

Fall '08

Peterborough Regional Health Centre • A quarterly magazine for our community

Insights

Our Values: Accountability • Innovation • Respect



Inside this issue:

- Infection Control:
A hands-on approach
- No Scents Make Sense
- Photos of PRHC 'At Play'

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Insights

Fall 2008

Insights is published three times a year by the Communications Office at the Peterborough Regional Health Centre.

Your opinion, comments and input are important. Do you have suggestions for stories we can cover?

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Our Patients in Conversation

When Katie Traynor came to PRHC for a check-up 10 days before her baby was due to be born, little did she know she wouldn't leave the hospital that day.

Due to high blood pressure and the threat of toxemia, Traynor was immediately induced.

"They told me *You're having a baby today*," says Traynor, adding she was scared and somewhat unprepared for the impromptu birth of her first baby.

Eight hours later, Traynor gave birth to her son, Carter, who weighed 7 pounds, 14 ounces and was 22 inches long. She credits her physician, Dr. Michelle Vilcini, and the nurses in Labour and Delivery, as well as on B6 for making her feel comfortable at an uncomfortable time.



"It felt like I had known them (the nurses) for a while," says Traynor, whose son is now three-months-old. "It didn't seem like they were strangers. They knew that I would be scared and that was okay; they didn't mind me asking a lot of questions."

When Traynor's blood pressure didn't return to normal, and Carter became jaundiced, mom and baby's stay was extended. After

four days in hospital, Traynor says she was sorry to say good bye to the nurses who had cared for them.

"Thank you to all those amazing nurses that were with me on one of the most wonderful days of my life. Also thank you to

Dr. Vilcini for the support and for delivering my beautiful baby boy."

Insights...evolving as we do!

You may, or may not have noticed that our magazine has changed its name – sort of. As of this issue, *Insites* has become *Insights*.

You may recall that the publication's name was chosen from an array of staff suggestions many, many years ago. It had a double entendre, as our organization had two main sites – HDS and RSS. Now that we're in the new hospital, those two main sites have come together on Hospital Drive.

We could have changed the name, but it's one we've come to know. So in the future, three times a year, watch for *Insights*, fittingly, a look at who we are and what we do here at PRHC.

On the cover: The Infection Control Team. Left to right: Cheryl Johnson, Margaret Jay, Susan Day, Liana LeBlanc.

Our People

New and Familiar Faces at PRHC



Familiar

Andrea Brown

How long have you worked at PRHC?

I recently received an invitation to attend the awards ceremony for 20 years service.

What do you do?

I am a full-time Diet Technician in the Hospitality Services Department.

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

I enjoy the time I spend with the patients assisting them with their meal plans and menu choices that are appropriate for their dietary restrictions, allergies, and food preferences.

Working at PRHC has provided me with an opportunity to meet, work with, and to develop long lasting friendships with so many terrific people both within my department and throughout the PRHC organization.

What did you do before coming here?

Before working at PRHC I lived in Ottawa and worked for Versa Food Services. I worked as a Food Service Manager at a residential home and as a Food Service Supervisor at Riverside Hospital.

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

Most days when I leave work I'm off to the gym. I've been a member at Goodlife Fitness for many years. When I'm not at the gym I enjoy riding my bike or cross country skiing. When I slow things down a bit I can be found rearranging a few gardens. As long as I'm outdoors and keeping active I'm happy.

New

Dana Murphy

How long have you worked at PRHC?

Since May 20, 2008

What do you do? I'm a Recruiter for PRHC.

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

I love promoting a city that I love so much. We have a great team at PRHC, a new hospital and a wonderful region to support.

What did you do before coming here?

I worked as a Human Resources Coordinator for Bell Canada in Toronto.

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

I am currently planning our wedding which is to take place next fall. We bought a house earlier this year so that keeps me very busy and I love spending time with friends and family.



Board Matters

PRHC Defines Its Future

In conversation with PRHC Board Chair Ken Powell about defining the hospital's future directions.

What are strategic directions?

There are a lot of fancy words that can be used to describe the strategic planning process however, it's all about taking stock of where you are currently as an organization and deciding where you want to be. Once you decide where you want to be, you come up with a plan to close the gap and this includes developing a set of strategic directions and a series of action plans to meet them.

Why do we need new ones?

They assist the organization in developing a common purpose and direction. Setting targets to guide people with their day-to-day work is an important Board and management function. At PRHC, we're trying to raise the bar. We look to enhance our performance as an organization, to be measured in terms of an exceptional place to work and a provider of high quality patient care.

How will we come up with them?

Every year, the Board of Directors, senior management, and physician leaders take part in a strategic planning session. At that time, ideas come forward and they

are discussed at length. The next step is staff and physician consultation. You'll hear more on that very soon.

What will the focus of the future directions be?

One critical strategic direction will focus on quality. We want to be the very best; I think that's something we can all support. This is an interesting time for the organization – we have a new hospital, we're growing and we have a lot of new staff members. We have a unique opportunity to become the best in our class.



PRHC Board Chair
Ken Powell

Our Strategic Plan

In 2005, PRHC developed a new Strategic Plan outlining our mission, vision, values and five strategic directions.

Insights is pleased to bring you a quarterly 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

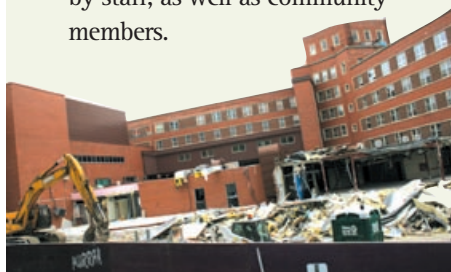


New Hospital

Demolition Underway

Decommissioning of the old Hospital Drive Site is well underway and demolition has begun – to be complete by the end of February.

Experts from Quantum Murray LP, the largest demolition company in Canada, were on hand on September 17 for afternoon and evening information sessions well attended by staff, as well as community members.



Highlights:

- Hazardous waste removal is well underway, including asbestos abatement
- Project has been divided into five zones and once an area is decommissioned, it can be demolished
- Each floor will create one to two feet of rubble, which will go into the basement. Three to four more feet of fill will be needed
- More than 300 truckloads of material will be taken away from the site
- Materials like brick, concrete, copper, electrical cables and steel are being recycled
- A number of bricks will be sold through the gift shop and the PRHC Foundation this November. Proceeds will go to the Staff in Need Fund

Questions? Please write to Alicia Doris – adoris@prhc.on.ca



Quality of Care

Patients Help Others



A snapshot from dialysis: Front (l to r) Vicki Miller- Schenk, RN, Donna Wedlock, Social Worker, Leo Collins, hemodialysis patient. Back (l to r) Nicole Richardson, Regional Coordinator, Deb Wilson, RN

PRHC dialysis patients shared their experiences as part of a community-wide event “Living Life With Kidney Disease” early this month. The patients discussed their journeys with kidney disease, which can strike anyone at any age and affects an estimated 2 million Canadians.

Community members in attendance had the opportunity to speak one on one with dialysis patients, as well as members of the PRHC health care team.

“This was a unique opportunity for community members who may be at risk of kidney disease to hear from patients themselves,” says Jane Kirkwood, Clinical Nurse Educator for the Regional Dialysis Program at PRHC. “We were pleased to be able to reach out into the region with this education session and hoped to touch as many people as possible.”

The event was sponsored by the Regional Dialysis Program and The Kidney Foundation of Canada.



Positive Workplace Culture

PRHC 'At Play'

PRHC physicians, staff and volunteers took to the patio on a number of occasions this summer, in the spirit of celebration, recognition...and relaxation.

The PRHC 'At Play on the Patio' events saw staff members come together for concerts, with volunteer musicians performing in 15-minute sets at lunchtime on Fridays.

"Wonderful," says Roann McQueen, Inpatient Mental Health Occupational Therapist, about the event. "What a great way to get out of our work element and spend a lunch hour!"

"Everyone had a great time performing and getting to know other people from the PRHC community. The experience was made all that much better by the beautiful venue," says Kent Stringham, Manager, Finance, and concert co-ordinator. "We know that there are a lot more musicians at PRHC who have yet to perform. Anyone who wishes to join in, you are so welcome! Please contact me."

A new tradition, PRHC 'At Play' will be back for encore performances next summer.

For more photos, see page 7.



Lauren McColl on the patio



Leveraging Technology

Implementing E-Health

Electronic health records are the way of the future and in February 2009, PRHC will take a major step forward.

On certain medical and surgical units (A4, A5, B2, B3, B4, B5, B6, C2, D2), electronic charting will launch with the implementation of an electronic nursing admission form. The form is used by nurses, just after patients are admitted, to take an overall picture of their health.

While we know the form will be electronic, Clinical Informatics Lead Alison Mahony is working to investigate what type of mobile wireless computers will be used. The Integrated Bedside Terminal (IBT) is expected to be used, however, some mobile wireless computers will be purchased as a complement.

More than 150 staff members attended the October 3 Mobile Wireless Computing Showcase to see the types of computers available. Mahony says attendees filled out surveys and were asked about their favourite product.

"There was a lot of enthusiasm around the mobile wireless computers," says Mahony. "It's an exciting time, and there will be much more information to come."



Alison Mahony



Building Partnerships

Thanks to Community Partners

While June 8, 2008 has gone down in history as one of PRHC's most memorable milestones, we owe much of our patient move day success to our community partners.

From those who helped us reduce our patient census, to those who assisted with emergency preparedness planning and patient transport, dozens of organizations throughout the region, played integral roles.

"Patient move day was extraordinary," says Paul Darby. "In addition to the thousands of physicians, staff and volunteers who made it so successful, we have an array of community partners, including Family Health Teams, our LHIN, hospitals in the region and CCAC, who stepped up and simply went above and beyond. We cannot thank them enough for their steadfast support."

World Breastfeeding Week

PRHC and the Peterborough County-City Health Unit (PCCHU) celebrated World Breastfeeding Week October 1-October 7 with new parents and their babies on A6.



From left to right new moms Megin Hunter, Christina Kuypers and baby Darius Hewie, Heidi Croal, PRHC Lactation Consultant, and Mary Pat Faskens, PCCHU Public Health Nurse with the Family Health Program.

People &



PRHC's United Way Campaign Kicks Off

The 2008 PRHC United Way Campaign kicked off with barbecues for physicians, staff and volunteers on October 6. The campaign ran through to October 24. Other events included a pie auction, silent auction and Fun Walk. Thanks to the group of dedicated staff members who

led the campaign: Kasia Luebke, Chair, Alicia Doris, Co-Chair, Lisa Atkinson, Cathy Berges, Marion Burton, Jamie Cole, Shari Forsyth, Katie Fulsang, Bev Hill, Dave Geary, Barb Huggins, Lisa McConkey, Lynn McCoy, Judy Marshall, Theresa Morris, Jane Parr, Rick Salcak.

Kudos to Dr. Martin

Dr. Stephen Martin, plastic surgeon, and Medical Coordinator of the PRHC Skin and Wound Care Program successfully completed the University of Toronto International Interprofessional Wound Care Course. The eight-month course provided a comprehensive educational experience for wound care specialists and an opportunity to translate new knowledge into practice.



Canadian Patient Safety Week

Canadian Patient Safety Week was September 29-October 4 – the theme was “Knowledge is the Best Medicine”. CPSW focused on a new and important process being implemented in hospitals across Canada called Medication Reconciliation. As part of Canadian Patient Safety week, a few team members visited patient care areas and Pharmacy to share some information about the initiative, and to seek input and answer questions.



Time Capsule Unearthed

The PRHC's Hospital Drive Site cornerstone and the time capsule within it were removed from the structure with incredible precision on October 1. The time capsule, a seamlessly sealed stainless steel canister, will be celebrated on November 28 – 60 years from the day it was dedicated. Stay tuned for more on its contents.

Right: President & CEO Paul Darby cut a ceremonial ribbon in Laboratory Medicine on September 2.



Hospitality Week was marked by barbecues and music on the patio – all in appreciation of PRHC's Hospitality Services staff members.



Following the move to the new hospital, we celebrated with strawberries, ice cream and entertainment at our Sweet Success event.

Give Thanks – Give Blood

This fall, Canadian Blood Services' is inviting you and your colleagues to show your "thanks" for your good health by giving blood and helping others regain their health.

For the month of October, for example, patients in hospitals all across Canada will require blood donations from over 93,000 donors.

In our region, that means we need 16,345 donors to attend our clinics this month.

Please call 1 888 2 DONATE (1 888 236-6283) to book your appointment to donate blood. Clinic and donor eligibility information is also available at www.blood.ca.



PRHC 'At Play on the Patio' was a resounding success.



PRHC's Retail Pharmacy

The Outpatient / Retail Pharmacy is located next to the gift shop at the main entrance. Please note that all staff and volunteers can get their regular prescriptions filled there and confidentiality is preserved (the Retail Pharmacy is a separate entity from PRHC). All staff and volunteers receive 10% off all over-the-counter products. For more information call 743-2121, ext. 3102 or 749-0008.



Pradeep Naik and Angela Twomey.

Infection Control:

A hands-on

It's in the national headlines and despite best efforts, it's in our hospital. But, its ultimate fate is in everyone's hands. This month, Insights takes a behind-the-scenes look at infection control and its far-reaching importance at PRHC.

*Like hospitals across the country and around the world, PRHC battles *C. difficile* – a so-called superbug – on a daily basis. In September, Ontario hospitals began publicly reporting their monthly case counts and rates on their web sites – an important step for accountability as well as transparency.*

Calling in the experts

C. difficile is relentless and for PRHC, a constant challenge, despite focused efforts. As best practices are identified in the province, they are immediately implemented at PRHC. Even so, the superbug lives on. It's understandable then, why infection control expert Dr. Michael Gardam says hospitals provide the “perfect” environment for *C. diff*.

In a recent education session, Dr. Gardam, Director, Infection Prevention and Control at Toronto's University Health Network, told PRHC physicians, staff and volunteers that *C. diff* spores can stay in the environment for many months and sometimes years, making it extremely difficult to deal with.

“Housekeeping is one of the most important strategies in dealing with *C. diff*,” he said, stressing the importance of sporocidal agents and microfiber cloths – two defenses in place at PRHC.

Since the move to the new hospital, housekeeping staff members have been using a new sporocidal agent along with microfiber cloths, which reduce the risk of cross contamination and thus, infection.

The Isolation Team: responsibility and diligence

Everyday, Tom Harding, a member of the Hospitality Services Department, deals head-on with *C. diff*, in addition to an array of other infectious organisms. A housekeeping aide and member of a six-person team, he and his colleagues are specifically trained, and responsible for the twice-daily cleaning of all isolation rooms.

“There's a lot of responsibility,” he says. “We make sure we follow all of the proper procedures.”

And while Harding realizes the importance of his housekeeping role, he's quick to point out that everyone plays a part in infection control; one weak link can break the chain.

The isolation team is a new initiative for PRHC, says Hospitality Services Manager Gord Rance. Team members follow, and complete a checklist after they clean each isolation room. They



Left: Greg Buchanan, Charge Technologist, Microbiology. Inset left to right: Bernadette Lung MLT, Cathy Sutherland MLT, Shelley Hughes MLA, Greg Buchanan MLT, ART, Charge Technologist, Microbiology.

approach



Left: The new six-person isolation team; back row, Tom Harding, middle row left to right, Nicole Bartlett, Tara Dummitt, Mike Darwin; front row, Laura Smith, Kerry Lucas

also complete a sign off sheet each time the room is cleaned, which is posted as an assurance for patients and their families.

“There’s simply no question in the patient’s mind that the room has been cleaned,” says Rance, adding that every resource available goes into ensuring that the isolation rooms are regularly cleaned.

And with an extra 215,000 square-foot of space in the new hospital, an additional 25 housekeepers have been hired and are well versed in PRHC’s infection control policies.

“We focus on how important their role really is; it means a lot to the patients and the other staff members and it’s going to continue to come to the forefront. Patients and their families are looking for assurances, as they should,” says Rance.

Managing the spread

The public reporting on *C. diff* has shone a spotlight on infection prevention and control issues in hospital – a spotlight that’s been getting brighter since 2002, when SARS became a household name.

“Without a doubt,” says Margaret Jay, PRHC’s Infection Control Co-ordinator.

“There’s an increasing awareness of the factors that affect patients and staff in hospital.”

That awareness is increasingly important, as we look to the patients themselves, as well as their family members and visitors, to play a role in infection prevention and control. And what it comes down to, say PRHC’s Infection Control team members, is simple – hand hygiene.

Hand washing is the single most effective way to prevent hospital-acquired infections (HAIs).

At PRHC there are three full-time and one part-time infection control practitioners (ICPs), who, in addition to their regular responsibilities with infection prevention and control, handle the emerging and unexpected. Whether it’s within our walls specifically, like the recent MRSA outbreak, or affecting the entire country, like listeriosis, it’s top of mind for our ICPs.

“We provide support to all disciplines around infection prevention and control practices, education, as well as intervention and investigation,” says Jay, adding that while the ICPs work with clinicians within the facility, they also consult with building and nutrition services staff members as well as patients and their families.

“The practitioners are here to provide direction in your practice and act as a resource to ensure you have the knowledge and tools to provide quality patient care. We work wherever there’s a need to prevent or control infection – for our patients, staff and visitors.”

While PRHC’s goal is to have no HAIs whatsoever, the daily reality the hospital faces is much more difficult. As medical care advances and we care for older, sicker patients, they are at greater risk, explains Cheryl Johnson, ICP.

Continued on page 10...

Detecting *C. diff* – quickly

Clostridium difficile is the most frequently identified cause of hospital-acquired diarrhea. Prompt diagnosis of *Clostridium difficile* – associated diarrhea (CDAD) allows us to properly treat patients and implement infection control measures – two steps we implement as quickly as possible. The microbiology laboratory at PRHC plays a crucial role in this process by performing in-hospital testing for the detection of *C. diff* toxins A and B. While the average turnaround-time for test results on specimens not tested in-hospital can vary from one to three days, our Microbiology Laboratory has an average turnaround-time of 18 hours. To help expedite the process even further, says Greg Buchanan, Charge Technologist, Microbiology, positive *C. diff* toxin results are phoned to the patient care area as soon as they are available. Positive test results are also broadcast via the Meditech computer system to Infection Control and the patient care area.

*“At PRHC, with the support of administration, we are making every effort to control *C. difficile* and minimize its impact on our patients’ lives.”*

Dr. John J. Vlasschaert MD, Chair, Infection Control Committee, in a letter to the editor published Oct. 8

*“I am writing to assure the community at large that under the leadership of Paul Darby, our CEO, the staff, doctors and volunteers are doing everything in their power to manage infections such as *C. difficile*.”*

Ken Powell, Chair, PRHC’s Board of Directors, in a Sound Off column published Oct. 20





Clean Hands Protect Lives Your Health Care – Be Involved

The Ontario Hospital Association's hand hygiene patient education campaign titled "Clean Hands Protect Lives" launched on October 21. The goal of this program is to educate and empower patients about personal hand hygiene while managing their expectations about when health care providers should clean their hands. Watch for more.

"We strive for no HAIs and we are very proactive," says Johnson. "Whenever we can, we look to minimize the risk of our interventions."

Families and patients play a big role

The inner-workings of a hospital are complicated at the best of times, never mind the challenges created by *C. diff* and other HAIs.

"Oftentimes, we, as health care professionals find ourselves without all the answers we wish we had," says Maureen Condon, Patient Relations Co-ordinator, adding that's precisely the time for us to communicate with patients and their family members. It's an opportunity to talk about our infection prevention and control policies and practices – or in other words, to communicate with confidence the things we do know.

"The public is 300 per cent in favour of infection control practices in hospitals, but depend on us for education once they're a patient or a family member in our facility," she adds.

It's one thing to, for example, put a sign on the door requesting that visitors wear personal protective equipment, but quite another to explain how to put it on and take it off, and why it's important.

"We know what we need to do, and the next step is simply to communicate confidently, factually and repeatedly," says Condon.

Oftentimes, she says, patients and their family members have no way of knowing and thus understanding, why things happen the way they do at the hospital. The most common example is that most patients don't know that infection prevention and control is often behind their bed allocation.

While it may seem strange to have a man in a four-bed room with three women or a medical patient on a surgical unit, providing our clients with a little insight would go a long way, says Condon. We have the tools to explain to them why we make the choices we do.

Reducing the risk of infection

Lisa Ruston, PRHC's Corporate Director of Surgical Services and Quality Lead, says that infection control "absolutely" affects bed utilization. As chair of the utilization steering committee, Ruston says it's important that patients are admitted to the most appropriate area when they come into the hospital.

OUR LATEST STEPS

- ✓ Education sessions for physicians and staff members.
- ✓ Enhanced environmental cleaning using recommended germicides.
- ✓ Expert input on our infection prevention and control practices.
- ✓ Disposable bed pans and sanibags are supplied for isolated patients.

"We want every patient to be in the most appropriate place the first time, and if you had an endless supply of space, you wouldn't have to worry," she says adding every time a patient is moved from one bed to another, the risk of infection increases. "We use a decision tree to guide us."

As well, the first consideration when it comes to patient placement is whether he or she requires a private room for the purposes of isolation. Even if it isn't in the most appropriate area, an isolation room will be provided.

Secondly, preference and insurance coverage are taken into account. And while an effort is made to create single gender rooms, infection control paired with patient care requirements come first.

"We don't transfer patients from one bed to another to create single gender rooms because of infection control," says Ruston. "It might involve three or four patient moves and then we would be increasing the risk for infection exponentially for all."

It's one of many concrete examples of how we are guided by infection control. From the second we walk into the building and wash our hands, infection control is behind what we do. From the simplest to the most intricate of strategies, our effort to manage *C. diff* is multifaceted and it involves everyone; its fate really is, in our hands.

Employee and Patient Safety

Notice to Staff and Visitors:

No Scents Make Sense!

Symptoms

Some symptoms experienced by those with sensitivity to scents:

Shortness of breath

Headaches

Dizziness

Nausea

Skin Irritation

Fatigue

Weakness

Insomnia

Anxiety

Please consider those who are sensitive to scented products by refraining from wearing scented products or bringing highly-scented flowers and plants when visiting or working at the Health Centre.

Some people feel good about themselves by wearing colognes, perfumes and aftershaves. However, scents pose a health risk to others.

Occupational Health Services receives many complaints of migraines and allergy symptoms which are attributed directly to scents.

Scented products include: perfumes, body lotions and sprays, colognes aftershaves, and highly-scented flowers and plants. Your cooperation is greatly appreciated.

Thank You.



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.

Gifts of 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 (W4770) for complete details. PRHC Foundation recommends all donors discuss this issue with their financial advisor to receive personal professional advice.

Our Mission: To inspire support throughout our region to provide the professionals at PRHC with the tools they need to ease pain, restore health and save lives.