Comments and Compliments –

Patient Relations

At St. Joseph’s Healthcare Hamilton we expect everyone will treat each other with dignity and respect at all times.

We invite you to contact our Patient Relations Department at 905-522-1155 ext. 33838 when you have comments, compliments or complaints about the care you had here.

When you call with a compliment, we will pass this message on.

When you call with a complaint, we will work with you and the health care team to try and resolve the problem using respect, compassion, confidentiality and fairness for all involved. If no one is available when you call, please leave a message.
About this Book

This book is for patients, family members, friends and visitors. Since patients come here from another hospital unit, the focus of this book is specific to what happens on the ALC Unit. It also reminds you of some of the services you may already know about in the hospital.

If you have questions or concerns, we hope you feel free to talk to a member of the health care team.

Translation Services

SJHH respects all patients and families. Let your health care provider know if you wish to communicate in a language other than English. Translation services will be arranged. Sign language can also be arranged when needed.

Contacts:

- ALC Nursing Station: 905- 522-1155 ext. 32890
- Unit Manager, Stephanie Pust: 905-522-1155 ext. 32733
- Nurse Practitioner, Karen Antoni: 905-522-1155 ext. 35097
- Social Worker, Aji Johni: 905-522-1155 ext. 32209

Because some patients are on diet restrictions, please talk to the staff before you buy food.

When patients are on Isolation Precautions, any food brought into a patient room must be on disposable dishes. Signs are posted in the patient kitchen about what friends and family should do with food before bringing it into the room.

Chapel

The chapel is located near the main entrance. It is a quiet, peaceful place where everyone is welcome. Daily mass and special services are posted on the chapel door. If you would like to take a patient to the chapel, please speak with one of the nurses.
Welcome to the ALC

Patients may be transferred to this unit temporarily when they are medically stable and no longer need to be in hospital but they cannot return to their home. A patient on this unit may be waiting to go to one of the following:

- rehabilitation unit
- retirement home
- palliative care unit or hospice
- long term care facility (nursing home)

With time, as the medical issues are treated and managed, some patients become stronger. Discharge plans may change to going home with supports.

During their stay on ALC, patients are up for most of the day, are encouraged to wear their own clothes and eat meals in the dining room.

Because some of our patients like to wander:

The unit has a key pad near the door for you to use when leaving the unit. This helps to prevent unwanted exits by patients and allows them the freedom to walk within the unit.

We ask that you are careful when leaving so patients do not leave the unit at the same time. If you are unsure if someone can leave, please ask one of our staff members.

Meals

- Breakfast: 8:00 a.m.
- Lunch: 11:30 a.m.
- Supper: 4:30 p.m.

You are encouraged to visit around meal times because patients often eat better when family members are present. Most ALC patients eat together in the dining room on the unit. Because some patients have special diet restrictions, we ask that you check with the staff before giving the patient food brought from home.

Call Bells

Each bed and bathroom has a call bell. You can tell the patient to push the call bell if he or she needs help. Staff at the nurses' station can talk through a room speaker to see what is needed.

Food and Drinks

The cafeteria, on Level 2, offers a wide variety of snacks, meals and food. There is a coffee and snack shop on Level 1 by the main entrance and Level 1 of the Fontbonne Building. There are also vending machines around the buildings. If you would like to take the patient out of the unit for a meal or snack, please speak with the nurse to ask about ‘off-unit privileges’.

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Our Goals

• To provide a temporary safe, home-like setting while waiting for discharge
• To look after personal care needs such as toileting, bathing and eating healthy
• To promote mobility. This may include working with a physiotherapist or occupational therapist.
• To provide cognitive stimulation and an opportunity to interact with other patients by taking part in unit activities organized by a recreational therapist
• To optimize quality of life
• To ensure comfort and dignity at the end of life

About Our Health Care Team

The ALC unit is lead by nurse practitioners and supported by doctors. We have a holistic and wellness focus of care.

The unit is staffed to help achieve these goals for people who no longer need to be in a hospital setting but whose care needs exceed what can be provided in a community setting.

Privacy and Confidentiality

SJHH is committed to protecting the privacy of all patients, visitors and staff. With this in mind, you are respectfully asked to communicate with staff outside the hours of change-of-shift reporting:

• 6:30 to 7:30 a.m.
• 6:30 to 7:30 p.m.

While we encourage you to take part in your loved one’s care, it is important to understand that taking photographs or videos (mobile devices and cameras) is prohibited unless those involved have given consent to having pictures taken. If you want to take pictures and/or record an event, please talk to one of the nurses.

Fragrance Free

Many patients, staff and visitors are allergic to scented products.

For everyone’s safety, please do not use any scented products such as perfume, cologne and aftershave.
The members of your health care team are:

You and your Family

Patients and family members provide valuable information and support. We encourage you to talk with members of the health care team often.

Most Responsible Physician (MRP)

The physician responsible for patients on ALC is known as the MRP. He or she consults with the team about issues as needed. You may speak with different physicians, as the MRP changes every few weeks.

Nurse Practitioner (NP)

Our care team includes nurse practitioners who are generally available daily during the week.

NPs are registered nurses who have advanced university education which has prepared them to diagnose illnesses, order and interpret laboratory and diagnostic tests, prescribe medications and make referrals to other health care professionals when needed.

Here is an example of an Isolation Sign:

Please avoid visiting if you do not feel well or have any of the following:

- chills or fever
- diarrhea in the last 48 hours
- nausea or vomiting
- signs of an infection such as a rash or open sores
NPs work independently and in partnership with the MRP and other members of the health care team to:
- look after day-to-day medical issues
- assess each patient’s response to the plan of care
- perform physical assessments
- coordinate discharge plans
- update patients and their families

Registered Nurse (RN) or Registered Practical Nurse (RPN)

Nurses provide nursing care and daily assessments, give medications, provide education about relevant health issues and encourage family members to be involved in care. They work together with personal support workers and other team members to address issues and monitor progress.

Personal Support Worker (PSW)

Personal support workers work closely with the nursing staff and other members of the team to help with personal care, feeding and mobility.

Social Worker

Social workers meet with family and the health care team to help with discharge planning. They help make referrals to community agencies, including the Community Care Access Centre (CCAC), and provide counselling and information about residential care facilities, co-payments and finances.

Wash your hands before and after each visit.

Why is handwashing important?
- Clean hands reduce the spread of germs.
- Germs, like cold or flu, can make you sick.
- Clean hands can save lives.

While you are here, do not be shy:
Help our staff remember how important it is to clean their hands by asking any member of your health care team, “Did you clean your hands?” Remember to clean your hands often while you are here.

Isolation and Visitors – Patient Safety

If a patient is in isolation there will be a special sign on the room door to alert visitors and staff. The sign will show everyone what they need to do to visit or provide care safely. If you have any questions, a nurse is available to help you, as well.
The therapists will ask about falling as well. This gives the team a good understanding about the patient’s level of risk for falls.

Before getting up, you can help by reminding the patient to:
- sit up slowly
- sit at the side of the bed with feet on the floor for one full minute before standing up
- ask for help before getting up the first time
- use a good pair of walking shoes or non-skid socks
- repeat instructions about safe use of a cane or walker if used

You can also ask the patient to tell you if he or she feels dizzy or like falling. If so, have the patient sit down right away – on a chair, a bed or on the floor. Ask someone for help. Please tell a member of the care team about what happened.

**Patient Safety – Protect Yourself and Others**

Each time you enter and leave the hospital use the hand pumps to clean your hands. Before you enter and when you leave the unit, follow the handwashing directions posted and clean your hands well.

If you are visiting a patient in isolation, please speak with the nurse, who will show you what to do, before you enter the patient’s room.

**Physiotherapist (PT) and Physiotherapy Assistant**

Physiotherapists and assistants help patients maintain and optimize their strength, balance and endurance related to moving. The treatment plan is based on individual patient needs.

**Occupational Therapist (OT)**

Occupational therapists evaluate cognition and also the need for assistive devices such as wheelchairs, raised toilet seats, or modified eating utensils. OTs also make important recommendations about what a patient will need after discharge.

**Recreation Therapist**

The recreation therapist assesses patient leisure needs and helps to find ways to meet these needs. Programs and activities are designed to decrease isolation by helping patients take part in activities offered. The recreation therapist also helps promote cognitive stimulation in a supportive setting. These types of activities reduce patient agitation and exit-seeking behaviours.
Dietitian and Diet Technician

Dietitians and diet technicians make sure patients have healthy meals to meet their nutritional needs. Changes in diet are based on medical needs and patient preferences.

Speech and Language Pathologist (SLP)

A speech language pathologist may be involved if the staff or family members feel there is a concern about swallowing. They can also provide valuable recommendations to help improve communication for some patients who have had a stroke.

Spiritual Care (Chaplain)

These members of the health care team provide spiritual, religious and emotional support. They help patients and families take part in prayer, sacraments, and worship services as requested.

Additional Services

Our staff can provide you with information about any of the following:

• haircuts
• nail and foot care
• showering
• television - $40.00 a month
• telephone - $20.00 a month

Valuables

Please tell the nurse and ask the nurse to write on the medical record if any of the following items are left with a patient:

• dentures or partial plates
• hearing aid(s)
• glasses
• walking aid such as a wheelchair, walker or cane from home
• jewellery
• money
• wallet with credit cards, identification or passport
• mobile phone
• lap top computer or tablet

St. Joseph’s Healthcare is not responsible for lost or stolen items. You can ask to have valuables locked in the vault for the time the patient remains in hospital. They will be returned upon discharge.

Patient Safety – You can help to prevent falls

One of our goals is to make sure that everyone is safe all of the time. A fall can happen any time but there are ways to reduce the risk of falling.

The nurse will do an assessment shortly after the patient arrives on ALC, which will include a review of the patient’s history and asking some questions.