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Peterborough Regional Health Centre • A monthly magazine for our community

2006/07
COMMUNITY
REPORT INSIDE

Insites

Our Values: Accountability • Innovation • Respect



Inside this issue:

- Planning for the Move with HCR
- Safety First
Enhancing Safety in the New Hospital
through Integrated Technology
- PRHC's New Logo Unveiled

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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

Shirley Blake

Since the end of November 2006, patient Shirley Blake has made the 80-minute round trip trek from her home in Bobcaygeon to PRHC's Hospital Drive Site three times a week to get the hemodialysis treatment that's sustaining her life. And while it's certainly not something she would wish on anyone, she says the care she receives from staff in the unit goes a long way toward making her situation bearable.

"All the staff here is so good," says Blake. "They're all so happy. They make you feel at home. They have such a good time themselves, always laughing and talking as they get their work done. It's wonderful because I don't sit at home dreading to come and thinking it's going to be gloomy. It's always pleasant."

On the waiting list to receive treatment at the new satellite unit at Ross Memorial Hospital in Lindsay, Blake says that while the commute will certainly be easier, she'll be sorry to leave PRHC.

Granted, she expects the care at the new unit will be just as good.

"I'm so fond of all the nurses and doctors, everyone really," says Blake. "They are wonderful. There's not a single one who I don't look forward to seeing. Each of them is an angel. That's the kind of care they give. I'll hate to leave this unit."



Standing: Dialysis Unit staff members Tom Dunn, Charge Nurse; and Kelly Russelle, RN. Seated: Shirley Blake, patient.

Coming in the September issue:

PRHC's Dysphagia Team - A holistic approach to medical assessment and therapy

On the cover — left to right: Jane Bremner, Manager, New Hospital Move; Pat Moriarty, President, Health Care Relocations; and Janice Copeland, Occupational Therapy Assistant and Move Planning Team Lead.

Our People

New and Familiar Faces at PRHC



New

Jenny Murdock

How long have you worked at PRHC?

I started at the end of April.

What do you do?

I'm a physiotherapist based on Hutch 3, 3 West and in Emerg.

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

PRHC seems to be a really friendly, supportive work environment. I like the variety of patients I get to work with and helping to improve their function. I'm also enjoying working in a smaller hospital. You really have the chance to get to know your fellow staff members.

What did you do before coming here?

I came to PRHC from Sunnybrook where I worked in Surgical and Medical Oncology. I graduated in 2005 from the University of Toronto.

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

My husband and I like the outdoors so we ski, camp, go canoeing and kayaking. We like to stay active. Relocating to Peterborough has really given us the chance to do that.

Familiar

Rick Morten

How long have you worked at PRHC?

I've been at PRHC since 1983 and I've really enjoyed my time here.

What do you do?

I'm a cleaner in Housekeeping Services at RSS and I work all over the building.

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

I like that my job includes a wide range of duties. I get to see a lot of people and that's great. I carry a pager because there are always surprises. You never know what each day is going to bring. I also like the camaraderie with the staff. Almost everyone here is very upbeat and that makes coming to work enjoyable.

What did you do before coming here?

Before I came to PRHC I worked at Outboard Marine from 1969 to 1981. I'm originally from Spring Hill, Nova Scotia.

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

I've got three grandchildren and another one on the way so my wife and I like to spend a lot of time with them.



Board Matters

This month Insites takes a look at the PRHC's volunteer Board of Directors Annual General Meeting.

PRHC's Board of Directors celebrated a year of growth, renewal and success at its Annual General Meeting held June 27th. More than 60 Board and corporate members, staff and volunteers were in attendance as outgoing Board Chair Prof. Bonnie Patterson gave her final address.

Focusing on the accomplishments of staff, physicians and volunteers during the past fiscal year, Patterson provided examples of their achievements, noting that their efforts demonstrated their commitment to the Health Centre's core values of accountability, innovation and respect.

Examples included PRHC's active participation in the Central East Local Health Integration Network (CE LHIN), as well as successes in staff and physician recruitment, and wait time reductions. Patterson went on to cite initiatives that further the hospital's goals including the implementation of the Automated Medication Dispensing System and Picture Archiving and Communications System.

Other speakers included Dr. Peter McLaughlin, Chief of Staff, who provided an update on quality of care initiatives, and Paul Darby, President and CEO, who gave a construction update and unveiled the hospital's new logo. The event's guest speaker was James Meloche, Senior Director, Planning Integration and Community Engagement, CE LHIN, who shared background on the development of the LHINs as well as their plans and expectations for the future.



Mike Turner, Chair, PRHC Foundation; and Bonnie Patterson, Chair, PRHC Board of Directors. Inset: James Meloche, Senior Director, Planning Integration and Community Engagement, CE LHIN.

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

Furnishing the New Hospital

Plans for furnishing the new hospital are starting to take shape. An estimated 75 per cent of the furniture will be new, with the remaining 25 per cent moving from existing sites — provided it measures up to some established standards.

All furniture from the current facilities is being assessed by Health Care Relocations (HCR), the company moving PRHC to the new hospital. Their assessment is based on established standards that will determine its suitability for use in the new facility. Office furniture would be the most likely to meet these standards, however the furniture staff members have today may or may not be the same furniture they have in the new hospital.

The new furniture will be standardized as much as possible, helping with cost-effectiveness, interchangeability and maintenance, not to mention aesthetics. For example, all waiting room chairs will be the same. Staff members from PRHC's architectural firm Stantec and Associates will assist the Health Centre in making decisions about the new furniture, based on their design expertise and experience with other hospitals.

The goal is to provide staff members with furniture that will fulfil their needs, whether it is reallocated or new.



Quality of Care

Skin & Wound Program

Prevention and Treatment of pressure ulcers has taken centre stage in wound care thanks to PRHC's new Skin and Wound Care Program.

Program coordinators Debbie Hanna-Bull, Advanced Practice Nurse in Skin and Wound Care, and Dr. Stephen Martin, Skin and Wound Care Medical Coordinator, believe that prevention, particularly of pressure ulcers, is central to both the hospital's quality of care and patient quality of life.

“Not only are pressure ulcers very painful, they can greatly impact length of stay and nursing time,” says Hanna-Bull. “This program is intended to help our health professionals prevent and treat pressure ulcers according to ‘best-practice’, allowing us to better care for our patients while operating more efficiently.”

The program started in Surgical Services this spring and consists of an inter-professional team (e.g. Nursing Champions, Occupational Therapists and a Dietitian) who provide staff education, risk assessment and patient consultation.



Left to right: Members of the Skin and Wound team Joan Mclean, OT; Debbie Hanna-Bull; and Dr. Stephen Martin.



Positive Workplace Culture

Booties for Babies



Left to right: Volunteer knitters Joan Aardena, Jose Barrie and Willy Steiging.

For years, dedicated PRHC volunteers have toiled away in their homes and church basements, quietly knitting booties and hats for each and every one of the approximately 1200 babies born at PRHC every year. Given to new parents as part of a package to welcome their new arrival, producing the booties and hats is quite simply a labour of love for the knitters.

There are more than 30 volunteers actively knitting for the hospital. Their speed varies from person to person, however, experienced knitter Joan Aardena says it takes her about an hour to knit one bootie and two hours to knit a hat.

Volunteer Jose Barrie has the task of purchasing and distributing the wool on behalf of the hospital and collecting the finished items. She says that while the booties and hats are really only a token, they mean a great deal to the parents.

“Someone took the time to make them something special for a most special day in their lives,” says Barrie. “It’s a small thing that has a big impact.”



Leveraging Technology

OR Meditech Upgrade

PRHC is one step closer to an Electronic Medical Record thanks to a successful Meditech upgrade in the Operating Room this past May.

Replacing an outdated module, the clinical software is fully integrated with existing Meditech patient information systems across the Health Centre. It also provides a surgical scheduling application, instrumentation and equipment pick list systems, as well as on-line charting in both the operating and recovery rooms.

The Meditech system is the cornerstone of PRHC’s information systems and will ultimately produce a master patient file and allow for the sharing of patient demographic information hospital wide. This recent upgrade is also expected to increase efficiency in surgical services data reporting for Health Records.

Cheryl Coombes, Manager of the OR, SPD and Surgical Supply Chain was one of five OR, PACU and IT team members who worked for months on the project.

“Going live was very exciting,” says Coombes. “We started implementation in November and everyone worked exceptionally hard to make this happen. All the RNs in the operating room have been trained and began on-line charting in May. Our plan is that PACU nurses will train after the move to new hospital.”



Building Partnerships

PRHC At LHIN Symposium

PRHC was well represented at a recent symposium held by the Central East Local Health Integrated Network (CE LHIN) in June.

Entitled “From Planning to Action,” the symposium brought together representatives from the region’s health service providers who are currently working with the CE LHIN on various committees, collaboratives and task groups to develop and implement its Integrated Health Services Plan (IHSP).



Cathy Berges, Interim Director for Continuing Care Services.

Cathy Berges, Interim Director for Continuing Care Services and a member of the CE LHIN Rehabilitation Task Group was among the many PRHC staff members, nurses and physicians in attendance and feels it was a very worthwhile experience.

“The symposium was a great opportunity for several reasons,” says Berges. “Not only did it allow us to put faces to names and talk with our other CE LHIN planning partners, but the organizers put a lot of effort into explaining how and why the LHINs were developed, as well as what the next steps will be in terms of putting the planning we’ve done so far into action.”

People & Talk

PRHC In the News

Insites brings you media coverage highlights from recent months.

Second busiest ER has faster wait times

Median wait at PRHC's ER is 2.3 hours; study

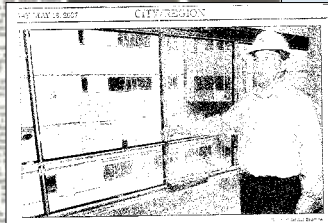
Hospital waits

PRHC unveils new logo

trio of businessmen develop new design at no charge



Male nurse retires after 45 years
 Hon Emery honored at annual PRHC nurses ceremony



Hospital boasts natural light, spacious rooms

Inside the new ICU

On time and on budget at new hospital



On time and on budget at new hospital

New hospital

The new hospital... [Detailed text about the new hospital's features and construction.]



Left to right: Stroke Unit's Helen Crack, RN and Dineen Shank, RPN, ask the question, "Are Your Locks On?" Staff on the unit made T-shirts during ADU implementation, successfully meeting a challenge from Pharmacy staff to be the first unit not to call with problems resulting from having their 'caps lock' on.

volunteers during this process. The final design has received overwhelming support.

PRHC will start using its new logo right away, but in order to avoid unnecessary cost or waste, the transition will take up to a year with the new logo implemented as current materials run out.

Kudos & Congrats

Kudos and congratulations go out to the following people for their outstanding efforts:

- Dialysis Unit staff members Karen McNeil, Kelly Jo La-doucier and Jane Kirkwood, for passing the Canadian Nurses Association certification exam in nephrology this spring. Cindy Hill, Educator for the Regional Stroke Program, also passed the rehabilitation exam.
- The PRHC Foundation for officially reaching the halfway mark in the \$10 million *By Your Side* Campaign. The Foundation celebrated its achievement in June, announcing the results of the Family Division (staff, physicians and volunteers) at \$1.6 million and the total raised to date at an incredible \$5.5 million (see back cover for more info.)

New Logo Unveiled



PRHC and the PRHC Foundation unveiled new logos to Health Centre staff during this year's Celebration Day and to the public at the Annual General Meeting held the next day.

The fresh, clear design was created and tested at no cost to PRHC thanks to the assistance of Peterborough locals Neil Hamilton, Cameron Taylor and Matt Stimpson. In addition, PRHC sought the direct opinions of more than 150 community members, physicians, staff and

Accreditation Success!

Everyone's hard work has been formally recognized and rewarded by the Canadian Council on Health Services Accreditation. Highlights of the report include:

- 14 identified successes over the past three years
- Acknowledgement that the organization had undertaken a considerable amount of effort in responding and addressing all of the recommendations from the 2004 accreditation survey
- Eight recommendations for actions to address important issues



Left: Bruce Whitney, Accreditation Coordinator gets ready to celebrate with a piece of cake.

Celebration Day

PRHC's annual Celebration Day brought physicians, staff and volunteers together on June 26 for a celebration of dedication and service to the community. The event featured a festive beach theme, lots of delicious food, awards for long service, and displays honouring PRHC's past, present and future. As these pictures prove, lots of fun was had by all!



Above, left to right: Bozena Dobrzelewska, Mary Anne Joyce, Al McIntyre and Nancy McKague work the grill at RSS celebrations. Inset: Long service honouree Mary Dillon.



Left: Volunteer Services staff Shari Forsyth and Sara Cameron.



Above: ICU Manager Brad Sippel. Inset left: PRHC volunteers Rena Watt, Dora Ksander, Fran Benson and June Witmore.



Retirement Tea

Right, left to right: Retiree Dayle Mathews, Diagnostic Imaging Transcriptionist, poses with Nancy Davis, Manager of Diagnostic Imaging, and fellow retiree Janet Brick, Ultrasound Technologist, during a recent retirement tea held on June 21st. The tea honoured PRHC staff who retired during the period January 1, 2007 to May 31, 2007. Inset, left to right: Paul Darby, CEO, with retirees Mary Dillon, Health Records, and Margaret Seabrook, Professional Practice.



Safety First



Colleen Petersen, PRHC's Manager of Employee and Patient Safety

In the new Peterborough Regional Health Centre (PRHC), newborn babies will wear tracking “tags” to ensure they’re never further away from their mothers than they should be. The Infant Abduction System is one of 13 technologies that make up an integrated system that will enhance safety and security for PRHC’s patients, staff and visitors in its new hospital.

“As we move to the new hospital, we’ll be moving ahead 30 years in terms of technology. That technology is going to allow us to create a safer environment for our patients, as well as our staff,” says Tom Holden, Vice President, Planning, at PRHC.

Enhancing Safety in the New Hospital through Integrated Technology

Among the 13 technologies that make up the integrated system coordinated by Hamilton’s AATEL Communications, are access control, an audio visual nurse call system and a patient wandering system. The technologies are linked via separate servers to software that collects, collates and distributes information.

“This is the first facility in Canada where all systems are integrated to operate seamlessly,” says Darren Croucher, President, AATEL Communications. “The systems can be centrally managed as well as viewed, allowing flexibility in their operation. This integration enhances patient safety by streamlining work processes and ensuring events and alarms are communicated effectively.”

As part of the patient wandering system, for example, patients may be equipped with “tags” that prevent them from taking an elevator or opening a door. Should a patient bypass the system, an alarm notifies the unit staff and security. Meanwhile, all actions will be recorded and processed by the surveillance system. An e-mail alert, complete with the patient’s photo will be automatically distributed, enabling a rapid response and retrieval of the patient.

“In building a new hospital, we’ve been given the opportunity

to put advanced information systems infrastructure behind the walls,” says Holden, adding PRHC will be home to the latest in wireless technology. “This gives us an array of opportunities today, and allows us to prepare for the potential of tomorrow’s advancements.”

Also as part of the integrated system, the Health Centre will have 32 internet protocol cameras providing full coverage of the facility and allowing centralized control and recording. From any authorized PC in the hospital, the cameras can be controlled and their images can be viewed. The cameras, in addition to panic stations in the parking lot, are among the technology that will increase patient and staff safety, which Holden notes, are co-dependent.

In its entirety, the integrated system will allow for early recognition and response, which as Colleen Petersen, PRHC’s Manager of Employee and



Above: Tom Holden, Vice President, Planning

Patient Safety, explains, is what safety is really all about.

“We will be notified of an event or an issue much more quickly, which will allow us, in turn, to respond more quickly,” she says, adding a swift response often improves outcomes for patients and staff.

While cutting edge, safety in the new hospital goes beyond the implementation of the integrated system. In fact, it has permeated the planning process and will continue to be equally as important as PRHC staff members plan for the transition to the new hospital. A clear patient focus was the first of the principles that guided the new hospital planning process.

The principal states that every effort must be made to reflect the changing nature and needs of the community served by the PRHC and provide flexibility for future changes in need or technology. Assumptions and decisions must be made in the best interest of the patient.

Principal Architect Michael Moxam, of Stantec Architecture Ltd., was among those who followed this principle when working to design the new hospital. Patient and staff safety was taken into account in all decision making, from the design of the nursing/communications centres and



Above: Patient wrist tag. Inset: Infant Abduction System tag. Courtesy of AATEL Communications.

patient rooms, to the 100 per cent accessible washrooms and non-slip floorings. Meanwhile, ideal infection control practices motivated the placement of the sink in patient rooms for example, while the need to isolate a patient presenting with symptoms of febrile respiratory illness aided in the design of the emergency department. Patient lift tracks over every medical and surgical bed space, paired with ongoing training and education for staff members, further PRHC's commitment to staff safety and safe patient handling.

From a safety perspective, Moxam is particularly proud of the design of the inpatient units. While interconnected, they are “neighbourhoods” in and of themselves, with the nursing/communications centres at the core. Patient and staff safety motivated the design, with its direct sightlines down the short corridors that surround the communications centre on each unit. The design also increases the visibility of the staff members, while decreasing the response time to their patients.

“Patient safety underlined everything we designed and devised for the new hospital – on the very smallest to the very largest scale,” said Moxam.

In the new hospital, when the Infant Abduction Systems sounds for the first time, everyone who helped with planning will know their efforts made a difference.

New Patient Safety Technologies

- Access Control
- Cardiac Arrest System
- Clock System
- Emergency Panic System
- Intercom
- Interval Timers
- Infant Abduction System
- Nurse Call
- Patient Wandering System
- Security Management System
- Staff Duress
- Surveillance
- Video Management System

Clean Hands Save Lives

As hands are the most common means of microbial spread in health care, good hand hygiene is the single most important method of controlling the spread of infection. Studies not only indicate that improved hand hygiene decreases hospital-acquired infections by 20 to 40 per cent, it also improves patient outcomes. Here are a few things to keep in mind:

Good Hand Hygiene is Critical

- Before and after patient contact
- After removing gloves
- Before and after eating and drinking
- After using the restroom
- After covering a cough or a sneeze
- After touching animals

Effective Hand Washing Techniques

An **alcohol-based hand rub** is the preferred method for cleaning hands. When applied correctly, it kills organisms in seconds.

- Remove hand and arm jewellery
- Ensure hands are visibly clean and if not, wash them first
- Apply between 1 to 2 full pumps of product, or squirt a loonie-sized amount onto one palm
- Spread product over all surfaces of hands, concentrating on finger tips, between fingers, back of hands, and base of thumbs.
- Rub hands for a minimum of 15 to 20 seconds

Using **soap and running water** effectively removes organisms when done correctly.

- Remove hand and arm jewellery and wet hands with warm (not hot) water
- Apply liquid or foam soap
- Vigorously lather all surfaces of hands for a minimum of 15 seconds paying particular attention to finger tips, between fingers, backs of hands and base of the thumbs, then thoroughly rinse soap from hands
- Dry hands thoroughly by blotting hands gently with a paper towel.
- Turn off taps with paper towel in order to avoid recontamination.

Remember – skin with cracks, cuts or dermatitis; jewellery; nails longer than 3 - 4 mm (1/4 inch); nail polish; and artificial nails or nail enhancements interfere with effective hand hygiene!

New Hospital News

For PRHC physicians, staff and volunteers, the move to the new hospital is a once-in-a-lifetime opportunity. And despite having orchestrated more than 100 hospital moves, Health Care Relocations (HCR) President Pat Moriarty sees it the same way.

“We want to make this our best move ever,” says Moriarty, who founded HCR close to 15 years ago. “This one has to be number one.”

A sense of ownership, as well as pride in PRHC, is behind Moriarty’s commitment and dedication to the project. He, along with many of HCR’s 20 staff members live in Peterborough. PRHC is their hospital. Yet, from here they operate a company that conducts health care facility moves all across North America. HCR’s track record consists of dozens of hospital moves, including Johns Hopkins in Baltimore, Maryland; Vancouver General Hospital; and University Health Network in Toronto, as well as work for the United States Navy. On the horizon for HCR in 2008, along with PRHC’s move, is that of the more-than-one-million-square-foot UCLA Healthcare.

Considering that HCR staff members typically start working with hospitals – coast-to-coast – two years prior to their moves, it makes for



The HCR team, left to right: Pat Moriarty, HCR President; Rob Gosselin, Senior Project Manager; Tim Osborne, Project Manager; and Braden Johnston, Project Manager.

a hectic schedule. However, they specialize in planning to perfection. In fact, Moriarty says PRHC’s move, like all of HCR’s moves, will be choreographed “by the minute.” Right now, the HCR team is working with PRHC staff members, by department, to detail the move sequence, which will become more and more refined and department specific as we approach the move.

“Our mandate is to minimize downtime and mitigate risk, so we need to move the facility as quickly as possible,” says Moriarty. “Everyone will know what they will be doing that day as well as the days leading up to the move.”

Like a well-oiled machine, HCR uses the same methodology for all of its moves, simply adjusting to the intricacies of the organization and individuals involved. And rest assured, says Moriarty, it’s not like moving from one house to another.

“The burden is not on you, it’s on us,” he says. “A tremendous amount of what we do is alleviate anxiety. . . . Let us look after how you’re going to get there. You look after how you’re going to function, clinically, in the new space.”

In the year ahead, HCR will refine PRHC’s move sequence

and form committees to look at the patient move. Then, again in partnership, assign patient move tasks and finally conduct a mock patient move.

“Together with the staff, we figure out what the best plan is,” says Moriarty.

Jane Bremner, Manager, New Hospital Move, says HCR staff members will become important players on our hospital team in the year ahead. One HCR project manager will be assigned to lead each department through the move.

“These individuals will lead, guide, support and direct us in our preparations to move into the new hospital. They are much more than ‘movers’ – they are forming relationships that will be central to the success of the transition. They take patient care as seriously as we do.”

“We look at it as if it was my mom, my dad, my grandmother, my grandfather, my loved one. How would we want it (the move) done? We really pay a lot of attention to the bedside manner we exude,” says Moriarty. “We’re really excited to be here and that will just build and build and build.”

high five!



Photograph courtesy of Lance Anderson, Peterborough This Week

by your side

CAMPAIGN

Jim Devlin, Chair of the **By Your Side** Campaign, Julie Davis, President & CEO PRHC Foundation, Darrell Drain, Leadership Donor & Elaine Barringer, Co-Chair Employee Division give a group high five to celebrate reaching the \$5.5 million mark!

On June 26 the PRHC Foundation celebrated with hospital staff and volunteers with high fives all around, announcing its progress to date in the **By Your Side** Campaign. Highlights included the results of the Family Division (staff, physicians, boards and volunteers) at \$1.6 million and the total raised to date at a whopping \$5.5 million.

There is no doubt that the success of the **By Your Side** Campaign is thanks to our community, the many Health Centre employees who showed their support and our Family Campaign volunteers. With a goal of \$10 million, the **By Your Side** Campaign is now officially past the halfway mark with hopes to be complete by the time the new hospital opens.



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.