

Jun 07

Peterborough Regional Health Centre • A monthly magazine for our community

# Insites

Our Values: Accountability • Innovation • Respect



Don't Forget!  
**Celebration Day**  
June 26, 2007



## Inside this issue:

- PRHC's Dialysis Unit  
A Regional Approach
- Construction Update
- e-CPS
- Nurses Week 2007
- SBAR Report
- West Nile Virus  
Fight the Bite!

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## Insites

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*Your opinion, comments and input are important to us.*

*Do you have suggestions for topics we can cover?*

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# Our Patients In Conversation

## Robert Peck

When 89 year old Robert Peck was diagnosed with cancer in late spring of 2005, he didn't have to wait long for his treatment to begin. Though he was told by his surgeon, Dr. Ebisuzaki, that he would need major bowel surgery right away, Robert was still very impressed with how quickly everything was underway.

"I was very lucky," says Robert. "The care I received from the start was excellent. Within days, everything was scheduled and ready to go."

Robert and his wife Margery, a thirty-year PRHC volunteer porter, feel very strongly that the recovery process following his surgery was first-rate.

"There was nothing negative about the entire experience," says Margery. "He was in Surgical Constant Care for about four days and that was wonderful because he really got the attention his recovery demanded."

"Absolutely, no argument," agrees Robert. "The attention I received was outstanding for two reasons. First, the nurses themselves were excellent individuals. They

were very, very good. Secondly, they took the time to be as good as they could be, and that was hugely beneficial."

"In fact, I believe my entire recovery was so satisfactory mainly because of the staff," says Robert. "In both the time I spent in Surgical Constant Care and the week afterwards I spent on Hutch 2, we always felt they were doing everything that could be done. Surgical Services is staffed by great people indeed."



Robert Peck, former PRHC patient.

**Coming in the July/August issue:**

**A look at the move to the new hospital...**

On the cover – standing, left to right: Dialysis' Dawn H., RN; and Dr. Vince Cheung, Nephrologist. Sitting: Scott Caville, patient.

# Our People

## New and Familiar Faces at PRHC



### Familiar

#### Janice Ross, RN

*How long have you worked at PRHC?*

I've been at the hospital more than 20 years. I worked as an RN in Emerg for 10 years and was at RSS for 10 years prior to that.

*What do you do?*

I've just started a new position as a Nurse Educator in PRHC's Emergency Department.

*What do you like about your job and working at PRHC?*

I'm looking forward to having the opportunity to really get hands on in terms of the kind of education I provide to my fellow nurses. Also, I've been here a long time so I have lots of friends here. It's home.

*What did you do before coming here?*

I started here after I graduated from Fleming and I've been here ever since.

*What do you like to do when you're not working?*

I'm currently working on my masters from Ryerson. I have three children, three dogs, two horses and two cats. We also have a trailer at Lake St. Peter and I love to spend time there.

### New

#### Allison Wood, RN

*How long have you worked at PRHC?*

I was hired in May but I start on the floor on June 4th.

*What do you do?*

I'll be working on Hutch 1 and in the Rehab Unit at RSS.

*What do you like about your job and working at PRHC?*

I did my final placement at RSS and I loved it there. The staff in the Rehab Unit is amazing. I loved being able to see a difference in the patients' progress. Watching someone be able to walk again helps you know you've made the right career choice. I'm also really looking forward to working in the new hospital, somewhere new and fresh.

*What did you do before coming here?*

I just graduated from the nursing program at Trent and I've been hired under PRHC's Nursing Incentive Program, which is great because it's allowed me the freedom to get my own apartment right away.

*What do you like to do when you're not working?*

I play and coach a lot of hockey and I'm a trainer with the Peterborough Lakers Lacrosse Team.



## Board Matters

*A monthly look at the work of PRHC's volunteer Board of Directors.*

Ken Powell, incoming Chair of PRHC's volunteer Board of Directors and current Chair of the Governance and Planning Committee, believes that effective hospital board management essentially boils down to one question. How well is the Health Centre servicing its patients while meeting Ministry of Health and Long Term Care (MOHLTC) guidelines?

"Hospital boards ultimately serve two masters and that can be a bit of a juggling act," says Powell. "But we're mandated to ensure this hospital is managed as efficiently and effectively as possible and we take this job very seriously. That's why one of the most

important functions of the Governance and Planning Committee is to work with our CEO, Paul Darby, on the strategic plan. By setting clear, measurable objectives that support its goals, management is able to develop the action plans that allow our staff to provide the kind of quality care we all believe in."

Among other tasks, the Committee is also responsible for board member education and development, making sure that board members are up to date on current health care management practices.

"While we don't get involved with the day-to-day management of the hospital, the health care environment evolves so quickly, it's critical that our board keep abreast of both issues and best practices," says Powell. "There are many conflicting demands facing health care today but when all is said and done, it's our job to stand up for health care in our community."



Ken Powell, incoming PRHC Board Chair

# Our Strategic Plan

In 2005, PRHC developed a new Strategic Plan outlining our mission, vision, values and five strategic directions.

*Insites* is pleased to bring you a monthly look at our Strategic Plan in action.

## Our Strategic Directions

### New Hospital Transition Plan

- Prepare for the transition to the new hospital through maintenance of the existing sites and securing sufficient resources, human and financial, to realize capital and operating plans.
- Assume occupancy of the new hospital.

### Enhancing the Quality of Care

- Implement and measure quantitatively and qualitatively improvements in care and service delivery.

### Realizing a Positive Workplace Culture

- Implement and measure quantitatively and qualitatively initiatives that will increase staff, volunteer and physician satisfaction.
- Maximize communication and alignment with corporate vision, mission, values and goals across the organization.

### Leveraging Technology

- Implement technology to realize the core elements of an electronic health record.
- Implement technology to improve business processes thereby increasing quality and reducing cost.

### Building Partnerships

- Establish partnerships that will improve the quality of care or service, enhance our reputation or reduce operating costs.
- Nurture a supportive relationship with our communities.

# In Action



New Hospital

## Media Visits New Hospital



ICU Manager Lisa Milligan talks with CHEX Television about the new hospital.

To celebrate, and communicate, that the new Peterborough Regional Health Centre (PRHC) reached a major milestone at 75 per cent completion, local media representatives were invited onto the construction site in May.

Reporters and photographers from *The Peterborough Examiner*, *Peterborough This Week* and *CHEX Television* toured the new Intensive Care Unit with Tom Holden, Vice President, Lisa Milligan and Brad Sippel, Intensive Care Unit (ICU) Managers, and Sue Sayer, Director.

The ICU is in the A Block of the new building, which is expected to be complete late this summer.

The media representatives were most interested in the new space and how it will change the experience for patients and their families, as well as the way physicians and staff will work.

Thanks to the media and their resulting coverage, residents of the region had the opportunity to get a glimpse into the new PRHC.



Quality of Care

## SBAR Tool

Fundamental differences in the way physicians and nurses are trained to communicate has prompted PRHC to adopt a new communications tool designed to increase patient safety.

Originally developed in the U.S., the SBAR (Situation, Background, Assessment and Recommendation) Report provides nursing staff with a template that can help them collect and organize pertinent patient information prior to paging a physician.

“Before introducing SBAR here at PRHC, we fine-tuned it to suit our environment by asking for input from physicians and nurses,” says Jennifer Murdock, Professional Practice Nurse Consultant. “So far the feedback has been very positive.”



Left to right: Jennifer Murdock and Lisa McConkey.

“Miscommunication increases the risk of threats to patient safety,” says Lisa McConkey, Manager of 2 West. “SBAR reduces that risk by helping the nurses clarify exactly what they need to tell the physician before they make the call.”



## Positive Workplace Culture

### PRHC Celebration Day

PRHC's annual Celebration Day will bring staff and volunteers together on June 26th in a day-long celebration of dedication and service to the community, along with our accreditation successes. Plans for this year's event include a festive beach theme, lots of delicious food, awards for long service, and displays honouring PRHC's past, present and future.

The fun will get underway with a BBQ lunch from 11:30 am – 1:00 pm at both HDS and RSS. Photos featuring the former Civic and St. Joseph's hospitals, the current PRHC, as well as the new hospital, will be on display at both sites. The Code White Team and the S&A Committee will also have displays showcasing their efforts.

The awards portion of the day will begin at 2:30 pm at HDS. More than 250 staff are slated to receive pins acknowledging anywhere from five to thirty-five years of service. A walk of fame will showcase 72 MVPs whose efforts demonstrated PRHC's values in action over the past year.

"It's so important that we honour our people and what they achieve all year long," says Sue Robertson, Chair of the Rewards and Recognition Committee. "This year's celebration is even more poignant as it's the last time we'll be holding it at HDS and RSS. That makes it both bitter-sweet and exciting at the same time."



## Leveraging Technology

### e-CPS on PRHC's Intranet

The Compendium of Pharmaceuticals and Specialities (CPS) isn't just the most used book in the hospital, it's one of the heaviest. So it was a relief to many when PRHC made the change to the electronic version this May.



Left to right: RSS Pharmacy staff Jane Allison, Sheilagh Breskey, Judy Turner and Lori Webb.

Published by the Canadian Pharmacists Association, e-CPS has several distinct advantages to the print version.

"The electronic version has the same information, directories and drug identification tools but it is updated bi-weekly," says Lyne Edington, Director of Clinical and Diagnostic Services. "It's also very simple to use and has the advantage of being accessible through both our intranet and remotely."

Pilot trials held with frontline staff proved to the working group responsible for implementation that computer know-how was not a prerequisite to use the program.

"We found it was very intuitive," says Edington. "People are emailing us to say how much easier e-CPS is making their lives. Instead of having to heft around that book, everything is just a mouse click away."



## Building Partnerships

### Alternative Community Beds

In response to a high number of patients in acute care beds who were awaiting placement in Long Term Care (LTC) homes, last year PRHC began an innovative partnership with local retirement community developer AON Inc.

Colleen Howson, Manager, Admitting and Discharge Planning, says the new program is a truly creative collaboration with the Central East Community Access Centre and AON's "Gardens of Peterborough" retirement residences.

"Working with the Access Centre, we were able to determine that AON might be willing to use their available beds as interim placements for patients awaiting LTC," says Howson. "We approached them and found that they were very interested in supporting our community. Together we designed an innovative program to meet the needs of our patients."

Known as Alternative Community Beds (ACB), the program provides families and patients with brochures designed to inform them about the new option. Suitable candidates are then able to move into one of AON's residences, allowing them to stay close to home in a comfortable and safe environment until an LTC spot becomes available.

"The first 6 months of the program have been very successful," says Howson. "24 patients have participated and in following their progress, we've found that our ACB residents have happily integrated into their new homes, both physically and socially."

# People & Talk



University of Ottawa and Queen's University students visit PRHC as part of Rural Medicine Week. Back, left to right: Barbara Bielawska, Brian Seeto, Nicholas Brandon and Frederic Sfeir. Front, left to right: Lauri Koziar, Jennifer Holyoke, Joanna Ueng and Amy Zhou.

## Rural Medicine Week

This past May, Peterborough welcomed eight first-year medical students – three from the University of Ottawa and five from Queen's University – as part of Rural Medicine Week (May 22 – 25, 2007).

The visiting students had some of their first clinical experiences, and were introduced to the sites, sounds and people of the region. More than 30 physicians committed to volunteering their time,

making this a real community initiative. PRHC co-sponsored the event in partnership with the Greater Peterborough Area Economic Development Corporation (GPAEDC), and the Rural Ontario Medical Program (ROMP).

## Kudos & Congrats

Cue the applause! Congrats to:

- Patti Tracey for being seconded by the Ministry of Health and Long Term Care

to be the Central East LHIN Coordinator for the Health Outcomes for Better Information and Care (HOBIC) initiative for the next year. An electronic tool for measuring nursing outcomes, HOBIC is leading the way in the collection and analysis of information on staffing indicators and health outcome measures.

- Bev Hill, RN, Regional Cardiac Care Coordinator, who has had her abstract submission to the Canadian Cardiovascular Congress accepted and will be presenting in the research category for the 2007 CCCN Scientific Sessions in Quebec City in October.
- Judith Richardson, SOP, Kim Robinson, Risk Management and Patient Relations, and Rhonda Watson, RPN CCC, winners of the Nurses Week Intranet Quiz.
- April's MVPs Ted McLean, Senior Autopsy Suite Attendant in the Laboratory, Wendy Miles, RPN, Palliative Care; and Mark Jones, Building Services.



## Free Ice Cream!

Nursing students were among those who took advantage of free ice cream in the cafeterias at both RSS and HDS on May 30th thanks to the Values Effectiveness Council, PRHC volunteers and Baskin Robbins. Inset: Also partaking were Margo Cluwen, Lab Technician; and Ici Clarke, RN.

## Intranet Job Postings

As of June 4, 2007, internal job postings are accessible through the PRHC intranet. Employees can access the information under the Human Resources/Organizational Effectiveness/Jobs headings. Postings will continue to be posted on PRHC bulletin boards and the process for submitting an application has not changed.

## Sincere Thanks

The Pharmacy & Therapeutics (P&T) committee would like to acknowledge the service of Dr. C. Williams to the Pharmacy and Therapeutics committee over the past several years. Dr. Williams' contributions were greatly valued by the committee and they wish him all the best in his retirement.

## Mental Health Services Events

All Mental Health Services staff are invited to attend the annual Breakfast of Champions hosted by Dr. Ralph Hull on Friday, June 22nd in the Nicholls Multipurpose Room starting at 9:00 a.m.

An MHS staff town hall meeting will also be held June 29th in the same location. Issues will include relocation of MHS Outpatient Services, new hospital planning, an update from the Inpatient Manager, Accreditation/CQI, LHINs and reflections by Bruce Whitney.

Right: Nursing Administration Award winner Joni Wilson poses with volunteers, CCC residents and family members who attended the ceremony in her honour. Back, left to right - Jean Ward, Joni Wilson, Don Sheppard and Josie Flamminio. Front, left to right: Colleen Dawson, Grace Hamblin, and Mary Bean.



## Nurses Week Celebrations

With more than 900 nurses on staff, PRHC had a lot to celebrate during Nurses Week this past May. The Health Centre recognized its NPs, RNs and RPNs with a variety of activities including a special talk by Dr. Janet Rush, and a formal awards ceremony held May 9th in the cafeteria at HDS.

Ron Emery, RN and Deb Arthur, RPN were chosen by their colleagues to receive the Nursing Peer RN and RPN Awards respectively. The Nursing Administration Award

was given to Joni Wilson, Manager of CCC and ILTC while Jayne White received the Director Award. Congratulations to all the winners for their outstanding contribution to the Health Centre.

Joni Wilson acknowledged the support of her team at CCC and added that the staff there are like her second family.

"CCC could not have achieved the many changes and improvements made over the past year without the commitment of the whole interdisciplinary team," says Wilson. "This includes not just the staff but the patients, volunteers, and family members."



Dialysis celebrates Nurses Week. Back, left to right: Darlene Rivers, Shelley Peebles, Dawn Hudson, Maureen Withers, Chrystal Connell and Karen Fyn-Maatta. Front, left to right: Debra Malloy, Angie Dickinson, Leanne Hubble and Karen McNeil.

Below: Kate Boucher, PRHC Recruiter, chats with The Hon. George Smitherman, Minister of Health and Long-Term Care at an RNAO Career Fair held in celebration of Nurses Week.



# Dialysis: A Regional Approach

An aging population and increases in incidence of kidney disease are driving unprecedented growth in PRHC's Regional Renal Program. This month, *Insites* talks to staff and a patient about the impact increased services can have on both quality of care and quality of life.



Like so many patients with kidney disease, the days that Scott Caville receives his hemodialysis treatment start very early and end late. An eight a.m. start means arriving at PRHC's Dialysis Unit by seven, primarily so there is enough time to freeze the area where the two large needles are inserted each treatment. Four hours later and he is on his way home for lunch and a brief rest before heading off to work.

Multiply this by three days a week, factor in a loving wife and two teenagers, and one gets an inkling of the kind of toll indefinite hemodialysis treatment can have on a patient's life. It also helps to explain why the opportunity to receive this kind of treatment in your own community removes so much of the burden for those suffering from renal failure.

Diagnosed with kidney disease as a result of a twenty year battle with diabetes, Caville began receiving dialysis five and half years ago. For the first three years, he was a suitable candidate for peritoneal dialysis, a home therapy that allows greater freedom in a patient's lifestyle. When it became clear that hemodialysis was going to be necessary, as a resident of Peterborough, Caville considered himself one of the lucky ones because distant travel wouldn't be a factor.

Originally opened in 2001 with eight stations operating three days a week, over the last six years

PRHC's renal services have mushroomed into a regional program providing care to more than 800 patients. The program offers approximately 300 patients treatment in the form of hemodialysis, peritoneal dialysis, and continuous renal replacement therapy (CRRT). An additional 500 are treated through the renal insufficiency clinic. In fact, it is considered to be one of the fastest growing programs of its kind in the country. And luckily for those patients who hail from the Lindsay and Cobourg areas, that growth has meant expansion in the form of two satellite units now serving those regions.

In November 2003, PRHC partnered with Northumberland Hills Hospital (NHH), allowing the Cobourg hospital to offer dialysis treatment, and providing 72 area residents with the chance to receive this life-sustaining treatment in their own community.

"The program is a real blessing," says Ann Dobby, Program Director at NHH. "Hardly a day goes by that we don't hear a positive comment about how grateful our patients are to receive dialysis at NHH."

Next, the program expanded to include a second unit at Ross Memorial Hospital in Lindsay. Opening in a temporary space in late April, the six station satellite unit has just received approval by the Ministry of Health and

Long Term Care to proceed with construction of a permanent 15-station space.

Paul Darby, PRHC CEO, is very pleased with the Ministry's announcement and proud of the efforts of the team.

"Ours is a robust program," says Darby. "We have a first rate clinical team that is recognized by their peers across the country as a centre of excellence."

According to Bill Classen, Manager of the Regional Renal Program, the exponential growth versus the relative age of the program is cause enough for tooting the department's horn. That is without taking into consideration the many accolades and awards earned by the staff since the program started.

"One of the astounding things about this unit is what we've been able to accomplish in such a short time," says Classen. "Where, provincially, programs like ours see an average of eight to ten per cent growth annually, we're consistently seeing an average of 20-25 per cent increases in patient volumes. All the while, the team has developed a regional symposium, presented at national conferences, and are recognized as national leaders in some aspects of care."

In fact, it's the team system used by the unit that is considered by many of the staff to be the reason for its success. Dr. Vince Cheung,



PRHC's partners at the NHH Dialysis Unit - Back, left to right: Valerie Russell, RN; Darlene Smith, Ward Clerk; Sue Marshall, RN; Pam Bates, RN; Anne Marie Losell, RN; Linda Stevenson, Dialysis Attendant; and Judy Bouwers, RN. Front, left to right: Ann Dobby, Program Director; and Brenda Woolsey, RN. Inset: PRHC's partners at RMS - left to right: Dianne Kimball, Dialysis Team Leader; and Tabitha Carroll, Unit Manager, Medical Program.



a nephrologist and one of the unit's five attending physicians, says that a multidisciplinary approach is critical to the kind of care that patients with kidney disease need.

"What we're doing here requires a lot of coordination and a great deal of expertise whether it is specialized nursing, dieticians, pharmacists, technologists or social workers," says Cheung. "Kidney disease is not easily treated and our patients usually have other serious health concerns like diabetes or hypertension. They need not only medical care, but supports in other areas in order to be as well as they can be."

Dawn H., an RN at the PRHC site, believes that the team is an important component in terms of her own job satisfaction. She also says she has never experienced anything like it.

"We have an excellent group of staff here and we work really well together," says Dawn H. "I've worked in other units and they were great, but nothing like this."

Patient Scott Caville agrees and says that the team's accessibility and support are central to the excellent care he receives.

"I'm the type of person who likes to know what's going on," he says. "After two years, I've developed a close relationship with the staff and I'm always aware that if there's something I'm interested in or want more information about, I can approach any member of the team and I'll have a full and satisfying explanation immediately. When you're trying to cope with a disease that affects so many aspects of your life, this can make an enormous difference in how well you feel both physically and emotionally. And that can make all the difference."

# FIIGHT THE BITE!

West Nile virus (WNV) is a mosquito-borne disease that poses serious potential health risks for humans. Symptoms can be flu-like or even undetectable so it is important to know how to minimize the risk of exposure. Here's how:

## Get Out the Bug Juice

Always apply insect repellent before heading outdoors. The Ministry of Health and Long Term Care recommends using a light coating of federally registered personal insect repellents on exposed skin, such as those containing DEET. Keep in mind that the concentration of DEET should be no greater than 30% for adults and no greater than 10% for children. DEET-based repellents can also be used on top of clothing but should not be used under clothing.

## Cover Up - If They Can't Get to You, You Won't Get Bitten

Try to minimize exposed skin by wearing long-sleeved shirts or jackets and long pants. Mosquitoes are attracted to darker, more intense colours, so remember to wear lighter colours if possible. If it's really buggy and you need to be outside for a long time, consider specialized bug-protective clothing.

## Ruin a Mosquito's Love Life

The best way to keep mosquitoes away is to clean up areas where they like to breed, so clean up mosquito-friendly areas regularly. Mosquitoes tend to stay close to their breeding sites and lay their eggs in stagnant water so remove standing water around the house on a regular basis. Keep compost piles turned on a regular basis. Since adult mosquitoes like dense shrubbery, clear bushes and shrubs of overgrowth and debris. Finally, mosquito-proof the house by installing or repairing bug-proof screens.

## Help the Community

Since 2003, the city of Peterborough has implemented a program to reduce the risk of West Nile virus transmission to humans through surveillance, education and vector control. Residents are asked to report dead birds to the Peterborough County-City Health Unit by calling 743-1000.

The Peterborough Regional Health Centre also supports the WNV municipal program through a parallel program on its HDS property. Inspections of the two storm water management ponds on the hospital grounds are being conducted weekly and larviciding treatments ordered when infestation is considered moderate to high. The larvicide used is called Methoprene, a non-toxic mode of action that is considered of low toxicity and is not an eye or skin irritant. For more information, contact Occupational Health and Safety at ext. 3914.



# New Hospital News

Yet another major milestone has been reached. Construction of the new hospital was 75% complete in May. This month, *Insites* brings you a peek at what's happening down on the construction site.

## What's New...

- Construction is more than 75% complete and remains on budget. All systems are a go for occupancy in spring 2008. There is an average of 530 workers on site every day.
- The exterior of the building continues to take shape with 95 per cent of the brickwork complete. Meanwhile, 60 per cent of the windows have been installed and work continues on the installation of the glass "curtain" walls.
- Work on the interior of the building is coming along quickly with 70% of the drywall, 15% of the painting, 83% of the mechanical work (plumbing, heating and cooling), and 60% of the electrical work now complete.
- Block A, which houses rehabilitation, telemetry, surgical, intensive care, and, maternity and paediatric inpatient units, is the closest to complete. There, the installation of flooring is close to complete on all

levels, painting is underway, and ceiling and light fixtures, as well as millwork, are being installed.



- The majority of the construction in Block A is expected to be complete in late summer and for the purposes of infection control, areas will be closed off as they are finished.
- The electrical distribution system in the building is energized and power is ready to be turned on in all areas.
- To prepare for landscaping, the grading of the interior courtyards is currently underway.



# by your side

CAMPAIGN

The PRHC Foundation's efforts to raise \$10 million to purchase new medical equipment and technology will continue until we reach our goal. Your support will help us to invest in a brand new MRI, replace our current 4-slice CT scanner with a new 64-slice state-of-the-art machine, replace our existing 10-year old Angiography Suite with new technology and allow for 2 fully equipped Cardiac Cathertization Labs.

With your help and the help of our community, the **By Your Side** Campaign will impact every patient that comes through our doors because together we can make the difference.



To find out more about the **By Your Side** Campaign, contact the Foundation office (2nd Floor Hub - HDS) – we would love to see you!

PRHC Foundation works with donors to make our hospital the best it can be by acquiring and upgrading medical equipment & technology to advance patient care at PRHC.

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