives exponentially.


InsideToronto.com

North York General puts patients at the heart of care with Supportive Cardiology Clinic

Gives patients access to pain and symptom management and end-of-life planning

COMMUNITY Jan 30, 2017 North York Mirror

As Vice President of Medical and Academic Affairs, **Dr. Donna McRitchie** spearheads the research and innovation efforts that support the strategy of building a community academic hospital.

We've always had a culture here of quality improvement. Now lots of people say, "Yes, we do quality improvement," but I believe we were the first community hospital that did lean events, that looked at bringing the team together to review processes to improve them, to look at what's value added and what's not value added and the different steps that it takes to get someone from emerg, through the admissions process and then to the floor. We've always prided ourselves on being open and thinking a little bit out of the box and being able to partner with people. We've always had the reputation as the go-to people… the ones that you can ask for help or that will try out new things. We have that reputation in many different sectors – in the hospital and health world, in the government, in the technology sphere and IT sphere, and in leading-edge patient care.

Dr. Kevin Katz, Medical Director of Research and Innovation and Medical Director of Infection Control, extols the importance of research and innovation at North York General Hospital.

Approximately 80% of the care delivered in hospitals throughout Ontario occurs in community hospitals. As a leading community hospital with a long track record of innovation in patient safety and process improvements in serving our diverse communities, North York General is very well positioned to ask vital questions and derive new insights – essentially functioning as a "Living Lab" in research that matters to everyone.

There is a vibrant research community at NYGH. Teams of people are engaged in research and a culture is emerging where everyone is empowered to ask questions, solve problems, develop new approaches and disseminate the findings to allow adoption; in short, to innovate.

The establishment of research chairs was a key part of building on the academic foundation. To date, North York General has recruited four research chairs, beginning with the recruitment of the Gordon F. Cheesbrough Research Chair in Family and Community Medicine, named after one of North York General's greatest leaders and champions, and the first of its kind in Canada. The chairs we have been able to recruit are world-class researchers who are positively changing the delivery of healthcare. They drive interdisciplinary, interprofessional and cross-institutional research investigations, with the goal of enhancing the quality and outcomes of care provided at the individual and system level.

Generous support from donors and the North York General Foundation are critical partners in our success, and allow investigators to test promising ideas and successfully compete for research grants. Clinical trials are also providing patients with new treatment alternatives.

Dr. Rick Penciner, Director of Medical Education and emergency department physician, champions the importance and intrinsic value of teaching future health care professionals.

There is a genuine and progressive culture of learning at North York General. We recognize that teaching and learning helps us to not only evolve individually and as a hospital, but most importantly it advances integration of patient- and family-centred care through learning, innovation and partnerships. It is a principal avenue for reaching our hospital's vision.

The hospital has a long-standing tradition in medical education dating back to its inception in 1968. In fact, this was a very important aspect that drew me here as a Family Medicine Resident 26 years ago. Working under mentors such as Dr. Isser Dubinsky and Dr. Tim Rutledge inspired me to teach here too.

There was a core group of us who just loved teaching. It made our job interesting, it made us better clinicians and we felt an obligation to give back. Even now, I can't imagine not having learners around me.

Our Centre for Education at North York General is advancing health professional education by supporting and enhancing the student and teacher experience and fostering education scholarship among students, staff and physicians. The Centre engages in, and fosters, partnerships within and outside the hospital. We're providing leadership in education through collaboration.

Currently, all of the hospital's programs and departments are involved in education. We are affiliated with 36 academic partners including the University of Toronto.

Through our Centre for Education we're preparing future physicians, nurses, other health care professionals and administrative and operational personnel to work as part of an interprofessional team that provides essential care in the community.

Margo Twohig, Co-chair of the Patient and Family Advisory Council, was treated for cancer at NYGH in 2010 and felt the hospital was a model for patient- and family-centred care.

When I met with the surgeon after my diagnosis my mind was in a fog, but when the doctor met with me he took out paper and drew diagrams to explain what the surgery would involve. In terms of information sharing he went over the top to make sure I knew what was going to happen to me once I went into that operating room. He was very respectful of me and he made me feel as if I were a person and not just another procedure. I had the same positive experience with my oncologist when I was receiving chemotherapy treatment. One day I had a question for him, he came in and pulled up a chair, sat down and talked to me like a person. I felt respected.

What we want for caregivers… is that they try to put themselves in the mind-set of the person that they're dealing with. Anybody who walks into the hospital for a procedure, you're in a state of anxiety because your health is being compromised in some way. It's important to get hospital caregivers to understand this, anything they can do to help relieve that anxiety is practising patient- and family-centred care.

Susan Woollard, Director of Medicine, Critical Care and Elder Care, joined NYGH as a nurse in 1980 and has seen clinical practice evolve from patient care based on nursing theorists to patient- and family-centred care.

Every day on the medical units and in the Critical Care unit, daily rounds are held where the inter-professional team comes together and they talk about what the patients' goals are.

Patient and Family Advisors.

We want to make sure that the patients' goals are in the forefront of all the planning that we do, that they're not our goals but their goals. So, for example, it might be important for us for the patients to walk a set distance, but what's really important for the patient is that they can walk from the couch to the kitchen to get a cup of tea or to be able to walk down the aisle at their daughter's wedding. Those are the kinds of things that are meaningful for the patients.

So we really focus on patient goals. It's not to say that what's important to the health care provider isn't important as well but we partner with patients to do that.

When respiratory therapist **Darlene Baldaro** joined NYGH in 1991 she experienced a physician-led model of care with allied health professionals viewed as consultants. Currently, as the Professional Practice Leader for Respiratory Therapy, she has participated in the cultural transformation of NYGH to an interprofessional collaborative care approach. Collaboration and leadership support have been vital in this process. Staff and physicians are motivated to work effectively together providing team-based care to meet the complex needs of our patients and families.

We recognize that each team member plays an essential role in providing quality patient care. There is greater understanding and respect for the clinical expertise and contributions that each profession has to offer. In addition, our collaborative model of care also supports overlapping roles and responsibilities amongst different disciplines. We value both independent and collective decision making to ensure best outcomes for our patients and families. This shared accountability allows efficient and effective delivery of care.

An integral part of our interprofessional collaborative care model includes partnering with our patients and families. We invite them to actively participate as valuable members of our team. They are encouraged and supported to take part in the planning and delivery of their care throughout their healthcare journey.

John Aldis, Vice President, Information and Corporate Services, Chief Financial Officer

The hospital balances our annual fiscal accountability with strategic investments to enhance our care environments and provide advanced health information technology, which supports the delivery of exemplary patient care at NYGH.

Clinical Planning Co-ordinator **Scott Lewis** helped to oversee the redevelopment of the two-floor Steinberg Family Acute Care Unit, completed in 2017.

More single-occupancy rooms along with Airborne Precaution Rooms in the treatment of airborne illness in the hospital increases protection of patients and families by reducing the potential of hospital-acquired infections and means infectious patients get quicker access to single-occupancy rooms, which is especially important during flu season.

This redevelopment is just a glimpse into the future of what NYGH can and will do in our facilities and future projects for the benefit of patients and their families.

Access to Care – Surpassing goals, exceeding expectations

The mantra at North York General Hospital is that its patients come first in everything it does and central to that is a strategy aimed at providing them with the right care at the right time in the right place.

The strategy was first articulated in a three-year road map in 2012 (which was renewed in 2015) that addressed the realities of the health-care landscape in providing timely access to care. The initiative was a response to the growing problem of hospital overcrowding that manifested in the early 2000s, notably in the emergency department. An Ontario government program launched in 2008 to provide financial incentives to hospitals to reduce the length of stay in emergency provided NYGH with resources to help make hospital procedures more efficient.

A working group on access to care set up in 2011 led to the 2012 strategy, which outlined a variety of measures designed to improve the flow of patients through the hospital, including multi-disciplinary teams reviewing individual cases, a philosophy that supports a patient's return to home and creation of bed capacity by shortening the length of stay.

The results so far have been impressive. A decade ago, 90 per cent of emergency patients admitted to NYGH were moved to an in-patient bed within 45 hours but now that figure is about 20 hours despite a 22 per cent increase in the number of people showing up for treatment. NYGH has ranked first among the 73 hospitals participating in the provincial incentive scheme for the past three years.

Karyn Popovich, Vice President, Clinical Programs, Quality and Risk, Chief Nursing Executive, said NYGH has looked at the complete cycle of patients from admittance through the hospital stay to post-discharge care. Departments and units within the hospital have worked together – getting rid of the so-called silos that had limited efficiency. Diagnostic tests are completed and the results communicated more quickly. Rooms are attended to quickly after a patient's discharge so someone can be brought up from the emergency department.

Debra Conway-Chung, Manager, Patient Flow, Registration and Bed Control, says "it's not just one thing, it's many things" that have cut wait times. This could be something as seemingly minor as making sure the Wi-Fi signal is strong in all parts of the hospital so porters can respond to a summons to help a patient with discharge or admission.

Ms. Popovich agrees that the improved wait times are the result of collaboration. "It was doing our work more efficiently, understanding each other's work environments and how we could look at all of our processes."

The first-floor bed control room is key in the push to reduce wait times. In the room, which operates around the clock, staff monitor the situation on a series of computer monitors that shows which beds are occupied and where discharges are imminent. On a busy day, these staff will take care of up to 90 patients, putting them in the unit most appropriate for their diagnosis.

"We're looking to do the best placement first," said Donna Houlihan, a bed-control specialist. "In other words, we try to get the patient in the best bed we can on the first placement." Ms. Popovich says the implementation of new processes to make NYGH more efficient is important; especially as the challenge of discharging patients who need an alternate level of care in a rehab facility, long-term care home or palliative care centre persists.

She said the focus now is on this "outflow" and on working with partners in the community to find them the care they need outside the hospital walls.

One strategy includes the opening of the Reactivation Care Centre (RCC) in December 2017. A collaborative between the Central Local Health Integration Network (LHIN), North York General and four other hospitals, the RCC is designed to care for patients who no longer require an acute care hospital, but who need specialized care to support the transition to home, or other facilities such as a rehabilitation centre, convalescent care or a long-term care home.

Embracing new information technology improves safety and quality of care

With a solid reputation for embracing innovation, it's not a surprise that North York General Hospital is a leader among Canadian hospitals in embracing new information-technology systems in a bid to improve the safety and quality of care it provides.

For the past decade, NYGH has been integrating advanced information technology into its clinical workflows through its eCare initiative, which has replaced paper-based records. This decision followed in the wake of a 2004 report that concluded there are 70,000 preventable adverse events in Canadian hospitals each year and that up to 24,000 people die of preventable causes because of errors.

The technology associated with eCare focuses on:

- Advanced electronic medical records
- Standardized processes for care – order sets – that take into account a patient's history
- Safe prescription and administration of medications
- Access to medical literature at the point of care

Dr. Jeremy Theal, NYGH's Chief Medical Information Officer, said eCare, which is provided in all in-patient areas of the hospital, provides a "safety net, an extra layer of security" for clinicians.

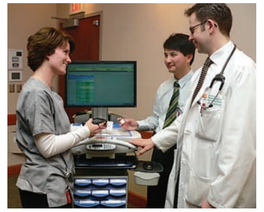
"We're all human, not everything always happens according to plan," he said. "This system is helping to provide everything from safety checks to putting context-sensitive information in front of the clinician that they might not otherwise have been aware of."

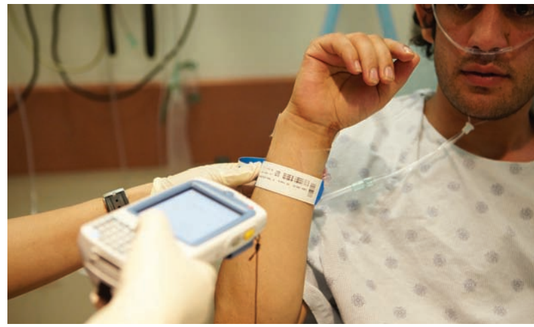
The hospital recognizes that lives have been saved since it began the multi-year $37 million strategy. Data from 2010 to 2015 show that the odds of dying at NYGH from pneumonia or chronic obstructive pulmonary disease have fallen by up to 53%. In addition, it estimates that about 7,700 unintentional adverse drug events and 11,000 potential medication errors have been prevented.

The new technology is now implemented in units where automated drug-dispensing machines ensure that patients are given the right dose of medicine at the right time. The password-protected machines track inventory, expiry dates and coordinate with a patient's specific needs as ordered electronically by physicians in consultation with pharmacists. And it's all done in real time.

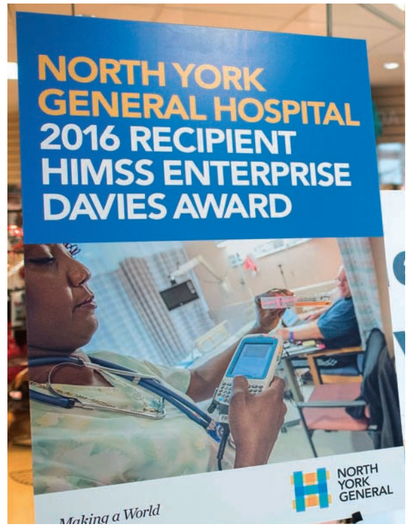
"There's a tremendous amount of technology that we've implemented that allows us to do what we do now," said Joyce Choy, the pharmacy's Operations Manager.

These electronic systems are notoriously difficult to implement well. NYGH has succeeded through a series of steps that redesigned work flows and transformed the provision of care. "The software doesn't make the difference. It's how you change the culture, it's how you change the approach to care that makes the difference," Dr. Theal said. "Our clinicians have been quite open-minded to embarking on this journey and that's been an asset for us."





In 2017 NYGH was the first acute care hospital in Canada to be presented with the HIMSS Davies Award of Excellence for its eCare initiative. The award recognizes outstanding achievement of organizations that have utilized health information technology (IT) to substantially improve patient outcomes.



President and CEO, 2010 to 2018, Dr. Tim Rutledge looks back on 50 years of change and what the next half-century will bring.

The role of the hospital has evolved over the years, but the role of being here for those who become acutely ill or injured has not. NYGH will always be a safety net for the communities we serve, and our staff and physicians will always strive to provide exceptional care to those in need.

It is exciting to imagine what health care will look like 50 years from now – it will certainly be very different, just as it was different 50 years ago. What is very clear is that the demand for services will increase dramatically over the next 20 years, with the growth of North York and the aging of our population. Utilization of health care increases exponentially after the age of 75. Currently, about one in eight patients that come to the emergency department are over the age of 75 – in 15 years, nearly one in three patients will be over 75.

The hospital is already at 100% of capacity almost all the time, and sometimes over 100%. We are currently planning for the future, with proposals for a new ambulatory care centre, a new acute care tower with additional beds, and satellite ambulatory facilities in different locations in our catchment area. We are also working with our community partners to develop new models of care aimed at decreasing the need for hospitalization.

While building new care environments will be important to meet the demands in the future, it is the people of NYGH – the nurses, doctors, all clinical and support staff, and volunteers – who care for those we serve. NYGH is a special place with a large team of people who will always be dedicated to providing excellent and compassionate care to those in need. It has truly been an honour and a privilege to be part of this team, and part of the history of this organization. I am confident that the people of NYGH will continue to meet the challenges ahead with excellence.

Service by the numbers

Year ended December 31, 1969

Emergency visits:	35,580

Staffing:	
Medical Staff	170
Hospital Staff (full time)	997

Volunteer Hours of Service:	44,367

Statistics 2016–2017

Emergency visits, General site:	106,830

Staffing:	
Total full-time employees	1,761
Total part-time employees	1,533
Total medical staff	839
Total active physicians	517
Active family physicians	199

Volunteer Hours of Service:	90,123

Our People Making a World of Difference since 1968

Heartfelt moments from our patients and families

It is, and continues to be, NYGH's honour to serve its diverse communities for 50 years running. Our patients come first in everything we do as we provide essential care to babies, just entering the world, all the way through to senior citizens living in their golden years. Their stories are our stories, and we are privileged to be a part of them.

Here, in part, are just some of the heartfelt letters, notes and comments our patients and their families wanted to share with us over the years:

"I have long been an advocate of palliative care; thanks to [the doctors in this department] I am now a proponent of the palliative care unit at North York General Hospital."

"Our daughter felt secure and assured that she was in a safe, structured, supportive and non-judgmental environment. Everything that is essential for our children on their journey to wellness."

"Your staff is unfailingly pleasant, caring and cheerful. The admitting process is simple and friendly and the operating room staff put me at ease immediately… all on 4 West: the doctors, nurses, physiotherapists, dietary staff, blood collection lady and others. Their care is much appreciated by me and my family."

"The unit (7N, Child and Adolescent Mental Health Unit) is truly a jewel and I cannot express fully enough my appreciation and the appreciation of my family."

"I just wanted to thank the nurse, the pediatrician and the resident who looked after our daughter at North York General on the afternoon/evening of Nov. 18, 2012. They helped save her life."

"I don't think patients and families appreciate the good work nurses do…[nurse] Alicia spoke ever so softly to my father which had a calming effect on him, and told my father it was okay to go to sleep. He was able to close his eyes even if it was for a brief time."

"The holistic approach taken by your staff with my father... from exercise … to your pharmacist who analyzed his medications thoroughly and made several suggestions regarding supplements… have made a difference."

"I cannot stop telling people about how scary this was for us [to rush our son to the ER with an allergic reaction], but also how absolutely wonderful your entire emergency room staff treated us."

"NYGH to me is the best hospital and the care I received was above and beyond. I hope this is shared with the staff at this institution."

"In our society today we often hear about the delays and the shortcomings of the medical professional establishment, but in our case, your hospital and staff dealt with our medical situation in an expedient and caring way. Your hospital's quick response saved us a great deal of stress and worry during this trying time."

"Although I'm looking forward to leaving the [NICU] shortly, when I look back at our 7 weeks here, I won't remember the ins and outs of all the hospital procedures or what blood tests [my son] had done; but what I will remember is the people I met here who made our stay as positive as possible. Thank you from the bottom of my heart."

A special note of thanks to North York General Hospital's **Medical Staff Association** for their generous contribution to help support the distribution of this commemorative book.