

Vital Signs



Monthly news and information for and about Quinte Health Care • October 2013 • Volume 10, Issue 10 •

“I protected you, I protected me” - QHC’s flu campaign is on now



Some people get the flu shot to protect themselves against the flu virus. Some people get it because they work in a hospital and want to protect their patients from getting the flu. Some get it to protect their family or their loved ones who are fighting serious illnesses and are willing to do anything to keep them from getting the flu and feeling worse than

they already do. This year’s QHC’s flu campaign will run from October 21 until November 27 and as part of our strategic direction to enhance the quality and safety of care, we’re urging all staff, physicians and volunteers to get the flu shot.

If you have questions or a concern about getting the flu shot, please speak with your physician. If you have any questions regarding the flu campaign, please contact Norma Collins via email at ncollins@qhc.on.ca or at ext. 2176.

Our senior administration has their flu shot - Do you?



QHC kicks off staff wellness program

There’s something new going on at QHC. It’s exciting, fun and has some staff jumping for joy – well, maybe not for joy, but it definitely has them moving! It’s the new staff wellness program and was recently launched at each of QHC’s four hospitals.

The new wellness program at QHC is intended to create opportunities and a culture where staff feel better, healthier, more energized and supports our strategic direction of Create an Exceptional Workplace.

The launch events took place between October 21 and 25 where staff were invited to check out their new Staff Wellness Room.

Each room is equipped with skipping ropes, yoga mats, weighted balls, exercise DVD’s and a massage chair. Some rooms that have additional space and funding have additional equipment. During the launch events, some staff participated in a fitness demonstration and some received mini-massages. While staff enjoyed healthy snacks, they also learned more about the virtual wellness site that is now available through the QHC Intranet. Staff can

get tips on being healthy at home and at work. Thank you to everyone who participated in the wellness program launch events at QHC and we encourage you to use the rooms whenever possible and to get involved in wellness events at your hospital.



Staff raise more than \$24,000 for wellness at QHC TMH

Interest in the wellness program at QHC TMH has taken off as staff have been working with the TMH Foundation to raise money for additional fitness equipment and wellness-related programs. Through the TMH Foundation Icount staff campaign, more than \$24,000 has been raised toward the wellness program at QHC TMH! Kudos to everyone involved.

Patient support principals replace visiting hours at QHC

QHC no longer has set visiting hours. Our patients can now decide who they want at their bedside and when.



‘Create an Exceptional Patient Experience’ is one of our four strategic directions at QHC. It’s all about bringing the patient and their family (whoever they define as family) into the circle of care. As of October 15, it is up to the patient and family to decide when visiting is most needed and wanted instead of us defining set hours. Check out the helpful information and videos on our Create an Exceptional Patient Experience page under the Strategic Planning section of the MyQHC intranet. There is a similar page on our website (www.qhc.on.ca) for the public under the Strategic Planning section at www.qhc.on.ca.

Thank you to the BGHA Gift Shop volunteers!



Volunteers from the BGH Auxiliary gift shop held bake sales and raffles and raised almost \$4000 to purchase a “cough assist” machine. Respiratory Therapist Brian Mulvihill did a presentation for the volunteers so they could see how it works to clear secretions from a patient’s lungs to prevent infections. Vice President & Chief Nursing Officer Katherine Stansfield and Cardiopulmonary Services Manager Derk Damron also attended the session to express thanks to the group for their support! Thanks to the BGHA Gift Shop volunteers!

Nurses – Have you renewed for 2014?

Did you know that all RNs and RPNs are required to renew their membership by February 15, 2014? (Renew by December 31, 2013 to avoid extra fees or delays.)

Renew at www.cno.org

Installation and implementation of Integrated Bedside Terminals at QHC



Submitted by Vickie Barrett, Clinical Informatics, Professional Practice

We are currently in the process of installing and implementing Integrated Bedside Terminals (IBTs) in the ICU at QHC BGH. To date, seven of the planned fourteen units have been installed which means that we are already half way there! This process is an excellent example of how we all help to provide care at QHC. Information Systems (IS) is completing the install of each IBT within a 40 minute timeframe which minimizes the impact of the availability of the patient room that is being worked on. Our Maintenance staff comes in prior to the IBT install to put up a headwall to support the unit and Housekeeping staff follows-up with cleaning.

Not only are teams working together in the installation of the IBTs, but staff will continue to work together and benefit as the IBTs are being implemented and once fully in place. For example, staff in Allied Health (Physiotherapy, Respiratory Therapy, Clinical Nutrition to name a few) are able to complete their assessments in real time, ICU intensivists are able to review and provide results at the patient beside and all nursing staff have the opportunity to document in real time, with continued bedside observation of a patient. All of this is helping to create the goal of "patient centred care". Kudos to all on this great team effort.

\$50,000 donated to the QHC North Hastings District Hospital Auxiliary



Four years ago officers from the local detachment of the OPP helped to

solve a crime that resulted in the recovery of \$50,000 from the perpetrators. Through a government program these funds are being put back into the community to help, in some way, the people who were affected by the crime. Thanks to the suggestion of Staff Sargent Mark Wolfe and Officer Holden Smith, the primary officer involved, \$50,000 has been donated to the North Hastings District Hospital Auxiliary for the purchase of two new specialty beds for QHC North Hastings Hospital. Thanks to the help of Tammy Davis, Kim Bishop and Dianne Martin these beds have been approved for purchase this year by QHC. Included in the photo is Staff Sargent Mark Wolfe; Dianne Martin, past president of NHDHA; and Holden Smith of Bancroft OPP.

Celebrating our successes

QHC reduces ED LOS for admitted patients and ALC patient days

Reducing the Emergency Department Length of Stay (LOS) for admitted patients has been and continues to be a Widly Important Goal at QHC. In just one year, the LOS for admitted patients at QHC BGH has been reduced from just over 20 hours down to 15.7 hours which means a reduction of four hours per patient (9 out of 10 patients are in an inpatient bed within this time and experience these results).

LOS is measured from the time the patient is triaged until the patient is physically in a bed on the inpatient unit. This is important because it helps them start their road to recovery sooner as they are in an environment where they can better rest and recover. They have access to inpatient supports such as therapy and enhanced activation allowing the inpatient care team to focus on supporting the patient for discharge home. The results are thanks to the concerted efforts by our staff and physicians to pull patients up from the emergency room to the units as soon as possible. As soon as the emergency room physician makes the decision to admit a patient, the appropriate inpatient unit is informed and the staff work together to bring that patient up and into an inpatient bed as soon as possible. For example, we now have a successful four-bed Rapid Admission Unit on the Quinte 5 Medicine Unit that is in operation 12 hours a day for the purpose of moving patients out of the ER faster. A similar model (Shot Stay Unit) was opened at TMH in July and is showing early positive results.

This is great news for our admitted patients, but we recognize we still have work to do to bring down the ER lengths of stay for patients with less serious illnesses and injuries. Our non-admitted length-of-stay numbers are slightly above the provincial target of four hours for most of our hospitals:

- 4.7 hours – BGH
- 4.5 hours – NHH
- 2.9 hours – PECMH
- 4.3 hours – TMH

Reducing the percentage of Alternate Level of Care (ALC) patient days is another Widly Important Goal at QHC. When a patient is "ALC" it means that they no longer require the intensity of resources and services provided in a hospital setting. QHC and the CCAC are working together to reduce the ALC patient days as it will help free up beds for more critically ill patients.

Thanks to the efforts of our staff, physicians and the CCAC staff, the number of days that our patients remain in ALC has been reduced. In January of 2012, for example, ALC patients occupied 55.81 beds. However, in September 2013, ALC patients occupied only 24.37 beds. Our Patient Flow Coordinators (PFC's) as well as CCAC staff deserve significant credit for these results. Every day the CCAC staff and PFC's review ALC patients at QHC and conduct a comprehensive review on a weekly basis to look for opportunities to support patients in the community or in interim long-term care beds. This is done in conjunction with the QHC care teams. This success is also from the work of the Navigator team in the Emergency departments to identify at risk patients in the emergency room and linking them into appropriate community supports, rather than admitting patients who do not require hospital-based medical care.

The goal of the Ministry of Health is to ensure patients are receiving care in the most appropriate place for their needs, which is often not in the hospital. Once a patient no longer needs the acute care provided in the hospital setting (acute and post-acute), it is their best interest to be discharged back to their own or another care setting in the community. This helps them to participate in more recreational and social activities; be in a more restful environment; remove the risk of hospital-acquired infections; and remain active so they can maintain their functionality and strength. It also ensures that our limited hospital resources can be directed to patients who need hospital-based care.

Medical Device Reprocessing Week was Oct 13 - 19



Medical Device Reprocessing Technicians clean, decontaminate and sterilize reusable medical

devices. They provide services to all four hospitals and not only to the OR and the wards, but to Endoscopy, EMS, and sleep clinic. Medical sterilization and reprocessing practices must follow strict policies and Canadian Standards Association standards in order to prevent and control the spread of infection. October 13 – 19 was Medical Device Reprocessing Week and a time to recognize the importance of their work in our hospitals. Thank you to all QHC MDRTs for the work that you do.

Recent changes at QHC BGH - Alex Gold Instrument Tracking System

With this new system, instead of procedures

being typed in WORD format and then placed into binders, they are now uploaded to an electronic instrument tracking system and brought up on a computer monitor by staff. Each item on a tray is checked off as it is added to the tray. Approximately 1000 trays have been barcoded. They are scanned when they arrive in decontamination, again at prep and pack, and again at sterilization. This allows for tracking a tray of instruments through the entire system. There are many aspects of the system that have not been implemented yet, but that will come in time.

The system will be installed at QHC TMH in the upcoming months which will make it easier to track loaner equipment going back and forth between the two hospitals.

In the past six months there has been a conversion of the total joint pans to Genesis rigid containers. This means that wrap is not required, thus, saving time and money. The plan is to convert most of the instrument trays used in the OR to rigid containers.



Happy retirement to Inge Raycroft



After almost 40 years as a Medical Laboratory Technologist at QHC BGH, Inge Raycroft is retiring. Inge came to Belleville in 1972 and after two years of training with the

BGH School of Medical Laboratory*, she joined the lab team at BGH. She recalls how differently the testing was done back then. "Right now you can test results within an hour of collection, 24/7, but it wasn't like that years ago," she said. "Tests were not done every day. There were certain tests that were only done twice a week."

Inge said that technology isn't the only thing that has changed noticeably at QHC. She said that she can remember a time when staff smoked in the lab and cafeteria. "Every table in the cafeteria had an ashtray, like a salt and pepper shaker," she said. During her years at QHC, Inge has experienced many changes and said that she is really going to miss the work as she enjoyed the process.

Inge's last day was Nov. 1 and says that she plans to enjoy her retirement as she heads to the sunny south in the spring. Thank you Inge for your years of dedicated service to QHC. You will be missed. *There is a display at the Sills entrance depicting the School of Medical Laboratory Technology that functioned from 1956-1977.

"I feel fortunate to be able to say that I have always enjoyed every aspect of my profession as a Medical Laboratory Technologist and I will miss the dedicated Laboratory staff that I have had the privilege to work with during my 39+ years at Belleville General Hospital." - Inge

A note of thanks



From Kathleen O'Connor
I just wanted to thank everyone for their hard work to help in bringing the 2013 Perinatal/Pediatric remembrance ceremony to fruition. It was truly a group effort with several new and innovative ideas this year to enrich the experience. Big or small, all of our contributions culminated in an event I think we can be proud of. I have received positive feedback from staff and families alike, and two more mothers have come forward offering to share their stories of hope and healing at next year's ceremony, suggesting that we have succeeded in creating a safe place for these families to bring their smiles and tears. The photo captures the lovely bouquet that was created, alongside our mural. Excellent work!



We all help provide care



On October 10, a volunteer at BGH ER, Angela Ford, noticed that someone in the waiting room of the ER was having stroke-like symptoms. This individual had not yet been seen in triage, so the

volunteer alerted an ER nurse who promptly assessed the patient and a Code Stroke was called.

During an acute stroke, every minute is critical in preserving neurons and protecting brain function. Angela's quick actions played a key role in activating the cascade of events of a "Code Stroke" - beginning with a rapid patient assessment. Angela exemplified many of the QHC values including: "Take ownership" and "We all help provide care".

On this particular day, there were three code strokes in the BGH ER department – two of them occurred simultaneously. Despite the frenetic pace of the ER department, the ER and ICU staff and physicians, unit clerks, stroke resource nurse, CT department and a number of support staff, rallied to respond. Ultimately, all three of these patients benefited from exemplary interprofessional teamwork and collaboration.

Kudos must be shared first and foremost with the volunteer, Angela Ford, for recognizing the symptoms of stroke and knowing the importance of alerting the clinical team. As well, kudos to all of those who, on an ongoing basis, help to provide Code Stroke for the people of the Quinte region. On behalf of the District Stroke Centre at QHC, thank you!

A new process for QHC's Maintenance Department



Submitted by Rudy Amrein, Director of Support Services
The work of the staff in our Maintenance Department extends well beyond the

work that most of you see on a daily basis. Our team of trained technicians also spend time doing preventive maintenance and/or equipment repair and replacement. They complete monthly checks and tests on various pieces of equipment, complete work orders that come in, and a variety of other tasks and projects.

In an effort to streamline the process for completing work orders and ensure that all requested tasks get completed in an efficient manner, we have implemented a new process and are now assigning a higher priority on preventive maintenance and demand work orders while utilizing the ISIS Pro software to track work completion. This will allow our staff to prioritize by focusing on the most pressing tasks at hand first. This shift in priorities will slowly show results.

The Maintenance Department is striving to improve and achieve its Wildly Important Goals and will be monitoring results so that they can continue to improve on their performance.

Staff on Sills 3 thanked in a unique way



Sybil and Michael McBride have each been patients at separate times on Sills 3. They returned to pay tribute to the nursing staff on the unit through a song of thanks. They say the environment the caring staff members create for patients on Sills 3 "is like being a part of one big family". Check out their kudos serenade on the "Create an Exceptional Patient Experience" section of the MyQHC intranet.

Understanding the Braden Scale

Submitted by Sandy Jeffs, RPN on Sills 3 and the P.A.T.H.S. Committee

The Braden Scale is an assessment tool that is used by nurses and clinicians to assess a patient's risk for developing a pressure ulcer. The Scale is done on admission and every seven days, if the patient is not at risk. If the patient is at risk, the Scale should be repeated every 72 hours. The tool assesses the patient's ability to feel pressure, moisture that the patient's skin is in contact with, activity level, and mobility level. It also takes into account the patient's nutritional intake and if there are concerns about friction and shearing.

The Braden Scale is evaluated using a reverse scoring method – that is, the lower the score, the higher the risk. At QHC if the score is below 18, then interventions are put in place to prevent pressure ulcers.

QHC participated in the International

Pressure Ulcer Prevalence study last February and results of the study showed that Braden assessments were routinely completed and within appropriate time limits. However, many of the patients that were assessed to be at low risk or no risk at all actually developed pressure ulcers. It is important to accurately assess the patient's risk factors so that preventive measures can be implemented immediately.

Because patients are a part of the health care team, they should be apprised of their pressure ulcer risk status. It's important also to give them an overview and explanation of the prevention plan. With the patient's approval, family members may also be apprised of this information and enlisted to help with prevention efforts. Additionally, the patient's health record is used to communicate pressure ulcer risk to other health care professionals; be sure to include this important information at shift change.

Thank You!

Thank you to the staff at BGH

During my time as a patient for approximately one week on Quinte 5 at QHC BGH I received the most outstanding care in every way. I had suffered a heart attack and it was such a shock to myself and my family. At the time, my family didn't know what to expect as an outcome but the staff walked them through it step by step. They were so patient, caring and understanding with us every day. They went above and beyond to help us through these rough times. I also wanted to let you know that the meals I received every day were excellent...I tried to thank everyone who impacted my life and my families life...My daughter is currently a second-year student at Loyalist College studying Nursing and thank god she has learned CPR or I wouldn't be here today. - D.M.

Thank you to Dr. Bell

By far the most caring and patient emergency doctor I have ever met. After two trips to my family doctor, I was still unwell. He (Dr. Bell) quickly diagnosed me and I can honestly say I am starting to get well. I've noticed a huge difference in pain and swelling over night due to his expertise. Kudos to his hard work and patience! Thank you! - V.R.

Kudos to the staff and physicians in the ICU and on Q5 at QHC BGH for living the values. In addition to Dr. Leong, the following physicians have been involved with the care of the patient: Dr. Blackshaw, (Resident), Dr. Bonacci, Dr. Hollett, Dr. M. Harrison, Dr. Agostan and Dr. Link.

May I share on behalf of my family our utmost appreciation for the staff, physicians and nurses at QHC BGH. My father was treated with dignity and compassion during his three weeks in ICU. The nurses were absolutely amazing. Very professional and also very caring. The doctors, though extremely busy, took time for the patient and their family. Special commendation goes to Dr. Leong for his honest conversations with us but also for his compassion. I also want to give special tribute to the nurses and doctors on Quinte 5. They have been amazing and supportive to both my mom and my dad. Our care continues at BGH as dad is in palliative care but I know he will continue to be well cared for. - The K. and S. family.

Thank to you to the volunteers at QHC TMH, Sherry in SDS, Dr. Kaladeen and Dr. Leal.

Yesterday I had the BEST experience at Trenton Memorial Hospital I have ever had in surgery, and I have experienced several procedures at other local hospitals. This was my first at TMH. The volunteers from the moment I walked in the door until I left several hours later were outstanding. Sherry, the pre-op nurse was entertaining and knowledgeable. She explained everything I would face in a way that no one else has ever done before. You really should videotape her and share her presentation with all patients! She took this same level of time and care with every person who she helped in the hour I was there before my procedure. I have always had issues with being put under general anesthetic from having an itchy face, throwing up, heart issues, passing out and being dropped on my head, but this experience was amazing. The anesthetist listened to my history and I was so pleasantly surprised and so was my husband who normally has to deal with all of the issues that I have had in the past. I woke up easily and was not ill or itchy. I did not pass out when I got up and was not dropped on my head and that hasn't happened in a long time. I hope that Sherry will be told that I appreciated her care and attention to detail. After 29 years at TMH, her care continues to be exceptional and worth recognition. And to my anesthetist - thank you! Best experience ever. I would like to thank Dr. Leal as well who removed my bladder tumour. I am not feeling as bad as the pre-op paperwork predicted. Thanks TMH!

Thank you to the staff at QHC BGH

My family and I would like to thank you for the excellent service and care that you had provided to D.W.P. when he was admitted a few times to the hospital. During his short stay in the hospital he was given so much love, respect and humanity from the time he was picked up by the ambulance crew, during his stay in the ICU and later on the fourth floor. He mentioned several times that he was very impressed by the service and care shown by the nursing staff. You had made his final days very, very comfortable. I want to thank you. - The family of D.W.P.

October was Occupational Therapy Month

Occupational Therapy (OT) is a health profession that empowers people of all ages to overcome barriers in their everyday lives so that they can do more and live better.



Did you know that QHC employs ten Occupational Therapists? Meet the OTs and assistants: (L-R, starting in the back row) Jim, Wendy, Karen (OT), Amy (OT), Susanne (OT), Andrea (OT), and Krystyn. (Front row, L-R) Andrea (OT), Erin (OT), Zanna (OT), Jenn (OT), Nancy (OT) Missing from photo: Kylie (OT), Sarah, Linda, Coleen, Katie, John, Ashley, Amanda, Nola, Sabrina, and Marsha.

Happy retirement to Marg Derushie



After dedicating 37 years to working at QHC Belleville General Hospital,

Marg Derushie is saying goodbye and starting her retirement. She joined BGH in 1976, first as a diet aide on the floors and then transferred to laundry services in 1982 where she worked for 16 years. When laundry services closed, she accepted a job in the cafeteria and has been there for 15 years. Marg is looking forward to spending more time with her family and is excited to learn to play the piano and quilt. Marg will be missed by the many staff she served in the cafeteria and the entire food services team. A retirement dinner was held for her where many QHC staff attended. We wish you all the best in your retirement.

All are welcome to join the Trenton Memorial Hospital Auxiliary for their

Holly Bazaar

Friday, November 22, 2013
Noon* - 4 p.m. *New start time
Holly Tea Room, TMH
1 p.m. - 3 p.m.
Cost: \$4
Silent Auction
1 p.m. - 3:30 p.m.

Again this year there will be homemade baked goods and preserves, crafts, apples, poinsettias, raffles, used books, Christmas bows, a 50/50 draw and more!

Parking is free during the bazaar!

Respiratory Therapy Week Oct 27 - Nov 2

Did you know that Respiratory Therapists (RTs) provide services to almost all areas within QHC? RTs help support acute patient care most notably by managing ICU ventilated patients and being members of the BGH code response team. They also provide service in many other areas. RTs extend to Q7 where they help support newborn patients, Q4/5/6 where they assist with the COPD pathway process and ER where they help with COPD and asthma treatment. RTs also attend over 100 EMS transports each year from QHC to areas within the region.

Kudos to the Respiratory Therapists at QHC and be sure to thank an RT when they are providing support in your area.

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Communications Department
Editor: Susanne Anderson
(613) 969-7400, ext. 2677
sanderson@qhc.on.ca