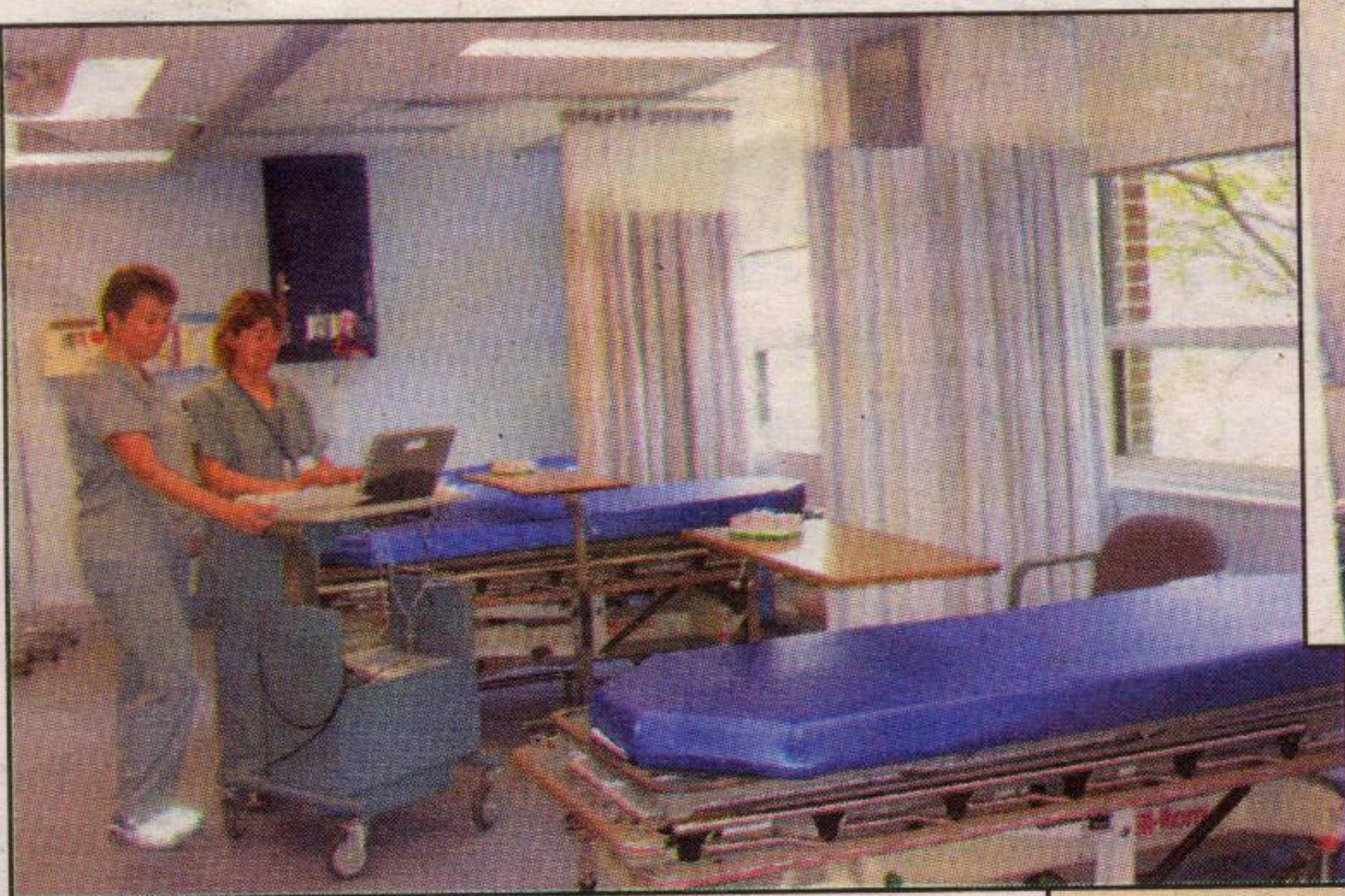


## Redevelopment Plans for Georgetown Campus are Continuing...

Our plans to build a new hospital campus and redevelop our existing facilities have not changed. The health of the community we serve remains our primary objective and necessary expansions to services are going ahead. As pictured below, in the last few months alone, we have improved our capacity to provide patient care at the Georgetown campus through renovations and enhancements to the endoscopy and day surgery units as well as the construction of a new isolation unit and bone density clinic.



### Renovated Day Surgery

Resource Nurse Carol Pike, RN and Susan Boere, RN enjoy working in the new bigger, brighter day surgery unit.

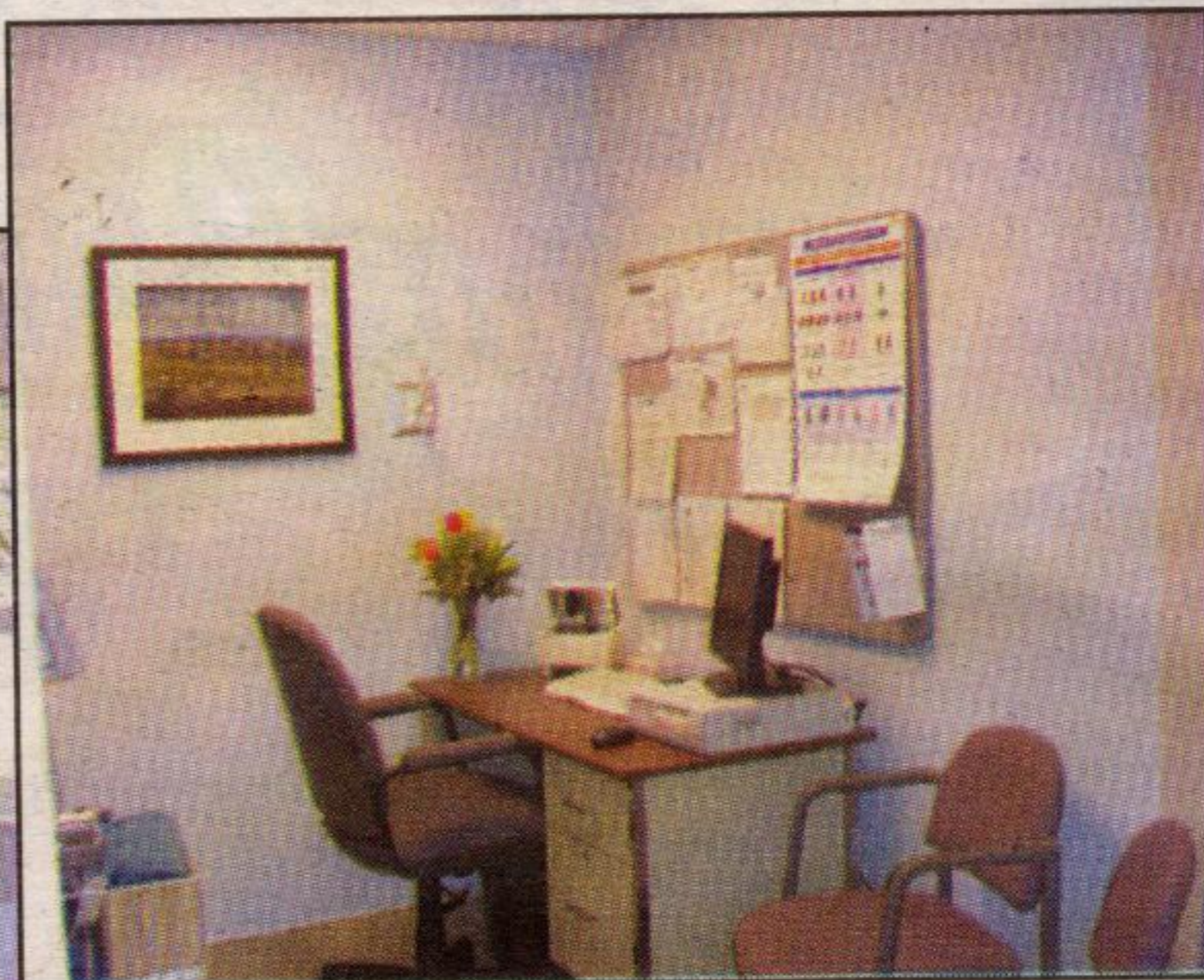
The unit's capacity has increased from 4 to 11 beds. Features include hands-free sinks for infection control, portable monitoring units, and built in emergency power, oxygen and suction at each bay.



David Falagario, Manager of the hospital's Biomedical Engineering Department explains some of the isolation unit's infection control features.

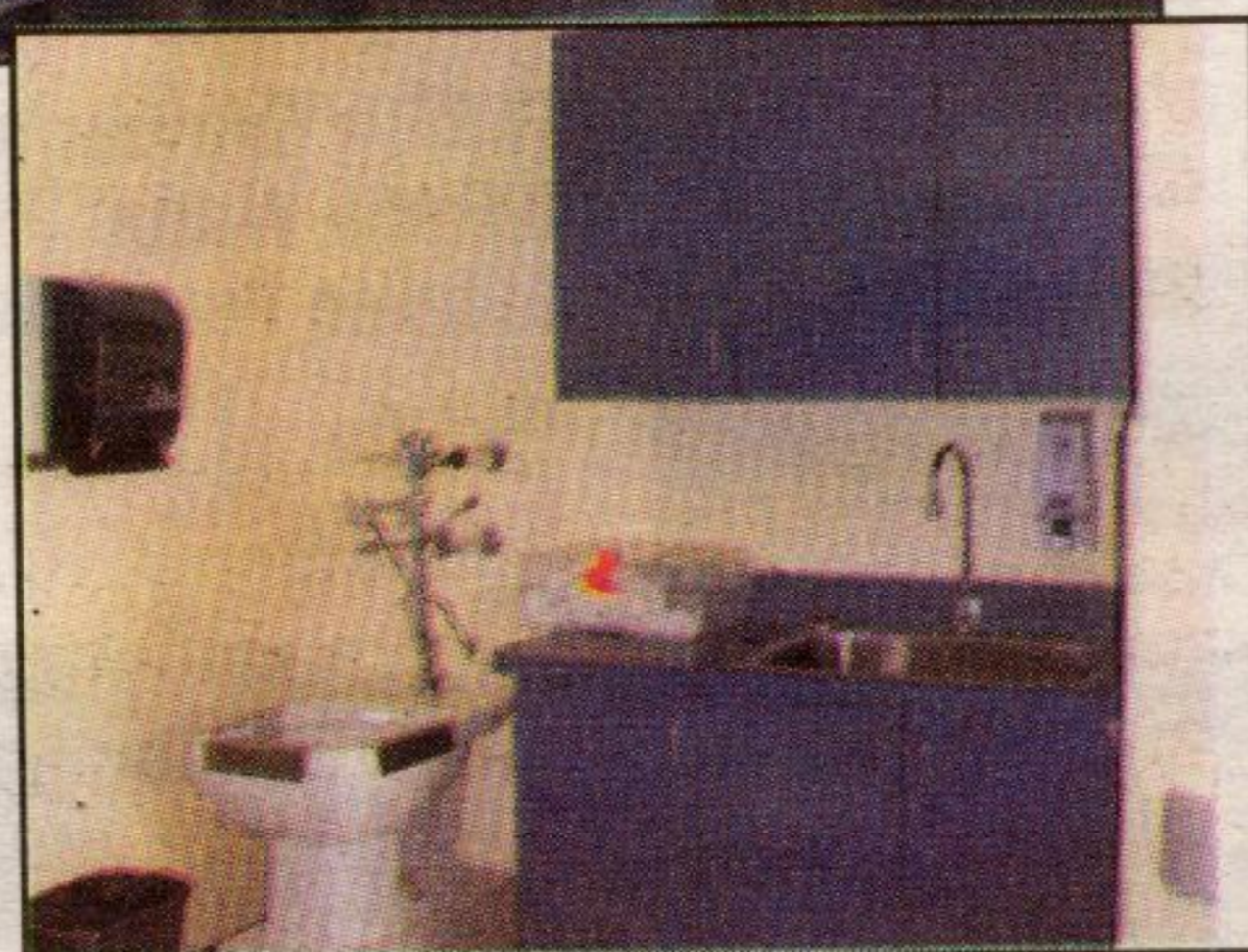
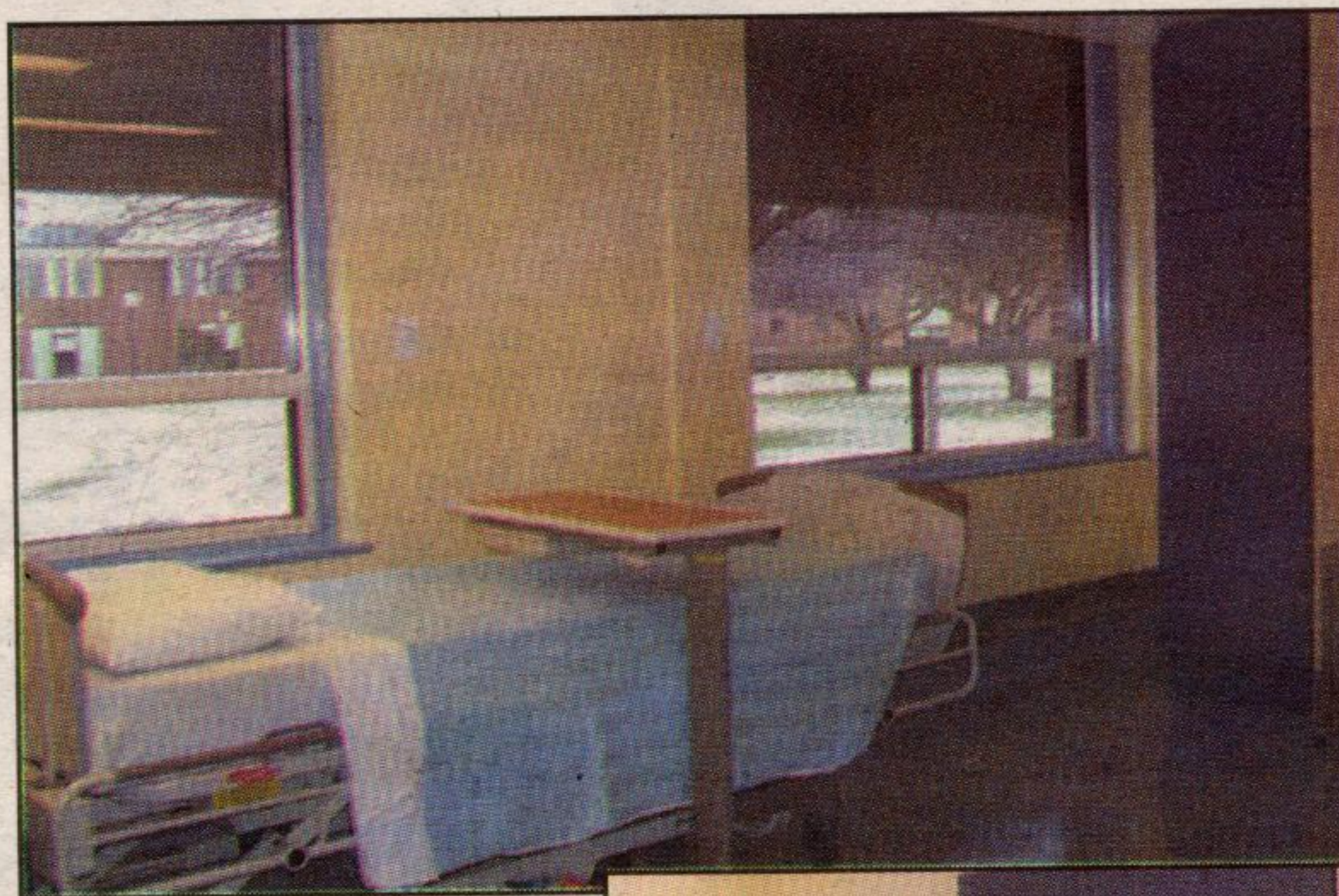
### New Isolation Unit

The unit includes two negative pressure patient rooms with "touchless" entry doors and lighting as well as wheelchair accessible washrooms. The suite also includes ante rooms for putting on and removing protective equipment, storage space and a sluice area – all designed to help manage and control outbreaks of infectious diseases.



### New Bone Density Unit

Dr. Joseph Fairbrother, Chief of Diagnostic Imaging and Technologists Jeannie Brookes and Dionne Williams demonstrate the new bone density unit. Using this state-of-the-art technology Georgetown's Diagnostic Imaging Department can quickly identify bone loss in patients at risk for osteoporosis.



Below are some of the initiatives that will be rolled out in the coming months:

### PACS

In April 2004, an initiative was launched to replace film-based diagnostic imaging at all Osler campuses with digital capability. We are implementing Picture Archiving and Communication Systems (PACS) technology that can produce digital imaging from diagnostic tests such as x-rays or magnetic resonance imaging. The images can then be distributed almost immediately to physicians via computer or fax resulting in improved and faster care for patients. Full implementation across all sites is expected by the fall.

### EMERGENCY SERVICES

A new information system is being implemented in emergency rooms at all campuses. This project, scheduled for completion by April 2005, will result in fully automated ERs replacing white boards and paper systems currently used to record patient activity.

Physicians and staff will be able to digitally register patients, track their progress, write notes and view test results. This will improve the accuracy of information and make it easier to manage information, which in turn will speed the process for patients.

### DISASTER RECOVERY SYSTEM

In most modern hospitals, much of the care provided requires a systems component that involves patient information, records and communication tools. In the event of a disaster such as a flood, fire or chemical spill, the hospital's internal computer systems can be damaged and result in a loss of vital information needed for patient care.

To ensure hospital operations can continue even during such situations, Osler developed a leading edge disaster recovery plan. This involved setting up a remote 'hot site' with systems that can be quickly activated if the hospital's primary systems go down.