

March/April 2012

President's Message



The upcoming months will be a time of change and one that will test our organizational resilience and capacity for such. On March 19th, all Ontario hospitals were informed of a shift in the fundamental way hospitals are funded. Starting in April, 91 Ontario hospitals, including ours, will transition to a new Patient-Based Funding Model. The implications of this change are vast.

Currently, hospitals are provided one funding sum on an annual basis which does not take into consideration the specific population or clinical needs of the community. In order to ensure that funding is reflective of specific community population information, the new Health-Based Allocation Model will be implemented in phases over the next three years. As such, hospitals that provide care to growing communities and/or have clinically complex patients will receive increased funding over time. In addition, the Ministry of Health and Long-Term Care has also identified four Quality Based Procedures that will be assigned standardized rates.

Starting in April, procedures for hip and knee replacement, dialysis and other chronic kidney disease treatments and cataract surgery will be provided funding at one standardized rate. Although this is a complex change, it is mandatory and is being applied to all our peer hospitals. I am confident that we will work together to ensure this new funding model yields shorter wait

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Emergency Simulation

A community comes together for the sake of Public Safety



St. Joseph's Healthcare Hamilton (SJHH) hosted an emergency simulation exercise on Saturday March 3, 2012. Named **Exercise General Fontbonne**, this exercise was a collaborative effort between SJHH, Hamilton Health Sciences (HHS), the Ministry of Health and Long-Term Care Emergency Management Branch (MOHLTC-EMB) and Ontario's Emergency Medical Assistance Team (EMAT). Planning for this large-scale event took place over a six month period and nearly 300 people participated in this fictional scenario of a mock incident that occurred in close proximity to the Charlton Campus.



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As patients move through the healthcare system, now their images can too...

Kathy Fader, who recently joined the Diagnostic Imaging Repository (DI-r) Division at Mohawk Shared Services, works directly with staff at all three of our Campuses to ensure optimum use and adoption of the DI-r. Kathy's role as Business Delivery Manager will assist with training and adoption of the DI-r for clinicians and other caregivers. Kathy can be reached directly at 289-426-5315 or by email at kfader@mohawkssi.com.



This system:

- Permits you to access x-rays, diagnostic images and associated reports from other hospitals.
- Helps to reduce the possibility of unnecessary retakes and duplicate studies.
- Enables you to bypass the need to have images burned to CD and shipped from other hospitals as access of images is immediate and direct from the DI-r.
- Allows you to gain access to your site's exams and reports via OneView, the DI-r viewer, even if your local PACS is unavailable.
- Allows you to view patient images and associated reports from over 50 participating hospitals in LHINs 1, 2, 3 and 4.
- Helps you to use DI-r images to collaborate with colleagues and take advantage of specialized diagnostic imaging captured at other hospitals.

Get a more complete picture of your patient, use the DI-r to access the full DI exam.

Clinicians can request access to the DI-r OneView web application for use with the SJHH network by contacting the Diagnostic Imaging Library at ext. 33606 or through a PACS Administrator at ext. 34353. A hospital ID badge must be presented at this time and the "OneView User Terms & Conditions" form signed. Clinicians will be provided with a copy of the "Cheat Sheet" and the list of current sites available in OneView-SWO Di-r.

*Submitted by Kathy Fader
Business Delivery Manager, Diagnostic Imaging Repository - Mohawk Shared Services*



Tremendous support for a St. Joe's colleague

The 3OBS Team that held the Melrose Cover fundraising event in early March would like to acknowledge the hospital and staff for the generous support for their beloved colleague who has been off ill since October 2011. An overwhelming \$13,500.00 was raised. This amazing outpouring of support truly demonstrates not only the exemplary care we provide to our patients but also the care we have for one another.

Pictured above: Jackie Barrett, Administrative Director of Clinical Programs, pulls the names of the lucky gift basket winners. The prizes included spa packages and wine baskets.

Change in Hours Charlton Campus Cafeteria

As of March 17th, the Charlton Campus cafeteria is now closed on weekends with the exception of Easter and Christmas.

Alternatively, Tim Hortons, located in the Main Lobby, is open 6:30am to 11:30pm daily and has a wide selection of food and beverages to choose from.



Staff Forum

with Dr. Higgins

Come join us as Dr. Higgins discusses recent hospital initiatives and updates, followed by a Q&A period. Your input, questions and feedback are welcomed!

Charlton Campus April 25th, 2012 -12pm to 1pm
Frank Charles Miller Amphitheatre

King Campus May 7th, 2012 - 12pm to 1pm
Kemp Auditorium

New ICU encourages wellness, comfort and speedy recovery

The existing Intensive Care Unit (ICU) opened in November 1989 and over the years, critical care has broadened and evolved within the unit and across the hospital. This is reflected in the development of the Department of Critical Care Medicine (See pg. 7). Through funding from the Ministry of Health and Long-Term Care (Critical Care Secretariat), the ICU is working with our Redevelopment team to undergo a renewal and expansion project.



On March 8, 2012, Phase One of the redevelopment project was completed, with patients in ICU West and ICU Mid-West relocating into the newly expanded unit. Patient rooms are bright and fresh, showcasing bright greens, blue sky ceiling, laminate natural wood flooring and an impressive amount of natural light to encourage wellness, comfort and speed of recovery. New state-of-the-art exam lights provide direct lighting that is useful for line insertion, procedures and patient exams. Through a generous gift from HMECU, each new ICU patient room features a flat screen LED TV. In addition, two procedure carts, a line insertion cart and a continuous renal replacement supply cart were also made possible through the HMECU gift. Outside each patient room there are wall-mounted documentation stations, with wireless access points, for staff to complete patient documentation while being able to see and monitor the patient. A new communication station will provide a central location for clinical staff to complete additional paper work.



With Phase One complete, the ICU will continue to support 19 funded ICU beds and one additional space for overflow. In the following phases, redevelopment work will take place on the existing ICU as well as joining the hallways of the new space and existing ICU department. Following the completion of all phases in May 2012, four additional beds will be available to assist with surge across the Critical Care areas, bringing the total number to 23 ICU beds.

Thanks to the over 600 staff members who toured the new ICU on Friday March 2nd and shared their enthusiasm for the look and feel. We appreciate your continued support over the coming months as the redevelopment project is completed.

*Submitted by Janelle Eade
Redevelopment Communications Specialist, SJHH*

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EMAT

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What was the purpose of the exercise?

This was an opportunity for SJHH and HHS to test components within our **CODE ORANGE** response plans.

What is EMAT?

EMAT is a 56-bed mobile field unit that provides medical assistance within 24 hours to any road-accessible community in the province. It is part of the Ministry of Health and Long-Term Care's health emergency response program and a key component of Ontario's overall emergency response capacity. EMAT is operated by Sunnybrook Health Sciences Centre in Toronto, a leader in emergency preparedness. EMAT's specially-trained physicians, nurses, paramedics and social workers from across Ontario - including many from Hamilton - are on-call to staff the field unit.

Who participated in this exercise?

SJHH and HHS emergency planners, 140 EMAT members, senior consultants from the MOHLTC-EMB, 80 volunteers from the Canadian Red Cross and St. John's Ambulance, medical, nursing and paramedic students, and emergency department nurses and physicians from SJHH and HHS. Additionally, this exercise was supported by 'patient actors' from the University of Toronto's Standardized Patients Program.

What took place during the exercise?

The exercise scenario was played out over a three-day period. Here's what happened:

Friday, March 2nd, 2012

The exercise scenario was focused on a large explosion that occurred near the Charlton Campus. Within 30 minutes of the incident, a major surge of people arrived at the hospital seeking medical attention or information. This included the walking wounded, those with psychological trauma and those concerned about loved ones.

1400 hours - SJHH IMS Command contacts MOHLTC-EMB to report exercise scenario.

1500 hours - Teleconference begins with MOHLTC and EMAT.

1800 hours - The EMAT Reconnaissance Team arrives at the Charlton Campus to scout out the hospital footprint and recommend how they might assist the hospital.

1900 hours - The EMAT response team is deployed to SJHH. Exercise ended.

Saturday, March 3rd, 2012

0600 hours - HUSAR (Heavy Urban Search And Rescue) arrives at Fontbonne to unload equipment that will be used to set up a self-sufficient 14-bed ICU in Conference Room 3.

0830 hours - Volunteers and actors began preparing for their roles.

0930 hours - The self-sufficient 14-bed ICU is set up and ready for use. Over the next seven hours, this ICU is filled with simulated patients and is used for training.

1100 hours - A Decontamination Tent is resurrected outside of Fontbonne and is used to decontaminate several simulated patients (above).

1300 hours - A Family Reunification Centre is established. This is used for psychological trauma training.

1630 hours - Exercise play ends.

1800 hours - All equipment is removed from Fontbonne and HUSAR starts to load trucks.

Monday, March 5th, 2012

SJHH and HHS simultaneously activated a table-top exercise at 1000 hours with their respective senior teams including the ED, ICU and Surgical Chiefs. This exercise was based on the same Code Orange incident that was used for the live play with EMAT. Table-top exercises provide an opportunity for key decision-makers to discuss strategies required to respond to an event of this magnitude. This type of exercise is critical in Emergency Preparedness as it helps to ensure emergency response plans are reviewed and validated. These exercises provide an opportunity to identify strengths or opportunities for improvement.

Next Steps

The emergency planners from SJHH and HHS will be briefing with the MOHLTC and EMAT to review the live exercise play. Additionally, the hospital planners will debrief on the table-top exercise and bring forward key learnings and recommendations to their respective senior team.

*Submitted by Stephanie Trowbridge
Emergency Preparedness Manager, SJHH*

Med Staff Association recognizes the exemplary work of St. Joe's staff



Congratulations to Craig Peters who was recently chosen to receive the Exemplary Service Award by the Medical Staff Association. The Exemplary Service Award is intended to recognize staff who perform their everyday duties while providing added value with their enthusiasm, compassion, initiative and skill, essentially going above and beyond what is asked of them in their everyday roles.

An Audio/Visual Technician, Craig has been at St. Joe's since 2000 and is responsible for many behind-the-scenes work including facilitating video conferencing, hospital rounds setups and event photography. He was presented with the award by Dr. Sam Salama, Vice-President of the Medical Staff Association.

President's Message

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times, better access and less variation between healthcare providers.

As we embark on a new era in the way healthcare is funded and provided, I am encouraged by the many activities in our organization that showcase the teamwork, skill and collaboration we enjoy at St. Joe's.

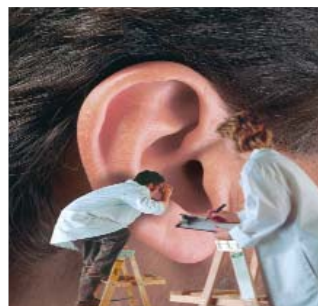
As you have heard through various media sources, Sandoz Canada, a key manufacturer of IV injectable drugs used primarily in hospitals, has significantly slowed drug production. Sandoz produces more than 110 drugs including antibiotics, anaesthesia drugs, pain management drugs and anti-nausea medications. This is a national issue and one that has been addressed with major attention at St. Joe's. Medical and administrative leadership have been collaborating on a daily basis since the shortage was announced. To highlight the importance of quality and patient safety and to ensure we maintain optimal patient care to the best of our ability, the drug shortage has been addressed by forming the Incident Management System (IMS). A robust tracking process has been developed to monitor drug inventory and utilization daily through our own pharmacy department. Nurse

Managers and Heads of Service are provided with real-time data and alternate drug utilization procedures. I also hope many of you have made use of the new 'Hot Button' on MyStJoes which consolidates all communications including IMS Updates, Clinical Process Change Communications and an updated Critical Drug List.

Situations such as the critical drug shortage illustrate the need for regular emergency planning. On March 3rd, a very successful provincial Emergency exercise took place at St. Joe's with more than 300 people participating in an important exercise that mimicked an external disaster requiring urgent medical care. Recommendations and key learning's resulting from this exercise will be used to further enhance emergency preparedness across the province.

Finally, in yet another example of how St. Joe's remains true to our mission of dignity and respect, I was truly impressed by our latest redevelopment project. I hope you all had an opportunity to tour the new Intensive Care Unit on March 2nd. I am pleased to see the many components that encourage wellness such as the bright patient rooms and calming tones and that the space strongly supports our quality and patient safety agenda. The new ICU space has state-of-the-art equipment such as documentation stations with wireless access points, exam lighting and a new patient ventilation system. I look forward to further enhancement of the new Department of Critical Care Medicine as all ICU redevelopment phases are completed in May 2012.

Dr. David Higgins
President, SJHH



St. Joe's Audiology Services is "hear" to help you! We offer hearing aids and accessories, service on all makes and models, hearing assessments and hearing aid evaluations. If you have not had a recent hearing test, why not ask your doctor to refer you to us? For more information, please call 905-521-6102



Nutritional MYTHS

We all know not all nutrition information is 100% credible so this month, we are focusing on dispelling popular food and nutrition myths.

myth: Everyone should eat a gluten-free diet.

truth: Following a gluten-free diet is a big trend these days. Gluten is the protein found in grains like wheat, barley, rye and foods made with these grains. Some people follow it to lose weight or to control symptoms such as bloating.

A gluten-free diet is the only healthy way of eating for people who have been diagnosed with celiac disease or a gluten sensitivity. It isn't necessary for everyone else. For good health, whether you choose gluten free or not, make at least half of your grain choices 100% whole grain.

myth: Sea salt is healthier than table salt.

truth: Sea salt and table salt have the same basic nutritional value, despite the fact that sea salt is marketed as a more natural and healthy alternative. The real difference between sea salt and table salt are their taste and texture.

The amount of sodium per ¼ teaspoon table salt is about 590 milligrams of sodium. Sea salt varies between 400-590 milligrams of sodium per ¼ teaspoon. Sea salt also contains minerals and some people find it more flavourful so they add less sea salt during cooking. Regardless of which type of salt you use, avoid or cut back on the amount added during cooking. Consuming more than 2,300 mg of sodium per day increases your risk of health problems. On average, Canadians consume 3,400 mg of sodium every day, mostly through processed foods.

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A 2012 Recipient of the TD Grants in Medical Excellence could be you!



Would you like to be considered for a TD Grant in Medical Excellence? If so, now is the time to begin compiling your tuition receipts and course registration information as we anticipate that the call for applications will open in mid-April, 2012. Please note that your continuing education tuition and expenses must meet a minimum value of \$1,000 for you to be considered

for a grant. Keep an eye out for elevator posters and a MyStJoe's posting coming in early April as well as an email from Employee & Organizational Development highlighting the application deadline for 2012. The first 14 eligible applications received will be selected to receive a grant.

Good luck and should you have any questions, please contact the St. Joe's Foundation at 905.521.6036 or Ida Chan in Employee & Organizational Development at ext. 36391.

About the TD Grants in Medical Excellence:

Since 2000, TD Bank Group has been helping nurses and other healthcare practitioners at St. Joseph's Healthcare Hamilton to enhance their skills by providing them with financial assistance for continuing education through the TD Grants in Medical Excellence.

To date, the bank has donated more than \$625,000 to the education fund, and more than 140 St. Joe's staffers have been awarded grants in the past 12 years, including the adjacent list of recipients from last year.

One of the 2011 grant recipients, Bonnie Reaburn-Jones, is a speech language pathologist at St. Joe's. At

last year's presentation ceremony Bonnie said, "It's rewarding to know that TD Bank Group acknowledges that professional development and post secondary education in the area of healthcare can be costly. The TD Grants in Medical Excellence are helping me and my colleagues to develop and expand our clinical, leadership or research skills in healthcare. This financial support will ultimately translate into improved quality patient care at St. Joe's."

2011 Recipients of the TD Grants in Medical Excellence:

Yolanda Berghegen, Jennifer Krop, Susan Strong, Gail Burns, Lori Lawson, Nicole Theriault, Vince DePaul, Anne Moulton, Stephanie Trowbridge, Wendy Freeman, Bonnie Reaburn-Jones, Lily Waugh, Tricia Gill, MaryLou Solow, Alexandra Young



The Annual Quarter Century Service Award Dinner to honour St. Joseph's employees who have recently completed 25 years service will be held on June 6, 2012 at Carmen's Banquet Centre. These employees, along with a guest, will enjoy an evening of celebration

where they will be presented with their pre-selected gift in recognition of having reached this 25-year service milestone.

For those being honoured this year, we thank you for your commitment and dedication to the mission and values that defines St. Joseph's Healthcare.

Critical Care Medicine Department formed

St. Joe's is happy to announce that after many years in development, the Department of Critical Care Medicine has been formed in recognition of the broadened sphere of Critical Care within the hospital bringing St. Joseph's Healthcare Hamilton in line with many other hospitals in Ontario. The inaugural Chief of the new Department of Critical Care Medicine, Dr. Mark Soth, has lead Critical Care at St. Joseph's Healthcare for the past several years, further strengthening our quality and safety in Critical Care and firmly cementing our educational leadership and our world-class research program.

Coming soon: National Volunteer Week 2012!

What a great time to thank your volunteers! April 15 - 21, 2012 is National Volunteer Week (NVW), designed to pay tribute to the millions of Canadian volunteers who donate their time and energy to worthy causes. At St. Joe's, our volunteers are those extra special caregivers who exemplify our organization's commitment to compassion and patient-centred care!

Throughout NVW, the Volunteer Resources Department will be recognizing the value of volunteers by hosting recognition events and offering small tokens of appreciation. Your department can get involved too! Thanking your volunteers is easy and inexpensive. In fact, volunteers tell us that one of the most meaningful gifts they receive is a simple hand-written, personalized thank you card. Please consider joining us in recognizing and appreciating the dedication of our fabulous volunteers, who are at St. Joe's not for the pay, but for the pure joy of helping others.

Here are some creative ways to thank volunteers:

- hand out single flowers or small potted plants
- nominate them for upcoming awards
- bring in cookies, cupcakes, muffins, or donuts
- host a departmental potluck brunch, lunch, or coffee break
- present them with a framed certificate
- circulate a thank you card and have staff write a short comment
- feature pictures of the volunteers in your department
- send them an e-card
- personally tell each volunteer what you appreciate most about them!

The Volunteer Resources Department would love to hear how YOU plan to thank volunteers during National Volunteer Week. Please contact us to share your ideas! Charlton Campus, ext. 33464, King Campus, ext. 38162 and West 5th Campus, ext. 35561.

Submitted by Andrea Pitts
Co-ordinator, Volunteer Resources, SJHH

Photo:

From L to R: Johan Gray, Maria Llandino, Karen Dejonge, Camilo Sanchez, Chang Lu, Ken McGregor, Jay Virly, Cristian Rodriguez



The Most Reverend Douglas Crosby and Kim Ciavarella, President of St. Joseph's Home Care, celebrate the 90th anniversary of St. Joseph's Home Care on March 22nd. "As we reach this milestone anniversary, it's another opportunity to reflect on the amazing dedication and impact our home care employees have made in the homes of our clients," said Kim. "In the spirit of the mission that St. Joseph's Health System upholds, we will continue to provide the most compassionate quality of care to the clients we are privileged to serve, while encouraging their healing and independence."

Payday Payouts Lottery

Winners!

Winner: John Plumb
Department: Respiratory Therapy
Draw Date: February 16th, 2012
Prize Amount: \$6,051.00

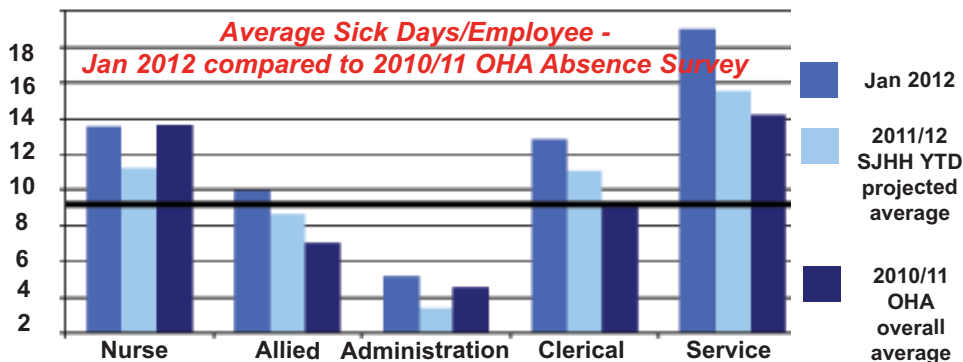
Winner: Upkar Malhi
Department: Pharmacy
Draw Date: March 2nd, 2012
Prize Amount: \$6,078.25

Winner: Tiffany Higson
Department: AT&RC
Draw Date: March 15th, 2012
Prize Amount: \$6,052.50

A new season of the **Payday Payouts** lottery will begin in April 2012 and we will be printing more tickets than ever before. Players currently enrolled will automatically receive new tickets, but soon applications from new players will be accepted.

Visit stjoesfoundation.ca and click on the staff programs section of the website for full details on the lottery.

Creating a culture of attendance @ St. Joe's



The graph above displays our organization's target (black line) of 9.25 days compared to how each group by profession has been doing in January 2012, year-to-date and compared to the OHA average per profession group. Our projected average sick days for the current fiscal as of January is at 10.94 days, raising our annual average compared to December. This represents a 4% increase over where we were trending at as of January 2011. When comparing actual sick days taken in the month of January 2012, our average has decreased by 9% compared to actual sick time taken in January 2011.

As we continue to focus on decreasing overall absenteeism on a departmental and organizational level, we also want to recognize your efforts individually. Within the last attendance cycle (July to December 2011) 1425 Perfect Attendance letters and 1002 Near Perfect Attendance letters were sent out. This means that over 50% of our staff are taking less than three sick days within a six month period. Thank you for your continued efforts to help us achieve our organization's target of 9.25 average sick days.

Body Watch

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myth: Honey, maple syrup, brown sugar and natural fruit sugar are healthier than white sugar.

truth: These are all sugars and our body cannot tell the difference between them. Fresh fruit does contain fruit sugar but it also provides many vitamins and fibre your body needs so it is a healthy choice. For all the other sugars, whichever type you choose, use small amounts and avoid foods and drinks where the first few ingredients listed are a type of sugar.

Visit www.nutrition2012.ca for more information.

For a full listing of Employee Deals and Discounts, visit www.stjoes.ca/play

All employee deals and discounts are offered with a valid hospital identification badge.



Connections is published monthly by the St. Joseph's Healthcare Public Affairs Department.

We want to hear from you!

Please send us your comments, suggestions, story ideas or submissions. The Public Affairs Department reserves the right to edit and print your submissions as space permits. Submissions are subject to approval. Submissions must be received by the 10th of each month prior.

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