

On Thursday, March 3<sup>rd</sup>, Valerie Spurrell, Executive Director of Eagle Ridge Hospital provided a status update on the Eagle Ridge Hospital Service Review, also known as the Bear Report. This presentation was made in the Council Chambers at Coquitlam City Hall, hosted by Coquitlam Council.

What became very clear during the question period is that communication with the community is paramount. As pointed out by Coquitlam Councillor, Selina Robinson, the very first recommendation, that the role of Eagle Ridge Hospital as a community hospital be communicated widely, has not been met when the definition is not clear to members of the community. I spent this evening with a resident physician who was not clear on the difference between regional and community hospitals so I think there is a lot of education required both in the community at large and within the medical community. In fact, despite all the reviews, figures and recommendations it seemed that communication and education are what is really needed to resolve the issues raised by the audience.

The report was not “scathing” as indicated by our local paper (COQUITLAM NOW DECEMBER 10, 2010). In my opinion the report, and the reporting on the updates of recommendation implementations reflects the poor communication between hospitals in general as institutions, and the public. The dialogue needs to go both ways.

Unless the community hospital is responsive to community needs, it will not be serving its community. Until the community understands the structure and function of the hospital, we will still be questioning its practices.

I am hopeful that issues raised by the politicians at this meeting (and the few members of the public present) will not have fallen on deaf ears. I am also hopeful that the invitation extended by the Belcarra Councillors for the ERH team to come and discuss the report with Belcarra residents at their Village Hall will also be acted upon. My understanding is that Anmore Council and residents would also be welcomed.

What are some of the changes the public will be seeing at ERH that should affect them positively? Urgent surgery, not just elective surgery, will now take place at ERH, but not around the clock. Four internists will be on staff at ERH by the end of March; two have been hired already. There were zero in December, 2010. There is now a certified Wound care Specialist on staff.

Many of the other recommendations are systemic and will affect operations. Some recommendations will not be implemented at this time, due in part, as I understand, to the small size of the hospital and community at this time.