

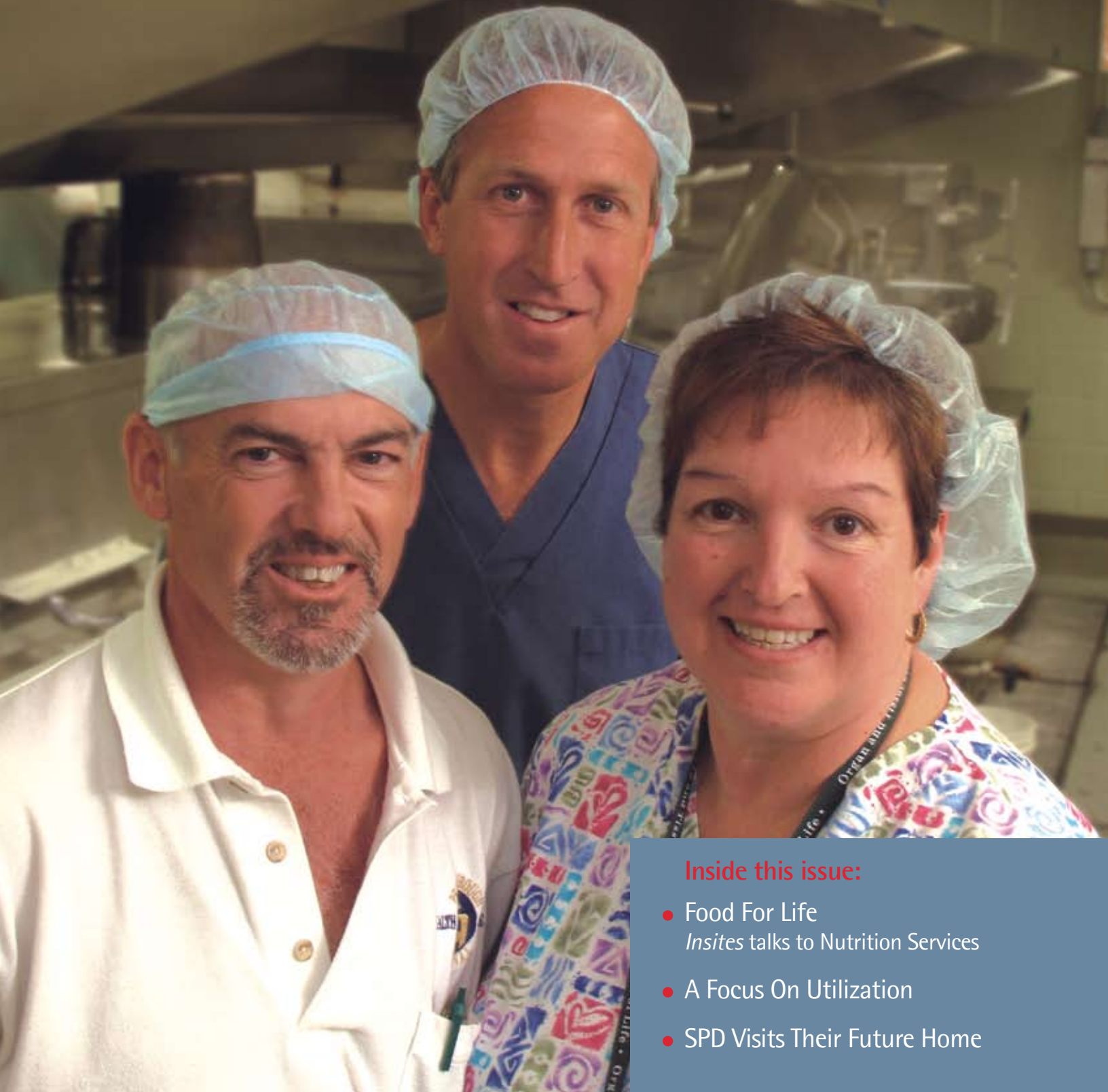
June 06

Peterborough Regional Health Centre • A monthly magazine for our community

2005/06
COMMUNITY
REPORT INSIDE

Insites

Our Values: Accountability • Innovation • Respect



Inside this issue:

- Food For Life
Insites talks to Nutrition Services
- A Focus On Utilization
- SPD Visits Their Future Home

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Food for Life

The Work of Nutrition Services

Welcome to a special edition of *Insites* magazine. As we celebrate our sixth issue, we'd like to take a moment to thank everyone who has taken the time to share their thoughts on our efforts thus far. If your positive response is any indication, we're definitely on the right track. We always appreciate your feedback so please keep it coming!

This month we're happy to bring you an in-depth look at the inner workings of the Nutrition Services departments at both our Hospital Drive and Rogers Street Sites. For example, we discovered that it takes more than 30 employees to feed the HDS site on any given day. Read on to find out more about this indispensable department.

In our Strategic Plan in Action section, we've taken a look at bed utilization in action, focusing on work being done to further utilization goals across the hospital. Applying these initiatives to our five strategic directions, we can begin to see just how the

efforts of staff are helping PRHC make the most of its people, resources and processes.

Finally, this month there are four extra pages of *Insites* to enjoy thanks to the inclusion of PRHC's 2005/06 Community Report.

So sit back, relax, and take a minute to revel in the achievements of the last year. After all, you deserve it!

In this month's feature:



Insites watches the lunch beltline in action during a visit to the HDS kitchens.



Insites

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Insites is published ten (10) times a year (with single issues in January/February & July/August) by the office of Corporate and Public Affairs at the Peterborough Regional Health Centre.

Your opinion, comments and input are important to us.

Do you have suggestions for topics we can cover?

Phone: 705-743-2121 ext. 3576

Fax: 705-876-5120

Email: info@prhc.on.ca

www.prhc.on.ca

1 Hospital Drive
Peterborough, ON K9J 7C6

Coming in the July/August issue:

Insites talks to the Pharmacy about PRHC's new Automated Medication Dispensing System (AMDS)

On the cover — left to right: Barry Bullock, Transportation Attendant; John Lawlor, Receiver; and Claudia Munson, Team Leader.

Our People

New and Familiar Faces at PRHC



Familiar Mary Waters, RN

How long have you worked at PRHC?

I've been here just over 19 years.

What do you do?

I have two roles. I work full-time as a Clinical Nurse Leader for the Sexual Assault and Domestic

Violence Program. I'm also a Nurse Examiner for the Emergency Response Team on a part-time basis.

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

I love my job because it's so unique. I'm the only nurse that gets to provide both emergency and follow-up care to my patients and their families. There's also a forensic component that I'm really excited about. And I love everyone I work with at the Women's Health Care Centre.

What did you do before coming here?

I graduated from St. Joe's and after working in Chicago for seven years, I came back in '79. Other than taking time to finish my degree, I've been at PRHC ever since.

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

I love to golf and go to the Muse Film Festival each season with friends. Whatever else I'm doing, it's with my family.

New Lauren Hendry, RN

How long have you worked at PRHC?

I just started at the end of March.

What do you do?

I'm the Hutch 2/4 West Nursing Unit Manager.

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

The staff are the kindest and most helpful I've ever worked with. My husband and kids are still back in Sioux Lookout and it's been tough being so far away from them. The concern and support of my colleagues has helped make being away from them bearable.

What did you do before coming here?

I was a Nurse Manager at a hospital in Sioux Lookout. I looked after the OR, Recovery Room, Obstetrics, Medical Surgery and Chronic Care units. Just before coming here I had taken a year-long leave to work as a labour and delivery nurse.

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

I like to do outdoorsy things with my family like camping, fishing and skiing. When I'm on my own, I love to work out.



Our Patients In Conversation



When Jasper Bates Paton decided to arrive in the middle of the night both two weeks early and in the breech position, it's fair to say that he made his mother, Lainey Bates, more than a little uneasy. Already understandably nervous about giving birth, Bates' fears were compounded by the fact that she'd never been in the hospital. Thankfully, her experience turned out to be positive; something she feels was largely the result of the staff's cool competence and grace under pressure.

"I was completely nervous," says Bates. "I'd always found hospitals intimidating but the staff was there

for us right from the start. We'd called ahead and when we arrived, we were greeted by name right away and ushered straight in. I was feeling really vulnerable but everyone was so calm and professional that it really helped me not to be frightened."

Never before having needed the kind of care she required post C-Section, Bates was shocked at how reliant she was on the Maternal Child nurses who helped her. She says it gave her a new appreciation for health care providers, particularly nurses. "Until you need them, you can't know how important their jobs are. They're worth their weight in gold."

Our Strategic Plan In Action

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.

With A Focus On Utilization

Read on to find out just how PRHC staff are ensuring the best use of resources, people and processes in quality, patient-centred care within each of the hospital's five strategic directions.



New Hospital

ICU Ramping Up

There's more to laying the foundation of a new hospital than just pouring concrete. With an increased number of ICU beds planned for the new PRHC, the department is working now to ensure an efficient and effective transition when the big day comes.

Focusing on the future requirements of the 24 bed unit, the staff has begun to identify and implement everything from overall staffing and equipment needs, to day to day operational issues.

“You can't go from having 15 beds initially to 24 overnight,” says Lisa Milligan, Manager of ICU/RT. “There are so many factors to consider, it's important that we ramp up gradually. For every two beds we increase, four full-time nurses are needed. It takes time to train and orientate new nurses to ICU, so it is really important that we start planning now for the future.”

With the ramp up in progress, the unit has already increased to include 20 beds in two units. As a result, more beds are available for patients who require intensive care, helping to alleviate some of the pressure on busy departments like Emergency and allowing patients to get the most appropriate care quickly.



Quality of Care

Pathways to Health

Road maps of the patient care process known as Pathways are now available to help staff achieve best results using the resources at their disposal for their orthopedic, amputation, pneumonia and chronic lung disease patients.



Pathways content contributors Judita Szilagyi, RN; and Janice Gibson, RN.

Using staff-developed content, Pathways take best practices and breaks them down into daily optimal recovery standards. An excellent tool for providing consistent information to patients, they also provide a standardized way to document and monitor the progress of a patient along the pathway.

“Our staff and patients share the same objective of getting our patients home as soon as they are well enough and confident enough to do so,” says Rilla Rhodes, Manager, Professional Practice. “Using Pathways, they get consistent, patient-centred care and information. We not only see a reduction in length of stay, we know we're sending our patients home at the right time.”



Positive Workplace Culture

Utilization Committee

After a busy 18 months developing tools and decision-making criteria, the Utilization Steering Committee (USC) is shifting its attention to fostering a “utilization culture” at PRHC. Raising awareness of their vision for a more effective and efficient workplace, the USC is ready to start sharing ideas for the best use of the hospital’s people, resources and processes with staff.

Meeting every two weeks, the USC consists of fifteen nurses, directors, physicians and consultants from across the hospital acting as representatives for their specific disciplines or activities.

“One of the goals of the USC is to engage staff and hear their suggestions,” says Lisa Ruston, Director of Surgical Services and USC Chair. “If they have the tools and resources they need, everyone benefits. By sharing our improvement ideas, we can help to make PRHC a better place not only for our patients, but for ourselves.”



Left to right: USC members Marilee Suter, Decision Support Consultant; Dr. Eliot Beaubien, Medical Director for Critical Care; and Donna Rogers, Charge Nurse, Mental Health Services.



Leveraging Technology

Continuum Solutions

Staff and physicians in medical and surgical units at HDS will soon be using a new software tool to assess quality of care and make decisions around length of stay.



Left to right: Mike VandenBroek, Decision Support Consultant; and Yvonne Ward, Continuum Solutions Coordinator.

Often referred to as ACTIV, the tool more accurately know as Continuum Solutions will be managed by the unit Charge Nurse. The software functions by producing a set of criteria used to assess and determine care plans by generating questions about the needs of a patient. By applying them on a daily basis, staff can ensure consistent treatment, and ultimately, a safe discharge at the appropriate time.

“Continuum Solutions helps to take some of the guesswork out of what a patient might need and how long they should stay with us,” says Yvonne Ward, Continuum Solutions Coordinator. “This tool is simple, intuitive and rule-based. It’s something staff can really use to make informed decisions.”



Building Partnerships

RMH Partnership

In addition to standardizing care assessments in medical and surgical units across the hospital, PRHC’s new Continuum Solutions software has provided an opportunity to build a new partnership with Ross Memorial Hospital (RMH).

With implementation of the tool currently underway at both hospitals, PRHC staff has joined forces with their counterparts at RMH to create detailed, identical sub-tables within the software program. Using these custom data sets will allow for the eventual merger and comparison of the data on both a local and regional level.

“One of the benefits of using a tool like Continuum Solutions is the opportunity to gather information that we can use to improve internal work processes down the road,” said Mike VandenBroek, Decision Support Consultant.

“By working together, we’ve ensured that we’ll be speaking the same language and comparing apples to apples when it comes time to assess work levels and identify trends on a much larger scale. It’s early on and we’re optimistic this partnership is going to be very helpful in the years to come.”

People & Talk



Left to right: Kim Devlin, an RN in Maternal Child, helps Senior Kindergarten student Zoe Burnett put on a temporary finger cast.

Children's Health Fair

Highland Heights Public School pupils had the chance to learn about what goes on at a hospital during a Children's Health Fair held May 12th. Designed to promote healthy lifestyles and introduce hospital services in a non-threatening way, interactive displays allowed PRHC staff to talk about their work in units like infection control services, the cast clinic, maternal child, nutrition services and diagnostic imaging.

Watching Your Back

Sitting a lot? Your back gets a workout whether you're sitting at a desk or lifting babies, patients or equipment. The first step to preventing and/or reducing backaches is to be aware of how you use your back. Try reviewing your current habits with this checklist:

- I avoid slouching when standing or sitting.
- I avoid leaning forward while working.
- I avoid extended periods of bending over low objects.
- While sitting for long periods, I use some type of lumbar cushion to support my lower back.
- Before lifting an object, I test its weight by lifting an edge.
- When lifting heavy objects, I power the lift with my leg muscles, not my back.
- When moving an object, I let my leg muscles do the work, and push rather than pull.
- I include a regular stretching routine in my exercise program to build strength and flexibility in my back.

Kudos & Congrats

Once again, PRHC staff have been hard at work distinguishing themselves. Kudos and congrats to the following people for their exemplary efforts on behalf of the hospital:

- AIR pen recipient Rebecca Brown of Information Systems for her recent conscientious efforts and devotion of personal time while coordinating the activities associated with the new IS Training Room N-221.
- Louise Ferren, RPN; and Adele Brioux, RN for their hard work and dedication in setting up and assisting with staff education on the new laparoscopic instruments purchased for the OR.
- The WHCC's Bobbi Martin-Haw, Coordinator of the Sexual Assault/Domestic Violence Program who recently completed the process of updating and re-printing her booklet entitled "Caring for Yourself - A Guide to Recovery Following a Sexual Assault." 15,000 booklets will be distributed in French and English to 34 SA/DV Centres across Ontario from Kenora to Ottawa to Windsor!
- April's MVP Kathleen Collins, RN, Surgical Services who did an outstanding job ensuring that Order Entry was all set to go live in May.

Celebrating Each Other Awards

Don't forget! PRHC's annual Celebrating Each Other Awards (formerly the Long Service Awards) is set to take place on the HDS patio on Tuesday, June 20 at 2:30 p.m.

Happy Anniversary

Best wishes go out to the staff of the Magnetic Resonance Centre as they celebrate their fifth anniversary at PRHC this June.



With Expert Hands and Creative Minds

Peterborough Regional Health Centre (PRHC) staff, physicians and volunteers have much to be proud of as they celebrate the end of another outstanding year. Working together to overcome the many challenges facing health care today, their efforts to develop PRHC into an exceptional health care provider realized a remarkable number of achievements across the organization during the April 1, 2005 - March 31, 2006 fiscal year.

Demonstrating PRHC's core values of accountability, innovation and respect, here are just a few of the year's exciting announcements and events.

- 2005-2006 was an extremely busy year for patient care at the Health Centre. As securing additional bed capacity remained a high priority, some relief arrived at the year-end of 2004-2005 in the form of funding for two new Intensive Care Unit beds. In 2005-2006, PRHC received funding for an additional three ICU beds. Then in early in 2006, a new Interim Long Term Care Unit containing 18 beds was opened at the Rogers Street Site.
- During the last year, legislation was passed that enabled the creation of Ontario's new Local Health Integration Networks (LHIN). PRHC was an active participant in the planning and community engagement exercises for the Central East LHIN and will continue to represent the health care needs of patients and families as the LHINs move forward.
- As a Provincial District Stroke Centre, PRHC is now able to administer the blood-clot dissolving treatment known as t-PA (tissue plasminogen activator) to eligible stroke patients.
- A new Fracture Prevention Clinic opened this year at PRHC in partnership with the Peterborough chapter of Osteoporosis Canada and St. Michael's Hospital in Toronto. The clinic is assisting in the identification and treatment of at-risk patients. Only the second to open in Ontario, this research-based Clinic provides an opportunity to identify and treat osteoporosis, and prevent bone fractures. This is supported by major local fundraising initiatives and, in part, by an unrestricted research grant from Merck Frosst.
- PRHC is proud to boast more than 600 dedicated, caring individuals who volunteer their time helping staff, patients and their families, and raise funds for the hospital. In 2005, six PRHC volunteers were recognized by the Province for their service to the community and to PRHC.
- The Health Centre continues to benefit from the generosity of the community. Thanks to the invaluable support of donors who contribute to the PRHC Foundation, \$1.3 million in equipment was purchased for units across the hospital in the 2005 calendar year.



Continued on next page

Advancing Our Strategic Directions

One of the most exciting achievements of the last year was the formal introduction of a new strategic plan embracing a vision of PRHC as "the place to be for care and career." Supporting this goal are five strategic directions intended to guide the efforts of the entire organization as they move forward. Each one of the following accomplishments demonstrates just how rooted they have become in all that staff do to care for their patients with expert hands and creative minds.

New Hospital Transition Plan

The community's dream of a new hospital started to become a reality when both construction and planning swung into high gear over the past year. Following MOHLTC funding approval and the awarding of tender to Ellis Don in late June, building began in earnest over the summer and continued right through the coldest weeks of winter.

- As the building continued to grow, planning to ensure the smooth completion of the project progressed. Ensuring that every aspect of the move was being identified and addressed, no detail was too small for consideration during last year's extensive planning efforts.
- Substantial completion of the new 494 bed, 715,000 sq ft Health Centre is expected to be reached by December,

2007, with occupancy planned for spring 2008. Combined costs are budgeted at \$199.3 million for construction and \$81.3 million for equipment, headstart projects and ancillary costs.

- A Move Planning Team was formed just as construction got underway last fall. Consisting primarily of hospital staff,

As representatives of the community, the Peterborough region was again ably served by PRHC's volunteer board – its members bring a wealth of experience and diverse professional backgrounds to their roles as stewards and directors of the hospital. This was a challenging and yet exciting year. The Board of Directors embarked on a strategic planning cycle that focused on creating successes today, all the while looking to meet, head on, the opportunities created by our move to the new facility in 2008. The future looks bright for PRHC.

Bonnie Patterson, Chair, PRHC Board of Directors



the team is responsible for planning and coordinating the move of patients, staff and equipment.

Enhancing the Quality of Care

PRHC teams were hard at work last year developing new quality of care initiatives that allowed for both qualitative and quantitative improvements in patient-centred care and service delivery.

- Care and service were streamlined thanks to the introduction of Clinical Pathways for treatment of specific diseases.
- PRHC joined Safer Healthcare Now! (SHN). This national campaign for health care organizations is dedicated

to improving patient safety through the implementation of targeted interventions in patient care.

- New standards for the creation of patient materials began to help patients and their families make informed, evidence-based decisions. Designed to produce readable, consistent documents, core requirements address issues like standard formats, reading level and clearly defined medical terminology.

Realizing a Positive Workplace Culture

Improving quality of work life for all is a critical factor in the Health Centre's efforts to live up to the "place to be for

Continued on next page



This past year, the new hospital project has literally transformed from a "hole in the ground" to a six story structure. The new hospital project is much more than the 715,000 square foot facility. The relocation of staff, physicians, volunteers and equipment must be meticulously planned and millions of dollars of new and replacement equipment procured in advance of occupancy in 2008. None of this would be possible without the considerable input of staff across the hospital. With the support of the hospital family and our community, we will realize a new health centre of which the entire region can be proud.

Paul Darby, CEO

career" component of their vision. With this in mind, the 2005–2006 calendar year saw an increased number of initiatives designed to engage, encourage and inspire hospital staff, volunteers and physicians.

- PRHC was proud to have attracted 10 new specialists this past year. Recruitment strategies continue to showcase the benefits of practicing at PRHC and living in the Peterborough region.

- In December, the first issue of PRHC's revamped staff magazine *Insites* was published. Highlighting the efforts of all employees, physicians and volunteers, *Insites* is a showcase of the excellent work done day in and day out across the hospital.

- Progress has been made in the creation of a healthy workplace through investment in health and safety training. Safety training "blitzes" were held weekly, and 500 employees attended the day-long training sessions.



- In 2005, the Women's Health Care Centre partnered with Peterborough's Youth Emergency Shelter to support homeless, adolescent victims of sexual and domestic violence.
- In response to the threat of an influenza pandemic, Health Centre personnel took a lead role last year in an inter-agency pandemic planning initiative. Staff worked with representatives from the City, County, Peterborough City-County Health Unit and First Responders to create a formalized plan that works to minimize disruption of services and deaths in the event of an influenza outbreak.

- PRHC took one step closer to realizing an electronic health record this spring as implementation began on the Order Entry system. Health care

workers now have the ability to enter and receive computerized doctor's orders quickly and accurately, eliminating the need for many paper requisition forms and reducing repetition of their efforts.

Looking back at the successes of the past year, it is clear that PRHC's staff, physicians and volunteers exemplify the Health Centre's mission. Indeed, as ever, they remain committed to providing care to the people of this community "with expert hands and creative minds."

Leveraging Technology

Making the most of advancements in medical and information technology is vital when maximizing the quality and efficiency of patient care. In a year that was full of technological initiatives, here are a few that stand out.

- New systems are changing the way staff, physicians and patients communicate at PRHC. Computerized employee scheduling got underway in January, followed by the launch of an employee Intranet. Development of a community-wide patient scheduling system also began in 2005–2006, with implementation scheduled to begin later in the year.

- Thanks to PRHC's membership in the NORTH Network, Canada's busiest telehealth program, NORTH clinicians now have access to tele-diagnostic instruments like digital stethoscopes and can remotely examine and prescribe treatment for patients.

The Medical Advisory Committee (MAC) has focused increased attention this year on quality of care within PRHC. Each Service Chief sitting on the MAC is developing physician-oriented quality of care initiatives. These efforts complement the hospital-wide quality of care initiatives underway, and will further PRHC's commitment to continually improve care provided to our patients.

Dr. Peter McLaughlin, Chief of Staff

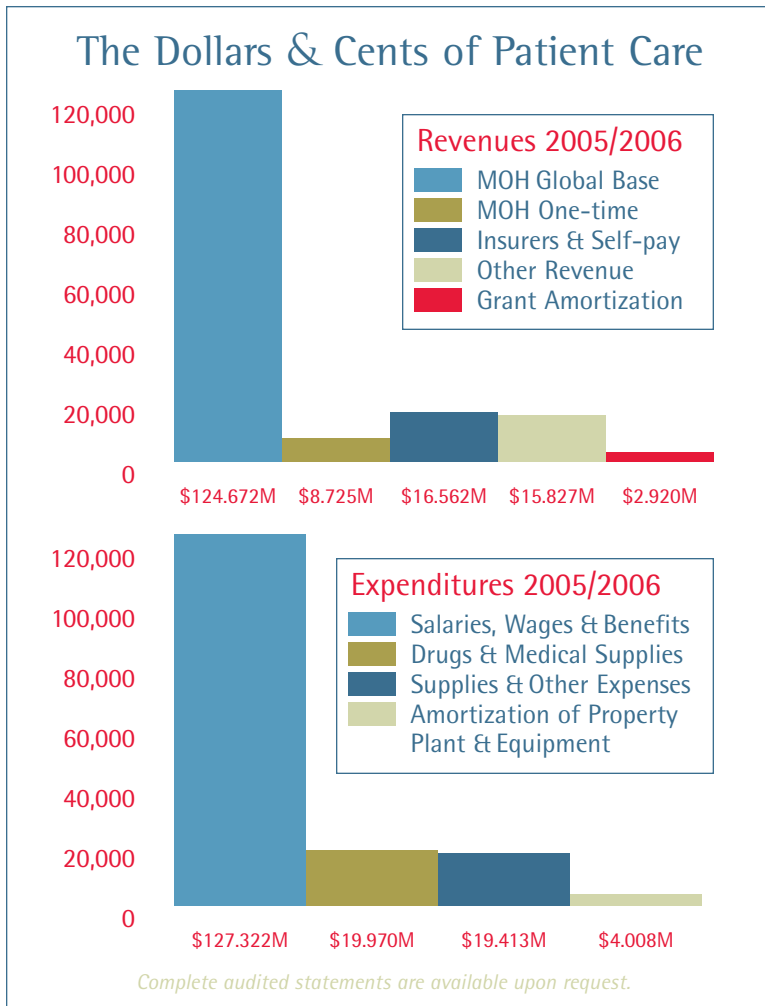
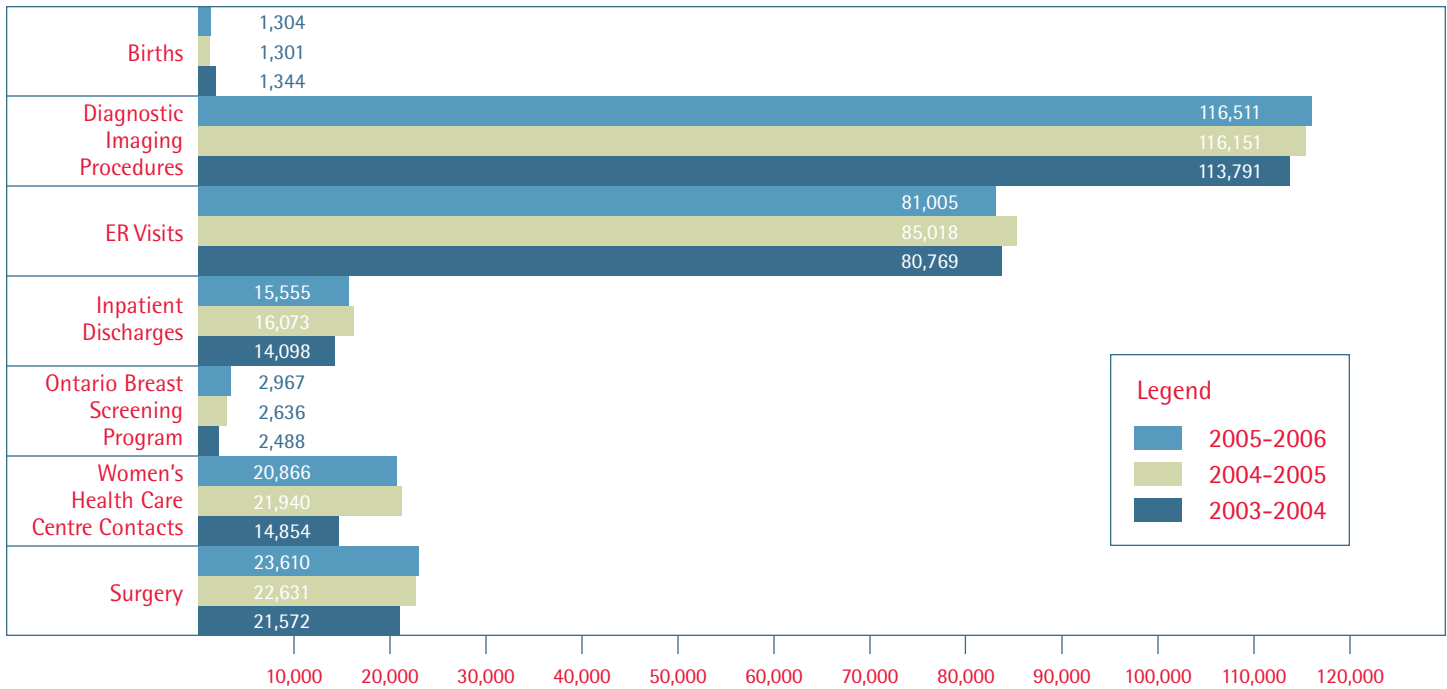
Building Partnerships

In addition to promoting the best care possible, partnerships help enhance PRHC's reputation and ensure cost effectiveness. In pursuing this strategic direction, PRHC staff have formed new associations with both community and other health care organizations from across the region and beyond.



A Year's Worth of Activity – Statistical Update

These statistics are representative of the past three fiscal years. A fiscal year runs April 1 – March 31.



- ## BOARD OF DIRECTORS
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North American Health & Safety Week

The Joint Occupational Health and Safety Committee, The Peterborough Public Health Unit and the Employee and Patient Safety Program would like to thank everyone who stopped by their display dealing with the challenges of coping with Shift Work this past May.

Volunteer Tea



Left to right: PRHC volunteers Isobel Wells and Sister June Nash attend a special Volunteer Tea held April 25th at Westdale United Church in honour of National Volunteer Week.

Art & Healing

A group of dedicated volunteers have worked for years to bring the healing properties of art to patients and staff. Thanks to their efforts and the many donations by grateful patients over the years, the hospital has more than 600 pieces of mounted posters, prints and original artwork.

In preparation for the move to the new hospital, the collection is being reviewed and each work's origin assessed. When appropriate, older, less significant pieces will be divested to help raise funds to maintain and repair the collec-



Left to right: Lisa Milligan, Joan Osborne and two of her grandchildren, Brady Osborne and Nicholas Yates; MPP Jeff Leal, Cyndi Gilmer, Rhonda Watson, Wendy Fucile and Mary Anne Ashbridge.

tion. Staff will have the opportunity to purchase these pieces, and in return, contribute to the vibrancy of the art collection and improve the aesthetics of our hospital. Have questions? Contact Margaret Clark in the Foundation at ext. 3957.

Automated Medication Dispensing System

Following last fall's expo showcasing four different manufacturers of automated medication dispensing systems, the AMDS team is excited to announce that they have entered into negotiations with AutoMed Canada, an AmerisourceBergen Company, and expect a positive outcome soon. What will this mean to PRHC staff? Just a few of the advantages include;

- less time spent looking for the right drug;
- less time spent waiting for the right drug to arrive from pharmacy;
- access to safety alerts designed by nursing and pharmacy;
- no more daily narcotic counts.

The AMDS team expects to be very busy over the summer developing an implementation plan, creating policies and procedures and meeting with front line staff. Watch out for the next issue of *Insites* for more information.

Nursing Week Celebrations

PRHC celebrated Nursing Week (May 8th-14th) with displays and events planned to recognize their outstanding commitment and contribution to our community.

The highlight of the week was the presentation of PRHC's annual Nursing Peer Awards. MPP Jeff Leal was on hand to present Nursing Peer Awards to HDS's Joan Osborne, RN; and RSS's Rhonda Watson, RPN. Nursing Administration Awards were also presented to Lisa Milligan, Manager of ICU/RT; and Cyndi Gilmer, Director of Women and Children, Ambulatory Care and CCC.

Four PRHC nurses also received Baxter Nursing Excellence Awards. Congratulations to Patti Tracey, Linda Hewett, Sandra Yeomans, and Carrie Watts, each of whom received \$1,000.00 educational bursaries towards finishing their studies.

Left to right: Linda Hewett, Sandra Yeomans, Carrie Watts and Patti Tracey, winners of Baxter Nursing Excellence Awards.





Food for Life



As long as they're able to eat, when patients are admitted to hospital, they take for granted that their breakfast, lunch and dinner will magically appear at their bedside. Little do they realize that the appearance of their daily meals is anything but magical. It's actually the result of clinical study, constant preparation, and a level of production efficiency that Henry Ford himself could appreciate.

Top left: Harry Lundrigan, Cook/Receiver, RSS. Top right, left to right: Chris Bean, Clinical Dietitian; Laurie Hatton, Cook; and Karen Stillman, Coordinator of Hospitality Services, HDS. Bottom left, left to right: Shelly Adair Wilkinson, Coordinator of Nutrition Services; and Tripta Pinto, Nutritional Aide, HDS.

In fact, producing an average of 1,000 meals per day from both sites combined requires that the staff of Nutrition Services embrace many of Ford's principals. From purchasing of the raw materials, to the tray production beltline, to final cleanup, the process operates like a well-oiled machine.

"The general public and even many of the staff here don't have any idea what it takes to plan, prepare and deliver three hot, nutritious and tasty meals a day to the hospital's patient population," says Karen Stillman, Coordinator of Hospitality Services at HDS. "It's an enormous and highly organized team effort."

Performing their standardized tasks with speed and precision, each member of the team is required to know exactly what their task is and how to do it quickly at any given moment in a shift. Anything less, and the entire system runs the risk of breaking down.

"If one staff member doesn't pull their weight, it could create a domino effect right down the line," says Ruth Ann Levesque, Coordinator of Hospitality Services, Nutrition Department at HDS. "In the extreme, that could mean that a sick person doesn't get the meal they need to get better and the staff know it. That's why we're so proud of our team. They work really hard and take their responsibilities very seriously."

Food as part of a patient's care plan is an essential component of PRHC's quality, patient-centred

care. When a new patient arrives on a unit, nursing staff are required to provide Nutrition Services with their name, room number and physician recommended diet. It's often at this point that the team's Clinical Dietitians become involved.

"Nutrition plays a vital role in the healing process," says Chris Bean, Dietitian. "Our job is to make a nutritional assessment of the patient and then work in partnership with the kitchen to determine the meal plan that will provide the most benefit."

The recent implementation of a software program known as Computrition is helping to speed up and automate this process significantly. Operating on a seven-day cycle, hospital dietitians can select from one of the tool's eight standardized meal plans including therapeutic diets like Modified Texture, Cardiac, Diabetic, Paediatric, Renal, Soft and Clear Fluids. Computrition keeps track of every patient, product, ingredient, allergy and special request, updating constantly and providing automatic substitutions whenever necessary.

At the same time, cooks like Laurie Hatton and Harry Lundrigan need to rely on a combination of numbers, intuition and experience. Using Computrition data and the daily hospital census, they must decide just how much of each menu item to prepare before they know exactly how many are required.

"I often need to prep two or three days ahead," says Hatton. "I have



Top: Nancy Hopkinson, Diet Kitchen, RSS. Middle: Linda Allan, Nutritional Aide, HDS. Bottom: Laura Smith, Nutritional Aide, RSS.

the patient count for each unit as a guide but most of the time I have to make an educated guess. Computrition is really helping on a day to day basis because it fine tunes the numbers for us. That's going to really cut down on waste."

When Computrition's patient menus or 'tray tickets' are printed and the food prepared, it's time for the beltline staff to get to work. Responding to the call, they converge on the kitchen and take their places at their stations along the conveyor. The belt starts moving and that's it until the last tray is finished and carted away by a transportation attendant.

"It's pretty impressive," says Levesque. "While it's running we check for accuracy, cleanliness, visual appearance and temperature and it all happens in a flash."

With consumer satisfaction high on their priority list, the department tries hard to encourage an open line of communication between patients and the kitchen. This resulted in a change in the delivery process.

"About three years ago we switched from having transportation attendants deliver the food to members of the housekeeping staff," says Levesque. "We felt it was a better choice because they're with the patients every day. This way the patients feel more comfortable speaking up if they're unhappy with something or if there's something special they'd really like."

In the kitchens at Rogers Street, this dedication to making individual patients happy has taken on an even greater significance due to the type of care offered at the site.

"Because we serve units like Palliative Care, Complex Continuing Care and Interim Long Term Care, we'll try to do anything we can to meet the wishes of our individual patients," say Susan Dalrymple-Fraser, Coordinator of Nutrition Services at RSS. "For example, in the case of the Interim Long Term Care Unit, this is essentially their home. We want them to feel

comfortable here so they get lots of individual choice. Similarly, if someone in Palliative Care wants strawberries, you'll probably see one of our staff heading over to IGA to get some for them."

"Both sites have such great teams," says Gord Rance, Manager of Nutrition Services. "They're really dedicated to presentation and quality. I often think it's a shame that they don't have more interaction with patients and staff because it would be great if they could witness firsthand how much their efforts are appreciated."

Levesque agrees with Rance about the importance of their meals to the patients.

"I think a healthy diet is an essential part of quality of care but it's not just about that. For many of our patients, their meals are the highlight of their day. What we do doesn't just feed the body, it also feeds the soul. That's what we're here to do."

Top: Dave Geary, Nutritional Aide, HDS. Bottom left, left to right: Marie Morrissey, Nutritional Aide; and Ines Mulligan, ITC Resident, RSS. Bottom right, left to right: Susan Dalrymple-Fraser, Coordinator of Nutrition Services; and Lyle Jenkins, Nutritional Aide, RSS.





Front row, left to right: Tony Angione, Shirley LaFrance, Linda McCue, Darlene Hockaday and Mario Salfi. Back row, left to right: Dianne Grims, Larry Jakeman, Vicki Donohoue, Brian Anderson and Colleen Parcels. Inset: SPD staff take a look at construction progress on the new hospital.



New Hospital News

For many PRHC employees, the rapidly progressing new hospital can't come soon enough. *Insites* had the pleasure of joining staff from the Sterile Processing Department on their first visit to their eagerly anticipated new home. Seeing its progress for themselves, they're starting to understand that this is no mirage – and it won't be long now until they can drink the water.

The effectiveness and efficiency of the new hospital has been “top of mind” for planners since day one. Using the new SPD as an example, the following is a quick snapshot of the steps taken to ensure the best possible work environment for PRHC staff.

Step 1: A functional plan describing the requirements to house, operate and staff the department was developed with staff input. Describing the functions of the department now and in the future, the number of staff and amount of space required was calculated. Adjustments were then made to accommodate other changes like a larger number of operating rooms.

Step 2: Using the functional plan, architects began to design the space in relation to the other departments SPD needed to be close to. This led to the decision

to locate SPD within easy travelling distance from the operating rooms, labour and delivery, and the emergency department. Dedicated elevators for clean and dirty equipment were incorporated into the plan and the OR and Labour and Delivery departments were “stacked” above SPD. The department was also located on the lowest level to eliminate the possibility of leaking or flooding on floors below. The SPD user group then reviewed the plan and revisions were made based on their input.

Step 3: In the final phase of preparation for construction, detailed department designs were completed by the architects. Reflecting the internal work flow of the department as identified by the department users, the floor plans were then incorporated into the final construction drawings.

SPD staff said...

- “The layout and work flow is going to be much better. Much more efficient.”
- “It'll be great when our equipment and staff are amalgamated into one place. We'll be more of a team then.”
- “Some of us came over from RSS seven years ago and it's felt like a long time coming. This is exciting!”
- “I'm looking forward to having shiny, new equipment.”
- “Because we're so spread out, we only know some of our coworkers by sight. It'll be nice to be able to get to know each other. We should have better communication this way.”
- “The dedicated elevators make all the difference. Reduced wait times and less walking will make a big difference in our jobs.”



Margaret Avery-Lynch, Dialysis (left) and Lisa Milligan, ICU (right) duke it out in the 100% Dept Participation Challenge.

by your side

CAMPAIGN

Thanks to your commitment to the By Your Side Campaign, the Family Campaign was a tremendous success! The generous pledges which have come in from all areas of the Health Centre will take us one step closer to realizing the dream of transforming health care for our growing community. The money raised will be used to buy new medical equipment and technology. Without this money, essential items simply could not be purchased.

The greatest areas of need include:

Diagnostic Imaging	\$5 million
Emergency & Critical Care	\$2 million
Surgical Services	\$1.5 million
Cardiac Care	\$1 million
Birthing Suite	\$ 500,000

As we see the building emerging quickly, this is an exciting time to be a part of the PRHC family. The construction and equipping of our new facility is a monumental project that truly changes the face of health care in this region. There is no doubt that the success of this critical phase in the By Your Side Campaign is thanks not only to the many Health Centre employees who showed their support, but also to our Family Campaign volunteers who gave so generously of their time.

Thank you for your leadership and support.

Join us on June 28th as we celebrate the success of the By Your Side Family Campaign with a barbecue lunch!

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



our mission statement

The Foundation inspires our communities to donate funds for urgent equipment and facility needs to advance patient care at Peterborough Regional Health Centre.

1 Hospital Drive, Peterborough, ON K9J 7C6 · T: 705-876-5000 · E: foundation@prhc.on.ca · www.prhc.on.ca/foundation