Volunteers: The ripple effect

Playing the piano at McMaster Children’s Hospital; greeting patients with a friendly smile at Juravinski Hospital; helping visitors navigate their way through Hamilton General Hospital. Every day, in countless ways, Hamilton Health Sciences’ (HHS) volunteers are improving the lives and experiences of the people who walk through our doors.

“Worldwide, communities are impacted by the work of volunteers,” says Lorraine McGrattan, manager, Volunteer Resources at HHS.

“At HHS we have over 1000 volunteers doing work that directly or indirectly impacts patients, staff and visitors in some way.”

It’s no secret that our volunteers’ unwavering commitment can be felt throughout our family of hospitals. National Volunteer Week is April 12-18, 2015 in Canada, and at HHS it’s one of the many ways we say ‘thank you’ for the support our volunteers provide.

“This year’s National Volunteer Week theme speaks to volunteers being symbolized as a rock, creating a ripple effect”, says Lorraine. “Each volunteer carries his/her own story where they have made an impact or created a ripple effect. Collectively, HHS volunteers create a tsunami of difference!”

The reasons for a person to be giving of their time as a volunteer are varied and personal, but there is at least one common truth among all volunteers: the act of giving provides as much value to the volunteer themselves, as it does to patients, visitors and staff.

“The patients and families I have met and continue to meet and interact with always enhance my day and life,” says Laura Collings, elementary school room volunteer at McMaster Children’s Hospital.

“I volunteer my time with HHS to give back to these families and patients with the hope of brightening their day.”

To learn more about volunteering at HHS, click here.
A message from President & CEO Rob MacIsaac

Each of us at Hamilton Health Sciences (HHS) works hard everyday to ensure that we are meeting the needs of the patients and families we serve. This mission of service and caring is our North Star – something we should always look to for direction and focus, both now and in the future.

Fulfilling our mission can be so challenging given the pace of change in health care. The region we serve is growing. The patients we see are living longer, often with more complex conditions and higher expectations for their health care. The technology we need to do our job creates exciting possibilities for the care we provide, but it’s also very expensive. Our facilities are aging. At the same time, funding for hospitals is shrinking as governments struggle to balance budgets and realign priorities.

HHS is committed to overcoming these challenges, but finding solutions will require the creative energies of everyone who cares about and relies on HHS.

This spring, as part of our new corporate strategy, HHS is launching a long-term visioning initiative called Our Healthy Future. It is aimed at designing the future of care at HHS. Over the next year, we will work together as a hospital and with the patients, families and communities we serve to establish clear priorities for our clinical services. We intend to determine what services our community will need from HHS in the future and how will we deliver them. Beyond being a plan for the future of our services, Our Healthy Future will be very helpful for planning any new facilities that HHS may require beyond the next 10 years or longer.

We have mapped out an eight-month process to help us move forward with the Our Healthy Future initiative. The first phase is about research and discovery – asking people what they think is important, analyzing our programs and services, and looking at population data. Many of our staff, physicians and volunteers will be involved in groups doing this work. At the same time, we are launching a series of community listening events and an online engagement website. These will present opportunities for people who work at HHS, and for people from across this region, to tell us what they value most when it comes to healthcare services.

I encourage you participate in some way in this process – as a person who works at HHS, or as a member of this community, or both. I also hope you will encourage your friends and family members to get involved. I look forward to everyone’s input as we map a new, healthy future together.

Click the button below to learn more.
Our culture doesn’t like to talk about our mortality. Although dying is one of the few certainties in life, it’s a topic many of us shy away from. Eighty percent of Canadians agree that it’s important to start planning for end of life when we feel healthy; however, a large percentage of us - over 91 percent - have never spoken with our primary healthcare provider about planning for our inevitable death.

Advanced Care Planning (ACP) is a fairly new process that goes beyond making funeral arrangements or writing a will. It’s the practice of conveying our healthcare choices and wishes to our family, friends, and healthcare professionals. These discussions ensure our voice is heard when we’re unable to speak for ourselves.

As healthcare providers, we have a unique perspective of the intricacies of the dying process and the importance of having a plan for end of life. Yet, many of us are counted in that proponent of Canadians who are not prepared for our own death.

“As healthcare professionals, these conversations with our loved ones are so important,” says Sandra Andreychuk, clinical ethicist at Hamilton Health Sciences (HHS). “We are often seen as advocates for healthy living and become role models to others. By speaking openly about what we value and wish to have happen as we near death, we encourage those around us to do the same.”

In addition to initiating our own advanced care plan, modeling the importance of ACP for our patients and our own loved ones begins with a conversation. In the healthcare setting, this can be as simple as asking, “Have you had a conversation about your end of life wishes with your family/friends/doctor?” This prompt can lead to a better understanding of the individual’s values and beliefs and, in addition, who will be responsible for making decisions on their behalf when they’re no longer able.

“Unfortunately, as illness advances and death nears most patients will become unable to expressing themselves, requiring others to speak for them. Many of our patients have not discussed their wishes with others, creating uncertainty around their healthcare choices,” says Sandra. “This uncertainty will lead others to question if they’re making the right decisions on the patients behalf, adding additional stress and anxiety to an already difficult time.”

“Everyone should have an advanced care plan. As healthcare providers, we’re in a privileged position to help make the journey of dying a better experience – not only for our patients and their families but for our loved ones, and ourselves. – by exemplifying the importance of talking about death in a meaningful way. It all starts with a conversation.”

April 16 is National Advanced Care Planning day, a day dedicated to enhancing public awareness of making our end of life wishes known to others.

To learn more about ACP, visit the National Speak Up Campaign website and the HHS patient education resource.
When the H.E.A.T. is on

It’s two o’clock in the morning and the usual daytime buzz of activity has slowed in pace across the hospital. On a medical unit on the fourth floor, while enroute to check in on a patient, a nurse detects a fire in the kitchen. It’s quickly evident from the billowing clouds of smoke escaping from beneath the kitchen door that all patients on the unit would have to be evacuated immediately. What should the nurse do? What actions do the other staff on the unit take? How do staff across the site respond? Would you know what to do?

As part of a new Ontario regulation introduced in 2014, all care occupancy, care and treatment occupancy and retirement homes across the province are now expected to conduct annual fire drills testing their response to scenarios similar to the above. In compliance, all Hamilton Health Sciences’ hospital sites have participated in horizontal evacuation drills of an inpatient unit which were observed by the Fire Marshall. The scenario tested for all sites was simulation of a response process which would occur during the early morning hours when staffing and services at the hospital are minimal.

All teams and staff who participated in the drills at Hamilton General Hospital, Juravinski Hospital, McMaster University Medical Centre, St. Peter’s Hospital and West Lincoln Memorial Hospital are commended for completing their respective fire drills successfully and expeditiously. The exercise was taken very seriously, illustrating everyone’s commitment to patient safety and the overall safety of the site. The drills also presented opportunities for learning which are being evaluated to help us improve our emergency response processes.

Applications are now being accepted for the Grant I. Budden Award, in support of nurses who have a vested interest in seniors’ care.

Grant I. Budden was a past administrator of St. Peter’s and died at the age of 54 from cancer. Mrs. Piercy (who was formerly married to Grant I. Budden) was a member of the St. Peter’s Hospital Auxiliary and requested that a fund be established and specifically tailored to meet the educational needs “of a staff nurse who shows promise and empathy with the elderly patient.” She further suggested that this fund be available to staff nurses who may not otherwise have the opportunity to further education because of monetary reasons.

To read the eligibility criteria or to apply, see the application form and/or contact Naoka Feth, St. Peter’s Hospital Foundation at ext. 12247 or feth@hhsc.ca.

We welcome your feedback and suggestions!

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