

January 2014

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Pulse

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Canada 2013: HCPRA

Looking back at 80 years of the JGH
ahead to Pavilion K



Hôpital général juif
Jewish General Hospital

Building on 80 years

The Jewish General Hospital is celebrating its 80th year with a logo designed to commemorate this special milestone. On the horizon for 2014 is an even greater focus on patient-centred care—notably, as an integral component of February's launch of the newly expanded and upgraded Emergency Department, the first phase of Pavilion K.

The JGH is about more than buildings and equipment, however. The hospital's quest for innovation and excellence is driven by the caring, inclusiveness and humanitarian values that have been intrinsic elements of this institution since it opened in 1934. It is this legacy that has empowered the JGH for eight decades and enables the hospital to respond to patient's evolving needs.

Members of JGH staff who would like to use the logo in 2014 for print or digital documents, contact **Chelsea Pandelidis** via Lotus Notes.



Hôpital général juif
Jewish General Hospital



Countdown to K Forging a stronger Link to the new pavilion

For many weeks, a single target date—February 16, 2014—has loomed large in the minds of healthcare staff who are preparing to move into the new Emergency Department in Pavilion K. However, support staff see things a little differently: Their chief concern is how to ensure smooth and efficient movement every day—and sometimes repeatedly in one day—between the old and new facilities during and long after the grand opening.

That objective is complicated by the fact that, for the foreseeable future, the main thoroughfare will continue to be the passageway that now connects the ground level of Pavilion D (S1) to Pavilions H and K. With nearly 4,000 people using this route each day, the delivery of fresh supplies to the staff and patients in the new Emergency Department could at best be subject to inconvenient delays or at worst, pose a hazard.

That's why the JGH Transition Team has developed the Link project, one of two dozen interlocking endeavours that will help provide proper support to Pavilion K as the new facility gets on its feet. All contingencies will be accounted for, given the interdisciplinary makeup of the Transition Team, whose members have been focusing on diverse aspects of the new pavilion since fall 2012.

"We've had our ears open, listening to everyone's difficulties relating to the move," says **Joanne Côté**, Director of the Transition Office. "Our main criteria in deciding which projects need to be launched most urgently are those involving patient safety and quality of care, as well as workplace efficiency."

Ms. Côté, formerly a Senior Nurse Manager in Cardiology, notes that the Transition Team sets the groundwork

for a given project, but "by no means does it decide anything for anyone. The team is not the owner or the decision maker. It's simply there to facilitate."

The first step, once a project has received the green light, is to assemble a group of people who are the most directly affected, says **Marjan Yazdanpanah**, the team's Coordinator of Logistical Projects. "One of the most crucial requirements of a project is to have all the right people at the table—frontline people who understand the problems in detail."

This approach was applied to the Link project, since departments such as Pharmacy, Security, Transfusion Services, and Stores and Receiving, will feel the impact of regularly moving back and forth between the buildings. Their representatives were assigned a budget and were told to identify the greatest obstacles and risks faced by their departments in transporting patients and supplies through the Link.

With guidance from Transition Team facilitators, who are certified in lean management (Ms. Yazdanpanah, as well as nurses **Julie Péloquin** and **Cynthia Certosini**), the representatives placed potential solutions on the table. "They streamlined down from 80 possible solutions to the most concrete, applicable and practical ones," says Ms. Yazdanpanah.

"It has been very gratifying to turn ownership of these projects over directly to the people who are affected," says Ms. Côté, noting that by the end of 2013, four projects had already been completed. "They succeeded in moving very quickly from concept to reality."

jgh.ca/transition



Staff link up to find link solutions

Representatives from four of the work groups who conducted simulations to spot potential problems in moving supplies and people in the Link share what their teams found, along with their proposed solutions:

Luc Sarrazin, Chief of Laundry

Task: Transport clean and soiled linen to and from the new Emergency Department.

Problem: Since the laundry carts are meant to be used on flat surfaces, they tend to tip over on the Link's sloping and curving ramps, especially when pushed uphill. They also lack a lockable cover to keep from losing their contents, which could topple onto passersby.

Solution: New, smaller carts will transport fresh linen to Pavilion K hourly, making it easier for Laundry staff to navigate the meandering Link. The carts' lower centre of gravity also makes them less liable to tip over. Seven large laundry carts, located in various Emergency locations, will be receptacles for soiled linen. Once filled, two will be used to transport the contents to the Laundry facility in the main hospital; however, use of the Link will not be a problem, since tipping is much less likely when the carts move downhill back to the main building. This procedure will also help to minimize the number of trips. Eventually, soiled linen will be shipped to the Laundry through a vacuum device.

Dietician Anna Dimitrakopoulos, Chief of Production and Distribution, Dietetics Department

Task: Deliver patients' food to the new Emergency Department.

Problem: The slopes and narrow passageway of the Link cause trays to fall off carts, or food to slip to one end of the tray.

Solution: Many different solutions were researched, such as how food is transported in airports. One idea was to pre-seal meals like TV dinners. Different options were considered for preserving the temperature of the food (such as heating sheets and thermal bags). Finally, though, "no viable, cost-effective solution was found," says Ms. Dimitrakopoulos. Instead, meals will be transported via a second-floor passerelle.

Rosalie Johnson, Coordinator of the Nursing Resource Centre, is responsible for the Transport Attendants program

Task: Ensure that people move safely through the Link.

Problem: "The Link is sloping and narrow, like a labyrinth," says Ms. Johnson. "With so many supplies moving through it, there is a risk of collisions, so our Number 1 consideration is to maintain safety."

Solution: One answer, already in place, is to install mirrors, so that users can see what's around the bend. Also, a new delivery schedule prevents gridlock. Extra coordination is provided, via walkie-talkie, by a security agent at the Link's halfway point and a Transport Attendant at the entrance to the passageway in Pavilion D. Thus, a delivery can be halted when necessary. The attendants, trained in safely moving patients throughout the hospital, are also available to direct pedestrian traffic. For example, if an elderly person with a walker approaches the Link, the attendant can transfer that individual to a wheelchair for safety and ease of movement.

Victoria Fernandes, Operations Manager, Enviro Services

Task: Deliver supplies, such as garbage bags, soap, paper hand-towels and toilet paper, to the new Emergency Department.

Problem: To minimize Link traffic, a schedule was devised that allows various services to move their supplies at assigned times. "On a perfect day, we can use these designated times, but that's not always realistic for us," says Ms. Fernandes. As a result, the main compactor room, where all hospital waste is brought, can experience a build-up of trash.

Solution: Activity in the Link drops dramatically after 4:00 p.m. If a depot can be created to store waste during the day, evening staff would transport all of it during off-hours and make the empty bins available for use the next morning. "If Enviro Services leaves all of this business (except emergencies) until 4:00, it would free up the Link during the day for much-needed services by other departments," says Ms. Fernandes.

Show us your moves!



Gondola

There's no canal in sight, but you can take a gondola to move to Pavilion K! Ship files, books and binders in these shelves on wheels, just one of several customized containers provided by Health Care Relocations (a company that specializes in

moving hospitals) for staff who are transferring their supplies to the new pavilion.

Everyone in the JGH Emergency Department who will be moving offices, including nurses, social workers, and discharge planning and research staff, is responsible for packing their own material in the weeks leading up to the move to Pavilion K. "The plan is to transfer everything in the ED that is still in working condition, in the week leading up to the February 16 move," says ED nurse **Joy Estrada**, an Equipment Move Coordinator along with nurse **Meg Hoodspith**. In the meantime, says Ms. Estrada, staff should "purge anything that they don't need to bring over. Recycle or throw away papers, binders, broken items, as well as your outdated patient information."

Other cases that will be available to transfer items include totes for loose desk items, bags for computer accessories, and 'speed packs' for transporting larger, fragile items such as pictures, walkers and computers (IT will handle moving and installing all computer components).

But before packing up all their supplies, staff should take note: items flagged with a green tag are destined for transfer to specific areas in the new ED, while those marked in red will remain behind.

Ms. Hoodspith reminds staff that in the weekend directly preceding the move to Pavilion K, they will be required to share their supplies and equipment, as most items will have already been transferred to the new ED.



Blue totes

Extra! Extra! The added value in promoting research through media



Jewish General Hospital
Lady Davis Institute

With government funding becoming increasingly scarce and with healthcare and academic institutions squeezed for money, it is more important than ever for clinicians and scientists to turn to media to attract public attention to their work. The role of media is to 'broadcast', offering the best chance for healthcare professionals to reach the masses and potentially elicit private donor support or impact policymakers responsible for funding decisions.

"You really have to be pro-active in selling your science and getting your message out in the arena of ideas, going beyond the dialogue among scientists," says **Dr. Koren Mann**, an investigator at the Lady Davis Institute at the JGH. "Ultimately, every individual donor gets a say in what research gets funded, so it's important to enhance awareness about your work."

"While scientific publications are the vehicle through which medical research is shared within the profession, they are seldom read—and even more rarely understood—by a general audience," adds **Tod Hoffman**, Research Communications Officer at the LDI. "Traditional and social media provide alternative vehicles for spreading information to the wider public."

"Scientific language is often incomprehensible to the public," agrees **Dr. Hyman Schipper**, an LDI researcher and JGH clinical neurologist whose particular interest is Alzheimer's and Parkinson's diseases are two conditions of enormous public interest. "Our work touches people's lives, so we need to take advantage of opportunities to bridge the gap between scientist and layman."

Twitter and other social media outlets provide an effective venue through which scientists can engage in a dialogue with each other or the public. Studies show that patients are becoming increasingly proactive in their healthcare and seek out information on research that relates to their medical condition(s). To reach and captivate an audience when communicating information about research on Twitter, as with journalists, be concise and avoid jargon.

"It is as important to inform the public about your results as it is to produce them," concludes Dr. Mann.

LDI researchers who wish to obtain media coverage for their clinical and research findings or provide expert comment on healthcare stories in their field are encouraged to contact Mr. Hoffman at the institute's Research Communications Office at ext. 8661 or thoffman@jgh.mcgill.ca.
ladydavis.ca

New Executive Director shares his strategy with staff

Dr. Lawrence Rosenberg hosts his first CEO Forum



Dr. Lawrence Rosenberg, JGH Executive Director, chats with hospital staff during a meet-and-greet event on November 27.

With the JGH's 80th anniversary on the horizon, **Dr. Lawrence Rosenberg** hosted his first CEO Forum, enabling the JGH's newly appointed Executive Director to reflect on the hospital's roots, while laying out a strategy for the future.

"This place has a unique history, a special legacy," Dr. Rosenberg told staff who had gathered in the Block Amphitheatre on December 5. "We began in the community looking after patients who had nowhere else to go. We need to recapture those roots, by going back to who we are and what we do best—that is, providing high-quality, compassionate care to patients when they need it, where they need it, and how they want to receive it."

Placing the patient at the centre of health care should be the goal of every employee, Dr. Rosenberg continued. Members of staff must continually ask themselves how their interaction with patients significantly improves their journey through the hospital, and how an exceptional patient experience can be created from the time someone enters the hospital until they leave.

The answers, said Dr. Rosenberg, will not be found by increasing the volume of patients. On the contrary, he explained, increasing any of the hospital's activities without a sound rationale will not enhance quality of care or performance. On the contrary, these will begin to suffer, says Dr. Rosenberg.

Rather, Dr. Rosenberg encouraged everyone on staff to envision a future JGH where:

- **Quality and cost effectiveness are valued over volume.** "We can't do everything, and we can't do everything well," he said. That means working with external partners to provide superior care by forgoing programs that are merely good in favour of those that staff are passionate about and can perform at an excellent level. The JGH already provides some services with an expertise that is unmatched anywhere else in Canada, and "that's where we should focus our energy, our money, our interests and our research. We have to make choices; we have to prioritize."

- **Care is centred around the patient, rather than the physician.** Patients will be followed by a dedicated team that takes responsibility for the full cycle and continuity of their care, leading to better outcomes. This includes inpatient and outpatient services, and such supporting services as nutrition, physiotherapy and social work. As well, seamless care would mean reorganizing the hospital around a patient's specific medical condition (or closely related conditions), rather than around a department or service.

- **A transition is made from hospital- to community-based care.** Consideration must be given to the location where patients can most effectively be treated, says Dr. Rosenberg. For example, elderly patients with multiple medical conditions who require more frequent and consistent care are likelier to receive optimal care outside of the hospital. In fact, there are instances when it would be more appropriate and cost-effective for a patient to see a general practitioner, nurse practitioner or other healthcare professional at a local CSSS or walk-in centre (such as the Herzl CRIU) or in private practice, rather than to visit a specialist in a hospital. Once patients are entrusted to healthcare partners in the community, communication systems must guarantee a reliable and timely flow of information. Standardized protocols for care must also be put in place to reduce unnecessary variation in diagnosis and treatment.

Dr. Rosenberg noted that as soon as he assumed his new role, he began visiting areas throughout the hospital to hold "communal discussions" with staff about programs to provide an exceptional patient experience. "We will be creating a road map, starting in spring and continuing over several years, which will lead us on a journey. I want to hear from you what works, what doesn't, what needs to be changed, and what you hope I don't touch. We'll work together to align our expectations as soon as possible, so that we can move forward in a thoughtful, intelligent way."

jgh.ca/ceo

The 50 Shades sensation: What happened in that (hospital) bed ?



50 Shades spoiler alert! A few of the errors in the poster

- Medication not taken, left on food tray
- Unlabeled blood vials left on tray, not sent for processing
- Insufficient identifiers (e.g., name, date of birth) to verify patient's identity: Mr. Rose is about to receive Mr. Flower's medication.
- Empty hand-sanitizer dispenser
- Abbreviated instructions for administering medication
- Sharps and instruments thrown in laundry hamper
- Walker, located too far from patient, has broken wheel
- Food on floor, overflowing garbage
- Physician wearing only one glove, improperly gowned, and using cell phone during examination in isolation room
- Exposed knee abrasion on patient
- Dirty tourniquet on bed

For a while this past fall, it seemed as if some members of JGH staff were positively obsessed with *50 Shades*. You'd see them reading, checking, pondering and discussing, with a few hearty giggles thrown in for good measure.

Oh, but don't worry—it wasn't that version of *50 Shades*. The one that had employees buzzing was *50 Shades of Safety*, a special poster that the Quality Program team created as an amusing but instructive way to make staff think about patient safety.

The challenge for staff, as they carefully scrutinized the poster's large photo, was to spot as many safety errors as possible that had been deliberately staged in a mock patient's room. (Curious about the mistakes? Check the sidebar.) Also featured in the photo were volunteers who played the parts of an unfortunate patient, the patient's wife and his hapless healthcare workers.

50 Shades was a hit at the poster presentation event during Patient Safety Week in November, but it grabbed the most attention as it made the rounds of more than 30 units. Hundreds of evening staff also joined in, as Quality Program team members set out after sundown throughout the week to promote this outreach activity.

"Even though it represents an exaggerated number of breaches, it gives us a sense of

the vast number of negligent and unsafe practices that can seriously harm a patient," says **Cynthia Certosini**, a Nursing Coordinator of Quality of Care who, with the input of a large number of contributors, co-led the development of the poster along with **Chantal Bellerose**, the JGH Accreditation Coordinator and Quality Improvement Advisor. "Even so, the violations depicted in the simulation are by no means exhaustive," she adds.

Accompanying the poster was a detailed answer sheet that not only identified the mistakes, but explained the evidence-based best practices following national and international guidelines. "Safety needs to be an automatic part of the hospital culture," says Ms. Certosini. Even in an area that has been painstakingly designed to meet the highest safety standards, such as the soon-to-open Emergency Department in Pavilion K, "we have to remain vigilant for new problems, so that we can continually improve patient care."

This means regularly reviewing and updating safety measures, says Ms. Bellerose, "but that can get tedious. That's why we came up with the poster. We felt it's easiest to learn when you have fun." **Rita Di Girolamo**, Head Nurse in Acute Geriatrics, says the poster was a winner with her team, because "when you're going into greater depth, you have to get creative to keep staff interested with playful

and innovative teaching tools."

Targeted at staff in all disciplines, *50 Shades* sparked competition on each unit, says Ms. Bellerose, and this reinforced the importance of teamwork in patient safety. "We were hoping to open up a discussion. We wanted employees to say to one another, 'We do this well, but we can do it better, so... what's next? What areas do we need to work on?'"

An interdisciplinary approach is most helpful in preventing errors, because "we all have different eyes and skill sets," adds Ms. Bellerose. "This is especially important when you are confronted with a task that might be a bit difficult or require heightened vigilance."

Markirit Armutlu, the Quality Program Coordinator, says that in retrospect, she is pleased that the project's co-leads persuaded her to accept the racy title. "*50 Shades* certainly caught everyone's attention!" says Ms. Armutlu. "The amusement, interest and involvement of JGH staff during the evening rounds made this a fun and very rewarding learning experience for everyone who participated."

If you're interested in having the *50 Shades* poster brought to your unit, the JGH Quality Program would be happy to oblige. Just contact **Milena Marn** at extension 3928 or via Lotus Notes.

Write it right away Proper follow-up is not only a good idea, it's the law, says JGH Risk Management Advisor **Lianne Dzygala**. When an error is discovered, staff must document it in writing on the AH-223 report. "The poster also raises staff awareness about documenting incidents and accidents," she says. "Incident reporting is an important first step because it creates a Risk Management

dossier and appropriate follow up with improvements to patient safety." When a patient falls, or if a mistake is made in patient identification, the appropriate Continuous Quality Improvement team considers the measures that can be put in place to improve the quality of care. "Reporting errors is key to making sure that high-risk situations don't recur," concludes Ms. Dzygala.

Reaffirming the needs of the mentally ill in Emergency

Not every wound is gaping, not every injury visible, not every symptom perceptible. Yet, decisive action is just as necessary for Emergency patients with mental illness as for those with broken bones or a cardiac arrest. That's why nurses in the JGH Emergency Department—some veteran, others novices—were looking to “extend the scope of their thinking about mental health patients,” says **Melanie Sheridan**, a Clinical Nurse Specialist. They found help close to home, from the hospital's Mental Health team.

This past fall, the Psychiatry Department piloted a two-day workshop, customized for ED nurses intent on working more closely and effectively with mental health patients in the Emergency. Presentations were also developed, along with tours of the Psychiatry Unit. “We were approached by Emergency nurses who were open about needing more guidance, because training had always been one-to-one, ad hoc,” says **Jo Zuckerman**, a Psychiatry Nurse who began her career in the ED. “They wanted to be more engaged and more specialized in providing whole care, rather than tending to strictly ‘medical’ needs.”

Typically, hospital EDs mix psychiatric patients with medical patients (those having purely physical problems), who tend to be seen as needing more urgent and immediate care, says **Vanessa McIntyre**, who joined the JGH ED in 2008. “I enrolled to learn more about psychiatric patients, who often fall into a gray area where numbers, values and measurements are not as well defined. There isn't often the same rush as we have with medical patients to provide urgent attention.”

Karen Finestone, a Clinical Nurse Specialist at the JGH Institute of Community and Family Psychiatry, places the dilemma into perspective: “If you miss a fracture and send a patient home, it's a problem. If you miss a suicidal patient and send that person home, it's no less of a problem. That's why early intervention in the ER is especially important.”

Guy Lessard, the Head Nurse in Emergency Psychiatry and ICFP Psychiatry with 29 years' experience, says that when patients come in, “they're in crisis, it's intense. They might be violent, belligerent or unstable. Once they're on the unit, they'll receive specialized care from the psychiatric team, but early and proper intervention in the ED is crucial in preventing escalation and getting them the urgent care they may need.” The workshops responded to this need, says

A centralized system to transport patients... Now as easy as calling a cab



Transport Attendant Helen Stranzl wheels a patient through the Link passageway.

Starting at the beginning of 2014, the JGH will turn over the task of transporting patients within the hospital to dedicated Transport Attendants, who are specially trained in the safe mobilization of patients.

“We've designed a new patient transport system to free up the hospital's orderlies, so that they can provide uninterrupted care and support to patients exclusively on the floors,” says **Rosalie Johnson**, Coordinator of the Nursing Resource Centre.

The transport system will be centralized and function much like ordering a taxi. Requests are placed in advance, and a Transport Attendant will be dispatched to move the patient from the units as needed to clinics, for tests, and then back to the units.

Ms. Johnson, who is responsible for the project, points out that it upholds the principles of Transformational Change by increasing the efficiency of patient movement all over the hospital.

For more details on the Centralized Transport Team, including hours of availability, contact information and instructions, visit JGH Now.

Ms. Finestone, by addressing “how we can best help patients—and even families and staff—within those critical 48 hours.”

Once the new Emergency Department opens in Pavilion K in February 2014, psychiatric patients will get more thorough evaluations, says Ms. McIntyre, because the facility has a dedicated Psychiatry area. Currently, mental health patients are rarely placed in rooms, because their condition does not usually require the use of medical equipment. “They're in no-man's-land,” says Ms. Finestone. In such an environment, patients often experience a loss of dignity and autonomy, says Mr. Lessard. He expects the upgraded Emergency to “help them feel they are in a safe place that reduces stress or anxiety, and that lets them walk around or relax in a lounge.”

But even in a more welcoming environment, however, a prolonged stay in Emergency is not optimal. “Our workshop focused on how to assess mentally ill patients in the triage stage—‘This is what a depressed person looks like, this is what a psychotic patient looks like,’” explains Ms. Finestone. “They shouldn't languish in the ED for long. It's important not to get too caught up in the bloods, in the tests, in the technical details. We have to remember

there's a person there.”

To drive the point home, just such a person was invited to the workshop to describe her experiences in the many Montreal-area emergency departments that she'd visited as a patient. “That session resonated the most with me,” says Ms. McIntyre. “She reminded us that mental health patients are vulnerable and need reassurance or a kind gesture. She said that merely ‘looking at us and saying hello’ would make a big difference. We don't realize the full impact of our behaviour if we walk by them while avoiding eye contact or without acknowledging them.”

The benefits to additional specialized training are obvious, says Ms. Finestone. “The more sensitized you become to patients' needs, the more you'll see a positive outcome, and the more comfortable and competent you'll feel.” Ms. Sheridan says she hopes future classes will be given to nursing assistants and orderlies as well, so that they can benefit from a team approach. The Associate Nursing Director for Mental Health, **Valerie Funchak**, would also like to offer similar courses to the rest of the hospital. “We can learn from one another,” states Ms. Finestone.

Two veteran nurses recognized for their devotion to patients

Even though health care has entered an era when performance is increasingly being measured scientifically, the need for old-fashioned compassion and sensitivity is as great as ever. Those qualities were at the forefront this past fall, as two long-serving JGH nurses earned multiple nominations for the Caring Beyond award, presented by the Humanization of Care committee for exceptional caring.

Dr. Brent Richards described a specific incident in which his colleague **Maria Di Narzo**, a Nurse Clinician in Endocrinology, helped a young diabetic mother who was struggling with social and psychological difficulties: “Ms. Di Narzo strove to ensure that the patient received the appropriate support from Social Services and Psychiatry, and that she was connected with the relevant teams in Emergency.” Ms. Di Narzo’s handling of this “very challenging situation” was characteristic of her “caring, thoughtfulness and support, which have had a tremendous impact on her patients’ lives,” Dr. Richards added.

Medical secretary **Amy Forte** said that in the 12 years that she has worked alongside Ms. Di Narzo, she was “told repeatedly by patients and families how very special Maria is. She takes the time to help each and every one. She sits and listens and holds their hand, and gives them kleenex when they cry. She makes every patient living with diabetes have a better day. She is an angel.”

The Caring Beyond award was presented at the culmination of Ms. Di Narzo’s 40-year career in nursing. She retired shortly afterwards, at the end of 2013, having spent her last 15 years in Endocrinology. At the award presentation, Ms. Di Narzo took the opportunity to bid an early farewell to her co-workers who had gathered for the occasion. “We’ve always been a good team and worked together for our patients. It

meant a lot throughout my career to have the respect of my medical colleagues, who asked me for my opinions as a nurse. To the many volunteers and secretaries, I will miss you!”

Sondra Sherman, a Dietician in Endocrinology, wished Ms. Di Narzo a happy retirement. “We are sure that you’ll be helping anyone who crosses your path, because that’s what you do and who you are.”

Helping patients along their path also appears to be a speciality of nurse **Debra Hyland**. One of her Caring Award nominations, submitted by colleagues in Surgery, nurses **Deanna Cusano** and **Mehnaz Tariq**, tells of her buying socks and shoes “to optimize the mobilization” of a patient she had seen walking barefoot.

“Debbie puts her heart and soul into caring for her patients,” said **Patricia Sebag**, a former nurse on the unit, who attended the Caring Beyond presentation. “Everyone is her mother, her father, her sibling. She’s even brought in fresh tomatoes and cucumbers to a patient who had been craving these veggies on a hot summer day.”

The Head Nurse of 4 NorthWest, **Mona Abou Sader**, who arrived on the unit 18 years ago, just one year before Ms. Hyland, said: “She is so caring toward her colleagues, her patients and families, she forgets to care for herself. I wish I could clone her!”

In a way, this wish has been fulfilled, since Ms. Hyland has long inspired the younger generation of nurses, says **Sophie-Line Kettenbeil**, a Clinical Nurse Specialist in Head and Neck and Thoracic Surgery. “Debbie is a true example of caring, mentoring and patient advocacy for the novice nurses on 4 NorthWest, who see her as a role model. They all say ‘I want to be like Debbie.’”

jgh.ca/caringbeyond



Maria Di Narzo



Debra Hyland



To recognize a JGH staff member who cares beyond, fill out a form online or in C-107 or A-112.

Making the simple complicated is commonplace; making the complicated simple, awesomely simple, that's creativity."

— Jazz Musician Charles Mingus

Transformational Change has introduced two projects designed to provide JGH staff with simpler, faster and less expensive print services: a toner-on-demand program and multifunction machines.

Toner-on-demand program

The hospital's 534 networked printers will eventually all be monitored by an external service provider, Metafore.

This new arrangement will spare JGH staff many of the tasks involved with printer use. They will no longer have to monitor their own usage, fill out requisitions, place orders, use up storage space or perform any cleaning. Metafore will change the toner before it runs out and clean the machine each time. The

company also works during holidays, so there will not be any delay should toner run low, and emergency stock will always be available through Purchasing.

As of December 5, Metafore was monitoring 82 machines. Why only 82? Because many areas have overstocked toner, which means they first need to run through their current supply. Staff with a networked printer are encouraged to contact Purchasing as soon as they have placed their last supply in the machine, so that they can be added to the program. Machines monitored by Metafore will be tagged with a sticker in the coming weeks to make it easy for staff to differentiate them from printers that do not yet belong to the program.

Multifunction machines

Two new models of high-performing machines will replace printers that break down or that have expired leases.

The new machines will also provide all-in-one service, to replace multiple devices such as printers, fax machines and copiers. Staff will be able to print, fax, scan, copy, scan to email, scan to the Shared drive, print double-sided and allow for confidentiality with personalized or group passwords.

Further benefits to reducing the number of machines in work areas include added desk and storage space.

"We are introducing these new programs to benefit both staff and the hospital," says **Elliott Silverman**, Senior Project Manager for Transformational Change. "We searched for simple, cost-effective solutions that wouldn't interrupt day-to-day routines."

If you would like to exchange your printing equipment with a new multifunction machine, contact Mr. Silverman at extension 6063 or esilverman@jgh.mcgill.ca.

jgh.ca/TransformationalChange

Articulated arms carry patient information into Pavilion K



Each Pod in the Pavilion K Emergency Department is equipped with numerous connections for computers and tablets that will give clinicians swift, easy access to electronic patient information. Shown, the yellow Pod's articulated arms for computers.

Oacis will ultimately eliminate patient paper charts in the Emergency Department, while providing clinicians access to other electronic programs, including Chartmaxx. Test results, improved lab viewing, imaging, medication information and Microbiology will also be available through *Oacis*.

"All clinical staff consulting in the Emergency Department will be required to complete their consultations electronically," says

Dr. Rosenthal, who is also an ED physician.

Previously, patients' paper charts could only be in one place at a time. Now their medical information will be available to staff who have access to the system from any computer, as well as on mobile devices. IT is launching a

pilot phase for mobile *Oacis* on iPads that will begin before the ED moves to Pavilion K.

In order to ensure that all ED staff are trained and have access to *Oacis* before moving, the IT team has been encouraging staff to complete e-Learning training online. "Nurses had the opportunity to complete the one-hour e-Learning module at their convenience," says **Anna D'Ambra**, IT Clinical Trainer for the Electronic Health Record.

"The training process was straightforward, but I really became comfortable navigating the system once I started using *Oacis* in my practice," says **Kat Butler**, a Nurse Clinician in the Emergency Department who trained on the system. "I like using *Oacis* because it centralizes a lot of information. It's also easy to read, which is a welcome alternative to illegible handwriting." Other advantages include patient information that can be viewed by multiple staff at the same time, and the option to check on the status of tests rather than waiting for reports to be filed in the paper charts.

"I type faster than I write and I'm tired of the paper cuts I've gotten from charts!" adds Ms. Butler. "I think *Oacis* will help us continue to keep thorough and accurate records. Everything considered, it allows us to get a broader perspective on what's going on with our patients."

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APRIL 29

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General Surgeon

*Is That a Lump in Your Pocket or
Are You Just Happy to See Me?*

MAY 6

DR. MARYLISE BOUTROS

Colorectal Surgeon

*Bringing Up the Rear: New Solutions in
Minimally Invasive Colorectal Surgery*

MAY 13

LUCIE WADE

Clinical Ethicist

*To Cut or Not to Cut:
Ethical Dilemmas in Surgery*

MAY 20

DR. ALLAN LISBONA

Oral and Maxillofacial Surgeon

*It's a Mouthful:
Filling the Gap with Implants*

MAY 27

DR. SALVATORE DI MAIO

Cerebral Vascular and
Skull Base Neurosurgeon

DR. MARC TEWFIK

Rhinologist and Endoscopic
Skull Base Surgeon

*Side Door to the Brain: Using the Nose to
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Voices unite in chorus of support Healing concert in solidarity with Filipino staff and people



Philipino staff from the Stroke Unit and CSR join in singing with colleagues, accompanied by Bryan Highbloom.

“Care for All” means extending a helping hand not only to those who come through the hospital doors or live in the neighbourhood. JGH staff unite in support of anyone whose need is great, no matter where in the world they may be.

To share staff’s deep concern for the victims of the devastation caused by Typhoon Haiyan in November, JGH Music Therapist **Bryan Highbloom** organized a healing concert. Filipino staff at the hospital stepped forward to share their rich culture of song to uplift each other, as many of their colleagues were grieving for, searching for and deeply worried about family and loved ones back in their homeland. The largely improvised program included songs not only in English, but in the national Filipino language, Tagalog.

The concert was the inspiration of Hopitel Television Technician **Matthew Bell**, who is well aware of the tremendous healing powers of music. Mr. Bell, who accompanied Filipino staff members on

the keyboard during the concert, volunteers almost daily playing the piano in Radiation Oncology to soothe patients and their families. “We’re very happy to be here to support our staff in this time of tremendous difficulty,” said JGH Director of Nursing **Johanne Boileau**. Father Aimé Kanyabuzige, the JGH Chaplaincy Priest, also brought words of comfort “for all those families in grief”.

Dignitaries from the Filipino community shared their messages of support, including the President of the Filipino Association of Montreal and Suburbs, **Ms. Nida Quirapas**, and **Mr. Ramon Vicente**, President of the Board of Trustees of the Filipino Association of Montreal. The Mayor of Côte Saint-Luc, **Mr Anthony Housefather**, also attended, and spoke of the “integral part” the Filipino community plays “in Montreal’s society”.

“This wonderful concert reminds us that life goes on. Even in times of disaster, we never, ever, ever give up hope,” said Mr. Highbloom.



Paolo Regacho, formerly a nurse on 8 North West, Urology/ENT, sings during benefit concert, accompanied by Bryan Highbloom.

A grande celebration in Little Italy



In the shade of terracotta roof tiles and with red, white and green flags fluttering overhead, JGH staff enjoyed a festive Italian feast at the Festa Italiana in recognition of staff, organized during the holiday season by Public Affairs and Communications event planner **Marisa Rodi** along with **Geneviève Guindon**.

An authentic ambiance was captured with meats, cheeses and garlic hanging from wooden produce carts, red-and-white checkered tableclothes, and pasta and cooking utensil centerpieces. A strolling Italian accordion player serenaded the 'guests'.

As two hundred and seventy-five evening and night staff came off their shifts they were treated to a warm Italian breakfast of frittata, fruit and of course, coffee, organized by **Katia Boileau**, Food Service Supervisor for the Department of Dietetics. On the menu for the 1350 staff who attended the evening meal were

such Italian delights as baked penne, garlic bread and biscotti. **Gregory Ginzburg**, Food Service Manager for the Auxiliary, credits the team from the Atrium Café with efficiently preparing these copious amounts of food within a limited space.

Playing on the Italian theme, each staff received a red, white or green retractable badge holder, while a lucky few who tried their luck with the Pasta Guessing Game won prizes for (nearly) guessing the correct number of rotini or penne in the jar.

Plenty of prizes donated by various sponsors were also distributed in the raffle, including a chocolate gift basket, coffee package, scented soaps and body butters, Italian condiment sets, spa treatment gift certificates, gym membership and JGH promotional merchandise.

A special thank you from Ms. Rodi to all members of JGH staff who helped to publicize this event.



The JGH Occupational Therapy team, from left to right, standing: **Debbie Kadoch**, **Tammam El Khodor**, **Vandna Sethi**, **Darragh Cassidy**, **Vanessa Fedida**. From Left to right, seated: **Julia Deslage**, **Ros Oxlade**, **Cathryn Brogan**, Senior staff therapist **Gabi Rosberger**, **Sheila Maislin**.

Open Letter from Sheila Maislin to JGH Occupational Therapists

Occupational Therapists are healthcare professionals who view their patients through a very special lens. Their goal is to help each person, whether injured or ill, attain the highest degree of independent functioning possible, in an effort to return them to their life as it was prior to admission.

The Occupational Therapy Department includes a kitchen, bathroom and 'activities of daily living' room where basic self-care tasks such as dressing and personal hygiene as well as more advanced activities such as preparing meals, can be evaluated. These simulated environments allow the OTs to observe, first hand, how each patient manages both physically and cognitively. As experts in assessing a person's functional abilities, the OT is often the professional best able to evaluate whether a patient can be sent home safely. This expertise is important in helping the interdisciplinary team determine appropriate discharge plans.

The JGH OT department is small, when compared to similar acute-care hospitals in Montreal. Our seven clinical therapists provide services to all nursing units, including the Emergency Department, ICU and CCU.

I am fortunate to have a department staffed with exceptional people. Our OTs are highly dedicated, hard working, innovative and compassionate. Their days are focused around patient care, assessing, treating and advocating for them. The OTs are also excellent representatives for our department, defining our role and educating those unfamiliar with our profession.

I am very proud to captain this crew and it is with respect and gratitude that I say thank you all for your hard work and devotion, and for making such a difference in the lives you touch!

Sheila Maislin - Chief, Physical Medicine

Your team is diligent and dedicated. Why not offer them a public thank you, in the form of an open letter in *Pulse*? Managers who wish to recognize their staff are encouraged to contact **Laure-Elise Singer** via Lotus Notes.

Names in the News

Congratulations!

Well done to JGH Audiologist **Dr. Christiane Provencal**, the recipient of a teaching award by the University of Montreal's Faculty of Medicine (School of Orthophonics and Audiology). Dr Provencal, who has worked at the JGH since 1985, won the 2012-13 Prize for Excellence in Teaching: Clinical Supervision in Audiology.

One for youth

Kudos to the Teenage Health Unit at the Herzl Family Practice Centre, which was selected as one of only seven non-profit organizations in Montreal to receive funding from National Bank's One for Youth program.

"The \$15,000 grant will help support our new Anti-bullying treatment program," says

Dr. Perry Adler, Associate Director of the Teenage Health Unit. "In collaboration with McGill University's Psychology Department, we will be offering a cutting-edge group treatment program for teens who have been victims of bullying. The plan is to offer the therapy at the teens' high schools, to facilitate access for the students."

"At the National Bank, and more particularly on behalf of our regional One for Youth

Committee, we are proud to support the Teenage Health Unit and their Anti-bullying program for teens," says **Mr. Lionel Chriqui**, a National Bank financial planner. "They won us over with the positive impact of their initiative, given how relevant the issue is today. This is our chance to give the spotlight to hundreds of youths touched by the program and help them achieve their goals."

The Teenage Health Unit treats an extensive variety of mental health problems, including depression and suicidality, anxiety disorders, self-mutilation, physical and sexual abuse, Attention Deficit Hyperactivity Disorder, eating disorders, substance abuse, bullying, family discord, anger management problems and Post Traumatic Stress Disorder.

In memoriam

Dr. Joel Fox

The JGH expresses its deepest condolences to the family, friends and colleagues of Dr. Joel Fox, who was an Associate Active Member in the JGH Department of Medicine, Division of Pulmonary Diseases from 1985 to 2010. Dr. Fox continued in his service to the hospital as an honorary member up to the time of his passing on December 7, 2013.

Debbie Pollack Gutenplan

The staff in the Emergency Department joins the hospital in expressing their great sadness at the sudden loss of their colleague and friend, Debbie Pollack Gutenplan, on January 4, 2014. Ms. Pollack Gutenplan had worked in the administrative and academic office of the ED for the last 18 years. Her coworkers remember "her patience and compassion for others, her generosity and her commitment to her work."



On December 11, representatives from National Bank's One for Youth program meet Dr. Michael Malus, Chief of Family Medicine and Director of the Goldman Herzl Family Practice Centre (left), Dr. Perry Adler (third from right), and Natasha Bossé, Nurse Clinician for the Goldman Herzl Family Practice Centre (second from right).



jgh.ca/sasc

HOW ARE YOU HELPING OLDER PATIENTS STAY **HEALTHY**?
A TIP FROM THE SPECIALIZED APPROACH TO SENIOR CARE:

Older patients are seen in almost all areas of the hospital
...not just on the units.

Strike up a conversation with an elderly patient.

If you take care of older patients,
speak with them & their loved ones
about what they can do to improve their well-being.

Spreading the infection-prevention message



Nurse Emilie Gauthier (right), an AM on the Cardiology Unit, discusses infection prevention measures outside an isolation room with nurses Irina Butoianu (cleaning hands), Brooke Latulippe (placing gown) and Helena Etrata.

Learning about preventing infections can be catching. That's why the JGH Infection Prevention and Control team has been training go-to specialists—known as Agents Multiplicateurs or AMs—about infection prevention and control (IPAC) in each area of the hospital. Got any questions, doubts or concerns about caring for a vulnerable patient who has an infection or is already on isolation? Now you can turn for guidance to the one or two dedicated AMs on your unit.

These AMs are on a 50-member committee that was created in spring 2013, consisting mainly of nurses (managers, educators and staff nurses), as well as orderlies and allied health professionals. They meet every two weeks to discuss the latest trends and guidelines in the field, review case studies, and develop pilot projects for the AMs to bring to their units.

these surveys, we learn to identify areas for improvement in our IPAC practices, and the results give us direction for the next project. They also help us find appropriate solutions.”

In effect, everyone is responsible for patient safety, says Ms. Perna, who formally introduced the AMs to staff in November during Patient Safety Week, with Nursing Educator **Emilie Gauthier** as the invited spokesperson for the AMs. “I became involved because I have an interest in infection prevention and control,” says Ms. Gauthier, the dedicated AM on the Cardiology unit, along with Assistant Head Nurse **Magali Kaddis**. “IPAC is central to our practice, to giving care. We have a huge impact on our patients’ quality of life, because we can transmit infection and potentially extend a patient’s stay in the hospital and cause real harm.”

One such project involved a commode survey, which was designed to keep infection prevention and control from “falling through the cracks”. Commodes on the AMs’ units were inspected to determine whether those that were labeled as clean were truly unsoiled. “It’s not always clear who is responsible,” says Clinical Nurse Consultant **Fernanda Cordeiro**, who co-chairs the AM Committee with Clinical Nurse Specialist **Silvana Perna**. “In conducting

The AMs are trained by JGH IPAC experts—among them, **Dr. Yves Longtin**, Chief of the Infection Prevention and Control Committee, and **Bobby Paré**, Associate Nursing Director of Critical Care Services. Then the AMs pass along their knowledge to their units. “That’s the role of the AM, to educate staff,” says Ms. Gauthier. “Often they’re already aware of the necessary practices, such as cleaning hands or the proper handling of equipment like hampers and blood pressure machines. But these basic precautions have to be continually reinforced. We get the nurses and all staff thinking, ‘Yes, it’s true, I need to be more careful about that next time.’”

She identifies time as a major obstacle, insisting that proper precautions must be taken even when a staff member enters a patient’s room simply for a “run-in errand”—for instance, bringing in a tray or medication, or conducting an assessment. “We enter an isolation room just to give the patient a cup of water, not intending to touch them. But once in the room, they ask you for something and you have to be prepared. If you’re too hasty and you don’t properly tie your gown over your lab coat in the rear, you are placing patients at risk.”

JGH staff may be well versed in IPAC practices, but Ms. Gauthier says that “gray areas” inevitably arise when even specially trained AMs aren’t sure what to do. In these instances, they act as resource people. “I don’t have all of the answers, but I can act as a link to the IPAC team,” says Ms. Gauthier. “I have become much more aware and more self-conscious, because as an institution, we are placing much more weight on IPAC. This has allowed me to intercept a breach far sooner, in an area where we all know timing is of the essence.”

Transferring patients without transferring their infection

Infection prevention is necessary hospital-wide, since infected patients are found throughout the JGH. AMs are active not only in Surgery and Oncology, but in several out-patient areas, such as the Vascular Clinic and Dialysis, as well as in several non-clinical departments, such as Enviro Services, Dietetics and Physiotherapy.

Occasionally, infected patients must be taken out of their isolation room and moved elsewhere in the hospital. How can they be kept safe while in transit? The AM committee responded to this challenge by creating standardized symbols on the spine of a patient’s chart, which correspond to the signage placed above the door of the patient’s room. “We’re looking to ensure that no breach in communication occurs,” says Clinical Nurse Specialist **Silvana Perna**. “These tools will help staff take the proper precautions when moving an infected patient within a unit or perhaps for an x-ray and back.”

The colour-coded stickers on charts impart crucial IPAC information:

- Identify by colour (i.e., orange) the precautions required.
- Specify the safety practices—such as wearing a faceshield or cleaning hands—that must be followed by staff members who come into contact with the patient.
- Match the colour to the sign above the door of the patient’s isolation room.



Corresponding icons placed on the patient’s chart, to accompany patient when moved within the hospital.