Beat the bug – get a flu shot!

Hamilton is experiencing high rates of influenza, both in the community and within our hospitals. There have been several outbreaks and your help is needed to contain them.

 Combined with regular hand washing, the flu shot is the best way to protect yourself, your family and our patients from the influenza virus.

Every year there is a new vaccine to protect against new strains of the influenza virus. The best time to get your influenza vaccine is between October and November, before it becomes prevalent in the community. However, if you missed getting your shot in the fall, it’s not too late! Flu shots continue to be available at each Employee Health Office any time Monday to Friday, 8:00 a.m. – 4:00 p.m.

If you have questions about the vaccine, contact Employee Health Services (EHS) at your site:

 MUMC – ext. 72573
 General – ext. 46307
 JHCC – ext. 42314
 St. Peter’s – ext. 12213

Other measures to prevent the spread of influenza:

- Wash hands often with soap and water or Cough or sneeze into your elbow or cover your mouth and nose with tissues; wash your hands after you have disposed of the tissue.
- Wash hands often with soap and water or alcohol-based hand rub: flu virus can live on your hands for up to five minutes and on hard surfaces (i.e. countertops and telephones) for up to two days.
- Avoid touching your face as the virus usually enters the body through your eyes, nose and mouth.
- Stay home when you are sick; if you develop symptoms of influenza contact EHS and your manager. Symptoms of influenza may include sudden onset of fever, headache, muscle/joint aches, unusual tiredness, sore throat and cough.
- Get a flu shot every year; this will help your immune system stay healthy and may prevent you from getting sick with a vaccine-preventable illness.
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- Stay home when you are sick; if you develop symptoms of influenza contact EHS and your manager. Symptoms of influenza may include sudden onset of fever, headache, muscle/joint aches, unusual tiredness, sore throat and cough.

Providing the highest level of quality and safety – Dr. Nicholas Leyland, chief chair of Obstetrics & Gynecology at Hamilton Health Sciences and McMaster University, holds one of the newer patients of the program. Sierra Stratford.

A bright future for Women’s Reproductive Health

It’s April 5, 2011. A woman giving birth at McMaster University Medical Centre (MUMC) goes into distress and requires critical care. What happens?

It’s been a crucial question as Hamilton Health Sciences progresses through Access to the Best Care, a realignment of hospital services intended to optimize resources by consolidating them into centres of excellence. MUMC will see the biggest change when most adult inpatient care transfers to the city’s three other acute care hospitals, and the emergency department specializes to serve only children. This major change will take place on April 4, 2011.

The intent is to strengthen all areas of care by coordinating services. At MUMC, those areas will be women’s health, adult outpatient services and day surgery, and women’s reproductive health and newborn care. MUMC is the regional centre for high-risk pregnancies, and news of the changes raised the concern reached the media.

“I think it’s a very innovative and safe model that is unique to MCMaster and it gives moms having their babies who may be high risk an additional level of care not immediately accessible in most tertiary care hospitals,” said Dr. Nicholas Leyland, Chair of the University Department and Chief of Obstetrics and Gynecology at HHS.

For gynecology patients, the changes mean “we can continue to provide the highest level of quality and safety in the assessment and care for these women.”

Getting to this point has required the work and commitment of representatives from every aspect of care touching women’s reproductive health – critical care, diagnostic services, obstetricians, gynecologists, and many more. Input from specialists in Maternal-Fetal Medicine at MUMC was a key factor. Successful women’s health programs in Halifax, London...
A bright future for Women’s Reproductive Health

- continued from cover

and Buffalo were toured and used as models; floor plans were run past care providers over and over to get it right; five years of women’s health cases at MUMC were combed for data to determine a history of health care needs; that history of care needs has been matched against the new model of care to ensure all possibilities are considered. And now, today’s cases are being tested against the new model.

“The hospital has gone through a process that has been broadly inclusive to create this model of care for women,” said Nick.

So, if it’s April 5th, what happens to a woman giving birth who goes into critical distress? A critical care nurse and respiratory therapist will be seconds away to administer care; the Critical Care Unit and all of its equipment are right there, adjacent to where the woman has gone into distress; a physician will be at her side immediately – day or night. Twenty-four-hour access to obstetrical care and sub-specialists in maternal fetal medicine will continue.

Pregnant women or those with gynecology issues requiring emergency care will no longer have access to the Emergency Department at MCMaster University Medical Centre. But they will have the same access as always to the other three Emergency Departments and two Urgent Care Centres which will contact the appropriate on-call physician if necessary. Those Emergency Departments and Urgent Care Centres can transfer the patient to Labour and Delivery or the Gynecology Assessment Area at MUMC .

Dr. Nick Leyland took the reins of this program less than a year ago, joining Obstetrics and Gynecology with an impressive leadership record in patient safety and progressive women’s care. How does he feel about the future of the program, looking beyond April 2017?

“With the appropriate resources and support, the future of women’s health in Gynecology and Labour and Delivery is very bright indeed. In Labour and Delivery, as a tertiary referral centre for high risk obstetrical patients, our model will provide state-of-the-art, safe care with an expanding program in maternal fetal medicine and obstetrical medicine.

“Here at MCMaster, we are poised to become the centre for minimally invasive gynecology surgery in Canada. We will have a clinical and academic program that will be unsurpassed in the provision of care for women across North America.”

Shiny and new – A rendering of one of the Labour & Delivery rooms that will be renovated after April 4, 2011.

Leaders of Tomorrow Scholarships available to children of Hamilton Health Sciences staff

Once again the Board of Directors of Hamilton Health Sciences is sponsoring post-secondary scholarships for children of HHS staff. Twenty, $1,000 scholarships are available.

Eligibility requirements include:

- The parent should have an established, continuing working relationship with HHS for a minimum of five years.
- The student must either be in the final year of high school or the first, second or third year of a recognized college or university.
- Applications, including essays on leadership, must be received by the Board of Directors Office by March 25, 2011.

Applications are available through the Hamilton Health Sciences Intranet (under News and Events) and Internet (under Board of Directors). Applications are also available at each site’s Information and Access Desk.

If you have any questions about the HHS Board of Directors Scholarships please call 905-521-2100, ext. 75626.

A quick introduction to Accreditation

If you’re new to Hamilton Health Sciences, or health care in general, you may not know what Accreditation is. Accreditation is an important improvement process that takes place in three-year cycles. HHS has been participating in this process since 1996. Through Accreditation, health care organizations can compare themselves and be assessed against national standards of excellence.

These standards of excellence were developed by Accreditation Canada, a not-for-profit, independent organization that provides health care organizations with an external peer review. The standards, developed through rigorous consultation with national and international content experts, reflect the important issues that all hospitals should address in order to provide high quality, safe patient care and services.

The Accreditation process has undergone revisions since being introduced to Canadian hospitals in 1958. It has transformed from an ‘event’ occurring every three years into a three-year cycle of ongoing activities. The Accreditation 2011 process has been continuous since HHS was last accredited in 2008. Since then, staff members have filled out valuable surveys about patient safety culture and workplace, and programs have filled out program-specific self assessment questionnaires. The results of these surveys/questionnaires were used to help determine areas of strength and potential improvement.

A total of 34 Accreditation teams are now working on improvement workplans to enhance quality and meet high priority criteria in preparation for the on-site survey during the week of May 29 – June 3, 2011. Six Accreditation Canada surveys will be visiting HHS to review documents, observe practices and processes, and have discussions with patients and staff.

During the on-site survey, Hamilton Health Sciences will also be assessed on compliance with 34 patient safety Required Organizational Practices (ROPs). An ROP is defined by Accreditation Canada as an essential practice that organizations must have in place to enhance patient/client safety and minimize risk. Two ROPs that involve a number of areas across HHS are Medication Reconciliation and Transfer of Accountability.

While Accreditation is a time to ensure HHS meets certain standards of excellence, it’s also an opportunity to shine and boast about our successes. Each Accreditation team has been compiling a list of HHS’ recent successes – our “apples.” The apple is a symbol of quality and health and has been selected to represent HHS’ achievements in providing care and service to the patients and families we serve.

Over the next few months, you will find more relevant, helpful information in HHS’ Insider and Insider Express newsletters. You may also wish to access the Accreditation Intranet site. Suggestions and/or questions can be directed to Sandra Lloyd (ext. 45-424) of the Quality, Patient Safety, Clinical Resource Management (QPSCRM) Program.
A mother and her son arrive to the Emergency Department (ED) at 6 p.m. one evening. The boy hasn’t been feeling well all day, but now he has a high fever and is vomiting. They are registered at the front desk and then seen by the triage nurse who completes a first assessment. They go back to the waiting room and do just that – wait and wait and wait. It’s 10:30 p.m. and the mother hasn’t spoken to anyone since the triage nurse a few hours ago. They’ve had enough and they leave.

This scenario, although unfortunate, is a reality of emergency care in Ontario. Ideally, no one would ever leave the ED without being seen by a physician, but it happens.

Last year, the pediatric stream of the MUMC Emergency Department had a “Left Without Being Seen” (LWBS) rate of 6.9 per cent – a fairly typical number for most Ontario emergency departments. This year, despite the volume of pediatric patients increasing by over 10 per cent, the LWBS average has decreased to below 2 per cent and continues to improve.

“Our LWBS rate is the lowest in the LHIN,” said Dr. Tony D’Souza, division head of the Pediatric Emergency Department. “In fact, there are many days where no child leaves without being seen by a physician. At a time when you always hear negative things about long wait times, we’re steadily improving.”

This progress isn’t a coincidence, either. The wait times and LWBS rates have decreased steadily since July, 2010 when the Emergency Department moved to its 24-hour Pediatric Emergency Medicine (PEM) model. This new model has a specialized pediatric physician in the Emergency Department 24 hours a day rather than 16 hours a day. That means that children are being seen and treated faster. In fact, since July, the average wait for a pediatric patient to be seen by a physician went from 124 minutes to 84 minutes – six minutes below the ED’s target of 90 minutes.

Another significant contributor to achieving these improvements has been the addition of child life specialists into the ED team. These specialists are experts in talking to children on an appropriate level and can model child- and family-centred care to the nurses and other staff in the ED who may not be as familiar with working with children.

Previously, the scenario described at the beginning of this article would have been a common occurrence in the pediatric ED, however now, even though patients do sometimes have to wait a few hours, a nurse or child life specialist will check in with them while they’re waiting to see how they’re doing and to let them know they haven’t been forgotten.

“It’s not necessarily about telling patients their place in the queue, but about making sure they know they’re being thought of,” said Dona Teles, clinical manager of the MUMC ED. “This interaction has been the key to improving our LWBS rates and also turning numerous complaints into compliments.”

Another simple enhancement to the patient experience has been the installation of white boards above each stretcher where the nurse assigned to the stretcher can write his or her name. This makes for a nice interaction between the patient, parent, and caregiver in an environment that is fast-paced and introductions often don’t happen.

As Hamilton Health Sciences continues with its Access to the Best Care plan – a plan that will see the MUMC Emergency Department become pediatric-only beginning April 4, 2011 – the wait times and LWBS numbers are expected to improve further. “As we grow our pediatric team, we are building on our expertise in pediatric care,” said Dona. “The more specialized we become, the better our service will be.”

A simple but appreciated gesture – Child life specialist Sheryl Christie (right) checks in with Sonia Pereira and her daughter Julia while they’re waiting to be seen in the children’s Emergency Department. “When patients and families know they haven’t been forgotten has helped to prevent people from leaving the ED without being seen by a physician.”

Travel the seven continents at this year’s gala

Hamilton Health Sciences’ gala will be held February 19, 2011, at Hamilton Convention Centre. This annual fundraising event is designed to honour global research and innovation at Hamilton Health Sciences and profile the people behind the life-altering research being conducted across HHS – research that impacts people across the region, Canada and around the world.

This year’s honouree is Dr. Stuart Connolly, director of the Division of Cardiology. Stuart’s tremendous body of work is focused on heart rhythm disorders that are often the cause of heart attacks and strokes. As a heart attack or stroke claims a life every seven minutes in Canada, this research can truly be labeled as life-altering.

When Stuart returned to Canada in the early 1980’s after completing his studies at Stanford, he was just one of five cardiologists in the country specializing in electrophysiology. Stuart’s work spans the globe with most clinical trials being conducted in 40+ countries and involving tens of thousands of patients. Hamilton Health Sciences Population Health Research Institute is one of only five centres in the world focused on clinical trials related to cardiovascular research.

This year’s gala will also take on a new format as guests “travel the seven continents” through a culinary journey with notable chefs from around the region staffing food stations. Guests will travel through each food station in the ballroom, providing a unique and global culinary experience. Restaurants represented include: Boo’s Bistro and Wine Bar; Cucci; HECFI; Inn on the Twenty; Lo Presti’s at Maxwell’s; M’Idora Restaurant and Sopra Upper Lounge; Quatrefoil; Red Canoe Bistro; and Spencer’s at the Waterfront.

The gala also features live entertainment, including the multi-juno award winner Jully Black, who will headline the evening.

Sponsorships are still available; tickets on sale now at www.hhsgala.ca
McMaster Children’s Hospital: transforming children’s emergency care

Keeping children’s needs top of mind — The new Children’s Emergency Department will feature separate walk-in (as seen in rendering above) and ambulance entrances, to shelter children from patients with severe issues.

While McMaster University Medical Centre will continue to serve both adults and children in its Emergency Department until April 3, 2011, the transformation of the emergency service is already well underway.

In summer 2010, construction began on a child- and family-friendly Emergency Department specifically designed to meet the unique physical, emotional and health needs of children and youth. About 18,000 children and youth are treated annually in the current Emergency Department, which is two- to five-times more than any other emergency department in Hamilton. As this service is designed to meet the unique physical, emotional and health needs of children and youth.

At 8 a.m. on April 4, 2011, the Emergency Department at McMaster University Medical Centre will convert into an Emergency Department treating ONLY children under age 18. At that point it will be called the McMaster Children’s Hospital Emergency Department.

Among the many new features of the expanded service:

- A variety of child-specific distractions such as access to DVDs and games individually selected by children.
- Separate patient walk-in and ambulance entrances to shelter children from patients with severe issues.
- A new Pediatric Clinical Decision Unit where children who need to be treated in the Emergency Department for several hours can be cared for comfortably.
- More than double the space of today.
- Separate patient walk-in and ambulance entrances to shelter children from patients with severe issues.
- Special consideration to the interior environment below the three-foot level to enhance the views and involvement of young children and those in wheelchairs.
- Larger treatment rooms to allow for family care at the bedside.
- A variety of child-specific distractions such as access to DVDs and games individually selected by patients.

One of the advantages of creating this centre of excellence for children's emergency care is the opportunity to gather together a team of dedicated professionals specially trained to care for children, youth and their extended families. The emergency team includes pediatric emergency physicians and surgeons, registered nurses, child life specialists, pharmacists, respiratory therapists, social workers and others who all work together to provide care to children suffering from life-threatening injuries. They treat the immediate crisis, supported by a pediatric intensive care unit and a hospital full of children's specialists.

At 8 a.m. on April 4, 2011, the Emergency Department at M U Medical Centre will convert into an Emergency Department treating ONLY children under age 18. At that point it will be called the MCM Children's Hospital Emergency Department.

An adult showing up at McMaster Children’s Hospital Emergency Department in error will be redirected to another Emergency Department or Urgent Care Centre in the city. Emergency care for adults is provided at the General, Juravinski and St. Joseph’s Hospitals.

Two Urgent Care Centres are available for all ages effective April 4: the new Main Street West Urgent Care Centre (at 690 Main Street West at Mckinlin Street North), and the King Street Campus of St. Joseph’s Health Care (2737 King Street East) in Stoney Creek.

HEAR FROM YOU

The Insider welcomes comments and suggestions. Contact us at: publicrelations@hhsc.ca or (905) 521-2100 ext. 75387. Visit us online at www.hamiltonhealthsciences.ca

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