Board scholarships offer financial assistance to children of HHS staff

Each year the Hamilton Health Sciences Board of Directors honours 20 young, dynamic individuals who are leading the way to help shape the world of tomorrow. The Leaders of Tomorrow Board Scholarship Awards program enables the Board of Directors to support academic excellence, community involvement, and outstanding extra-curricular activity.

There are 20, $1,000 scholarships available for the children of HHS staff.

Eligibility requirements include:
• The parent should have an established, continuing working relationship with HHS for a minimum of five years (includes members of medical staff.)
• 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 in the Board of Directors Office by March 31, 2009.

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 Desk.

ICT launches Single Sign-on for all Citrix users

ICT is launching Single Sign-on (SSO), an exciting new technology to enhance Citrix by reducing the number of times Citrix users are required to log-on when using multiple applications.

Currently, users are required to input a username and password for each Citrix application. Single Sign-on means users benefit from only signing-on once for the following applications: Meditech Applications, GE Medical, and MEDITECH Workstation 4.

Beginning in March, all Citrix users are required to complete a one-time self-registration for SSO. When Citrix users log-on, they will be presented with on-screen directions to complete the security questions. Once complete, they will log-on only once for future use of the above mentioned applications.

A User Guide and an information sheet with Frequently Asked Questions are available on the Intranet under Education as well as in the Citrix Information Library.

For ten-year-old Julia Gilman, making regular trips to McMaster Children’s Hospital from her home in Brantford is just another part of her weekly routine. Among Julia’s favorite things are boneback riding, arts and crafts, the colour pink and of course, the legendary Jonas Brothers. In many ways Julia is just like most other girls her age, only Julia has Acute Lymphoblastic Leukemia, which is commonly referred to as ALL.

Since her diagnosis in 2007, Julia has been coming to McMaster Children’s Hospital weekly for treatment and like many other patients at the children’s hospital, she sometimes requires sedation prior to undergoing some of the more painful procedures of her treatment regime.

Last December, Julia became one of the first patients to receive treatment in the newly renovated and expanded 3D Medical Day Care and Sedation Unit (located between the 3B and 3C pediatric inpatient units.) This unit cares for children who require medical procedures such as infusions of medications and other tests during the day, but do not need to be admitted to the hospital. Both Julia and her mother Christina agree that this new unit boasts vast improvements and has greatly enhanced the environment in which patients are receiving care.

“From the moment we walked into the new unit, I noticed the openness of the space, the large windows and cheerful colours, which made us both feel comfortable,” said Christina. “It was immediately evident that this was a space built with the needs of children in mind.”

The new purpose-built Medical Day Care and Sedation Unit consists of seven large stretchers and a fully-operational procedure room outfitted with leading-edge technologies such as cardio-respiratory monitors and resuscitation equipment.

The spacious, open-concept design promotes a collaborative environment in which nurses, anesthesiologists and other physicians can work together as a team to provide the best care possible. Another integral part of the team is a child life specialist, who helps prepare and support children and families, minimize anxiety and provide distraction during the procedure process.

“The new unit is truly wonderful for the pediatric patients as it is more patient and family friendly, bright and inviting,” said Paola Dilalla, a child life specialist who works in the new unit.

The unit promotes the philosophy of family-centred care by affording patients and their families increased accessibility to members of the care team, the family waiting room, patient stretchers and the nursing care station.

“The layout of the unit also creates a sense of convenience and comfort. A bathroom and full kitchenette equipped with a fridge and microwave are located within the unit just steps away from the bedside. Christina appreciates these amenities as she sits patiently at Julia’s side after each treatment.”

“Everything we need is right here — which makes us feel more at home,” said Christina. “I remember our first day in the new unit; the freezer was stocked with popsicles so when Julia woke up after her procedure she was thrilled to get a sweet treat. Sometimes it’s the little things that can make a kid’s day.”
Clinical pharmacists and pharmacy staff are now being further empowered to do what they do best. The Pharmaceutical Services team members have developed and will implement new initiatives to ensure quality patient care. A much anticipated change is the medical directive for Sequential Antimicrobial Therapy (SAT) which will be rolled out soon at Hamilton Health Sciences. This particular directive is only one of the projects that will enable clinical pharmacists to take a more active role and expand their involvement in direct patient care to further minimize risk, increase patient comfort, and reduce costs for HHS.

Patients admitted to hospital with infection often begin intravenous (IV) antibiotic therapy to ensure adequate concentrations of medication are achieved. In many instances, once patients stabilize and their condition begins to improve, they may be eligible to switch from the originally prescribed IV to an oral formulation without compromising outcomes.

Following the launch of SAT, pharmacists will be able to utilize their clinical skills to assess the best route of medication administration. Depending on the patient’s type of infection, the type of medication prescribed, and the patient’s current status, the pharmacist is able to determine whether switching to oral medication is in the best interest of the patient. The benefits of switching include reduced risk for adverse drug events associated with IV therapy, improved patient comfort and mobility, increased potential for completion of therapy as an outpatient, as well as reduced costs.

“Currently, clinical pharmacists make recommendations regarding route of administration, however, physician approval is required prior to switching a patient from IV to oral therapy,” said Annie Brooks, the clinical pharmacist involved in the development and submission process of the medical directive. “As a direct result of this medical directive, the switch will be made in a timely manner and the positive impact on patient care will be realized sooner.”

Similar programs have been successfully implemented in many other hospitals across North America. At Hamilton Health Sciences, there has been a variable approach to the current practice of managing route of administration, but the SAT program will standardize the process across all sites.

“The SAT initiative is an opportunity for pharmacists to improve patient safety and reduce costs in the system by administering the right drug, using the right route,” said Peter Thornley, Senior Pharmacy Operations Manager.

Once the medical directive is approved, clinical staff will receive education to ensure consistent, standardized implementation of the program at each site. A reference document will clearly outline process, procedure, responsibilities and expectations of clinical pharmacists under this directive.

“Clinical pharmacists are the medication experts within interprofessional teams,” said Marita Tonkin, Chief of Pharmacy Practice. “This medical directive recognizes their expanded scope and expertise and will ensure pharmacists across HHS are practicing consistently and to a greater extent of their role.”

**Making the switch** — From left: Manita Tonkin, Chief of Pharmacy Practice, Annie Brooks, Clinical Pharmacist, and Peter Thornley, Senior Pharmacy Operations Manager, have been instrumental in optimizing medication administration.

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Good medicine – Pharmacy initiative will improve patient care and resource utilization at Hamilton Health Sciences

Annual Gala shows attendees a ‘Sparkling’ good time

Top left – This year’s ‘Sparkle’ gala raised $200,000 for the New Investigator Fund, which offers new researchers financial support. From left: Dr. Mark Levine, Director of the Ontario Clinical Oncology Group and this year’s research honouree; Barbara Sullivan, Chair of the Hamilton Health Sciences Board of Directors, Don Pether, Chair of the Hamilton Health Sciences Foundation Board of Directors; Dr. Salim Yusuf, Vice President of Research and Chief Scientific Officer, HHS; and Murray Martin, President & CEO, HHS.

Top right – Hamiltonian songstress Sarena Paton and Fernando Lima sing ‘Ave Maria’.

Left – Models wearing glamorous costumes greeted gala attendees and enhanced the ‘Sparkle’ atmosphere.
Surgical procedures are stressful for patients and their families, which is why Fran Riley, Manager of the Operating Room (OR) at Hamilton General Hospital, initiated the Surgical Liaison Nurse role to keep families informed about the condition of their loved ones during and after surgery.

Connie Scott’s extensive years of experience as an OR nurse is invaluable in her role as the Surgical Liaison Nurse. She knows how families feel when a loved one is in surgery and can easily relate to them. Her comprehensive knowledge of surgical procedures adds to her ability to provide a vital communication link between the physician, patient and family. Connie rotates in the role of Surgical Liaison Nurse with Angela Russell, who is also an OR nurse. This allows the nurses to maintain their OR skills.

Besides improving communication through intraoperative progress reports, other purposes of the Surgical Liaison Nurse role include involving the family in the care of their loved one, facilitating emotional support, offering information about the hospital, and promoting family and surgeon communication.

Accreditation Canada cited the Surgical Liaison Nurse role as a leading practice in its recent accreditation report for Hamilton Health Sciences. “The accreditation team was aware of the liaison role,” said Fran. “They found the communication piece to be very important in the facilitation of patient- and family-centre care.”

On the days they spend in the Surgical Liaison Nurse role, Connie and Angela go from room to room to find out the status of each patient undergoing surgery. They communicate with the surgeons to see if the procedures are on-time and going well, and report to the families. If the outcome isn’t looking good, Connie or Angela prepare the families. This allows them to deal with their emotions earlier so they are prepared and can listen more intently when the surgeon comes out to offer further explanation.

“Families feel more comfortable when we accompany the surgeon when he or she speaks to the families because they have already developed trust in us,” said Connie.

If the services of a social worker or chaplain are needed, Connie or Angela will coordinate it. They also work closely with the volunteers in the waiting room who can communicate any important information to the families, direct families to the patient, or alert Connie or Angela to any issues arising in the waiting room.

“The Surgical Liaison Nurse role has been embraced by patients, families staff and physicians,” said Fran. “Of course with anything, there’s opportunity for improvement. Right now the liaison nurse only works Monday to Friday, 9 a.m. to 5 p.m. but we’d love to capture weekends and evenings as well because that’s when we see a lot of trauma cases and emergency surgeries.”

“Working together – Connie Scott, Surgical Liaison Nurse (left), compares notes with Mary Long, OR Waiting Room volunteer.

Big changes at Henderson General Hospital

Any Hamilton Health Sciences staff members who haven’t visited the Henderson lately might think they’ve made a wrong turn when approaching the hospital on Concession Street. The vast construction at the Henderson is progressing each day and, in just a few short years, the newly renovated facility will be complete. Currently, floors are being reinforced and concrete on Level 3 is being poured, but it is expected that the entire building will be enclosed by fall. The picture above, taken on February 9, reveals just how much the Henderson has changed since the groundbreaking one year ago.

The new facility will house a state-of-the-art emergency department, an expanded intensive care unit and cardiac care unit as well as 80 inpatient beds for cancer care, eight new operating rooms and an additional cancer therapy suite that can also be used as alternative operating space.

- Photo by Jessica Leidman

Our Family of Hospitals • CHEDOKE • CHILDREN’S • GENERAL • HENDERSON • JURAVINSKI • McMASTER • ST. PETER’S

Easing the anxiety of surgical patients and their families

Hamilton Health Sciences, St. Peter’s Hospital receive unconditional three-year accreditations

Accreditation Canada has awarded Hamilton Health Sciences (HHS) a full, three-year accreditation without condition (which means without any need for further reviews.) This endorsement follows a survey visit and a detailed review by a team of seasoned health professionals from other Canadian health regions. The newest member of the HHS family, St. Peter’s Hospital, also received an unconditional, three-year accreditation.

“Accreditation gives us an opportunity to find out how we compare to national standards of excellence on quality and patient safety,” said Brenda Flaherty, Executive Vice President, Clinical Operations, Hamilton Health Sciences. “This result is very encouraging. We met 98 per cent of Accreditation Canada’s criteria and all of its Required Organizational Practices related to patient safety. Most importantly, we learned about areas where can improve even more.”

“The staff, physicians, volunteers and the community of both Hamilton Health Sciences and St. Peter’s Hospital have earned the right to be very proud,” said Wendy Nicklin, President and CEO, Accreditation Canada. “Both organizations have achieved accreditation, which is an indication of their success toward safe, quality care and demonstrates their flexibility in embracing Qmentum, a new approach to the accreditation process.”

Qmentum involves conducting organization-wide staff questionnaires, collecting specific indicator data, and undergoing an on-site survey. This new format allows more staff to be more directly involved in accreditation than in the past. At HHS, for example, more than 4,000 staff members completed the Patient Safety Culture Survey and more than 1,600 staff responded to program-specific Self Assessment Questionnaires.

“I would like to acknowledge the Accreditation Teams at both St. Peter’s Hospital and Hamilton Health Sciences for their great leadership and dedication, and for working so hard to ensure that our accreditations were successful,” said Donna Cripps, President of St. Peter’s Hospital. “All of the knowledge and information we gathered through this process will help to guide and position us well for years to come.”

QUALITY TO THE COMMUNITY

QUALITY TO THE COMMUNITY
Getting to know St. Peter’s Hospital

**St. Peter’s Hospital in 1890**

The Past and Present

St. Peter’s Hospital opened in 1890 as a 14-bed home for people with incurable illnesses—a level of service that was not available in other hospitals at the time.

Today, St. Peter’s Hospital is setting the standard of care for seniors and those with chronic illness. For these individuals there is no quick cure or high tech piece of equipment that will make them better.

In addition, current statistics indicate that the average age of our population is rising, and more people are living with a chronic illness. That is why everyone at St. Peter’s is committed to finding ways to minimize and manage the daily effects of lifelong illness. Inspirational innovative approaches to care and a focus on research are contributing to enhancing the lives of hundreds of individuals every day.

St. Peter’s high touch, low tech approach to caring ensures that we are treating the whole person—the body, mind and spirit. Our goal is to enable patients to reach their optimal physical, cognitive and social potential so that they may be able to enjoy purposeful and meaningful lives. This commitment is reflected through St. Peter’s focus on four pillars of excellence: aging, dementia, palliative care and rehabilitation.

The Future

In July 2008, the Letters Patent—which fulfilled the legal requirements for the amalgamation between St. Peter’s Hospital and Hamilton Health Sciences—were approved by the Ministry of Government Services.

The purpose of amalgamation is to enhance services for seniors and those with lifelong, complex medical conditions by creating a combined system that builds on the strengths of both hospitals. Patients in this community will benefit from a continuum of expert care ranging from acute care, to chronic care, to rehabilitation.

The work to successfully integrate clinical and support services has been carried out by 19 functional integration teams comprised of staff from both organizations. It is anticipated that all of the teams will have developed and implemented detailed plans for their respective areas by March 31, 2009. A joint Project Steering Committee reporting to HHS President and CEO Murray Martin and chaired by St. Peter’s Hospital President Donna Cripps has been responsible for overseeing the work of the teams.

Work to amalgamate St. Peter’s Hospital Foundation and Hamilton Health Sciences Foundation is nearing completion.

The Alexander Pavilion

Approximately 10,000 residents of Hamilton and Halton have some form of dementia and this number is expected to rise.

A new home for patients with Alzheimer’s Disease and dementia, the Alexander Pavilion at St. Peter’s Hospital, will greatly enhance capacity to meet the growing needs of our community. Opening this spring, the Pavilion will allow individuals with Alzheimer’s and dementia to live with dignity and grace in a place that brings them joy.

Designed to promote independence and allow patients to maintain their abilities for as long as possible, the Pavilion includes features such as:

- specialized lighting and flooring
- outdoor comfort gardens
- cozy domestic kitchens
- quiet family areas
- group dining rooms
- interactive, tactile artwork
- spa-like bathing suites
- figure-eight pathways
- a wireless communication system to support quick patient response times,
- and a quiet environment.

The Pavilion is named in recognition of the Honourable Lincoln M. Alexander and in memory of his wife Yvonne at the request of major donors Margaret and Charles Juravinski. The project includes the relocation of the hospital’s existing Behavioural Health beds from the South Wing—built in 1934—to a second level built on top of the east wing of the hospital.

The official grand opening of the Pavilion will take place in April and special activities are being planned to mark the occasion. More details about this milestone will be shared as the date draws nearer.

Nuclear Medicine celebrates the end of a 20-year bone density study

On January 30, 2009, 26 women visited McMaster University Medical Centre (MUMC) to celebrate the end of their involvement in a successful 20-year bone density study.

The study, which originally involved 75 women, compared the effects of different doses of hormone replacement on bone strength and quality of life.

After 20 years, 46 women remained in the study, 26 of whom were able to attend this important milestone. The women said they enjoyed being involved in the study, having gained a lot of knowledge about their bone strength and their general health and welfare.

Attending the event were Dr. Jennifer Blake, Chief, Obstetrics & Gynecology, Sunnybrook Health Sciences Centre, who started the study at MUMC in 1990 with Dr. Colin Webber, Medical Physicist, Nuclear Medicine, Hamilton Health Sciences, and Jacqueline Roberts, Professor Emeritus, McMaster University School of Nursing. Lesley Beaumont, the research study coordinator was also in attendance and together they updated the participants on issues of women’s health and bone strength, and celebrated the contributions of each participant to the successful longitudinal study.

Special thanks to Dr. Karen Gulenchyn, Chief, Nuclear Medicine, Hamilton Health Sciences and St. Joseph’s Healthcare Hamilton, for her generosity with delicious refreshments and a gorgeous pink rose for each participant in appreciation of their commitment and dedication to the study.

Dedicated bunch — Twenty-six women gathered at McMaster University Medical Centre to celebrate their 20-year involvement in a successful bone density study.