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Peterborough Regional Health Centre • A monthly magazine for our community

# Insites

Our Values: Accountability • Innovation • Respect



## Inside this issue:

- Caring for the Whole Woman  
A Look at Women's Health at PRHC
- PRHC's Blood Conservation Program
- Wayfinding in the New Hospital

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## Insites

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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?*

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# A Lifetime of Good Health

## Caring for Women at PRHC

For many of us, fall is our real New Year. It's a chance to make a fresh start or get to those tasks we've put off all summer like yard work or cleaning out the garage. So perhaps it's appropriate that October is also a time when women are reminded that some things should not be put off. Breast Cancer Awareness Month is one such reminder.

Of course this advice doesn't just apply to breast health. With this in mind, *Insites* brings you a big picture look at women's health at PRHC. Read on to find out how our approach to women's health is carried out across the Health Centre.

Nurses contemplating early retirement might be interested to find out what a difference a change of scenery can make. Check out the Strategic Plan in Action section for a look at our partnership with the province's Late Career Initiative.

Also in this issue, *Insites* finds out why it's important to be thinking about wayfinding in the new hospital now rather than down the road.

Finally, the new and improved *Insites* is approaching its one year anniversary and we want to hear what you think. Look for our first-ever reader's survey wherever you find your copy of *Insites*, on the web at [www.prhc.on.ca](http://www.prhc.on.ca), or fill it out online via PRHC's staff intranet.

Survey results will be published in the December issue so stay tuned to find out how our staff, physicians, volunteers and visitors feel about our efforts. Until then, here's to doing today what we might have put off until tomorrow.

### In this month's feature:



*Insites* talks to women's health care workers at PRHC including staff from the Ontario Breast Screening Program at RSS. Left to right: Chris Garvey, Secretary; Deb McCullough, MRT; Elaine Earl, Secretary; and Rhonda Holland, RN.

### Coming in the November issue:

*Insites* looks at the accreditation process - find out how staff are ensuring that PRHC remains the place to be for care and career.

On the cover - left to right: Carol Aird, Nurse Practitioner; and Dr. Debra Boyce, Medical Director for Women and Children's Services.

# Our People

## New and Familiar Faces at PRHC



### New

#### Katie Weber

*How long have you worked at PRHC?*

I started here in May 2006.

*What do you do?*

I'm a Speech Language Pathologist (SLP) here at HDS Rehabilitation Services.

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

Well first of all, I love the people I work with like Sharon Sevigny and the other SLPs. Also, one of the things that's great about performing our work in a hospital setting is the wide variety of patients we have an opportunity to meet and work with.

*What did you do before coming here?*

I was a student at the University of Western Ontario where I finished my Masters in Speech Pathology. Prior to that I was in St. Catherine's completing my undergrad at Brock University.

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

I usually hang with my family and friends. I'm getting married really soon so you could say I'm a bit busy getting ready!

### Familiar

#### Mike Landry

*How long have you worked at PRHC?*

Five years. I'm just heading into my sixth.

*What do you do?*

Everyone just knows me as "Print Shop Guy." I basically print 80% of the materials used in house, look after internal signage, that kind of thing.

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

One of the coolest things is that I literally get to work with almost the entire hospital staff from Administration to Housekeeping. I'm probably one of the few people who gets to meet almost everyone. I also really like that we're on the cusp of a new frontier so to speak and I'm really glad to be here during the transition to the new hospital. It's definitely an exciting time to work at PRHC.

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

I pretty much eat, sleep and drink basketball. I coach it, I play it, and I have season's tickets to the Toronto Raptors. If you've met me, you probably know that basketball is my passion.



## Our Patients In Conversation

When retired Nurses Aide Howardine Anthony heard that she would need surgery on her fractured wrist, she saw her plans for a lovely summer spent gardening and knitting on her Bewdley farm evaporate before her eyes.

"I'll admit, I was not happy about the prospect," says Anthony. "Not only did I think it was going to ruin my summer, I'm one of those people who are just fine with hospitals unless it's me that has to be the patient. Then I get really quite nervous and upset."

Putting her apprehension aside, Anthony checked in for outpatient surgery at the Orthopedic Clinic in June. Now on the mend, in retrospect she says it was the positive atmosphere in the whole department that made the experience a good one.

"Not only was the entire process very efficient, I think what struck me most was the exceptionally sunny attitude of everyone I came in contact with," says Anthony. "Even just before I was put under, the doctor told me that they were going to take good care of me, that everyone was there to look after me. I can't stress enough how important that is for a nervous patient. It really makes all the difference in the world."



# 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

### HCR Begins Site Visits

The first step in developing a comprehensive move plan was taken in September with the arrival of staff from Health Care Relocations. Spending two weeks visiting every department, HCR President Pat Moriarty and his team gathered the information they need to come up with a broad strokes plan that will ultimately dictate exactly how the move will be carried out.

“We’re getting a quick sense of what each department has, what its needs are going to be, and how it relates to other departments,” says Moriarty. “We’ll then spend the next month building this information into an initial move sequence based on the clinical move of patients as day zero and working backwards from there.”

“We’re looking forward to getting lots of staff input into the calendar in the coming months,” says Moriarty. “It’s important to think of this as a live document that will change constantly right up to the move. We need to be able to respond to PRHC’s changing needs and in order to do this, everyone has to be on the same page.”



HCR President Pat Moriarty.



## Quality of Care

### Blood Conservation

Reduced hospital stay, decreased infection rates and fewer ICU admissions are just some of the ways that PRHC patients are benefiting from the Health Centre’s participation in the province’s ONTraC Blood Conservation Program. Perhaps the most important, however, is that they just feel better.



Jill Staples, Blood Nurse Coordinator and Coordinator of PRHC’s ONTraC Blood Conservation Program.

Currently available to anyone receiving a joint replacement or radical prostatectomy, the program provides patients with a pre-op blood work consultation with Blood Nurse Coordinator Jill Staples.

“Recent statistics show that every transfusion has a 30% increased risk of infection,” says Staples. “As these surgeries have a risk of higher blood loss (40-50 grams of HGB) I meet with the patient to identify anemia, and to try to build up their blood levels through an iron-rich diet, oral iron supplements, or through alternatives such as intravenous iron and EPREX. Not only is it a terrific preventative program, our patients love that someone is taking an interest in making them feel better.”



## Positive Workplace Culture

### Performance Appraisals

Identified as a key organization-wide focus for 2006, PRHC's Performance Management Program lets employees stay informed while helping to ensure that the Health Centre succeeds. According to Jamie Allison, Manager of Human Resources and Organizational Effectiveness, the program also provides;

- an excellent opportunity to reward positive employee performance;
- support and assistance for those who may need it;
- useful feedback and encouragement for employees;
- an opportunity for meaningful dialogue between managers and employees focused on plans that will assist the employee in achieving their professional goals;
- a chance to identify how an employee's actions demonstrate PRHC's core values, and what actions they can take to develop and enhance their skills.

"When your manager contacts you to schedule your performance review meeting, take some time to prepare," says Allison. "Make a list of your accomplishments and successes since your last review, and identify some of the skills or projects you would like to develop. Seeing the Performance Management process as a positive experience can help us make the most out of an opportunity to become a part of the Health Centre's success."



## Leveraging Technology

### Nasal CPAP



Baby boy Rowan receives PRHC's new Nasal CPAP treatment.

Born August 1, baby boy Rowan became the first newborn to receive PRHC's new Nasal Continuous Positive Airway Pressure (CPAP) treatment, saving his parents from a painful separation.

Used to treat infants with moderate breathing problems, the introduction of the new equipment means that Special Care Nursery and Respiratory Therapy staff, in consultation with a paediatrician, are often able to avoid intubation, a treatment that requires the infant be transferred to either Toronto or Kingston.

The program was developed and implemented by Elly Hartwick, Nurse Educator for Women and Children Services and Jane Shields, Registered Respiratory Therapist with input from paediatricians and staff. According to Hartwick, two to three babies a month are expected to benefit.

"In the past, new moms were separated from their sick infant and dads often had to make rapid travel arrangements," says Hartwick. "But now the parents are often able to take baby home within a couple of days."



## Building Partnerships

### Late Career Initiative

PRHC nurses have a chance to take a break from the physical demands of front-line nursing care thanks to a partnership with the Ministry of Health and Long Term Care. Part of the province's Nursing Strategy, the Late Career Initiative allows nurses aged 55 and over to spend a portion of their time in less physically demanding nursing roles, such as patient teaching or staff mentoring.

Recognizing the invaluable years of experience and knowledge these nurses bring to both patients and organizations, the province identified that many of the over 4,000 nurses expected to retire in the next four years could be retained provided the physical, emotional and intellectual demands of their work were addressed.

Surgical Outpatient RN Diane Bestard spent time in the OR and PACU in 2006 and hopes other PRHC nurses will take advantage of the program.

"I absolutely loved it," says Bestard. "After years in Emerg, the change of pace was great. It really put the bounce back in my step. I felt like a new grad!"



Left to right: Late Career Initiative participants Diane Bestard, RN; Margaret Seabrook, RN; and Diane Cochrane, RN.

# People & Talk

## National Infection Control Week

Don't forget that National Infection Control Week is October 16 - 20, 2006. With the emergence of avian influenza and new diseases like SARS, infection prevention and control has never been more critical. It's estimated that 220,000 health care associated infections, including 8,000 deaths, occur in Canada every year. In facilities across Canada, infections with antibiotic resistant bacteria add health care costs of \$42-59 million each year.

Any questions about infection control? Contact one of PRHC's Infection Control Professionals whose job it is to keep abreast of all current infection prevention and control standards and



Judita Szilagyi RN, winner of the gift basket in the Online Library Contest.

practices while ensuring they are implemented and maintained. At PRHC, your Infection Control Professionals are Margaret Jay, Cheryl Johnson, Shirley Ireland, and Colette Swift.

## Fond Farewells

Goodbye to Edith Duggan, RPN who retired from CCC on August 8, 2006. Good luck and best wishes Edith!

## OHA Golf Tournament



Left to right: Anthony Dale, OHA; Mary Kardos-Burton, MOHLTC; Hilary Short, President & CEO, OHA; and Maureen Adamson, MOHLTC pose between greens at this year's Ontario Hospital Association (OHA) golf tournament held August 9th at Wildfire Golf and Country Club. Hosted by PRHC, the tournament successfully raised more than \$84,000 for the PRHC Foundation.

## H & S Tip

Hand washing is the single most effective way to prevent the spread of infections. Certain "germs" (a general term for microbes like viruses and bacteria) can be spread by casually touching another person or by touching contaminated objects or surfaces and then touching your face (mouth, eyes, and nose).

To reduce the risk, practice good hand washing techniques including using an adequate amount of soap, rubbing the hands together to create friction, and rinsing under running water. When no soap or water is available, try an alcohol-based hand rub but remember, alcohol-based hand rubs should not be used in the presence of visible soil or organic material.

## Kudos & Congrats

A big round of applause goes out to the following PRHC staff for their recent efforts on behalf of the Health Centre. Congrats to:

- Bill Classen, Margaret Avery-Lynch, Jane Kirkwood and Linda Kloosterman for being accepted to present at the CANNT (Canadian Association of Nephrology Nurses and Technologists) 38th National Symposium being held this month in London, Ontario. Their work represents the excellence in patient care practices and management of our regional dialysis program.
- August and September's MVP

Nominees Ryan Hughes, Don Bishop, Joanne Quinlan, Georgina Clark, Mike Darwin, Linda McDonald, Margaret Seabrooke, Wayne Maranduik, Colleen Howson and Joni Wilson.

- Congratulations to Judita Szilagyi RN, winner of the gift basket in the Online Library Contest. Judita used the online book collection to correctly answer the skill-testing question: According to Delmar's Guide to Laboratory and Diagnostic Tests, what is the estimated time to complete a T<sub>3</sub> uptake test? The answer is 5 minutes. The contest is over, but don't forget that you can still use the online library books at the library site on the PRHC portal. Thanks to all who entered the contest and provided positive feedback.

## S & A Awareness Week

The Social and Athletics Committee will be holding an Awareness Week from October 16-20. Drop by their table between 12:00 and 1:00 pm all week in the HDS cafeteria and don't miss their daily free giveaways and draws.

## Children's Christmas Party

The Social and Athletics Committee is also holding its annual Children's Christmas Party on Sunday, November 26, 2006 at 1:30 pm at the Evinrude Centre. The fun will include gifts, t-shirt and cookie decorating, face paint-



## PRHC 2006 United Way Campaign Kick Off

Left to right: Brian Desbiens, United Way Annual Campaign Chair; Jane Parr, PRHC Vice President of People, Systems and Processes; Marylou Short, United Way Board Chair; Bill Classen, PRHC United Way Campaign Chair; and Len Lifchus, United Way Executive Director celebrate the launch of the 2006 PRHC United Way Campaign at a BBQ lunch held September 25th at HDS. Last year's campaign raised \$51,716.85. This year, the campaign committee hopes to exceed that amount.

ing, a jumping castle, snacks, a visit from Santa and more. All immediate families of employees, physicians and volunteers with children 12 and under are welcome. Tickets are \$10.00 per child for S&A members, \$25.00 per child for non-members.

## Quarter Century Club

The PRHC Quarter Century Club is hosting its annual dinner on Monday, October 16, 2006 at the Peterborough Navy Club. Guest speaker Constable Steve Dyer will give a presentation on "Identity Theft, Home Invasions and Safety for Seniors." For further information, please contact Maureen Moher (Health Records) at ext. 3299.

## Beta Sigma Phi Donation

Special thanks go out to the members of the Laureate Beta Pi

Chapter of Beta Sigma Phi Sorority who have generously donated sleep masks, ear plugs, disposable slippers, combs, toothpaste, toothbrushes, soap, shampoo and socks to PRHC's patients. Anyone needing any of the above items in order to help make a patient's stay in hospital more comfortable should contact Volunteer Services.

## Cancer Forum

A Community Cancer Forum will be held Wednesday, October 18th from 7:00 pm – 9:00 pm at the Knights of Columbus Hall, 317 Hunter Street in Peterborough. Entitled "Cancer Isn't a Four Letter Word – How to Find the Help You Need," the forum will feature keynote speakers Beth Steinmiller and John "Red" Keating. Admission is \$5.00. To register call (705) 743-4132 or 1-800-419-3111.

# Caring for the Whole Woman



In the not so distant past, an inquiry into women's health care might have been limited to topics commonly referred to as "women's troubles." Today, thanks to a few decades of public education and a more holistic approach to health care in general, most of us are aware that there's more to a woman's health and well-being. And while services that address issues like pregnancy and breast or cervical cancer are still central to the women-centred care offered at PRHC, a more contemporary approach to looking after the rest of the woman is in full swing.

At its centre is the belief that women require specialized care not only in dealing with those health issues associated with the female physical experience, but with the unique way in which they experience their world. For staff working in women's health at PRHC, this means care based on the health of the whole person. It also means a focus on choice and swift access to information.

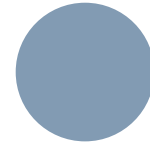
This point of view is particularly apparent in many of the programs run by the Women's Health Care Centre (WHCC). Health Educator Martha Jack coordinates the Well Women program

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Left to right: Rosalie Goudreau, Ward Clerk; and Julie Adlum, RN from the HDS Women's Health Centre site.

# Did you know?

Some breast tumours are found when they reach this size.



Mammograms can find tumours when they are this size.



Early detection is the best protection. A mammogram can save your life. Make the call. You can do it.\*

\* Source: Cancer Care Ontario poster and the Ontario Breast Screening Program.

from the WHCC's downtown location. Primarily consisting of partnered outreach work, her efforts typically take the form of customized workshops that promote a variety of topics including healthy relationships, self esteem and assertiveness training, and coping with stress.

"Everything is inter-related," says Jack. "We know about the links between stress and heart disease but we can't forget about the role of things like self esteem in our daily relationships. The better your self esteem, the less likely you are to be part of an unhealthy or unsafe relationship and that's a critical part of women's health."

In the case of eating disorders, the ties between mental health and physical well-being are even more obvious. Offering treatment services largely in the form of group work, WHCC Social Worker Robyn Greene and her team provide counselling to individuals over the age of 18 who are experiencing anorexia, bulimia or binge eating but are considered mentally and physically stable. Run on a self-referral basis, the program works at managing both eating patterns and the individual's feelings about food. Considering the potentially deadly effects if left untreated,

Greene believes that treatment of such disorders cannot be limited to clinical attention.

In another WHCC initiative, Bobbi Martin-Haw, Coordinator of PRHC's Sexual Assault and Domestic Violence Response Program advocates for the importance of choice and access to information. Mandated to give emergency medical care to victims of sexual assault and domestic violence (aged 16 and up), specially trained nurses are on call 24 hours a day, seven days a week to provide medical care, crisis counselling and, if the victim chooses, forensic evidence collection.

"Any kind of abuse or assault is a loss of power and control," says Martin-Haw. "Our philosophy is to give the woman back power by providing all possible options and letting her choose what works best for her."

Choice and access to information play a vital role throughout women's health care at PRHC. In some cases, the information is critical to getting the most of a happy experience like the birth of a baby. Lactation Consultant Heidi Croal spends her very busy days helping new mothers with the intricacies of breast feeding and knows that it really is all about an ounce of prevention.

"Just like labour, it would be great if it all worked perfectly but that's not always the case," says Croal. "If they come to me early, I can save them all kinds of heartache and pain. It's when people don't get the information they need that they give up and that's a shame because we know that breast milk really is best for newborns."

Most of the time, fast and reliable access to information is the only thing that can help to calm the panic that women inevitably face after a less than favourable diagnosis. Betty Darwin, an X-ray Technologist specializing in Mammography in the Breast Assessment Centre, witnesses this phenomenon every day.

"When women come to Breast Assessment, it's because they've found something or they're experiencing pain or discharge and their doctor has referred them to us," says Darwin. "At that point they're feeling very anxious so we've made it our business to make sure they leave that day with some kind of answer about what they're dealing with. It may not be a great answer but at least they don't have the fear of the unknown."

At the Ontario Breast Screening Program operated by PRHC at RSS, the need for timely

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# Cover Story

*Continued from page 8*

information and follow-up is also keenly felt by the staff.

“When one of our self-referred patients needs a closer look, we have procedures built in that make sure they’re automatically connected with the Breast Assessment Centre in a very timely fashion,” says Rhonda Holland, Nurse Examiner. “We find this is particularly critical if they don’t have a doctor that’s helping through the process. Having to wait just adds to the stress.”

The team at the Colposcopy Clinic has come up with an extremely efficient way to provide the immediate information their clients need while freeing up their doctors to see more patients. In addition to diagnosing and treating changes to the cervix identified on women who have had an abnormal Pap test result, the Clinic also devotes one day a week to consultations. Julie Adlum, RN, meets with patients prior to their appointment with the physician to talk about their results and discuss treatment options.

“If a patient has a low grade abnormality, it might be six to eight

weeks before they see anyone,” says Adlum. “This way, I can calm some of their fears and give them the information they want in advance in order to discuss their diagnosis effectively with the doctor.”

Of course few people believe in the importance of immediate and accurate information like Melanie Anderson, Resource Coordinator for the WHCC. Overseeing both the public lending library and the



Working for women's health – Standing, left to right: Robyn Greene, Bobbi Martin-Haw, Carol Aird, Melanie Anderson and Joanne Tuck. Sitting, left to right: Betty Darwin, Patti Tracy, Janice Clancey, Jo Ann Miller and Cyndi Gilmer.

professional resource collection, Anderson is responsible for making sure that both staff and the general public have the information they need to look after their health or the health of their patients.

“In addition to the consumer information we carry on a wide range of women’s health topics, we also have an extensive clinical and academic collection of books,

videos and workshop kits available to PRHC staff,” says Anderson. “Whether it’s for themselves or a patient, if staff need information but don’t know how to go about getting it, I can help them find it.”

According to Dr. Debra Boyce, Medical Director for Women and Children Services, the need for specialized care for women isn’t limited to gender-specific health issues. Citing acute heart attack and pneumonia as examples, she explains that in many cases, both expected outcomes and appropriate treatment can differ depending on the sex of the patient.

“Often we have to consider factors like what is happening to them outside the hospital setting,” says Boyce. “You have to ask who they’re taking care of and who is available to take care of them once they get

home. In fact, our whole approach to their care may differ depending on what service they are accessing in the hospital. That’s one of the great strengths of PRHC.”

Strength indeed. If the many PRHC programs and services directed at women are any indication, it’s clear that this important work is well underway.

# New Hospital News

Think it's too early to be considering how staff and visitors will find their way around the new hospital? Think again. The New Hospital Wayfinding Committee tells *Insites* that the best way to minimize confusion down the road is for staff to start getting comfy with their future home right now.

## Wayfinding – What is it?

Contrary to popular belief, wayfinding is about so much more than just signage. According to PRHC's New Hospital Wayfinding Committee, it's a critical process of helping visitors know not only where they are and where they're going, but when they've arrived and how to find their way back out.

## This is important because...

The new hospital is a big building and the Committee wants to ensure that everyone gets to where they need to be in the most efficient way possible. Effective wayfinding can result in reduced frustration and safety risks, increased productivity, and decreased response times for critically ill patients.

## Who's making the decisions about wayfinding?

The New Hospital Wayfinding Committee worked not only with the architects, but held lengthy consultations with both staff and volunteers, and members of the community including patients, special needs groups, city officials, and medical secretaries. Focus groups asked for input on every-

thing from signage height and colour to department names and driving directions.

## Why do I need to start thinking about this now?

Even though the move is a year and a half away, it's important for staff to start thinking about the new building now for several reasons.

A lot of thought went into creating a unit and patient room numbering system that will be as intuitive as possible. The various blocks are identified as A, B, C, D and West, levels are identified as 1, 2, 3, 4, 5 or 6, and patient rooms will utilize standardized numbering. For example, a rehab inpatient might be found in A2104 where "A" indicates the inpatient wing, "2" indicates the level or floor, and "104" indicates the room number.

Additionally, the overall design and orientation of the new hospital will be a big change from PRHC's existing sites. For example, the new building will have not one but four public entrances, allowing patients, staff and visitors to access the Health Centre at the most appropriate location.

According to Janice Stringham, Dietician at the Diabetes Education Centre and member of the New Hospital Wayfinding Committee, while these design and system changes are certainly positive, they might take some getting used to.

"The committee has identified that it's important to have these names and locations clearly in our minds so that we can avoid confusion down the road," says Stringham. "If you have concerns about flow or signage, we have the time to find any problems and fix them so our new space works in the best way possible both for our staff and patients."

## New Names for a New Hospital

As a result of asking PRHC's users what made sense to them, several departments will have new names when the hospital opens in spring of 2008. Here's a quick overview of some of the key changes.

- Ambulatory Care changes to Out-patient Care
- Oncology changes to Cancer Care
- Maternal & Child Services changes to Maternity & Pediatrics
- Chapel changes to Multifaith Centre
- Instead of identifying inpatient care areas by the type of care offered (eg: Surgical Care or Rehabilitation) they'll be consistently identified by location (B2 or C3)

Pictured left to right:  
Andrew Park, AMDS Coordinator Nursing;  
Tracy Ferguson, AMDS Coordinator Pharmacy  
and in the background is "Bruce", the new "FastPak EXP".



# by your side

## CAMPAIGN

The Foundation's efforts to raise \$10 million in the By Your Side Campaign to purchase new medical equipment and technology continues. This month we see the fruits of our labour with the introduction of our Automatic Medication Dispensing System (AMDS) in the Palliative Care Department. At a cost of more than \$3.6 million, the Foundation has been asked to contribute \$1.5 million to help make this the first hospital wide MedSelect AMDS system in Canada.

The perfect example of technology creating efficiencies, not only will the AMDS increase patient safety and improve drug monitoring and control, but it will increase nursing time for patient care; up to 30 minutes per shift.

With your help and the support of our community, virtually every patient that comes through our doors will be impacted by the benefits of our new Automated Medication Dispensing System.

Roll out to other departments is dependent on the ongoing success of the By Your Side Campaign.



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.

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