I'm incredibly honoured to pay tribute to the amazing nurses at Hamilton Health Sciences during National Nursing Week, May 12-18. Of course, this one week each year isn't enough acknowledgment for the incredible contributions nurses make every day. Nurses are the “heart” of the health care system. They are the compassionate women and men who care for patients, whether administering medications, assessing, planning and monitoring patient progress, or promoting prevention and wellness. Nurses are critical to the care we provide at our family of hospitals.

With close to 3,400 at HHS, each and every nurse makes a unique contribution to our mission of providing excellent healthcare for the people and communities we serve and the advancement of health care through education and research.

I would like to thank nurses at Hamilton Health Sciences for their perseverance at times when there are real shortages due to alternate level of care (ALC) issues. We have been experiencing a very high number of patients who are awaiting placement in other facilities for care. It’s not easy working under these conditions and I am impressed by our nurses’ ability to keep up their morale and continue to meet the needs of our patients and families.

Our nurses are involved in many initiatives across HHS. They are providing leadership in Transfer of Accountability, Assessment and Prevention of Pressure Ulcers, reviewing the RN/RPN skill mix, and implementation of the electronic health record, to name a few. Of particular note is the work being done in Falls Prevention as part of our designation as a registered Nurses’ Association of Ontario (RNOA) Best Practice Spotlight organization. Additionally, implementation has begun to share and embrace the strengths of both hospitals. This will also enhance services for seniors and those with lifelong, complex medical conditions by creating a combined system that builds on the strengths of both hospitals. This will also fully complement the excellent programs that already exist within St. Joseph’s Healthcare Hamilton.

Realizing this challenge, St. Peter’s Hospital and Hamilton Health Sciences (HHS) are joining together to ensure that seniors in this region receive the care and attention they need and deserve. This amalgamation will enhance services for seniors and those with lifelong, complex medical conditions by creating a combined system that builds on the strengths of both hospitals. This will also fully complement the excellent programs that already exist within St. Joseph’s Healthcare Hamilton.

“Through the sharing of expertise, knowledge and skills, we can enhance the lives of these individuals and strengthen our entire health care system,” said St. Peter’s President and CEO Donna Cripps. “We look forward to sharing our approach to care with our colleagues at Hamilton Health Sciences. Getting to know the person behind the illness is what we do best.”

The Boards of St. Peter’s Hospital and Hamilton Health Sciences have both voted unanimously in favour of the amalgamation. The formal legal requirements for this amalgamation are underway and will be completed this summer and the full amalgamation of the two organizations will take place gradually over time.

“We are meeting with the staff members of the HHS seniors program to begin the integration planning process,” said Murray. “We have clarified for them that there will be no job losses. In fact, our hope is that this integration will help us recruit and retain more staff who share our vision for building a stronger, system-wide approach to seniors’ care.”

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The new combined program will be led by Donna Cripps, who will take on an executive leadership role at HHS while continuing to serve as President of St. Peter’s.

“Access to the Best Care” is the focus of our ongoing clinical realignment at HHS,” said Murray. “I think this new alliance with St. Peter’s is yet another step in the right direction. It will help to secure access to care for seniors in the years to come. It will also ensure that the best practices of our two organizations will be shared and embraced.”
New security software has been installed on HHS desktops to identify potential threats to our computer systems. As a result, staff will encounter a new screen when they initially log in to their computer. The only action required by staff is to click the ‘next’ button.

Should threats be identified on your computer it will be directed to a virtual ‘remediation area’ where exposures will be remediated if possible. Additional screens will appear, at which time the only action required by staff will again be to click the ‘next’ button. If the exposures are fixed, the computer will be allowed access to the network – if not you will have to call the Helpdesk for assistance.

Remember, just click next.

For more information on this project, contact Kim Dell, Manager of Infrastructure, dell@hhsc.ca, ext. 73894, or Derek Downes, HASP Project Manager downes@hhsc.ca, ext. 73287.

Betty Kennah and Tracey Corner, RNs in McMaster University Medical Centre’s Endoscopy Unit are about to make history. They will soon be the first nurses in Canada certified to perform a colon cancer screening procedure called flexible sigmoidoscopy. This procedure, traditionally performed by physicians, is used in average-risk patients to detect cancer or polyps in the colon at an earlier stage in the disease process when the cancer can be cured.

When Betty and Tracey heard about this training opportunity through a pilot project between Cancer Care Ontario (CCO) and the Ontario Ministry of Health and Long-Term Care (MOHLTC), they thought it would be a great, new challenge for them to take on, and an excellent program for patients.

“Flexible sigmoidoscopy is an effective screening tool that provides an alternative to fecal occult blood tests (FOBT) and expands the options for patients and family physicians,” said Betty. “Being able to perform this procedure as an RN will increase capacity for patients as well as broaden my own skills.”

The Nurse Performed Flexible Sigmoidoscopy pilot project is part of the broader CCO, MOHLTC ColonCancerCheck Program. This program is designed to educate Ontarians about screening for colon cancer – the second deadliest cancer in Canada, as well as provide screening.

Flexible sigmoidoscopy is a five- to 20-minute procedure that requires no sedation and minimal preparation. It involves inserting a soft, flexible lighted tube into the rectum and examining the lower third of the colon. To be eligible for the procedure, patients must be between ages 50-70, have no previous polyps, colon or rectal cancer, no colon or rectal cancer in their immediate family, no history of inflammatory bowel disease, and no positive FOBT. Patients who don’t meet these criteria may be better suited to have a full colonoscopy.

To recruit patients for this procedure, Betty and Tracey meet with patients who have heard about the screening tool from their family physician. Betty and Tracey educate patients about the procedure in the family physician’s office and allow them to ask questions before making any decisions.

In order for Betty and Tracey to be fully trained, they had to complete a program at the Michener Institute for Applied Health Sciences in Toronto, and must observe 25 flexible sigmoidoscopies and perform 75 flexible sigmoidoscopies under the direct supervision of a physician trainer who currently performs procedures in endoscopy at Hamilton Health Sciences. The physicians helping Betty and Tracey train are Drs. Wes Stephen, Stephen Kelly, Paul Moayyedi and David Armstrong.

“This pilot project allows us to expand the availability of high-quality endoscopy in Ontario,” said Dr. David Armstrong, a gastroenterologist and Chair of the Endoscopy Committee at Hamilton Health Sciences. “It puts us ahead of the game for ColonCancerCheck as we introduce flexible sigmoidoscopy, a test that has been shown in studies to be a good screening mechanism for colon cancer.”

The pilot is run through joint collaboration of staff at McMaster University Medical Centre (MUMC) and the Juravinski Cancer Centre (JCC). Other than the nurses and physicians involved, Jean Malone, Research Coordinator of Community Oncology & Regional Operations at the JCC has coordinated recruitment of patients for the program, while Jane Schouten, Clinical Manager, Endoscopy & Digestive Diseases at MUMC has been involved in logistics.

Hamilton Health Sciences is one of six health centres taking part in this provincial pilot project. “Hamilton Health Sciences has been the most successful pilot project because of the strong collaboration among Gastroenterology, Surgery, Family Medicine and the JCC. It has really been a team effort,” said Carol Rand, Director of Systemic, Supportive and Regional Cancer Programs at the JCC. “We are all very proud of Tracey and Betty who have demonstrated leadership in this exciting new role for nursing in the province.”
Surveyors from the Canadian Council for Health Services Accreditation will be visiting Hamilton Health Sciences.

Accreditation is a time to:
- Find out how well we measure up to national standards of excellence
- Find out how to continue to improve the care and services we deliver while also enhancing the work environment at HHS
- Put our best foot forward and talk about our achievements - our ‘apples’

Please:
- Make the surveyors welcome
- Answer their questions and provide them with the information they need

For more information:
- Go to HHS Intranet > Department and Committees > Accreditation
- Contact Accreditation Coordinator Emily Christoffersen - ext. 43508, christof@hhsc.ca

The following information about some of our departments and services will help you to prepare for accreditation survey week.

Required Organizational Practice (ROP)

- CCHSA has identified 25 patient safety Required Organizational Practices (ROPs) that are key for all health care organizations to address.
- The ROPs relate to the patient safety focus areas of:
  - Culture
  - Communication
  - Medication Safety
  - Infection Control
  - Worklife/Workforce
  - Falls Prevention
- ROPs are being addressed throughout the organization. Some ROPs are specific to the work done in a clinical area (e.g. verification of high-risk results, falls prevention), and others relate to all staff at HHS (e.g. occurrence reporting, patient safety education, and compliance with handwashing.)
- A full list of the ROPs can be found on the Accreditation Intranet website.

Clinical Ethics

- An Ethics Decision-Making Toolkit and Worksheet is available on the HHS Clinical Ethics Intranet website to help guide you through tough ethical decisions. Find this new Intranet site under Departments and Committees > Clinical Ethics.
- The Clinical Ethics Consultation Service has provided more than 100 consultations to staff, physicians, and patients/families since it was launched in 2006. Ethics Consultants provide team debriefing, mediation and education.
- HHS is recognized as a leader in organ donation and has a new protocol for donation after cardiac death.

Locating Hamilton Health Sciences Policies & Procedures:

1. Click the new Policy Library icon on your computer desktop.
2. Type a single, specific word that will narrow down your search. Click Search.
3. Click on the green titles to review the policies.

If you are unable to find an answer online, please contact the Office of Documentation Management at ext. 46836.
Managing Medications

- Pharmacists and Pharmacy Technicians work in both clinical units and pharmacy departments to ensure medications are delivered safely, efficiently and appropriately to HHS patients.

- Assistance and additional information is available at all times. Clinical staff can access information on the Intranet > Departments and Committees > Pharmacy. They can also call either the HHS Drug Information Centre (business hours) or the pharmacist-on-call (after hours).

- HHS has made significant commitments and investments in medication safety. For example:
  - The multi-year Medication Safety Initiative (mSI) was launched in 2005. mSI is a comprehensive strategy to effectively utilize automation and standardize medication processes, ordering and delivery. This initiative will address issues such as 24-hour unit dose, AcuDose automated medication dispensing cabinets, computerized medication administration records (cMAR), and Bedside Medication Verification.
  - HHS purchased infusion pumps with technology such guardrails and a drug library in 2001. The latest upgrade and audit in 2007 indicated that use of these guardrails significantly improves patient safety.
  - A formal medication reconciliation process is being piloted at MUMC for the patients admitted through the ED to pediatrics or adult medicine. The next step will be a pilot for patients transferred between the acute pediatric floors and the Pediatric Critical Care Unit. Full implementation of Medication Reconciliation will be aligned with Electronic Health Record/ Electronic Medication Administration Record initiatives.

Education and Development

- HHS offers a comprehensive orientation to new staff that includes:
  - New Employee Orientation, Health Professional Orientation, Health Care Aide Orientation, Nursing Orientation, Critical Care Orientation, Pediatric Nursing Orientation and Physician Orientation. Leadership Orientation and Charge Role Orientation are also provided for new leaders at HHS.

- Patient Education has an extensive inventory of written materials available on the Intranet for teaching patients and families. Patient Education also supports staff in the development of education materials based on the principles of plain language, health literacy and diversity.

- HHS uses videoconference and telemedicine applications for education, administrative and clinical purposes. For example, staff can attend conferences or meetings using the videoconferencing features. Consultation and diagnosis can also be provided to patients in remote locations using tele-diagnostic instruments such as digital stethoscopes and examination cameras.

Did you know?

- HHS offers a comprehensive orientation to new staff that includes:

Top 10 Things you should know about Accreditation

1. Accreditation = Continuous Quality Improvement
2. Accreditation promotes patient safety
3. Accreditation measures how well we achieve standards of excellence
4. Accreditation is a time to celebrate our ‘apples’ - the things we do really well
5. Accreditation surveyors visit hospitals every three years
6. Accreditation surveyors ask questions, look at documents, tour facilities and observe patient care
7. Accreditation surveyors don’t expect you to have all the answers – you just need to know how to find answers (see the new policy library icon on your computer desktop)
8. Accreditation surveys and reports give us important feedback on how we can do better
9. Accreditation information is available on the HHS Intranet > Departments and Committees
10. Accreditation coordinator for HHS is Emily Christoffersen – ext. 43508
Did you know?

- In 2007 and 2008, Hamilton Health Sciences was recognized as one of the Top 100 Employers in Canada. HHS was one of only three health care organizations to be included on the 2008 list.

- HHS is committed to creating a healthy work environment by addressing issues such as staff recruitment, retention, motivation, culture, safety, teamwork and leadership. A few examples of the related activities at HHS include:
  - Late Career Nurse initiative
  - Performance Management
  - Values Based Code of Conduct
  - Employee Assistance Program
  - Recognition programs such as the Cornerstone Awards, Bravo Awards and the Employee Recognition Dinner.

- The organization is actively engaged in recruitment of new staff. In 2007 and 2008, more than 400 nurses were hired.

Human Resources

Infection Prevention & Control

- HHS has eight Infection Control Practitioners who:
  - conduct targeted surveillance of infections,
  - provide education and consultation to patients, staff, physicians, and the community
  - ensure compliance with legislation and guidelines

- There are approximately 60 Infection Control documents (policies, procedures, memos, etc.) available on the HHS Intranet >Departments and Committees > Infection Control. These documents can be searched by name or through the Infection Control policy manual.

- Infection Control collects data on the following infections:
  - Vancomycin Resistant Enterococcus (VRE),
  - Methicillin Resistant Staphylococcus aureus (MRSA),
  - Extended Spectrum Beta-lactamase (ESBL)
  - Multiresistant Pseudomonas aeruginosa (MRPA)
  - Clostridium difficile rates (c difficile)

This data is shared with sites, programs/units, and is posted on the HHS Internet website for the purposes of quality improvement. Click the Quality and Performance icon on the Internet homepage.

Emergency & Disaster Management

- Staff can find detailed protocols and contingency plans for all codes (Black, Blue, Brown, Green, Grey, Orange, Purple, Red, White and Yellow) on the HHS Intranet and in binders in their department or unit.

- Codes are tested annually using case scenarios, table-top simulations, drills and functional exercises.

- HHS has a comprehensive Pandemic Influenza Plan. This plan, which is available on the HHS Intranet on the Emergency Disaster Management site, contains education, communication and evaluation plans, and an ethical framework. The plan outlines the roles of all HHS departments.

- Emergency and Disaster Management also assists staff in preparing their families and homes for emergencies. Extensive information including tips, checklists and plans for family preparedness is available on the Emergency & Disaster Management Intranet website.
Hamilton Health Sciences is the recipient of the Government of Ontario’s inaugural Dr. William Sibbald Award for Excellence in Patient Safety. This award recognizes excellence and innovation in the development and implementation of patient safety initiatives across the health care system. The $25,000 award is granted to an organization that demonstrates excellence in system innovation, knowledge translation, advocacy or research in patient safety.

On April 15, at a ceremony at McMaster University Medical Centre, Dr. Adalsteinn Brown, Assistant Deputy Minister of the Health System Strategy Division of the Ministry of Health and Long-Term Care, presented the award to Hamilton Health Sciences representatives for their patient safety triads and networks. Triads are unit- or area-based teams of staff who champion patient safety. They are usually made up of a manager, front-line staff member and physician. Broader networks of multidisciplinary, multi-site triad members come together bi-monthly to share successful initiatives and ideas and collaborate on solutions to patient safety challenges.

“The members of the patient safety triads and networks are the quiet heroes of the patient safety movement here at Hamilton Health Sciences,” said Murray Martin, President and CEO, Hamilton Health Sciences. “As champions of patient safety, these dedicated staff members make contributions that are saving lives and improving patient outcomes, and they do this in addition to their everyday responsibilities.”

The implementation of patient safety triads and networks has created a collaborative teamwork approach to patient safety at Hamilton Health Sciences,” said Teresa Smith, Assistant Vice President of Quality, Patient Safety and Clinical Resource Management. “It has also resulted in many improvement projects related to patient safety and an enhanced patient safety culture across our four hospital sites. This award is really about Hamilton Health Sciences’ collective effort to keep patients safe.”

The $25,000 award will be invested to further patient safety work. Specifically, it will be put toward Hamilton Health Sciences’ annual Patient Safety Symposium, which provides an educational opportunity for hundreds of staff and physicians to come together to share ideas and discuss patient safety initiatives. As well, the money will support the delivery of quarterly educational sessions by invited guests who are experts in quality improvement and patient safety with the target audience being HHS’ local patient safety champions.

The Dr. William Sibbald Award for Excellence in Patient Safety is named after the late Dr. Sibbald, a pioneer in critical care medicine and a champion of improvements in patient safety system-wide.

Safety pays — Teresa Smith, Assistant Vice President of Quality, Patient Safety and Clinical Resource Management, thanks HHS staff for their contributions to patient safety at a ceremony in which Hamilton Health Sciences was honoured with the Ontario government’s inaugural Dr. William Sibbald Award for Excellence in Patient Safety.

Thinking ahead — Staff on Ward E4 at the Henderson engaged in a mock tracer to prepare for accreditation. Denise Evanovitch, Transfusion Medicine Education and Training Technical Specialist (second from left) and Dr. Deb Hutchinson, Physician Education Specialist (third from left) are Canadian Council for Health Services Accreditation intern surveyors who helped staff on E4 prepare by asking them questions and observing practices.

Other staff in picture (from left) are: Dave Czekay, Angel Blain, Howard McCourt and Jennifer Blue.

Once again, staff from Hamilton Health Sciences, St. Joseph’s Healthcare, St. Peter’s Hospital and Hamilton Community Care Access Centre are joining forces to raise money to support the United Way of Burlington & Greater Hamilton.

Last year participants raised $15,000! This employee-driven campaign will be held on Thursday, June 12, 2008 at Hamilton Mountain Bowl - 6:30 to 8 p.m. We are going back to our old format - six bowlers per team! All proceeds will be divided between the United Way and designated Foundations of the participating health care organizations.

Check the Events section of the Intranet for more information.

Hamilton Health Sciences wins Dr. William Sibbald Award for Excellence in Patient Safety

Thinking ahead – Staff on Ward E4 at the Henderson engaged in a mock tracer to prepare for accreditation. Denise Evanovitch, Transfusion Medicine Education and Training Technical Specialist (second from left) and Dr. Deb Hutchinson, Physician Education Specialist (third from left) are Canadian Council for Health Services Accreditation intern surveyors who helped staff on E4 prepare by asking them questions and observing practices.

Other staff in picture (from left) are: Dave Czekay, Angel Blain, Howard McCourt and Jennifer Blue.
Bike shelters now open at all sites

Hamilton Health Sciences’ four bike shelters are now open. These bike shelters were built in response to HHS employees’ requests for somewhere safe and sheltered to store their bicycles. Smart Commute—HHS worked with the hospital to provide bike shelters with proximity card access, security cameras, and lighting. Use of these bike shelters is free for HHS staff. Staff will need to register for the bike shelter use with Security in order to have their ID badge encrypted for access. This registration form can be found in the Policy Library by searching “bike.” Staff members who choose to ride their bikes during the summer can hand over their transponders and not pay for parking. When they begin driving again in the fall, they will get their transponders back, with no waiting.

Gear up for the Commuter Challenge 2008

Get ready to participate in this year’s Commuter Challenge, from June 2 – 8, with June 4 being Clean Air Day. For the past two years, HHS has challenged McMaster University and the City of Hamilton. Last year, HHS staff saved a total of 22,109.2 km from being traveled by single occupants vehicles. This resulted in a reduction of nitrous oxides by 266 kg, airborne particulate matter by 180 g, and carbon dioxide by 5,478 kg.

By reducing single occupants vehicle use, we are leaving our community’s air cleaner, reducing the number of vehicles on our community’s streets, leaving more parking spots available to patients and visitors, and reducing long-term, smog-related health effects on people and the environment.

Participate in this year’s Commuter Challenge by:

Cycling: If you’re interested in cycling, there are free secure bike shelters available. Just register first with Security at MUMC 108 to get your ID badge encrypted with the access code.

Carpooling: If you’d prefer to carpool and don’t have a partner, consider visiting www.smartcommute.ca and enter the Carpool Zone.

Walking: Walk to work—it’s a great way to get active.

Roller Blade: Roller blade to work or part way to work, it’s cheaper than joining a gym.

Public Transit: Let someone else do the driving while you read the newspaper or a book. (HSR buses are now equipped with bike racks).

Telework: Telework if your job permits work from home one or more days during the week.

Smart Commute—HHS is striving to make this our strongest year yet. We are currently looking for Captains to encourage and facilitate coworker participation. If interested, please contact Pat Zimmerman at ext. 74852 or e-mail zimmerman2@hhs.ca. Also, to record how you travelled to work during the Commuter Challenge, fill in the data form found on the Intranet under Projects & Initiatives – Smart Commute.

You snooze, you lose – Emergency Preparedness Week is May 4-10

Twenty-eight years ago, Mary Robins, a secretary in Cardiac Surgery at Hamilton Health Sciences, was involved in an emergency situation she hasn’t since forgotten. She worked at St. Joseph’s Healthcare at the time and although there were policies to follow in the event of an emergency, no one expected to ever need them. So when a fire broke out in the basement and the hospital had to be evacuated, a lack of preparation was evident.

Despite a bit of chaos, Mary says the evacuation went well. “There were beds all over the parking lot and it didn’t take long to clear the hospital. I even helped evacuate some of the moms and babies.”

Today, Mary recognizes the importance of emergency preparedness. She has taken courses in CPR and first-aid and makes fan-out calls at Hamilton General Hospital in the event of a code.

“Everyone has a responsibility for hospital emergency preparedness,” said Lili Brylowski Nestor, Emergency & Disaster Management Specialist at Hamilton Health Sciences. “All staff and leadership are expected to review their code protocols and exercise them annually, except fire, which should be monthly.”

HHS code protocols were revised in 2005 from 20 to three pages each. This has resulted in more staff reading them and understanding them, and has helped to identify gaps that no one had seen before. “Conducting annual code green (evacuation) and orange (external disaster) exercises has increased staff’s awareness of their own preparedness and the importance HHS places on emergency preparedness,” said Lli.

To help with the code exercises, HHS has been developing Area Code Captain roles. They ensure that the area’s code binder and resources are up-to-date and facilitate the code reviews and exercises. This role is not to be confused with the Area Charge Person who takes control and authority in a code event.

Chedoke Holbrook Building staff engage in a unique type of emergency preparedness exercise. They practice evacuations using EvacuSleds, a patient evacuation device that lies under the mattress of a patient’s bed. In an emergency evacuation, staff fasten the patient, their bedding, mattress and any necessary portable devices like IV or oxygen in a protective ‘cocoon’ and transfer the sled and patient to the floor. One person can evacuate a patient from a third floor room in less than five minutes. Without this, staff must rely on traditional blanket drags and manual two- to four-person carry methods down stairwells.

EvacuSleds are not funded by the government and must be purchased using current funding resources. The Holbrook Building saved money to purchase the EvacuSleds and the other acute sites are allocating funds annually for this purchase.

Resources for emergency and disaster preparedness can be found on the Emergency & Disaster Management (EDM) Intranet site. There is a Code Captain e-mail distribution list that staff can request to be put on. Simply e-mail bryll@hhs.ca with your request and you will get e-mails, updates, continuing education and volunteer opportunities related to emergency preparedness activities and events in the organization.

Preparing for emergencies – Paul Faguy, Executive Vice President of Clinical Support and Hospital Services, Karen Marsden, Administrative Coordinator, Driver Rehabilitation Services, and Harriett Draaistra, Regional Rehabilitation Education and Development Clinician, practice evacuating Margaret Gordon, Physiotherapy Assistant using an EvacuSled—a patient evacuation device that lies under the mattress of patients’ beds in Chedoke’s Holbrook Building.
Registered Practical Nurses show their skills

Registered Practical Nurses (RPNs) at Hamilton Health Sciences are taking on more responsibilities on their units. Gone are the days when their role was to assist Registered Nurses (RNs) with their duties. Now they’re administering select IV medications, monitoring and maintaining IV infusions, and taking on full patient assignments.

The driver for these changes happened in 2005 after the College of Nurses of Ontario (CNO) changed the education requirements, and RPNs began graduating with a two-year diploma rather than a 6-9 month certificate. The change was difficult at first, but now I like it,” said Angelina Cumberbatch, who has been an RPN for 22 years. “Now I’m looking after the whole patient. There’s more responsibility but, for example, instead of finding an RN to hook up an IV bag for me, I can do that all myself.”

“RPNs can contribute so much more than they could in the past and are really making the most of their skills,” said Kim. “The next steps will be to increase the number of IV medications being administered by RPNs, and to continue to ensure that our RN and RPN skill sets meet the needs of our patients.”

To prepare for this change, RNs and RPNs on F4 engaged in workshops to discuss the new collaborative model, patient population and skills. Each RPN had a learning needs assessment to see if there were skills they needed to obtain, and a handful of RNs and RPNs set up a working group to identify and resolve any clinical challenges. The RPNs who haven’t learned the same skills as the new graduate RPNs continue to participate in workshops and other learning opportunities to hone their skills under the new care delivery model.

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The spread of infection in critical care areas at Hamilton General Hospital has dropped significantly because of the super sleuthing efforts of Infection Prevention and Control (IPAC) and the vigilance of the caregivers and environmental aides in the ICU east, west and south at Hamilton General.

After meticulous investigation, the IPAC team identified multi-drug resistant pseudomonas aeruginosa (MRPA) colonization was starting in the sink drains in the ICUs. Pseudomonas aeruginosa is a water bug that grows in wet and moist areas such as sinks, drains, faucets, and baths, among other places. Discarding leftover IV fluid, unused antibiotics, and external foods down the drain facilitates the growth of MRPA. It is most commonly spread by direct and indirect contact on the hands of staff and in the environment. The caregivers’ and environmental aides’ efforts reduced patients’ infections and protected our patients. MRPA in the critical care environment ultimately reduces patient infections.

The caregivers’ and environmental aides’ efforts in the ICU east, west and south were recently recognized with the Infection Control Stars award from IPAC and the Microbiology Quality Management Team for exemplifying infection prevention and control practices and standards, ultimately reducing patient infections. “All of the ICU staff has worked very hard and this award honours them for their diligence,” said Lee Ramage, Manager of Infection Control. “Their commitment and effort in reducing the spread of MRPA in the critical care environment ultimately reduces patient infections, protects our patients, staff and visitors.”

“Pain in the drain – reducing bacteria in sinks improves health in ICUs

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“I’m incredibly proud of our staff,” said Debbie Bicharz, Customer Support Services manager at Hamilton General. “They have embraced the new protocol and make a conscientious effort to ensure the proper procedures are followed daily.”