

Dec 06

Peterborough Regional Health Centre • A monthly magazine for our community

First
Anniversary
Issue!

Insites

Our Values: Accountability • Innovation • Respect



Inside this issue:

- **The Future is Filmless**
A look at PRHC's new Picture Archiving & Communications System (PACS)
- *Insites* Reader Survey Results
- New Hospital Move Planning Principles

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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?

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Leveraging Technology

PACS Brings a Filmless Future to PRHC

Welcome to the first anniversary issue of *Insites*, PRHC's community news magazine. It's hard to believe that it's been twelve months since we published our first issue, yet here we are.

This month, *Insites* revisits the importance of new technology in quality of care with a look at PRHC's new Picture Archiving and Communications System (PACS). Scheduled to be live by early February, the implications of the new system will be felt across the Health Centre. Read on to find out why the PACS Implementation Team believes they're about to revolutionize the way we care for our patients.

In fact, new technology is top of mind across the hospital right now due in part to the recent launch of Just In Time, Materials Management's new supply system. An excellent example of how PRHC is leveraging technology, you can find out more about the project in this month's Strategic Plan in Action.

On a lighter note, holiday fun got underway this November at Festival of Trees and the S&A Committee's annual Kids' Christmas Party. *Insites* was

there with our camera so don't miss People & Talk for the best of the best.

Finally, we'd like to thank everyone who took the time to share their appreciation and suggestions with us over the past year and in our first-ever Reader Survey. Judging by your responses, you think *Insites* is a publication of which we can be proud. Check out page nine for a look at some of the highlights. We appreciate your feedback, so please keep it coming.

Until next year, have a safe and happy holiday season!

In this month's feature:



Insites talks to the PACS Team about the benefits of a filmless environment. Left to right: Shane Paquette, PACS Technical Co-lead; Gerald MacDonald, PACS Administrator; and Nancy Davis, PACS Clinical Co-lead.

Coming in the January/February issue:

Finding the best - *Insites* looks at PRHC's efforts to recruit and retain its doctors and nurses.

On the cover — left to right: Gerald MacDonald, PACS Administrator, and Dr. Dan Bourgeois, Chief of Radiology.

Our People

New and Familiar Faces at PRHC



New

Miranda Bura, RN

How long have you worked at PRHC?

I started in the middle of October.

What do you do?

I'm part of the critical care float pool which means I work six weeks in Emerg and then six weeks in the ICU.

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

Everyone is very friendly. I'm not used to working in a community hospital and there's a big difference in the way the staff act with both patients and each other. It's so positive. I also like that the critical care float pool allows me to keep up all my skills.

What did you do before coming here?

Before my husband and I moved here I was nursing out in British Columbia. I worked at Surrey Memorial Hospital and before that, Prince George Regional Hospital.

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

We've only been here about six weeks so we're still settling in. We're about to start renovations on our house so that will take up any extra time and energy we might have for a while!

Familiar

Mary Catherine Heffernan, RN CONc

How long have you worked at PRHC?

21 years. I started in January 1985.

What do you do?

I'm an Oncology Nurse and Team Leader for PRHC Outpatient Cancer Care Services at the RSS.

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

Besides the fact that I've had a chance to work with a lot of wonderful people over the years, I enjoy the satisfaction I get from being able to help patients and their families as they cope with their diagnosis. I also support PRHC's commitment to patient-centred care. It's so important that the patient's best interest is always at the forefront of what we do.

What did you do before coming here?

I was an Oncology Nurse at Mount Sinai in Toronto.

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

I spend time with my husband and three daughters and I'm currently training to run the Peterborough Half Marathon in February.



Our Patients In Conversation

According to semi-retired realtor Bert Sevink, PRHC's Rogers Street Site is a bit of a home away from home. In fact, he's such a regular at the Medical Outpatient Department, he's known as "Our Bert."

Diagnosed four years ago with myelodysplastic syndrome, Bert's bone marrow no longer produces enough red blood cells. As a result, twice a week Bert travels from Bobcaygeon for blood work and a weekly transfusion. He says what makes his ordeal bearable is the outstanding way that PRHC's doctors and nurses treat their patients.

"I don't think there's better care available in the world than the care given by these incredible people," says Bert. "They do their utmost to make you feel at home and comfortable while they look after you."

Bert believes the proof of their dedication can be found in the way the nurses get involved in the lives of their patients.

"Jan Simmonds, one of the nurses at Medical Outpatients, even wrote a poem about me and another patient who has to come in all the time for transfusions," says Bert. "I can't tell you how touched I was that she would take the time to express her concern for us in such a personal way."

RSS Medical Outpatient nurse and sometime poet Jan Simmonds; and patient Bert Sevink.



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

Move Planning Principles

A safe and successful hospital move requires a great deal of planning, coordination and teamwork. With this in mind, earlier this fall the Move Planning Team developed principles that will guide staff in planning for the spring 2008 move to the new building. These principles have been endorsed by the senior team and are being circulated throughout the Health Centre.

The key principles have been identified as:

- Maintain an environment that is safe for patients, families, staff and volunteers.
- Ensure high quality patient care is maintained before, during and after the move to the new facility.
- Adhere to established timelines. When preestablished timelines cannot be achieved, ensure timely notification is provided to supervisory staff.
- Plan for flexibility.
- Within regulations, ensure the timely disposal of outdated records and documentation.
- Minimize cost wherever possible.

“Before specific planning around the move can be done, we all need to acknowledge our priorities,” says Jane Bremner, Manager, New Hospital Move. “At the centre of our entire move planning is safety for all and quality care for our patients.”



Quality of Care

Forensic Nursing

Sexual assault and domestic violence on-call response team nurses Mary Waters and Betty Noble have helped put PRHC on the map by becoming two of only 16 board-certified Sexual Assault Nurse Examiners-Adult/Adolescent (SANE-A) in all of Canada.



Left to right: Mary Waters, Nurse Team Leader, Sexual Assault and Domestic Violence; and Betty Noble, Sexual Assault Nurse Examiner.

Accredited by the International Association for Forensic Nurses (IAFN), Waters and Noble earned their new designation by writing a four-hour exam at an IAFN conference held in Vancouver at the end of September.

“Board certification means our speciality is recognized world-wide,” says Waters. “It demonstrates a commitment to quality care by giving us access to the most up-to-date information about medical care and evidence collection.”

“On a day to day basis, it helps me better serve the victims that come into Emerg,” says Noble. “I know what to do to best preserve the chain of evidence. That way I’m still helping them when and if their case goes before a court.”



Positive Workplace Culture

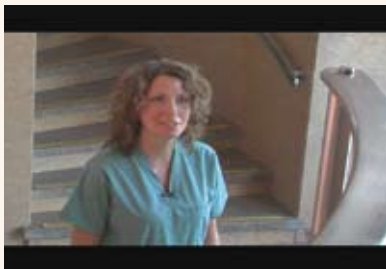
Insites Goes Live

Insites is now live! Showcasing the broad spectrum of services and advancements at PRHC, the eight minute movie version of PRHC's community magazine premiered this past October to rave reviews.

The film features interviews with leaders and front-line staff from diverse areas of the hospital and provides a window on all the important work and achievements that have occurred.

"With the new hospital growing before our eyes, and so much across the hospital to discover and celebrate, this is a testament to the hard work of so many," says Jonathan Bennett, Communications Lead. "You can really sense the energy that staff have invested into upcoming projects to improve patient care."

Staff wishing to watch the eight minute film can request a copy from Corporate and Public Affairs (ext. 5151) or find it on both the PRHC intranet and website.



PRHC nurse Sarah Dunlop talks about her work on the "Safer Health Care Now" initiative in *Insites Live*.



Leveraging Technology

Just in Time (JIT)

"Just in Time" technology is changing the way PRHC handles its supplies. Product suppliers now ship materials directly to an off-site warehouse. Materials Management staff use bar-coded labels and hand held computers to routinely assess each individual unit, allowing them to more efficiently monitor use and refresh supplies as needed. Everything required by the unit is then delivered from the warehouse directly to the floor via pre-developed carts known as "totes."

"With completion of the new hospital getting closer, this was the right time to implement the stockless process," says Walter Della Mora, Coordinator of Materials Management. "It will give everyone an opportunity to fine tune the process before we move."

"Our goal is to make supply management in each department as efficient as possible for our nurses and staff," says Eric Lodgins, Director of Hospitality Services. "Any time we free up means more time for patient care and that's everyone's priority."

Lodgins credits the hard work of everyone involved in making this challenging project a reality.

"Our timelines were very tight," says Lodgins. "Many of the staff went above and beyond the call to make it happen. They rallied as a group and came together as a cohesive and supportive team. It was truly amazing to watch."



Building Partnerships

New Research Partnership

PRHC has joined ten hospitals from across the province in a four-year McMaster University study of 3,800 new mothers and their babies.

Known as The Ontario Mother and Infant Study (TOMIS) III, the study will collect information during the first year following childbirth to determine how type of birth impacts on both the health of mother and baby, and the use of health care services. The research will examine what services are used during the first year, frequency of use and the costs of services.



TOMIS III participant Debra Matthews poses with her three-day-old daughter Abigail.

"Every woman who gives birth at PRHC this fall will have the opportunity to participate in this exciting study," says Mary Anne Ashbridge, Manager of Women and Children's Services.

The study is particularly important given the increasing rate of C-section births. Currently, more than one in four babies in Ontario are delivered using this method.

"Together we have the chance to help researchers gain a better understanding of how a woman's health is affected by the type of birth they experience," adds Ashbridge.

People & Talk



Left to right: Rick Salcak and "Betty Boop" a.k.a. Julie Davis celebrate at the Festival of Trees Celebrity Lunch event.

CANNT Conference

PRHC's nephrology staff has lots to crow about these days thanks to an outstanding showing at this year's Canadian Association of Nephrology Nurses and Technologists (CANNT) Conference held in London in October.

Beating 36 other competitors for the prize, PRHC's Dialysis Centre won first place for research with a project entitled "Reducing the Risk: Warfarin Nomogram for Hemodialysis Outpatients."

PRHC presenters at the conference included Bill Classen, "An Innovative Approach to Patient Care and Staffing Challenges;" and Margaret Avery Lynch, "Intradialytic Parenteral Nutrition in Hemodialysis Patients: Acute and Chronic Intervention." Poster presentations were given by Jane Kirkwood, "A Multidisciplinary Patient Care Plan;" and Kathleen Brown, Poonam Chawla and Dr. Eliot Beaubien, "Reducing the Risk: Warfarin Nomogram for Hemodialysis Outpatients."

Congratulations go out to all the staff who participated in the conference. Their efforts reflect their commitment to excellence in patient care.



Volunteer Services Coordinator Shari Forsyth's son Kameron visits with Santa at the S&A Kids' Christmas Party.

No Scents Make Sense

Employee and Patient Safety Department staff are asking everyone to consider those who are sensitive to scented products. Please refrain from wearing scented products or bringing highly-scented flowers and plants when visiting or working at the Health Centre. Scented products include perfumes, body lotions and sprays, colognes, aftershaves, and highly-scented flowers and plants.

e-Health Champion

Congratulations go out to Alison Mahony, Clinical Informatics Consultant for being chosen to participate in the e-Health Champion Network. Funded by the Ministry of Health and Long Term Care (MOHLTC), the Network is a Registered Nurses Association of Ontario (RNAO) initiative intended to raise awareness and inform nurses about the importance of nursing's involvement to facilitate quality patient care.

RSS Coordinator of Nutrition Services Susan Dalrymple-Fraser shows off her newest creation, an elaborate gingerbread house she donated for auction at the Festival of Trees.

RNAO Conference

PRHC staff once again distinguished themselves at the annual RNAO Conference held October 26th and 27th in Markham. In particular, kudos to the PRHC Educator Group who did a poster presentation on “Investing in the Returning Nurse.” Congratulations to project Leaders Don Barclay, Linda Grass, Debbie Hanna-Bull, Susan Harper, Eleanor Hartwick, Cindy Hill, Ann Hoy, and Anne Martin.

S&A Christmas Party

The 2006 S&A Kids’ Christmas Party held November 26th at the Evinrude Centre was deemed a huge success with more than 200 children in attendance. The fun included face painting, cookie decorating, a bouncy castle, and of course, a visit from Santa. The committee would like to thank everyone who helped make this year’s party so much fun.



PRHC husband and wife team Troy and Helen LaBelle wait in line to see Santa with their children Alex and Ben at the S&A Kids’ Christmas Party.

Tips for a Safe & Happy Holiday

The Employee & Patient Safety Program wants everyone to stay healthy during the coming festive season. Here are a few tips for how to keep food safe from bacteria when preparing holiday meals.

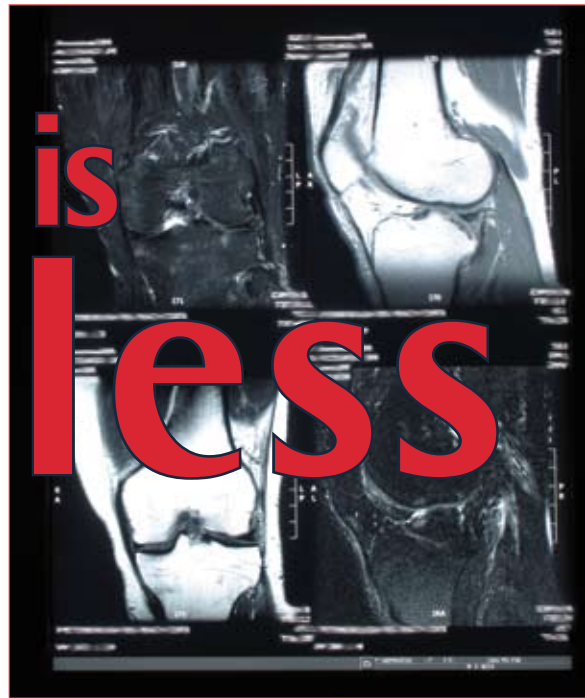
- Clean: Rinse fresh fruits and vegetables under running tap water including those with skins and rinds that are not eaten.
- Separate: Keep fresh fruits and vegetables separate from raw meat, poultry, or seafood in your shopping bag and in your refrigerator. Cook or throw away fruits or vegetables that have touched raw meat, poultry, seafood or their juices.
- Chill: Refrigerate all cut, peeled or cooked fresh fruits and vegetables within two hours.



S&A Kids’ Christmas Party volunteers - front row, left to right: Kendra McNabb and Lauren McColl. Back row, left to right: Cathy McNabb, Paul Parkin, Angie Kleihauer, Kim Montgomery and Art McNabb.

The Future is Filmless

Any image, any time, anywhere. It could be the unofficial PACS motto. According to the PACS Implementation Team, it's also the simplest way to describe how diagnostic imaging at PRHC is about to radically change.



Slated to be live throughout the hospital by this coming February, implementation of Picture Archiving and Communications System (PACS) technology signals the end of an era. No longer will PRHC physicians and technologists create or view diagnostic images on film. Instead, the state-of-the-art digital system will capture, store, distribute and display all images created at the Health Centre, allowing faster, more reliable and more cost-effective access than ever before.

The benefits to both the patient and Health Centre are great. Flexible viewing; more efficient staff workflow; none of the costs associated with 'hard' film; no need for valuable image and record storage; no lost or misplaced images; and the list goes on. For Nancy Davis, Manager of Diagnostic Imaging and PACS Clinical Co-lead, the introduction of PACS is nothing short of revolutionary.

"Since its invention, Diagnostic Imaging has been synonymous with film," says Davis. "The entire history of a patient's particular diagnosis was contained in a film bag that travelled between doctors, hospitals and clinics. This created problems like lost or unreturned film, multiple doctors wanting to view film at the same time, or film being sent out before the radiologist had a chance to report on it. PACS eliminates these issues completely which means better, more efficient patient care in every way."

PACS operates using a system of digital equipment at both the production and viewing level. For Davis, the transition can be compared to the recent change from 35mm film based cameras to the digital models that we all use at home.

"In order to accommodate PACS, we've been busy either upgrading or replacing our equipment," says Davis. "Some things like the CT Scanner or MRI were already producing

digital images but most of the x-ray equipment for general radiography needed to be replaced. It's now up and running and producing high quality images."

The next stage involves installing the equipment needed to view the digital images in key user areas throughout the hospital over the next two months.

"Very high-resolution, diagnostic quality workstations needed for interpretation and reporting are being installed in Radiology," says Shane Paquette, Technical Co-lead and Manager of Technical Services. "In departments like ICU, Emergency, Cast Clinic or the OR, we'll be installing what are known as Clinical Review Workstations that have viewing monitors with a resolution suitable for their purposes, however, anyone wishing to look at an image will be able to do so using a regular PC monitor as well."

For Paquette, it is the ability for multiple users to view film simultaneously that is the most significant component of the any image, any time, anywhere motto.

“By removing the restrictions of physical film, we’re able to extend access to an image beyond the four walls of PRHC whether it’s a consultation between Radiology and the OR right here in the building, or between your local doctor and a specialist in Toronto,” says Paquette. It means improved diagnostic care for the patient and a big time saving for our physicians.”

Dr. Dan Bourgeois, Chief of Radiology and Medical Director of Diagnostic Services, is particularly excited about the speed at which images are made available through PACS.

“What we’ve found at other hospitals that use PACS is that the time between when the image is taken and when we see it is much shorter,” says Dr. Bourgeois. “In many cases, we’ll have reported on an image before the primary physician has even seen it.”

Sharing of images between physicians will become even simpler when the Toronto East Network (TEN) Image Repository launches late in 2007. A partnership between 16

hospitals located in and around Peterborough, Durham Region and Toronto, the repository will provide a database where each hospital can store and have access to any image housed there.

“If a patient receives an MRI here and is then referred to a surgeon at St. Mike’s in Toronto, any image that’s required can be accessed at either hospital,” says Davis. “We’ve also been told that hospitals to the east of us in Quinte, Kingston and Brockville will eventually be participating. This expands our ability to provide images on demand to all the hospitals our patients are most likely to be referred to.”

Funding for the project will be shared by the hospital, the PRHC Foundation, and Canada Health Infoway.

According to both Davis and Gerald MacDonald, Systems Coordinator for Diagnostic Imaging and PACS Administrator, it was critical that PACS be implemented before the move to the new hospital.

“One of our primary goals is to be filmless for one year before we move,” says MacDonald. “That way we’ll have had a chance to get a complete picture of the system and improve workflow for everyone.”

“This is a collaborative, enterprise-wide project,” says Davis. “It’s not just a partnership between Information Systems and Diagnostic Imaging. It will touch every single area of the organization and they’ll be all the better for it. And so will our patients.”



Left to right: Gerald MacDonald, PACS Administrator; Nancy Davis, PACS Clinical Co-lead; and Shane Paquette, PACS Technical Co-lead.

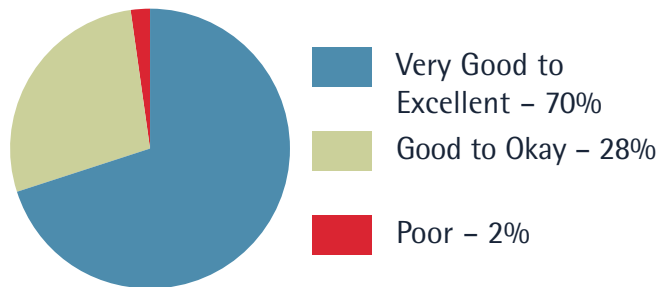
Reader Survey Results

The results were clear and consistent. *Insites* readers are overwhelmingly pleased with the publication and its primary mandate – keeping staff connected to each other.

In early October, Corporate and Public Affairs asked *Insites* readers to tell them what they thought of the new and improved magazine. Available both online and in paper format, a survey was done to find out who's reading the magazine, what they like and don't like, and how it can improve.

153 people (an approximate response rate of 8%) took the time to share their thoughts, providing an incredibly positive reaction to the new magazine, constructive suggestions for how *Insites* might improve, and fresh new ideas for future issues.

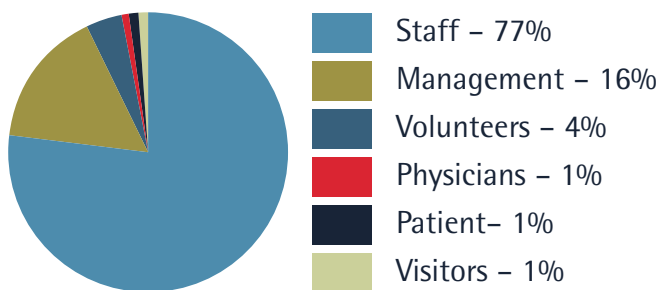
"How effective is *Insites* at keeping you connected to the people of PRHC?"



Here're some highlights of what you said:

- 60% of *Insites* readers say they never miss an issue.
- 39% say they read it "cover to cover" while an additional 40% say they read "most of it."
- At least 92% of readers rate every section of the magazine as "good" to "excellent."
- Readers particularly like "Our People – New and Familiar Faces at PRHC" and each issue's cover feature.
- More than 90% of respondents feel that *Insites* is doing a "good" to "excellent" job in helping keep PRHC staff up-to-date on news, activities and initiatives.
- Suggestions for improvement included better distribution outside of the Hospital Drive Site, and more information on the new hospital as the opening approaches.
- Other feedback for future discussion included a place for staff contributions and a yearly roundup of PRHC stats on things like recruiting and patient care.

Who Responded?



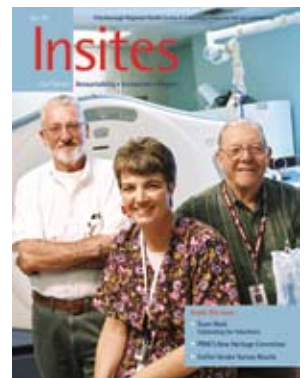
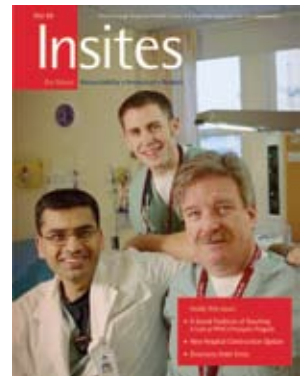
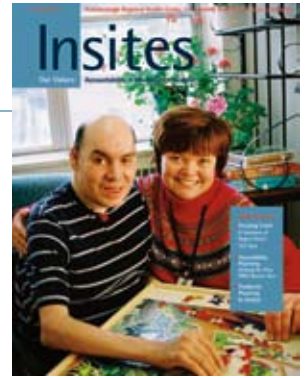
Here's what some of our readers had to say:

"It's great to highlight all the positive energy in the hospital and all the excellent work that is going on even with all the change and staffing pressures the hospital is facing."

"I like the fact that there are quite a lot of pictures of staff in it. It's nice to have a face to go with a name. I work in the Nicholl's building so I hear of a lot of people but never get to actually see them."

"It keeps me informed with information from right across the hospital. Thanks, it's great!"

"I like that it involves us all at some point."



New Hospital News

Construction on the new Peterborough Regional Health Centre has reached a major milestone at 50 per cent completion. *Insites* brings you a quick look at what's happening on the job site and what to expect over the coming months.

Construction Update

- The 715,000 square-foot facility consolidates PRHC's two existing hospital sites. At 494 beds, the new Health Centre will have 135 more beds than the current facility and offer increased programs and services.
- The exterior of the building is taking shape with contractors working to enclose the structure in preparation for work this winter.
- With almost 500 trades people on site every day, mechanical and electrical work continues, while drywalling and interior finishing is underway in some of the already enclosed sections of the structure.
- In the coming weeks, select clinical staff will have an opportunity to visit a completed patient room and communications centre, providing an opportunity to confirm that patient care areas are developing as envisioned.
- "Substantial completion" is scheduled for little more than one year away and the move is slated for spring 2008.
- The move is on time and the project is on budget.



Clockwise from top: courtyard #2 being bricked; the newly paved ambulance entrance; erecting structural steel for WS level 6 penthouse; installing the first panes of glass in A2; a view of the north entrance; and a view of courtyard #5.

Give the Gift of Stocks this holiday season.



Now is the perfect time to give a gift of stocks to the PRHC Foundation. If you are making year-end tax decisions, please consider a gift of stocks.

Gifting appreciated stocks can help reduce your taxes

When you make a gift of eligible, appreciated stocks directly to the Foundation, you do not incur capital gains taxes and you receive a charitable receipt that can be used to offset taxes payable in the year the donation is made, or carried forward for up to five years.

What a great gift! Our patients win and you win too!



If you would like to make a gift of stocks to PRHC Foundation please drop by the office (2nd Floor Hub - HDS) and speak to Jennifer Cureton or Greg Mather for complete details. PRHC Foundation recommends donors discuss this issue with their financial advisor to receive customized professional advice.

PRHC Foundation works with donors to make our hospital the best it can be by acquiring and upgrading medical equipment & technology to advance patient care at PRHC.

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