THUNDER BAY Regional Health SCIENCES CENTRE

TORQ Talk

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE Strategic Plan 2010

Research Study Receives Coveted CIHR Award

Congratulations to the Neonatal Abstinence Syndrome Research Team members of **Sarah Southon**, Clinical Educator, Maternal-Child Services, **Larry Bertoldo**, Pharmacist, **Nancy Persichino**, Director, Maternal-Child Services, **Jodie Murphy**, Coordinator, Maternity Centre and **Dr. William Montelpare**, Lakehead University, for receiving an award from the Canadian Institute of Health Research. This is a great achievement for this group of novice researchers.

This interdisciplinary team recently presented the results of their research project entitled, "**The Impact of Clinical Practice Guidelines on Infants with Neonatal Abstinence Syndrome**" at the 18th Annual National Conference of the Association of Women's Health. In the one-year study period, 90 infants experiencing symptoms of withdrawal from maternal drug exposure in-utero were identified and treated at TBRHSC. The new hospital guidelines helped to provide an evidence-based, standardized treatment plan for mothers and babies affected by substance use. The research study found that utilizing the new guidelines improved identification of infants at risk, decreased symptoms of withdrawal in infants, decreased length of hospital stay and supported family unity.

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Teaching and Research
Organizational Transformation
Regional Service Integration
Quality Patient Care

Northern Cancer Research Foundation

What is Code Gridlock?

Code Gridlock is called to alert all staff that we are "overcapacity" and that patient and staff safety are being compromised by the overflow of patients in our facility. In essence, it is a situation where there are no open rooms or "spots" left to move patients to. There are specific criteria that must be met to initiate a Code Gridlock. These specific criteria focus on the ability to provide care and the safety of all patients. Criteria are assessed by the Manager of the Emergency Department and the Manager of Utilization or their designate.

Various forms of communication occur prior to Code Gridlock being called and it includes communication with physicians and all our regional and community partners for any possible bed offers to assist TBRHSC in moving patients to the appropriate level of care as soon as possible. Gridlock is called by Senior Administration upon review of the situation. Code Gridlock is often called "after-hours" and overhead paging occurs between 7:00 a.m. and 11:00 p.m.

Why call Code Gridlock?

Virtually every department in the Health Sciences Centre has a sub-plan and protocol that should be followed when Code Gridlock is announced. Code Gridlock is also a communication tool to notify physicians and staff that urgent assessment of their patients for discharge is necessary. Patients are moved to various locations within the facility, including alcoves, to relieve the Emergency Department of congestion. This enables Ambulances to "off-load" patients efficiently. The ability to see a patient in an appropriate period of time is compromised if the inpatient population isn't transferred somewhere else to be cared for.

What is being done about the situation?

There are five concurrent projects at TBRHSC to look at patient flow;

1) Med Emerg
2) Regional Patient Coordination Project
3) Clinical Decision Unit
4) Palliative Care/Hospice Flow Team
5) "Flo" Collaboration with Northwest CCAC

In addition, Senior Leaders are meeting with the LHINs to inquire about assistance with the Alternate Level of Care patients currently occupying acute care beds that are most appropriately cared for in other settings. Open forums were held to gather potential solutions from staff. The Chief of Staff is actively involved in "processes review" with regards to physician practices. Utilization data is reviewed to assist in areas of improvement and statistics are being collaborated and shared with the LHINs and OHA.

TBRHSC continues to look for efficiencies in length of stay, patient flow and utilization procedures. Discharge plans from time of admission to exit need to be followed. We are confident every effort is being made to provide the best care possible.

PICC Team

The PICC Line Program (Peripherally Inserted Central Catheter) was designed with specific clinical goals:

- To provide optimum vascular access for patients requiring long term IV therapy
- To improve patient safety
- To increase patient/physician satisfaction
- To provide timely access to IV therapy treatment for our patients in line with the MOHLTC Wait Time Strategy (Systemic Therapy)

Under the direction of **Susan Pilatzke**, former Director, Oncology Systems and **George Fieber**, Professional Practice Leader, a special team of nurses were trained to assess patients and to insert PICC lines. The members of the team of specially trained nurses are (pictured above, left to right):

Dawn Gibbons, RN
Darlene Hupka, RN
Corina Setala, RN
Colleen Valente, RN EC

This dedicated team of nursing professionals has performed approximately 300 of these procedures over the last 12 months, providing an extremely important clinical intervention for patients requiring chemotherapy, long term antibiotic therapy and vascular access for palliative care. It is anticipated that the demand for this important service will continue to grow, not only in Thunder Bay, but for patients from the surrounding region.

PICC line service is available on Tuesdays and Thursdays. In the morning, PICC Team members assess patients who have been referred for a PICC line. Insertions then take place in the afternoons in designated space in the Diagnostic Imaging department. The insertion procedure takes approximately 90 minutes. On an average day, four to six patients are undergoing PICC line insertion.

The PICC line service is now under the management of **Dot Allen**. To contact a member of the PICC Team on Tuesdays or Thursdays, call the PICC Team pager 624-4725 and on other days leave a message on the PICC Team mailbox at Ext. 4734.

Wound Care for the 21st Century

In the early 1800's, most Surgeons were big men. This was necessary because anaesthetics were not yet available and patients had to be restrained on the operating table. Surgeons wore black so that the blood wouldn't show on their suits and they carried their suture material in their lapels. The Operating Room has changed dramatically since that time, but wound care has lagged far behind. In many facilities, we still care for wounds the same way they did in the early 1800's – we cover the wound with gauze and wait and hope that it heals.

Luckily, things are finally beginning to change. Over the past ten – fifteen years, there have been remarkable advancements in the understanding of the pathophysiology of wounds. We know much more about why wounds heal … and why they don't. As a result, a wide array of new products and treatments have been developed and wound care has evolved into a specialty of its own. To support this specialty area, several universities in Canada, the United Kingdom, Australia, and the U.S.A. now offer graduate studies in wound care.

It is unfortunate that this advanced knowledge of healing is not yet a part of the curriculum at Schools of Medicine or Nursing. Studies have shown that when patients with wounds are cared for by a person trained in wound care, wounds heal faster and associated costs are reduced.

Wound care is as important a problem as cancer and heart disease in our society. It is a problem that is getting larger every year because of our aging population and the significant rise in the incidence of diabetes. Figures from the Winnipeg Regional Health Authority indicate a 1200 – 1650% increase in the number of wound consults between 1995 and 2003. The Canadian Diabetes Association (2004) estimates that 80,000 – 200,000 of the over two million Canadian diabetics will develop a foot ulcer. Thunder Bay Regional Health Sciences Centre has recognized this fact and as of January 2008, has a full-time Wound Ostomy Educator, Mark Lepinsky. The prime role of the Educator is to advance the level of wound/ostomy knowledge among staff at TBRHSC. This will be accomplished through a variety of means including wound care rounds and assisting with advanced assessments of difficult wounds and ostomies at the bedside.

OBSP Breast Screening Coach Goes Digital

Women across Northwestern Ontario will benefit from new Digital Mammography Services on the Ontario Breast Screening Program's Mobile Coach.

In October, Cancer Care Ontario (CCO) selected OBSP Northwest as the first breast screening site in the province to receive a Digital Mammography Unit. Digital Mammography provides better cancer detection in women with dense breasts. However, the biggest advantage to having Digital Mammography on the Coach is that the Mammography Technologist can view the image immediately. If there is a problem with the quality or technical factors of the image, another image can be performed while the woman is still on the Coach. This million-dollar CCO initiative was supported by the Northern Cancer Research Foundation.

Digital implementation couldn't have happened without great support from our IS/IT staff, especially **Joanne Diakow**, **Joel Maki**, **Liz Harms**, **Dennis Homeniuk** and **Marlene Kasstan**, who worked with OBSP to 'stretch' current patient-centred applications to accommodate a regional, population-based screening program for healthy clients.

Join the Workplace Challenge!

Don't forget to sign up for the Workplace Breast Screening Challenge. Female employees who are 50 years of age and older can call extension 7777 for their first appointment and receive a lovely hand-crafted bracelet. Almost 200 women (90 at TBRHSC alone) have participated in the Challenge. ***Make your appointment today.***

Getting Ready for Accreditation

Every three years, TBRHSC participates in an Accreditation process through the Canadian Council of Health Services Accreditation (CCHSA). The CCHSA helps health services organizations assess and improve the quality of services they provide. The next Accreditation survey for TBRHSC is May 4-8, 2008. Accreditation 2008 also brings with it new changes and new processes that TBRHSC will undertake for the first time.

The new 2008 program, called Qmentum, has standards on governance, leadership and clinical practice. The new accreditation program is based on standards that:

- capture the most recent governance and best practices,
- reflect emerging trends in disease and wellness,
- are more specific that current standards and are easier to integrate into daily practice.

The accreditation process has three basic steps: the self-assessment process, participating in the survey visit and addressing recommendations that arise from the survey visit.

For the first time, our organization will be evaluated on 25 different Required Organizational Practices (ROPs). A Required Organizational Practice is defined as an essential practice that organizations must have in place to enhance patient/client safety and minimize risk. The ROPs became a mandatory component of accreditation beginning in January, 2006. These patient safety areas are divided into five themes; culture, communication, medication use, worklife/workforce, and infection prevention.

In the fall, staff members were asked to fill out a self-assessment questionnaire, this time involving more front line staff in the Accreditation Process. Over 1,400 self-assessment questionnaires and surveys were completed individually by staff. In total, 16 different Accreditation Teams are participating and preparing for the survey visit. Teams are composed of management and front line staff. Preparation includes reviewing standards, gathering information, completing action from the 2005 survey visit, and building actions plans for standards that are not in place.

The new Accreditation Program also includes a set of core indicators. An indicator is a measurement tool that is used as a guide to monitor and evaluate the quality of client care and service.

May 2008: On-site Survey

During the on-site survey visit, a team of healthcare experts from CCHSA, also referred as surveyors, will be observing and evaluating whether standards and criteria are met. Using the tracer technique, the surveyors will follow in the footsteps of the client or an administrative process. This is an interactive evaluation technique that employs direct observation, individual and group interview, focus groups, tours, and documentation review. Once the survey visit is complete and TBRHSC has received an award forecast, teams will have six months to address key recommendations.

For more information about the CCHSA Patient Safety Goals and ROPs, please visit www.cchsa.ca

Caring, Giving, Leading

The Volunteer Association to Thunder Bay Regional Health Sciences Centre is a very special group of Volunteers within the Health Sciences Centre who provide services to support and strengthen the Volunteer Services Department. President **Judy Perrier** reports, "We embarked on Strategic Planning sessions in the fall of 2006. We have our own Logo displayed herein, new Vision and Mission statements, goals and tag line: **Caring, Giving, Leading.**

The Volunteer Association provides services to make a positive and worthwhile contribution to the well-being of TBRHSC's patients and staff in many areas such as the Information Desk, Courier Service, and Surgical Day Care, to name a few.

Secondly, we support the Thunder Bay Regional Health Sciences Centre through fundraising with sales in Seasons Gift Shop, lottery tickets, raffles, bake sales, and bazaars. Currently, our fundraising supports the Foundation's "Save a Heart" campaign with a donation of $100,000 to purchase a Holter Monitor System. We also provide funding to purchase wheelchairs, stretchers, hemodialysis machines, transport chairs, epidural pumps, fetal monitors and a neo-natal intensive care incubator.

Finally, we lead by example and encourage members of the community to join us as we provide a friendly smile, a helping hand, and words of encouragement. The first person most patients and visitors meet at the front entrance is a Volunteer.

We choose to be here; we choose to make a difference; we accomplish that every day at TBRHSC".

GOOD NEWS STORIES

Shelter House Volunteers

Kudos to our Emergency Department staff members for helping those less fortunate this season by donating food and their time preparing, cooking and serving up dinner at the Shelter House. Originally, two nights were scheduled in December, but due to the overwhelming response by the Emergency staff, a third night was added. The Shelter's response was exceptional. The ER Staff is booked to serve at the Shelter House, two more nights in February.

ACTION Team

A card and gift was presented to the team from the parents of a client with this touching note.

"Thank you all for everything. I am so blessed to have you all in my life. I can rest easier knowing my son is well looked after. Words can't fully express all that I am grateful for. I love you all."

PATH Team

"The PATH Team is very good at their job and always there when I need something. They help me to keep life situations running smooth and in order, so I can stay living at home."

Patient Care *is our* Focus

Canada's Newest Research Institute Unveiled in Thunder Bay

On December 13, 2007, the Thunder Bay Regional Research Institute was unveiled, marking a key milestone for transforming healthcare in Northwestern Ontario and positioning TBRHSC as a leader in patient care through research.

In 2006, TBRHSC developed its first Corporate Research Strategic Plan, recommending the creation of a separate research corporation with its own Board of Directors. A separate research corporation is often more attractive to private and industry investors and, with a Board of Directors entirely focused on research, the corporation will be able to quickly take advantage of opportunities.

The new Research Institute will develop integrated research strategic plans as a joint venture partner with TBRHSC. It will work closely with academic partners such as Lakehead University, the Northern Ontario School of Medicine and Confederation College.

The Board is made up of proven leaders: Keith Jobbitt (Chair), Dr. Gary Polonsky, Don Caddo, Dr. Lou Siminovitch, Robert Paterson and Michael Gourley.

MMRC: The First Research Program

The Molecular Medicine Research Centre (MMRC) will be the first and flagship program under the Thunder Bay Regional Research Institute. With $44.1 million in funding secured in 2007, the MMRC is well on its way to becoming a world-class research program. In November, the MMRC received Cancer Care Ontario's prestigious Innovation Award.

The first four of 24 lead scientists have been recruited and will be relocating to Thunder Bay in a few months. In all, the MMRC will create about 200 jobs, with approximately 400-600 spin-off jobs created as a result.

The MMRC's research space at 290 Munro Street (ICR Discoveries) will be complete this year, while work on several key research projects will get underway this summer.

Access to Care: The Rural Dentist

Dr. William Hettenhausen, DDS, speaking at a recent Canadian Dental Regulatory Authorities Federation Conference focused on "Treating Different Groups in Rural and Remote Practices".

He drew attention to the Northern Ontario School of Medicine's social accountability mandate and its distributed Medical Education Model, the Thunder Bay Regional Health Sciences Centre's Dental Staff services, the Thunder Bay Regional Cancer Care Head and Neck Oncology Teams, the Ontario Telemedicine Network, and the Your Teeth For A Lifetime Foundation's dental health promotion activities across the North.

Addressed as well at the conference was the assessment of the qualifications of foreign trained dentists immigrating to Canada and the harmonization of admissions standards for post-graduate specialty programs.

TORQ Talk is published by the Department of Communications. If you have questions or comments, please contact Don Edwards, Director of Communications, edwardsd@tbh.net or call 684-6010.

For all previous issues of TORQ Talk, please visit the TORQ section on TBRHSC's iNtranet.