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# HumberRiverHealth

# CARE CLOSER TO HOME.



How Humber is bringing the community together,  
one helping hand at a time.

**Over the past year,** Humber has embraced a new name that reflects our growth from a hospital into a truly integrated health network. Now known as Humber River Health, our name encompasses our presence in and commitment to the community, which is foundational to our mission.

Humber is active in multiple locations throughout northwest Toronto, providing a range of healthcare services that work to meet the unique needs of our community. This includes our hospital, the Schulich Family Medicine Teaching Unit, our Research Institute, and the Reactivation Care Centres at both our Finch and Church campuses. We have also expanded partnerships and collaboration with various healthcare service providers in the Jane and Finch community through the North Western Toronto Ontario Health Team, which facilitates integrated social and health services that extend meaningful support to our community.

As we continue to grow, our decisions will be informed by the feedback and insight of our community, as well as our four strategic pillars: embracing equity, diversity and inclusion; advancing the empowerment of our people and patients; delivering comprehensive, quality care closer to home; and fostering innovation, research and academics. We believe this approach will nurture the culture, outcomes and health network that we aspire to be, and one that will ultimately inspire others across the country and around the world.

Doing healthcare differently is what sets us apart. We are focused on listening, engaging and learning from those we serve to ensure we provide innovative, safe and equitable healthcare when and where people need it. This steadfast commitment to understanding our community and meeting their needs through innovative solutions enables us to light new ways in healthcare.

We are doing great things at Humber and look forward to all that we will continue to accomplish together. Thank you for following along on the journey.

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Chair of the Board

**Barb Collins**  
President and CEO

**Dr. S. Zaki Ahmed**  
Chief of Staff

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Humber River Health  
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# AI to the res-queue

How a new tool will use machine learning to improve the emergency experience for Humber patients.

By Humber staff

**H**umber River Health's Apotex Emergency Department (ED) is the busiest in the province, hosting almost twice as many ambulances as neighbouring hospitals. The ED team, caring for a large and diverse patient population daily, faces the critical task of delivering prompt and effective care under constant pressure. Humber is responding to this challenge by building a digital health platform that will ultimately reduce the time patients spend waiting in the ED.

The tool will use artificial intelligence (AI) to simulate patient flow and assign a flexible time slot to each patient based on urgency, resource availability and real-time ED activity. Unlike fixed appointments, these time slots will be dynamically adjusted based on real-time patient volume and physician staffing, accounting for the unpredictable nature of emergency care.

Humber's Chief Information Officer, Peter Bak, emphasizes, "Our goal is not just to manage patient queues but to revolutionize how patients interact with our ED. We are shifting from a static to a dynamic, patient-centred approach."

Once launched, instead of going directly to the ED, patients will have the option to access an online portal from the comfort of their home, where they can key in their symptoms and registration information. Patients needing immediate care will be promptly directed to call 911 or go to the nearest ED, while those with less urgent or less serious healthcare needs will be allocated a time slot for their visit and given the option to wait at home. Rather than sitting for hours in a busy waiting room, these patients can arrive within a more realistic window of being seen.

"We are continuously leveraging technology to work for staff, physicians and community," adds Barb Collins, Humber's President and CEO. "AI furthers our ability to revolutionize the patient experience and deliver even higher-quality care, resulting in a better patient journey from start to finish."

This groundbreaking project is backed by a grant from Canadian-based innovation group SCALE AI through the AI for Healthcare Initiative. Humber will work with partners Deloitte and the MEDITECH Collaborative to test this initiative. While the hospital is responsible for integrating the AI application within its ED operations and providing primary data for AI learning, Deloitte will take the lead in ensuring it aligns with Humber's operational needs. \*



# THE RIGHT CARE FOR ALL

Helping primary care providers deliver quality care to their patients, faster.

By Alex Mlynek

**IN JANUARY 2021, HUMBER RIVER HEALTH** launched SCOPE, a program aimed at solving one of the most persistent challenges in healthcare: administrative and logistical tasks – such as finding the right specialists for referrals and co-ordinating diagnostic imaging – that consume the limited time of primary care providers (PCPs), including family physicians and nurse practitioners. SCOPE stands for Seamless Care Optimizing the Patient Experience and is designed to support PCPs by making it easier for patients to access the care they need. This is particularly important as Humber serves an equity-de-serving community that continues to experience a lack of access to primary care and social support services.

SCOPE speeds up timelines by pairing PCPs with a SCOPE nurse navigator, who can quickly and seamlessly arrange patient care. In fact, 90 per cent of requests filed through the program are completed within a single day.

As a member of the North Western Toronto Ontario Health Team, Humber is part of a network that includes 258 family physicians and more than 300 PCPs – individuals SCOPE is specifically designed to help. Since its launch at Humber, SCOPE has grown to support more than 210 PCPs in providing care for their patients and diverted over 900 emergency department visits, and it continues to increase access to equitable care for the Humber community.

One of those PCPs is family physician Dr. Ferase Rammo. "It has been a game changer. Before SCOPE, wait times for specialists and other referrals were extremely long, which of course resulted in delays and frustrations for both patients and our team," he explains. "With SCOPE, we have access to a five-star service that streamlines these steps. SCOPE has changed the way my practice is able to interact with our healthcare system." \*

**900+**  
ED visits diverted  
since launching

**4,100+**  
contacts from primary  
care providers



# Supporting seniors

Caring for older people in or outside their homes.

By Dave Yasvinski

As part of Humber River Health's mission to deliver innovative, safe and equitable healthcare, the Organization has created a Seniors Care Program that provides a wide range of resources to patients who are older both in the hospital and out in the community.

**DELIVERING OUTPATIENT CARE** The Healthy Living Clinic, located on the hospital's main floor, consists of a geriatric medical consultation with a geriatric specialist; a Falls Prevention program comprised of physiotherapy, muscle strengthening and education for older people at risk of falling; and the Geriatric Outreach Team (GOT). The GOT, which includes nurses, a social worker and an occupational therapist, consults with 30 patients every month. The team can learn a lot about a patient when they're assessed in the home – including getting a better picture of any safety issues and whether they can perform daily activities.

Frailty is a key concern, so seniors evaluated at the Apotex Emergency Department (ED) but not admitted to the hospital are flagged to be seen by the Geriatric Emergency Management (GEM) program. These patients receive extra help and guidance from a geriatric nurse to ensure they can return home safely. "The GEM nurse will try to sort out safety

concerns and determine what kind of supports are available to assist with continued independent living in the community," says Dr. Calvin Cheng, one of Humber's five geriatricians. "We want to make sure people have the best life possible."

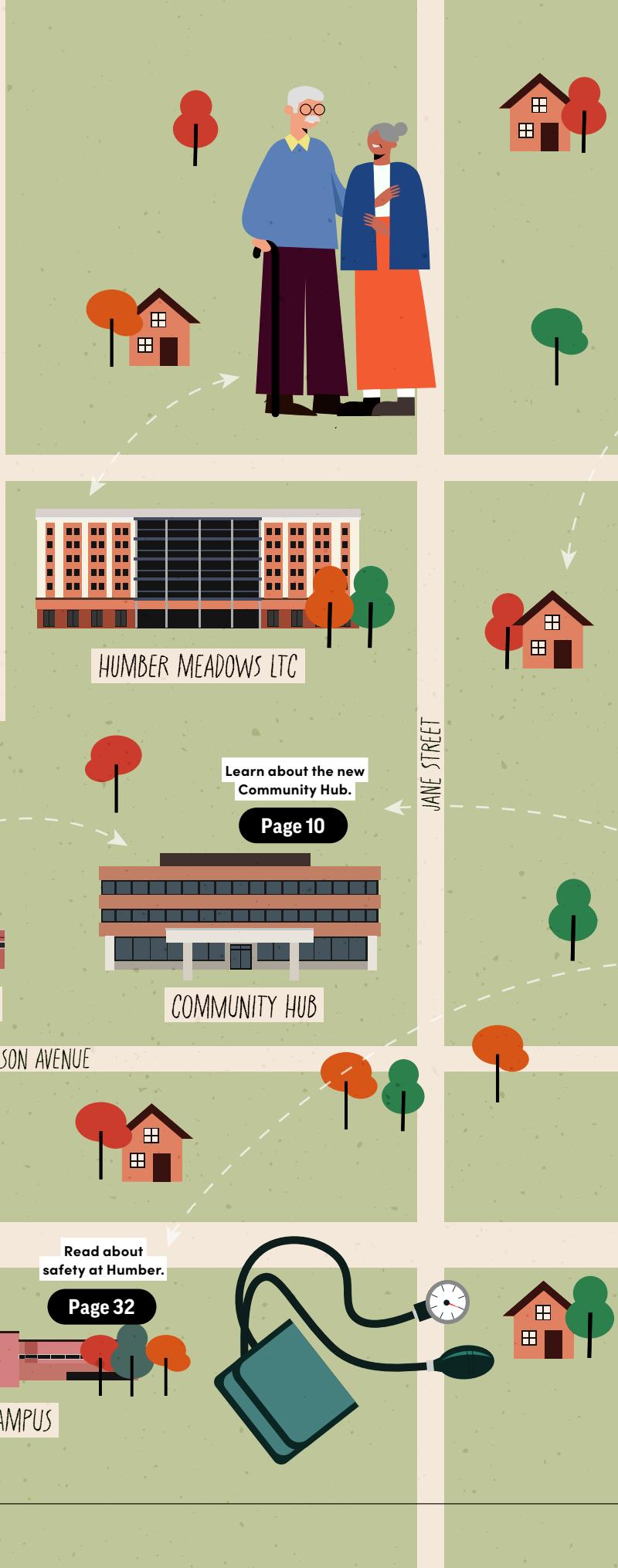
**PROVIDING INPATIENT CARE** If older patients need to be admitted to the hospital, the Acute Care of the Elderly (ACE) unit is there for them. Care in this 32-bed medical unit is provided by a geriatrician; a nurse practitioner and a specialized team of nurses; and allied health and social workers to address health needs unique to seniors. There is also an Orthogeriatric Program where older patients who require surgery are cared for by geriatricians afterward. Consultation with Geriatric Medicine is available for all other seniors. Lastly, admitted patients identified as being at risk for adverse outcomes when assessed in the ED receive support from the Humber Elderly Assess and Restore Team (HEART), which supports patients in hospital and may provide brief follow-up assistance after they return home. "How seniors will manage in the community is a focus from day one," Dr. Cheng says of the hospital's efforts. "Our goal should always be to provide better care in their own neighbourhoods." \*

# Healthcare everywhere

Humber River Health is much more than a hospital.

By Mark Brown

The shiny new hospital at Keele and the 401 may be the most recognizable part of Humber River Health, but there's much more to it than meets the eye. Humber's footprint stretches across the community: it supports local primary care providers and 11 long-term care homes, is a member of the North Western Toronto Ontario Health Team and runs two reactivation care centres. It even reaches into the home to deliver care where it's needed. A recently announced donation of \$10 million from the Honey & Barry Sherman Legacy Foundation will also allow Humber to revitalize healthcare at the Finch campus and respond to specific community needs.









# Rapid response

Early intervention at Humber and follow-up community support are improving mental healthcare access for all.

By Nina Dragicevic

In May 2023, Olivia (who didn't want her last name used) was rushed to Humber River Health's Apotex Emergency Department (ED) with an alcohol overdose. The 31-year-old's drinking had become "very intense" in recent years, she says, to the point where this was the second time she was rushed to Humber.

The severity of her overdose landed her in the intensive care unit, but when she was released this time, Olivia entered Humber's four-week Intensive Day Treatment program.

The day program gave her structure, she says, and classes covered the science behind chemical dependency and withdrawal, as well as coping skills, recovery plans, mindfulness and group therapy. Humber staff always treated her with respect and empathy, she notes. "I was able to immerse myself in the program in the mornings, and then do the work for it through the whole week," Olivia says. "It was an intense period when I needed to see the bigger picture."

After day treatment, Olivia moved to the Aftercare program; weekly meetings for eight weeks that sometimes featured presentations about a specific topic or group members sharing when they needed to talk. Non-judgmental, flexible and supportive, she benefited so much that she's done the Aftercare program three times to date. "Aftercare helped me with more of a sense of community, and I'm just continuing (group) therapy to remind myself why I'm doing this, how I'm doing, that I'm not alone," Olivia says. "But also for a bit of accountability."

## STATE-OF-THE ART TREATMENT

The Chemical Dependency program, of which the Aftercare program is a part, is one of the most innovative at Humber, says Daniel Tziatis, Mental Health and Addictions Program Director. There are four medical withdrawal treatment beds,

mental health supports to manage symptoms, the latest long-lasting medications to help prevent relapse, and inpatient and outpatient care. "We're providing innovative care and best-practice treatment," Tziatis says. "But also engaging with our community to better understand what it needs and how the hospital system can support those needs."

This program is only one part of the comprehensive mental health and addictions services at Humber. The Emergency Psychiatric Unit, for instance, provides a dedicated team for patients in crisis, Tziatis explains. Access to physicians, nurses and social workers means most patients can be released in less than 24 hours, with plans for outpatient or community care.

He adds that fast and efficient treatment is essential because it frees up space for another person who needs acute care. Long stays mean long waiting lists – and for many, early intervention and follow-up support will be effective.

## REDUCING WAIT TIMES

Rapid access and individualized treatment plans are critical to Humber's services as a whole, says Dr. Steven Selchen, Chief of Psychiatry and Medical Director of Mental Health and Addictions. Wait times for mental health treatment are an issue across Canada. "This is a significant innovation that's been undertaken by our extraordinary interdisciplinary team," he says, "and has led to considerable improvement in matching services to patients and our ability as a whole team to take responsibility for our population."

Outpatient services include intensive programs for depression and anxiety, early psychosis intervention and follow-up care, and a youth-focused transitional program with Lumenus Community Services to provide continuous care outside the hospital. As well, classrooms in the hospital are partnered with the Toronto District School Board so children and adolescents can keep up their learning as inpatients. "It really ensures that we have a healthcare system providing that full suite of services and care, both in the hospital setting and then integrated into the community," says Dr. Selchen.

As for Olivia, she tells her story because she's grateful, and she wants others to know Humber is ready to help. "I'm still a work in progress," she says. "But they saved my life, as well. Not just in the program, but initially, they literally saved my life." \*



**Dr. Stephen Selchen**

Chief of Psychiatry  
Medical Director, Mental Health and Addictions



**Daniel Tziatis**

Program Director,  
Mental Health and Addictions

# A HUB

# OF

# ACCESS





## NORTH WESTERN TORONTO ONTARIO HEALTH TEAM PARTNERS

# The new Hub at Humber offers support for health and more.

By Diane Peters

**T**he northwest corner of Toronto is a study in contrasts. On the one hand, a strong sense of community permeates many of the neighbourhoods, and grassroots social and healthcare initiatives are the rule, rather than the exception. On the other hand, many of these locally led groups exist because the system is failing residents, with a lack of employment opportunities, social services and culturally relevant programs.

A pilot project at Humber River Health's Finch campus, the Community Care Hub (Hub) is hoping to change that. The idea is to bring a range of equity-based health and social services together under one roof, to make them more accessible to those who need them most.

"We offer a diverse range of services," says Cheryl Prescod, Executive Director of Black Creek Community Health Centre, which launched the Hub last winter, along with the rest of the North Western Toronto (NWT) Ontario Health Team (OHT). "The needs in our community are unique – they're not necessarily about clinical or medical care."

OHTs are a province-wide initiative that connect healthcare providers of all types within a geographic area to make it easier for patients to access care locally. As a member of the NWT OHT, Humber donated accessible space in the heart of the community, and more than a dozen local service organizations will be collaborating to make this Hub a reality.

"It's an opportunity to work in partnership with other providers," says Prescod. These groups all have different areas of expertise but work together at the Hub to help people. "Our goal is to keep people well and to avert preventable hospital visits."

### CENTRALIZED ACCESS

Visitors to the Hub can walk in and get information and support in a range of different ways. They can attend a scheduled activity, get vaccinated, or sit down and talk to someone about health or other services in the community – such as screening

clinics, counselling services, job fairs or food banks. They might just need someone to assist them in making a phone call to book a medical appointment or talk to a potential employer.

Importantly, clients do not need a valid health card to access the services offered at the Hub.

"It's difficult for individuals to access care. Having a hub that can provide services that are tailored to the needs of the community will improve not only their access to healthcare services but will improve their relationship to the healthcare system," says Beatrice Edelstein, Vice President of Post Acute Care and Health System Partnerships at Humber.

### CUSTOMIZING THE HUB

The Ontario government supports community care hubs, but there's no precise model healthcare teams need to follow. "Ontario Health Teams are very different across the province. These hubs are really supposed to be able to move the needle and provide a space for hard-to-reach populations," notes Edelstein.

Before opening in February 2024, the NWT OHT leadership team consulted with local service agencies and then set up a community advisory committee. A number of partners are offering services at the site in these early months, with more joining later. For now, the plan is to figure out the right mix of programs as the facility ramps up, favouring approaches that make a dent in local health and social needs.

While the province offers some funding for hubs, it's limited. Instead, the Hub relies on its community partners working together to run sustainably, and Humber's donation of space has been pivotal. "Space is at a premium in the community, so we're really grateful to Humber," says Prescod. "We would not be able to do this otherwise."

Embracing real collaboration will be the key to the Hub's future success, she adds. "There are lots of riches here. I hope we can have the community lead us rather than the service providers thinking they have all the answers. We're not the experts – the people who live here are." \*

### ACUTE CARE

Humber River Health  
Runnymede  
Healthcare Centre  
West Park  
Healthcare Centre

### COMMUNITY HEALTH CENTRES

Black Creek Community  
Health Centre  
Unison Health and  
Community Services

### HOME AND COMMUNITY SUPPORTS

Lumacare  
SE Health Care

### LONG-TERM CARE

Villa Colombo Homes  
for the Aged

### MENTAL HEALTH AND ADDICTIONS

Across Boundaries  
Addiction Services  
Central Ontario  
Canadian Mental Health  
Association – Toronto  
Branch  
COTA Health  
LOFT Community  
Services

### PRIMARY CARE

Finch Weston  
Health Centre  
Humber River Family  
Health Team  
Jane Finch Family  
Health Team  
Marlee Medical Clinic  
North West Toronto  
Family Health Group  
Yorkview  
Medical Centre



## The guts & the glory

How Humber's leading endoscopy and GI division puts patient care first.

By Wendy Haaf and Glynis Ratcliffe

Humber River Health may be a community hospital, but its Endoscopy and Gastroenterology (GI) Department regularly adopts world-leading technologies to provide patients with the best possible care. "For more than 50 years, Humber has always pushed the envelope when it comes to being a leader in endoscopy," notes Dr. Ilan Medad, Physician Director of the department.

The department took shape in 1972, when Dr. Theodore Ptak came to Humber and introduced pioneering endoscope technology. Gastroenterology is a broad term covering the function and prevention of disease throughout the entire gastrointestinal tract, which includes the esophagus, stomach, small intestine, colon and more. Physicians use an endoscope – a fine tube tipped with a tiny camera that can be threaded down the throat into the stomach and upper intestine – to help them see these organs without cutting patients open.

Since then, many other innovative concepts and tools, including leading-edge robotics, have been introduced.

### PREVENTION AND SCREENING

A crucial part of Humber's GI and endoscopy program is how it handles colorectal cancer screening and treatment, which is the second-leading cause of cancer deaths. Fortunately, about 90 per cent of cases can be cured when detected early.

To help get ahead of the disease, patients within Humber's community can get diagnosed, staged, undergo surgery and, through it all, receive top-notch medical oncology expertise. "Humber is a one-stop shop," says Dr. Medad. "All of a patient's care, with the exception of radiation therapy, can be provided here at Humber."

The department handles more than cancer diagnostics, though. Dr. David Kreaden, who specializes in swallowing disorders at Humber, often sees patients when standard tests don't reveal the problem. "There are so many patients with chest pain and trouble swallowing – it's a huge unmet need," says Dr. Kreaden. "At Humber, we're privileged to have the equipment we need to sort them out."

This includes the endoFLIP (endo-luminal functional lumen imaging probe) system, a state-of-the-art tool that non-invasively measures pressures inside the esophagus, identifying disorders that cause chest pain. In a community with a high number of seniors who want to stay close to home, keeping technology like the endoFLIP accessible is crucial for meeting patients' needs.

Every innovation that's introduced is centred around improving the patient experience – whether that means using endoscopic ultrasound as a less invasive way of staging tumour malignancies, or employing the latest imaging processor with 4K resolution to identify smaller or more subtle polyps during a colonoscopy. "From the time a patient enters the unit to the time they leave, we're providing efficient care," Dr. Medad explains. "We do everything we can to minimize patient risk and ensure they're comfortable during their procedures." \*





# Helping hands

Through Ontario's IPAC Hub and Spoke Model, Humber provides expertise and training to keep infections in long-term care homes under control.

By Bryan Borzykowski

More than four years may have passed since COVID-19 first ravaged long-term care facilities, but the devastation and chaos will forever be seared in Robert Scott's mind. "It was overwhelming—we went from one to 150 cases in a matter of days," says Scott, who was Assistant Director of Nursing at the Downsview Long Term Care Centre and now oversees the facility.

While no one was prepared for the pandemic, long-term care homes (LTCs) were particularly caught off guard. These aren't just healthcare facilities, after all—"these are homes to residents," says Scott.

Thanks to an innovative program spearheaded by the Ministry of Health and Humber River Health, long-term care homes will have a much better chance of keeping outbreaks under control. The program, now called the Infection Prevention and Control (IPAC) Hub and Spoke Model, has infection prevention and control experts from the hospital working with 11 LTCs in the community to reduce and contain infections.

The program was nameless back in April 2020, when Humber, seeing the devastation COVID-19 was causing within LTCs in its community, began going into homes to assess how they were responding to the pandemic. "At the heart of this is safety for the residents," says Joan Osbourne-Townsend, Director, Infection Prevention and Control at Humber.

At the time, Humber—now one of more than 25 "hub" hospitals in the province that work with "spokes," which include LTCs, retirement homes and other congregate living settings—provided Downsview and others with education and train-



**IPAC Hub and Spoke members:**

Dr. Ian Brasg (bottom left), Roland Madrona (middle left), Robert Scott (top), Jayshree Somani (front), Urmila Sharma (middle right), Joan Osbourne-Townsend (bottom right)

ing around hand hygiene, proper use of gloves and masks, environmental cleaning, vaccine rollouts and much more. That work continues, along with facility audits, onsite assessment, outbreak prevention and management, and coaching and mentorship. Each LTC has an IPAC lead who works with Humber physicians and staff to implement protocols and procedures.

While COVID-19 is still an issue in LTCs, Humber now helps its partners deal with all types of infectious diseases, such as urinary tract infections, respiratory viruses and proper use of antibiotics. The program has been a success, says Dr. Ian Brasg, an infectious diseases physician at Humber. "When we have respiratory outbreaks in our homes they're brought under control very quickly," he says.

These LTCs can also handle a variety of medical issues, putting less pressure on hospitals. "That's been one of the biggest successes," says Scott, who adds that Humber has become a valuable partner to Downsview and the community at large. "Before, if a resident had the flu or another illness, we'd send them to the hospital. Now we do everything in our power to keep them in this home." \*

## 49%

lower risk of mortality related to COVID at LTCs, as a result of IPAC

(SOURCE: THE PUBLIC HEALTH AGENCY OF CANADA)



# Family practice

Humber's catchment lacks primary care providers. The new Schulich Family Medicine Teaching Unit trains physicians to fill that gap.

By Diane Peters



**Dr. Bilal Negash**

walks through the neighbourhood with his parents, Huriya Seid (left) and Kahisay Negash (right), both nurses at Humber.

**G**rowing up around the corner from Humber River Health in the Falstaff community, Dr. Bilal Negash has fond memories of his childhood. “It’s a fantastic place – I loved riding my bike in the neighbourhood, playing soccer and meeting with friends,” says Dr. Negash, who was born at the old Humber River Regional Hospital and still resides in the area.

Inspired by his parents’ careers – they’ve both worked at Humber as nurses for two decades – he always knew he would also go into medicine. “My dad was going through medical school in Ethiopia before he came to Canada. I’m following in his footsteps,” he adds.

Known as a “primary care desert,” Humber’s catchment was identified in a 2018 report as having one of the highest needs for primary care in the province and among the lowest percentages of people with a family doctor. “There’s a huge need in northwest Toronto,” explains Dr. Negash.

While completing medical school, he discovered that Humber was opening the new Schulich Family Medicine Teaching Unit (FMTU) and offering residencies through the University of Toronto (U of T). The program instantly became his first choice for his own family medicine residency. It was the perfect opportunity to give back to the people and place that raised him.

“I always knew I would go into family medicine,” he says. “I saw how important family doctors were to the community.”

Since its opening in April 2023, the Schulich FMTU is committed to training future doctors like lead resident Dr. Negash in comprehensive family medicine, as well as filling a serious care gap in the community.

Many of his patients have not had access to a physician in years. Appointments are filled with cancer screening catch-up, dealing with foot infections from poorly controlled diabetes and getting basic blood tests to look for other underlying problems.

“So many people do not have a family doctor, which is the gateway to the healthcare system. They often come in with advanced illnesses and need an introduction to how the system works,” says Dr. Negash. If a patient needs to see a surgeon or cardiovascular specialist, for instance, he’ll guide them through the next steps.

#### MORE LOCAL DOCTORS

The medical training system struggles to entice graduates to family medicine, especially in underserved communities, but studies show physicians are more likely to practice where they were educated and trained. That is certainly the hope at Humber.

With a firm focus on social accountability and the needs of the community, this program aims to effect change where it’s most necessary: primary care. “Schulich FMTU only takes patients from the underserved Humber community without a family doctor. Not many teaching clinics operate that way,” says Dr. Priya Sood, Postgraduate Program Director for the Family Medicine Residency Program at Humber.

“Every resident that stays in our community could build a practice of another 1,000 patients. Over time, this could make a difference.”



**Dr. Priya Sood**  
Postgraduate Program Director, Family Medicine Residency Program

#### UNIQUE TRAINING AND CARE

So far, the Schulich FMTU has four residents enrolled, but it has big plans for the near future. By 2026, the program will expand to 18 residents, 15 U of T medical students doing family medicine rotations and eight supervising doctors who will also have their own patients. (Social workers, nurse practitioners and other healthcare professionals are also expected to join the team.)

At full capacity, the unit will support more than 10,000 patients. “Every resident that stays in our community could build a practice of another 1,000 patients. Over time, this could really make a difference,” says Dr. Sood.

Humber maintains strong values around innovative, safe and compassionate care, and the new program incorporates specialized training on the social determinants of health, as well as a unique second-year social accountability rotation. “Residents learn to work with patients who are marginally housed or have no healthcare coverage, and gain skills in delivering care in non-traditional settings” says Dr. Sood.

She notes that the area has a high percentage of seniors living alone, newcomers, racialized individuals, and low-income and unemployed people. Residents are trained to take these unique challenges into account.

The Schulich FMTU was built with the help of a generous donation from The Schulich Foundation and initial support from The Slaight Family Foundation. “It is our privilege to support Humber and help increase access to family doctors in the community, as well as train future medical professionals so desperately needed today,” says Judy Schulich, director of The Schulich Foundation.

Few teaching-focused clinics aim to impact the community so directly and have been custom-built to fill local needs while training doctors to stay and continue that mission, but Dr. Negash is proof this approach resonates. After completing his residency in spring 2025, he plans to stay on and open a family medicine practice in the area.

“I want to serve the community that gave me so many opportunities and great memories.” \*



# PAYING IT FORWARD

Humber's oncology peer support program gives former patients a chance to help current patients navigate their cancer treatment.

By Glynis Ratcliffe

Shaniza Sakoor and  
Danielle Cameron  
chat over coffee  
at local restaurant  
Speducci Mercatto.





**W**hen you put Shaniza Sakoob and Danielle Cameron in the same room to discuss their individual experiences with breast cancer at Humber River Health, it's clear they are kindred spirits. Both are effusive in their praise of one another.

"I echo what Shaniza said so well. You are truly amazing, Shaniza!"

"Danielle is so good at speaking about this, I'm really just riding on her coattails here."

While Sakoob, a 50-year-old IT project manager at a bank, and Cameron, a 44-year-old stay-at-home mother of three, might not at first glance appear to have much in common – they were also diagnosed with different types of breast cancer at different life stages, years apart – the two women share a goal. Both finished their treatments at Humber wanting to provide support to other cancer patients. It's how the two met and ultimately co-created a nationally recognized peer-to-peer support program for cancer patients at Humber that launched in 2022. The program pairs cancer survivors who have completed treatment at the hospital with newly diagnosed patients via a unique digital app.

According to Canadian Cancer Statistics 2023, there's a 45 per cent chance of developing cancer in your lifetime, while one in four Canadians will die of cancer. But that's not the whole story. Social determinants of health – socioeconomic factors that can influence health outcomes – are widely recognized to have an impact not just on cancer survivorship but on a person's ability to access cancer care.

The northwest Toronto community has a variety of socio-economic challenges that need to be addressed to improve cancer outcomes. From a lack of family physicians to language barriers to an incomplete understanding of how the medical system works, there's no shortage of reasons cancer care is less accessible here. However, the Cancer Care Peer Support Program is one way Humber is addressing some of these challenges.

#### SOMEONE WHO UNDERSTANDS

Peer support groups are not a new concept – plenty of cancer organizations offer one iteration or another. But between travelling to



**"Many newcomers need more social support because they don't have a lot of family here."**

Dr. Carmen Chung

doctor's appointments at the hospital, and managing treatments and the resulting side effects, the last thing anyone has the energy for is another appointment on the other side of the city. And yet, peer support can make all the difference in a long cancer journey, especially for patients from marginalized communities. That was the motivation behind Humber's ingenious approach to the concept.

"Many newcomers need more social support because they don't have a lot of family here," explains Dr. Carmen Chung, Division Head of Medical Oncology at Humber. "At that point, having someone to share their experience, to support them through their cancer journey, becomes even more important."

Sakoob, who was diagnosed in 2016 after a gut feeling told her to push for a mammogram, notes that despite a robust support network of family and friends, there's a unique camaraderie between cancer patients. "There are things I share with my peers within the program that I've never talked about with my husband, my best friends or anyone," she says.

Cameron, who was diagnosed with Stage 4 inflammatory breast cancer in 2019, just weeks after her third child was born, agrees. "There's a different comfort level between the patients and their peer supporters, especially when there are cultural barriers. Some patients are hesitant to bring up issues with the nurses and doctors, but when they mention them to us, we're able to catch those red flags and encourage them to bring it to the medical team's attention."



### AN IDEA BROUGHT TO LIFE

What sets Humber apart from other hospitals is its commitment to improving quality of care. One of the ways it does so is by engaging current and former patients to hear their feedback and ideas, both individually and in the form of Patient and Family Advisory Committees (PFACs). In fact, Sakoor and Cameron met through the hospital's oncology PFAC.

"Humber proactively reaches out and wants to understand the patient experience," explains Sakoor. "Consistently, Humber is saying, 'Tell us what you think. How can we make improvements? What can we do differently?'"

It was feedback from Sakoor, Cameron and other patients that spurred Humber to move forward with its peer-to-peer support initiative. Both women, at the end of their treatments, asked their doctors to connect them with any patients looking for camaraderie. Although privacy concerns prevented those connections from happening, the concept served as inspiration for the current program.

"This peer support allows patients to share the experience and also empowers survivors to help other patients along," notes Dr. Chung. "Initially it's very difficult, learning how to cope with the diagnosis and being introduced to chemotherapy. Having another patient who has gone through it to guide them makes a tremendous difference."

Using the hospital's own innovative digital platform, Healix, the Humber team built an application that allowed patients to connect with their peer volunteers via the chat message function and



**Dr. Vighnesh Bharath**  
Division Head, Hematology



**Dr. Carmen Chung**  
Division Head,  
Medical Oncology

arrange to speak by phone. The app maintains privacy and data protection that's essential in healthcare, but it also allows volunteers to make notes that they and the patient's care team can access with consent when needed.

Humber goes the extra mile by sending these volunteers for training with Wellspring Cancer Support, a Canadian non-profit organization, where they learn basic counselling and communication skills. They also provide documents and manuals to help them navigate difficult topics and use a social worker to match patients with volunteers.

"I like to joke that the program's clinical co-ordinator is like Chuck Woolery from *Love Connection*, matching us up," Sakoor laughs.

This groundbreaking digital approach to cancer care support is turning heads and earning recognition from national health organizations such as Accreditation Canada and the Health Standards Organization. In addition, Sakoor and Cameron have spoken at multiple healthcare conferences about the difference this initiative is making in patients' lives.

### KEEPING IT LOCAL

Humber's commitment to prioritizing local care extends to cancer treatment, as well. Dr. Vighnesh Bharath, Division Head of Hematology at Humber, notes that the oncology department often works closely with the academic hospitals in downtown Toronto to co-ordinate cancer treatments for patients with complex medical needs.

"Our cancer clinic is pretty comprehensive, but we also work in conjunction with other hospitals," he notes. "So, they're providing some guidance, but the treatment is here whenever possible, to make it easier on the patient."

Both Sakoor and Cameron are happy to expound on the many ways Humber listens to its patients and constantly tries to meet the community's needs. Beyond that, though, it's evident that when patients are listened to and supported, everyone benefits – the patient, the care team, the hospital and the community.

"It has been wonderful to support other women with cancer, and it's also been really rewarding for my own journey. It's part of my own healing," says Cameron. "I'm honoured to be a part of it and to give back to Humber in any way that I can." \*

# ANNOUNCEMENT

An essential element of healthcare is stopping diseases in their tracks.

By Glynis Ratcliffe

## Breast cancer screening

In October 2023, Ontario lowered the breast cancer screening age to 40 from 50, thanks to the advocacy of Humber radiologist Dr. David Jacobs and others. “This is a big win for women,” he notes, adding that about 20 per cent of all breast cancer begins between ages 40 and 55. Breast cancer starts much earlier in women who are Black, African, Caribbean, Latinx and Asian than the rest of the population. By lowering the screening age, Dr. Jacobs explains, clinicians can detect cancer in an earlier stage, which leads to improved patient outcomes.



Humber River Health's physicians and clinical staff are committed not only to helping patients manage their existing diseases and conditions but also to stopping them before they start. This is the realm of preventative care, and it's a crucial element of every patient's health.

“Preventative care is not just good for the patient, it's also good for the healthcare system,” explains Dr. S. Zaki Ahmed, Chief of Staff at Humber.

## Primary

This type of preventative care is meant to catch diseases before they start. Annual screenings, like colorectal screening and mammograms, fit into this category. For example, a physician will remove a polyp detected during a routine colonoscopy before the cancer can develop.

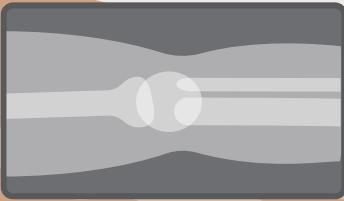
## Secondary

Secondary prevention is all about catching diseases in their earliest stages, when treatment is most manageable. For instance, a chronic disease like hypertension will first manifest as high blood pressure readings. Physicians can then monitor patients more closely, administer medication and suggest lifestyle modifications to prevent the disease from further developing.

## Tertiary

Once a disease has taken hold, tertiary prevention and care help to manage symptoms, improve outcomes and the patient's quality of life, and prevent the disease from worsening. For example, a patient who recently had a heart attack is at much greater risk of experiencing a second one, so their team should closely monitor their heart health.

**Patients are booking more than 400,000 on-site clinic visits annually.**



**Dr. S. Zaki Ahmed**  
Chief of Staff at Humber

**“Preventative care starts when we’re kids. We need to incorporate mental and physical well-being into our daily lives, especially if we have a family history of certain diseases, to prevent ourselves from developing them down the line.”**

**“30 per cent of our population has more than two chronic medical conditions. Our job is to make sure that those are well controlled so community members don’t develop complications from them.”**

**Dr. S. Zaki Ahmed**

## Home sweet home

Humber River Health's home dialysis programs were created to give patients with kidney disease greater flexibility and autonomy over their treatment.

By Jill Foran



**Zoeanne Smith**  
and her daughter,  
Jennifer, sit at their  
kitchen table.

**W**hen Zoeanne Smith received a kidney transplant in 1998, she was thrilled that her days of travelling across the city three times a week for inpatient dialysis treatments were over. “Those visits were so time-consuming,” recalls Smith, a child and youth care counsellor whose kidneys failed in 1992, when she was 24 years old. “It was such a long commute, the treatments were draining, and it took at least five hours out of my day each time.”

Two years after her surgery, however, her transplant failed. Gutted by the outcome and dreading the commute to a dialysis clinic again, Smith found hope when her doctors referred her to Humber River Health, where she enlisted in a home-based dialysis program that allows her to receive treatment while she sleeps.

#### OVERNIGHT TREATMENTS

In the late 1990s, Humber became one of the first hospitals in North America to establish a nocturnal home dialysis program, in part because the doctor overseeing the kidney program at the time, the late Dr. Andreas Pierratos, thought that long, slow treatments are gentler on the body, and allow for more waste and fluid removal. In the morning, people can go about their day with improved energy and less need for medication.

Humber does have in-centre dialysis, but having to come in three times a week for four hours is a taxing routine for patients with busy lives and personal commitments. Home dialysis, meanwhile, gives patients far more flexibility when it comes to maintaining an independent and active lifestyle. It also allows for more frequent and longer treatments, which, in turn, can lead to improved clinical outcomes. Despite home hemodialysis being more complex, and requiring more patient training, along with potential plumbing and electrical upgrades to a home, it's the preferred method at the hospital. In fact, 18 per cent of Humber patients are on home hemodialysis, compared to the Ontario average of 5.1 per cent.

## Care in the community

Less travelling to treat complex conditions is always Humber's goal.



Humber is always working to improve accessibility to high-quality kidney care. For instance, glomerulonephritis (GN) is a group of rare inflammatory kidney diseases that used to be treated only at certain academic hospitals. In 2020, however, Humber hired Dr. Laura Berall, a GN specialist, and opened its own GN clinic. Now these patients are cared for within their own community.

In May 2023, Humber Meadows Long Term Care

(LTC) Home opened its doors as a new, fully integrated LTC home with 320 licensed long-stay beds. Located by Humber's Finch campus, the facility features a variety of on-site care services, including a six-chair hemodialysis unit, run by Humber. “Patients at Humber Meadows no longer need to get in an ambulance and come to the hospital for their dialysis treatments,” says Dr. Mendelsohn. “They can get treatment on site, which is much more convenient.”



**Dr. David Mendelsohn**  
Medical Director, Nephrology

“At Humber, we've long been leaders in promoting the view that all suitable patients should be encouraged to choose a home dialysis method as their first treatment option,” says Dr. David Mendelsohn, Medical Director of the hospital's nephrology program.

While home dialysis patients at Humber operate fairly independently, all need to visit the Home Dialysis Clinic every few months. There, a multidisciplinary team comprised of a social worker, pharmacist, dietitian and nurse clinician assesses them, and a nephrologist receives input from the rest of the team and addresses any issues. Should a problem arise between clinic visits, patients can contact the nurse clinician, who will either assist with the issue, refer them to a different team member or advise them to come in.

Dr. Mendelsohn notes that kidney disease can be silent, often caused by diabetes or high blood pressure. It's important to keep kidneys healthy with a balanced diet and regular exercise. He also recommends people visit a primary care physician regularly for annual physical exams, and routine blood and urine tests to detect problems early.

#### MORE FLEXIBILITY

For Smith, now 56, the nocturnal route was the obvious choice, and for the past 24 years, she's stuck to the same routine. “An hour before bed, I start the dialysis machine and set up. I put the tubing in place, take my blood pressure and other readings, then hook myself up and go to sleep,” she says. “In the morning, I disconnect, take everything off, put the machine to clean and go about my day.”

The regimen affords her more flexibility than she expected after her transplant failed. “I was able to go to school, and I can work full time because I always have my days free,” says Smith, who was the first person to conceive while on nocturnal home dialysis, giving birth to a healthy baby girl about two years into the program. “There were no issues with the dialysis when I was pregnant or when she was born. I love the freedom this program gives me.” \*

# Safe



# sound

With a level of care unique to community hospitals, Humber River Health gives new parents and babies all they need, close to home.

By Elizabeth Chorney-Booth

**A**fter giving birth to a baby girl this past December, Anusha Doppalapudi can say she has spent some of the most joyous moments of her life in Humber River Health's maternal and child unit. Like many expectant parents, Doppalapudi took advantage of Humber's comfortable private birthing suites and postpartum rooms, the modern technology that keeps both moms and babies as safe as possible, and the expertise of the hospital's obstetric and paediatric teams. It's an experience she says she'd gladly repeat if she chooses to have another child.

Doppalapudi's satisfaction with the maternal and child program is not atypical. What may be surprising – and speaks volumes about the quality of care she received – is that she enthusiastically chose to give birth to her new baby at Humber, despite experiencing profound tragedy there only one year before. In 2022, after coming in for what she expected to be a normal birth, Doppalapudi's doctors discovered her fetus did not have a heartbeat and had to be delivered as a stillborn. Medical staff determined the loss could not have been prevented or even anticipated, and hers was

a rare case with no determinable cause. Naturally, Doppalapudi was beside herself with shock and grief, but she says the Humber team provided her with everything she needed to process her loss.

"They gave me more than just comfort," she says. "They gave me time. I got to hold the baby for four or five hours, and they didn't rush me. That is why I felt comfortable coming back. I specifically chose the same doctor, Dr. Lynn Sterling, and the same hospital."

#### CARE CLOSE TO HOME

Doppalapudi lives close to Humber, and despite another birthing facility located nearby, she was confident Humber would give her the best possible care during and after her second pregnancy. Early examinations revealed that the new baby was small, so Dr. Sterling immediately referred her to Humber's multidisciplinary Maternal Fetal Medicine (MFM) clinic, where she was monitored weekly to ensure both she and her baby were healthy.

"The MFM clinic also supports women with pre-conception counselling," Dr. Sterling notes, adding that Doppalapudi did exactly that before her second pregnancy. "This is

**Anusha Doppalapudi** with her daughter, Arushi, at Gym & Juice/Baby Gym.



especially valuable if a patient has specific concerns about becoming pregnant.”

Established in 2020, the MFM clinic is just one of Humber’s many maternal and child outpatient clinics – expectant parents can also access experts in diabetes, nephrology, breastfeeding, early pregnancy complications, social work and nutrition, all on the same floor of the hospital. This wide range of services makes Humber more than just a hospital; it’s a community pregnancy and postpartum hub.

“Traditionally, patients who needed an MFM consult might be transferred to a downtown hospital, and that would mean leaving their community to deliver elsewhere, which is not as good for patient care,” says Dr. Lesley Hawkins, one of Humber’s OBGYNs. “The MFM clinic has allowed us to have a satellite service so we can still take care of our patients.”

Going in for that weekly monitoring allowed Doppalapudi to become comfortable with the facility and staff, reassuring her that she was receiving true patient-centred care. This was further illustrated when Doppalapudi was sent home to wait after being given induction medications by her physician. She felt like something wasn’t right. After calling her nurse, she returned to the hospital – not too much of an inconvenience since she lives nearby – and was immediately put on monitors so that doctors could react if she or the baby needed immediate attention.

This is where Humber’s Command Centre, an innovative data system that tracks patients throughout the hospital, comes into play. Humber is one of the only centres in the world where the Command Centre tracks rhythm strips from the fetus with a new interface, created by global tech giant GE, specifically to accommodate this data. This, along with the privacy given in the birthing suites, portable translation monitors for non-English-speaking patients, one-on-one nursing staff and a wide range of pain relief options, has earned Humber a reputation as one of the safest and most comfortable places in which to give birth in the GTA.

Dr. Hawkins says many of these measures are the result of consistent quality improvement measures, ongoing staff training and a willingness to embrace technology. “The hospital is very responsive to our team and also to patients who give feedback on what would be helpful,” she says.

## PRIORITIZING NEWBORN HEALTH

The other piece in a new parent’s birthing experience is what happens after delivery if a newborn



**Dr. Lesley Hawkins**  
Obstetrician and  
Gynaecologist



**Dr. Sally Kenawy**  
Chief of Paediatrics



**Dr. Lynn Sterling**  
Obstetrician and  
Gynaecologist

needs specialized paediatric care. Thanks to years of hard work and improvements, Humber is designated as a Level IIC Neonatal Intensive Care (NICU) facility, meaning it can care for babies as early as 30 weeks’ gestation and as small as 1,200 grams. This eliminates the need for patients with very premature babies to seek care at a hospital outside of the community.

Doppalapudi’s new baby, Aarushi, was not that early or small, but she did need her abnormal blood sugar levels addressed. Doppalapudi found the NICU “so calm and soothing” that it was even more comfortable to be in than the nursery she’d prepared at home. With private rooms for each baby, staff on hand to answer any questions and regular rounds to ensure parents get a full picture of their babies’ progress, the NICU is designed to give newborns a good start while parents recover from delivery.

“The NICU is my favourite place in the hospital,” says Dr. Sally Kenawy, Humber’s Chief of Paediatrics. “We have a multidisciplinary team with a paediatrician, a neonatologist, a dietitian and occupational therapist, a lactation consultant, a social worker, and, of course, our NICU nurses, all involved in the care of what might be a tiny two-and-a-half-pound baby.”

The combination of that extra care, expertise, comfort and compassion toward patients reaffirmed Doppalapudi’s choice to entrust her second pregnancy to Humber. The convenience of having all of the services she needed in one place and the availability of the MFM clinic and the Level IIC NICU in her community made Humber the only facility she felt could fully meet both her medical and emotional needs.

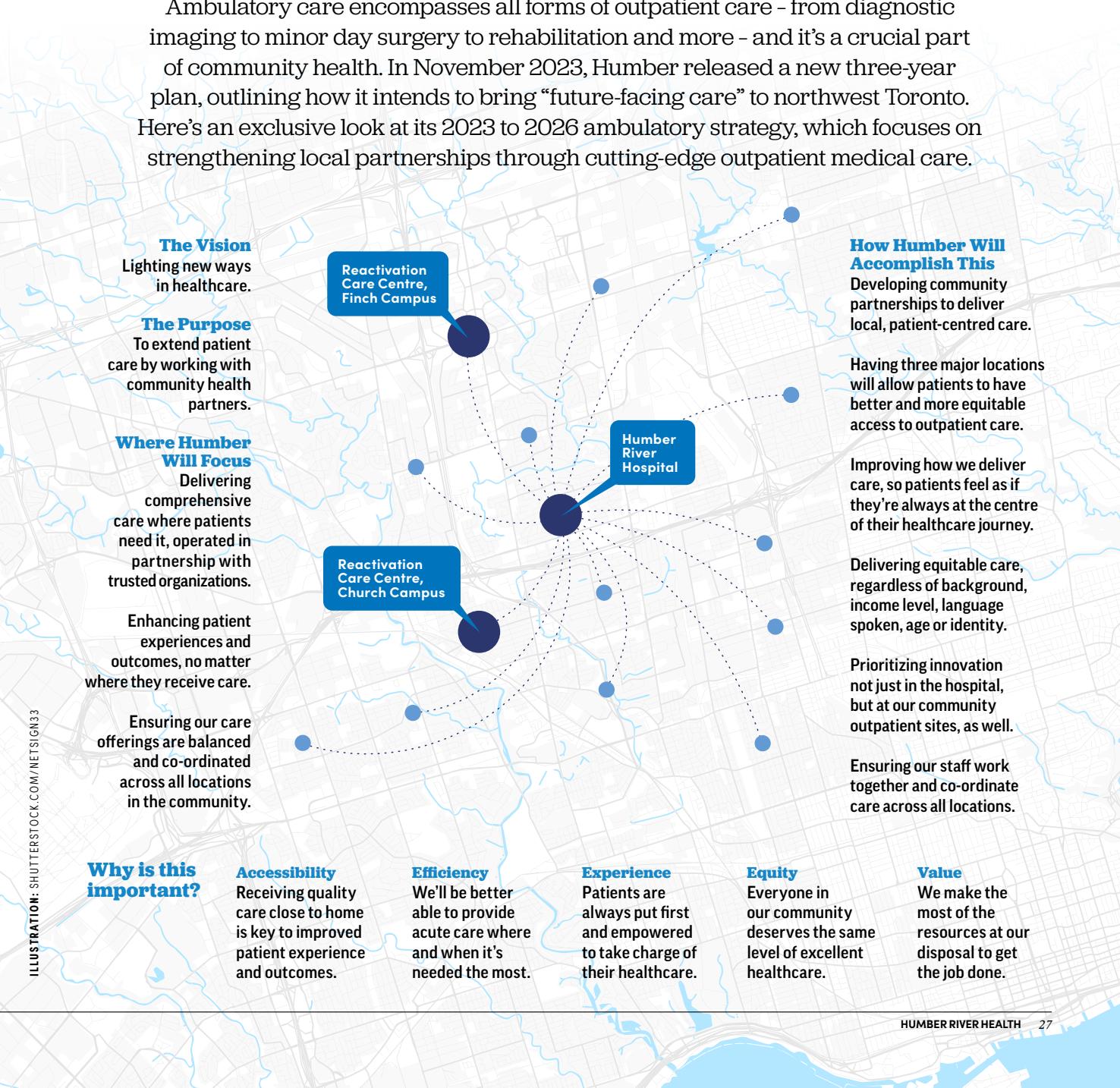
“No matter the outcome, the staff at Humber gives you 100 per cent of their efforts,” Doppalapudi says. “Their compassion is the biggest thing. I never felt I was rushed at any time during my two pregnancies. Not in a single appointment.” ♦

## HUMBER RIVER HEALTH'S NEW AMBULATORY STRATEGY

# Planning for the future

Humber River Health is doing a lot more than treating patients inside its walls; it's finding new ways to help people across its community live healthier lives.

Ambulatory care encompasses all forms of outpatient care - from diagnostic imaging to minor day surgery to rehabilitation and more - and it's a crucial part of community health. In November 2023, Humber released a new three-year plan, outlining how it intends to bring "future-facing care" to northwest Toronto. Here's an exclusive look at its 2023 to 2026 ambulatory strategy, which focuses on strengthening local partnerships through cutting-edge outpatient medical care.



# THE HEART OF THE MATTER

Planned expansion will make a world of difference to patients who need it the most.

By Dave Yasvinski



**Top-tier technology**

Humber's cardiology program uses several innovative tools, including this leadless pacemaker.

**Walter Koz**

Humber physicians implanted a leadless pacemaker to control his bradycardia.

**W**alter Koz had just returned from another camping trip in June 2023 when he noticed something unusual buried beneath the surface of his skin. The avid outdoorsman, a gravedigger by trade, was no stranger to ticks and the deadly risk of Lyme disease they can carry with them. He needed medical attention as soon as possible.

After failing to find the help he required at several walk-in clinics, the 57-year-old thought he would try his luck at Humber River Health, an innovative, patient-centred hospital near his home. While he was checking in, an intake nurse took his vitals and saw something that prompted her to send him for an electrocardiogram (ECG) while he waited for a doctor.

“I very quickly found myself in a bed hooked up to a bunch of different monitors,” Koz recalls. “As the evening progressed, my heart rate

was very, very slow. They were concerned that maybe I was going to pass out or have a heart attack or something like that."

Over the next four days, a battery of tests – overseen by a team of doctors – revealed that Koz did not have Lyme disease but bradycardia, a condition in which the heart beats more slowly than normal. An MRI would soon confirm that he needed a pacemaker to control the rhythm of his heart. He didn't know it at the time, but he had come to the right place.

### PUTTING PATIENTS FIRST

Humber's cardiology program provides more than 25,000 patients per year – many from marginalized communities – with a full range of diagnostic services. This includes a rapid-assessment clinic that offers expedited assistance to patients who require immediate consultation upon release from the emergency department. Those who require longer-term care or more invasive procedures are sent to the sixth or seventh floors, where they receive state-of-the-art intensive care and 24/7 support.

To better serve patients, the hospital has embarked on a multidimensional strategy that will expand the impressive scope of services it already provides. This plan includes the creation of a cardiac catheterization lab (see sidebar) that will allow doctors to perform more complicated coronary procedures on site, and an expansion of its pacemaker program to incorporate the implantation of defibrillators.

"Our catchment area is full of heart failure patients," says Dr. Syed (Najaf) Nadeem, Head of Cardiology at Humber. "Transportation is a major issue for many residents because they're elderly and have comorbidities. Our goal is to bring comprehensive care closer to where they live."

### THE FUTURE IS FRIENDLY

Humber's cardiology program has already been making waves thanks to the cutting-edge technology it brings to the operating table. This includes the hospital's use of leadless pacemakers – tiny, self-contained units that are easier to implant inside the heart because they don't have external components that can be tricky to attach and difficult to access after insertion.

"They work really well for patients who are at risk of infections or don't have good vascular access," says Dr. Douglas Ng, a cardiologist and one of the program's device leads. "It's certainly something we've been ahead of the curve on."



**Dr. Syed Nadeem**  
Head of Cardiology



**Dr. Douglas Ng**  
Cardiologist

The hospital has also been an early adopter of TeleVU, a communication tool built on a Smart Glasses platform. If a physician needs an assist during a complicated procedure, they can put on a special pair of glasses that will allow colleagues, trainees or any other vital personnel to easily observe and provide feedback from afar. Soon, a modified version of this technology will travel home with patients, where it will be able to connect with their pacemakers and send vital health information back to doctors.

"If we see there's no fever, no issue with an ECG and the heart rate looks good, we can reassure the patient that they don't need to come in," Dr. Ng says. "It saves them the trip."

Humber has also started using another type of pacemaker that was specifically designed with younger patients, such as Koz, in mind. Left bundle area pacing (LBAP) uses an advanced type of wiring that allows for a more natural, longer-lasting connection to the heart. Many cardiac centres don't yet utilize LBAP, which means Koz would have gotten a regular pacemaker elsewhere.

"I know Walter well," Dr. Ng says. "He's quite young, but he had a heart block that required a pacemaker. This is one of those situations where he's going to need decades of pacing. You can't just put a regular pacemaker in. It won't be enough for him. Luckily, the procedure was a success, and he continues to thrive."

### THE BEAT GOES ON

With his new pacemaker safely in place, Koz is back to digging graves – without the fear he might soon need one of his own.

"My care was top notch, and it has made a noticeable difference in my life," he says. "I never thought I'd thank a tick, but that tick really helped me out." \*

# A new cardiac cath lab built for the future

A key component of Humber's vision for the future is creating an on-site cardiac catheterization laboratory to support the health needs of people in northwest Toronto. The hospital has partnered with Toronto's University Health Network to create a two-way cardiology corridor to provide training and mentorship to Humber staff.

"Currently, it can take around 60 minutes to send someone with a serious heart issue to another hospital," explains Jhanvi Solanki, Humber's Vice-President Clinical Programs. "Every additional second compromises more of the heart's myocardial tissue. By the time you get there, there may be irreversible damage."

Once operational, Humber's

cath lab will provide patients with increased access to numerous vital cardiac interventions – such as angiograms and angioplasties – close to home. It will also attract a new generation of cardiology fellows and residents.

"This will put us in an ideal position to provide enhanced care while addressing any equity issues within our population," Solanki says.



**Jhanvi Solanki**  
Vice-President,  
Clinical Programs

# Q&A

**Dr. Jonathan Pelikan talks efficiency and patient care in Humber's Stroke Prevention Clinic.**

**By Mark Brown**



There aren't many medical conditions more terrifying than a stroke. It can come on quickly, which means patients need answers – and treatments – fast. Few places can provide the level of care that Humber River Health's Stroke Prevention Clinic offers. Dr. Jonathan Pelikan, a neurologist in the clinic, is part of the team that's helping improve the level of care

and finding ways to cut wait times from months down to a single day in many cases.

**Tell me about the Stroke Prevention Clinic at Humber.**

We have two neurology clinics – the Stroke Prevention Clinic, which is for patients at high risk of a stroke or "mini-stroke," and the Neurology Urgent Care Clinic. Both deal with patients who are

referred on an urgent basis for neurological issues.

**What makes the stroke clinic at Humber unique?**

Our efficiency is our best feature. When I started, we had much higher wait times, but by modifying our acceptance criteria, and with other neurologists coming on, we were able to bring those wait times down to the next day.

Now, we can see more patients that are high risk in a shorter amount of time and deliver appropriate care sooner.

**The clinic also relies on nurse practitioners. Why is that role so important?**

We have an incredible team at the clinic, which speaks volumes for patient care. Nurse practitioners take patient history, order preliminary tests, follow up on abnormal results, handle urgent referrals and triage patients who need to be seen quickly by neurologists. That allows us to focus on doing a detailed neurological examination with that extra time and gives us the chance to see more patients in the day.

**How do patients react when they first visit the clinic?**

The word "stroke" is a heavy one and often quite terrifying for someone to hear. They're usually coming in with an assortment of questions and maybe even a degree of confusion as to what happened, what we do for a living, and what happens next. They're often scared but appreciative of being seen quickly.

**What attracted you to the Stroke Prevention Clinic at Humber?**

I knew I wanted to work in a big, new hospital, with innovation and growth, and Humber fit that perfectly. I love the diversity of the community, and the cases can be quite interesting, each patient's story a little bit different. \*



# SAFETY FIRST

A commitment to tracking, analyzing and acting on key patient metrics is ensuring patients are well looked after.

By Anna Sharratt

If you stand outside Humber River Health, you'll see a steady stream of Ubers, taxis, other cars and ambulances delivering patients to the bustling hospital's Apotex Emergency Department (ED), which welcomes more than 140,000 patients every year. Yet despite having one of the busiest EDs in Ontario, Humber has a reputation for being one of the safest hospitals in Canada.

The proof is in the numbers: 66 per cent fewer cases of hospital harm than the provincial average, a 10 per cent year-over-year reduction in sepsis cases, a 40 per cent year-over-year decrease in code blues – medical emergencies that can include heart attacks or respiratory distress – and the list goes on.

The secret to Humber's safety successes? For starters, Humber's culture of safety is the focal point for staff at every level of the organization, according to Amanpreet Ghuman, Director of Quality and Patient Safety. "Our leaders know what risks are present and how to address those proactively," she says. "We use that data to take action."

During orientation, trainees are put through a rigorous set of simulations that prepare them for a range of scenarios, from handling a code blue to de-escalating a violent patient situation. "This process ties in all of our safety concepts for everybody before they even start," explains Derek Hutchinson, a Director of Professional Practice at Humber.

## A PROACTIVE APPROACH

Overseeing operations is Humber's Command Centre, an innovative centralized data tracking system that allows clinicians to track patients and their vitals in real time. The first

of its kind in Canada, this "mission control" uses data algorithms to identify where in the hospital an issue is occurring – whether it has to do with staffing in a particular unit, an uptick in ED admissions or a patient who is deteriorating – so staff can take action before an issue worsens.

The Command Centre also ensures that a potential delay in patient care can be dealt with promptly and efficiently, rather than reported at the end of the day. Any concerns are flagged and immediately sent through to a variety of departments, which in turn work collaboratively with other divisions to address them.

Ghuman's team tracks patient safety events, conducts reviews, and creates a report highlighting the trend and opportunities for improvement. "If anything is significant, we will roll out education in collaboration with the programs," she says.

## A UNIQUE PERSPECTIVE

In addition to its staff, Humber also has Patient and Family Advisors (PFAs), a dedicated volunteer group of former and current patients and family members. This team of more than 50 individuals focuses on quality improvement at the unit and corporate level, highlighting any gaps or issues for hospital staff and leaders. Most importantly, they have the ear of management.

"We seek their guidance around patients' expectations when it comes to their care and how we can better meet those expectations," explains Ghuman. "And we're always looking for more former patients and family members to join."

Hutchinson notes that Humber's Corporate Patient and Family Advisory Committee (PFAC) has an unusually high engagement rate and has made significant contributions to hospital policies and quality improvement initiatives.

While the general public wouldn't be familiar with the behind-the-scenes dedication to safety, patients are well aware, with the Canadian Institute for Health Information finding that 87 per cent of patients would recommend Humber as a place to receive care.

The pride Humber's staff take in ensuring every patient is expertly cared for can be heard in the passionate way Ghuman and Hutchinson speak on the topic.

"Things are working well, but we don't plan to stop," says Ghuman. "We're constantly striving for improvement." \*

### PFAC Members with Executive

**Team (L to R):** Michael Iacovelli (Chair of the Board), Steve Sottile, Shaniza Sakoob, Todd Finlayson, Fiorella Bruno, Barb Collins (President and CEO)

**Smiling woman:** Tenzin Yangchen



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**Safety team, above (L to R):**

Gurmit Maghera, Cyndi Difilippo, Amanpreet Ghuman, Jennifer Yoon, Derek Hutchinson

Man in scrubs: Alexander Greene



**At Humber River Health**, success wouldn't be possible without one crucial element: its people. With 5,194 employees and physicians across three locations, the organization prioritizes taking care of its own, and has long fostered transparency and open communication. In fact, Humber was chosen as one of Greater Toronto's top employers by *The Globe and Mail* for 2024.

“Our values – compassion, professionalism and respect – are the foundation of everything we do here,” notes Carol Hatcher, Executive Vice President, Chief Nursing Executive and Chief of Clinical Programs at Humber. “We’re a team-based organization, very collaborative and non-hierarchical. That’s what makes us unique.”

#### KEEPING COMMUNICATION OPEN

That lack of hierarchy is evident when you see Humber’s President and CEO, Barb Collins, walking through the hospital’s hallways. She’s known for her humility, stopping to chat with anyone she passes to better understand their work and how she can support them.

Collins holds multiple monthly forums with different leadership teams to discuss ideas and challenges, as well as a “President’s forum,” to which all Humber staff are invited.

One of the fundamental aspects of Humber’s culture is the relationship built between its teams. This collaboration is what allows the hospital to continuously innovate, notes Hatcher. “The majority of ideas are generated from the ground up.”

#### MOVING UP THE RANKS

Humber recognizes the importance of supporting and nurturing a strong internal workforce, which means providing growth opportunities wherever possible. Staff in entry-level positions can take advantage of upskilling opportunities (courses for career advancement), and there are a variety of professional development opportunities available, along with defined career pathways for certain occupations.

“Many clinicians come into the workforce as general practitioners, but after gaining experience want to move into higher-level positions. For example, a general-level nurse might want to transition to Critical Care, which would require an added skill set and certification,” explains Hatcher. “This offering has also proven a good recruitment and retention strategy for Humber as we support transitions from novice to expert.”

“It goes back to the culture of Humber,” Hatcher adds. “We want to embrace all of our staff and encourage them to stay with us.” \*



**Radiology Technologists**  
(L to R): Anushka Pai,  
Rachel Antony, Laxcika  
Satkunalingam



**Carol Hatcher**  
Executive Vice President,  
Chief Nursing Executive and  
Chief of Clinical Programs



**1,500**

ancillary and support staff



**2,900**

clinical staff members



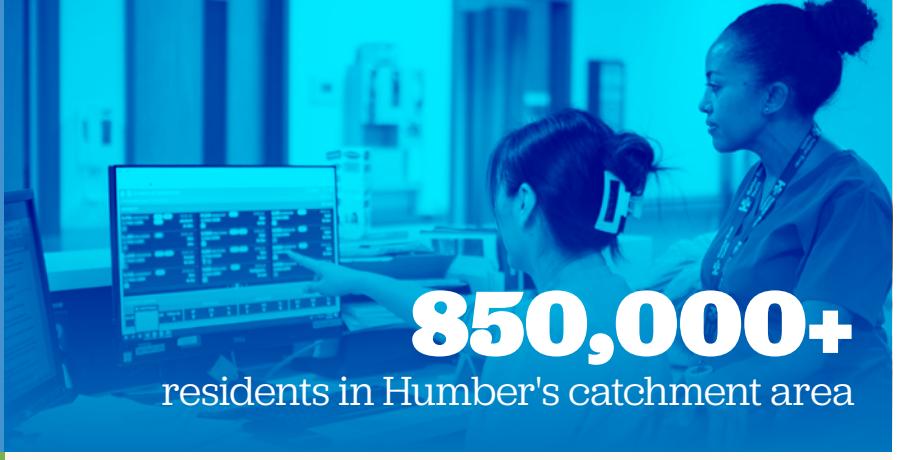
**794**

physicians



**496**

volunteers



**43**

clinics and departments



**850,000+**

residents in Humber's catchment area

**50 years**

longest-serving employee at Humber

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ACCREDITATION  
AGRÉMENT  
CANADA



# 44,000 PEOPLE IN OUR COMMUNITY DON'T HAVE PRIMARY CARE. WE'RE CHANGING THAT.

The Schulich Family Medicine Teaching Unit was created to address the critical need for family doctors in our community.

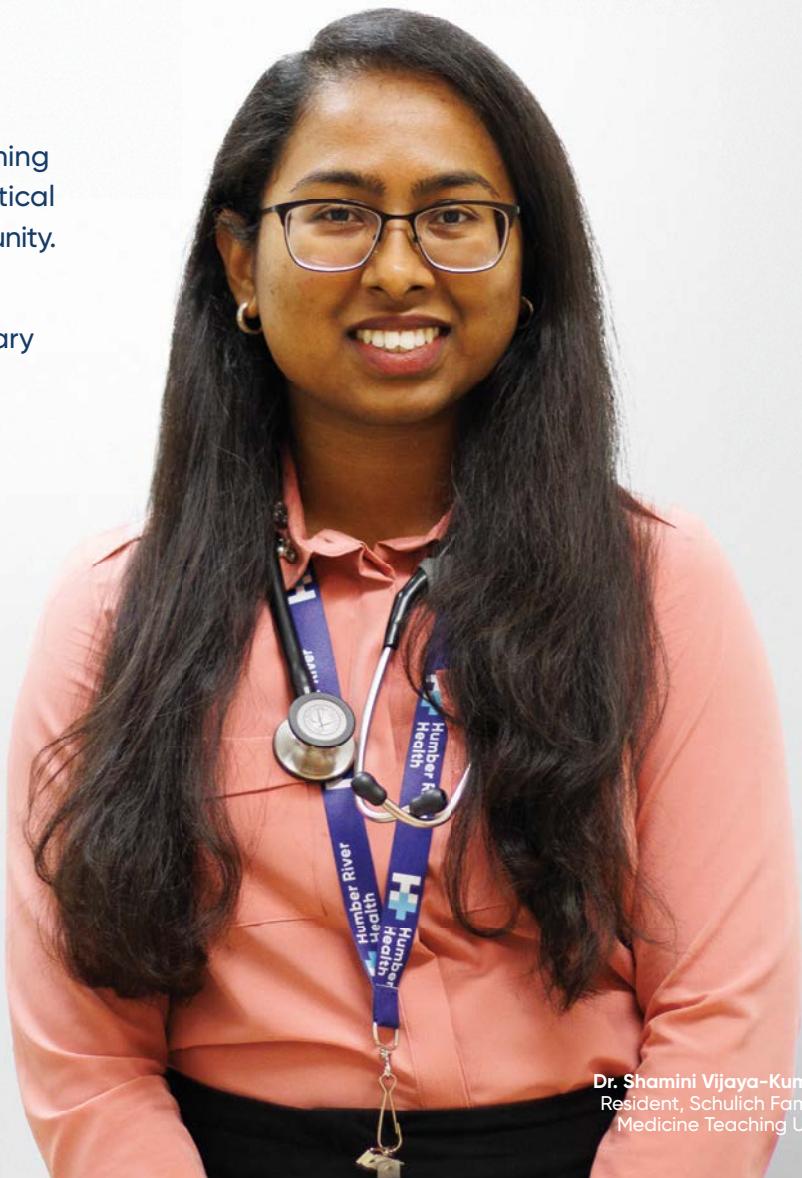
With your help, we can make sure thousands of our own get the primary care they so desperately need.

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**Humber River  
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Dr. Shamini Vijaya-Kumar  
Resident, Schulich Family  
Medicine Teaching Unit