



In the

community

A newsletter for the community surrounding St. Joseph's Health Centre

OCTOBER 2011

Improving patient care by learning from the best and sharing our success

Dr. Jerry Maniate, the new Director of Medical Education at St. Joseph's, wants to help the organization get closer to our Vision of being Canada's Best Community Teaching Hospital. This means not only creating a positive learning environment for staff and trainees, but also encouraging on-going interprofessional education, development and collaboration with a team-based approach to patient care.

The St. Joe's Oncologist took on his new role in August and would like to ensure trainees and current clinicians continue to learn best practices, improve their skills and collaborate with colleagues. "We have a very different culture here at St. Joe's that promotes high-quality community-based and team-based patient care," said Dr. Maniate, who is also an Assistant Professor of Medicine at the University of Toronto.

Dr. Maniate sees it as an educator's responsibility to teach the next generation how to integrate innovative knowledge, skills and attitudes to produce best clinical practices that improve the care provided to our community. "Any educator who sees their student

exceed what they were able to achieve feels that they have done their job well," said Dr. Maniate. "We have a responsibility to participate in the broader health care system to ensure that when a trainee comes through St. Joe's that they are ready to take on that responsibility as a professional ...to provide good quality care for patients, regardless of where they work."

He is hopeful that two projects to expand and update the physical space at the hospital will enhance learning opportunities and create a more productive work environment. Firstly, the organization is opening its new Our Lady of Mercy (OLM) Patient Care Wing, which will provide an opportunity to redesign and rethink how we provide care now and in the future. Secondly, the hospital is planning to build a new Learning Centre which will provide physical space for clinical teaching, workshops, seminars and continuing education.

The goal here is that St. Joe's can become even more of a learning hub for trainees and staff both based at the hospital and in our community.



Dr. Jerry Maniate, Director, Medical Education, St. Joseph's Health Centre

For interprofessional collaboration to truly exist, team members must have a common goal and they must be

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eCare Update: Preparing to fully implement electronic records at St. Joe's

By Dr. Paul Sullivan, Physician Lead, eCare

Over the summer months we have maintained the Physician Advisory Committee (PAC), which brings together a group of physicians and representatives from the eCare team for meetings on a monthly basis.

The focus of the PAC is with respect to the design and build of our system to work through decisions around what the final product - in time, our fully electronic health record - is going to look like. And focusing on developing a system to best serve the needs of the physicians here at St. Joe's. For the large part there has been good buy in and collaboration from the physicians representing their various divisions and departments.

One of the largest bodies of work that the physician group is focused on is the ongoing development of our order sets. We've been able to facilitate a process to fast track the order sets, sending them through the appropriate committees for necessary approvals. The target is a late fall completion date so that the

build and testing can begin.

I'm pleased to say that this work has been adopted by all physicians, as they see the fundamental benefits of this. Many of our physicians have involved all members of their division and they are deeply engaged in this process.

The next big thing on the horizon is the go live of Clinician Order Management (COM) which is set to begin in September 2012. This stage of work will follow a 'pop-bang' approach, with the first go live taking place in an isolated inpatient unit, followed closely by the second go live which stretches the project to all inpatient areas of the Health Centre, and finally bringing the third go live to the Emergency Department.

In preparation for the first go live of Phase II, Stage 2, the order sets will be completed, followed by the use of the system in a testing environment to validate that everything is working. The clinicians' and physicians' perception about the future of this project is



realistic – the benefits of order sets, intrinsically for patients and eventually for the ordering physician, are widely accepted and appreciated.

Much of what we do now involves ordering for patients and the way in which we order will be changing. No more writing it down on paper or phoning it in. With the exception of urgent or stat orders, virtually all orders will be put in electronically by the ordering clinician.

It will be the biggest change in eCare to date that the practicing clinicians will see. And it is one more step in this project that allows us to continue to Put Patients First.

Join us for our 56th annual Clinical Day

Our community partners are invited to participate in the exciting Clinical Day at St. Joseph's on Friday, November 4.

The Health Centre is pleased to announce Dr. Andrew McCallum (FRCPC), the Chief Coroner for Ontario will be this year's James Starr Simpson Memorial Lecture Series keynote speaker.

Clinical Day attendees will also have the opportunity to hear from a number of St. Joseph's physicians and staff including Dr. Robert Adam, Ophthalmologist; Dr. Matthew Heffer, Respiratory and Sleep Medicine; and Dr. Hani

Akoury, Women's, Children's and Family Medicine. For the second year, we will present Clinical Pathological Conference Rounds, featuring physicians from diverse clinical areas at St. Joseph's, who will discuss a challenging clinical case.

Please join us as we celebrate our Culture of Inquiry and Innovation at St. Joseph's. **Register today** to reserve your spot, by contacting Megan Marshall at 416-530-6486 ext. 4269 or emailing marshme@stjoe.on.ca. For more details on Clinical Day 2011, please visit http://www.stjoe.on.ca/education/events/clinical_day.php

American Sign language interpreters help clinicians and Deaf patients communicate health care needs

American Sign Language (ASL) is one way to communicate with persons who are culturally Deaf, oral deaf, deafened and hard of hearing.

Many of us may take for granted our ability to hear and to easily communicate our thoughts, feelings, questions, opinions and to give information to each other. This same freedom is not experienced by persons who are culturally Deaf, oral deaf, deafened and hard of hearing, one of the populations of focus in the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA). AODA 2005, aims to enhance the ability of people with disabilities to have equitable access to all services including health care, and opportunities to live independently – common aspirations that are held dear by most of us.

Did you know that Deaf consumers, if they choose, have a legal right to an ASL interpreter when accessing public health and hospital services? This came out of 1997 Supreme Court of Canada Ruling that an ASL interpreter is to be provided when a person that is hard of hearing or Deaf accesses health care services.

If you are a general practitioner or a community health care service provider referring one of your clients that requires an ASL interpreter to any of St. Joseph's services, we request that you notify the staff in the referring department of this need as soon as possible. Every effort will be made to then book a qualified, professional ASL interpreter through the hospital's Interpreter Services Department.

As a health care provider, if you are looking to arrange for services using an experienced, accredited ASL interpreter for your Deaf patients, one possible avenue of doing this is to contact the Ontario Interpreting Services Branch of the Canadian Hearing Society at 416-928-2520.



General tips to consider when working with professional ASL interpreters:

- Talk directly to the client/patient not to the ASL interpreter.
- Speak clearly and at moderate pace.
- Pause for the ASL interpreter to relay your information and for the client or patient to express his/her thoughts and questions. Anticipate that a bit more time will be needed to properly serve your Deaf clients.
- Use of visual representation – pictures/diagrams are very helpful.



Feel free to contact Rick Edwards, Director, Patient Family and Community Engagement at edwarr@stjoe.on.ca or 416-530-6486 ext. 4323 if you have any questions or concerns about St. Joseph's Interpreter and Accessibility services. Suggestions for improvement are also welcomed.

Information about Health Cards

If you know patients or community members who need a new health card, a replacement card or a card renewal, you can direct them to the Ministry of Health and Long-Term Care OHIP office located in the Alumni Lounge on the ground floor of the Sunnyside Building at St. Joseph's Health Centre.

The office is open on the first Friday of each month between 10:00 a.m. and 2:00 p.m. The remaining dates for 2011 are Friday, October 7, November 4 and December 2.

Please note that these dates are subject to change without notice. Cancelled dates will not be rescheduled.

Health Card forms are also available in Patient Accounts on the First Floor, East Wing, St. Joseph's Health Centre.

Please call 1-800-268-1154 or visit Government of Ontario's Health and Long-Term Care website at <http://www.health.gov.on.ca/en/public/programs/ohip/> for more information.



New Our Lady of Mercy wing nears completion and opening in early 2012

By Gillian Brunning, Communications Associate

As we head into the fall season, both hard and soft landscaping continue on the grounds of the Our Lady of Mercy (OLM) wing. The hoarding surrounding the site has been removed and replaced with a chain link fence to make way for landscaping and other exterior work. Preparations for the new driveway and surface level parking have begun. Once complete there will be 14 short term surface level parking spots and a pull-in drop off area at the front of the new wing for the convenience of patients and visitors.

Inside the building, flooring has been installed up to the second floor and will continue on the floors above; hand washing sinks have been mounted in patients rooms up to the third floor; mounting of millwork and cabinets and installation of fixtures such as corner guards, guard rails, curtain tracks and patient lifts is ongoing throughout; and electrical and mechanical work continues throughout the building.

Operational readiness and transitional planning continues with teams from

each unit that will be making the move to the new wing. Over the next few months, a profile of each team will be included in our corporate newsletter, *Connections*. One of the Medicine units, 4 East, that will be moving to the fourth floor of OLM was featured on August 2, with a profile of the Team Leader Perla Mancao, who is coming full circle after beginning her career at OLM in the 1970s.

As we approach the move-in dates, further information will be circulated to our health care partners in the community. The Redevelopment section of our website will continue to be a prime source of information, housing monthly construction updates, weekly photos and fast facts, along with the team profiles. Please visit our website at: www.stjoe.on.ca and look for redevelopment news.

For more information on this exciting redevelopment project contact the Corporate Communications & Public Affairs Department at 416-530-6389.



Photos: Top-Landscaping starts to take shape outside Our Lady of Mercy (OLM) wing. Above-Interior of new OLM patient wing.

Buy a Brick and support St. Joseph's expansion

A strong community needs great health care close to home. You need quality care for you and your loved ones right around the corner. And you want our doctors and health professionals to have today's essential medical equipment so it's here if you need it.

That's why St. Joseph's Health Centre is building a 130,000 square foot patient care wing for our friends and neighbours in Toronto's west-end. When the Our Lady of Mercy Wing opens, our patients — newborns, children, adults and seniors — will move into new space that is bigger, brighter and better equipped.

As the new wing is closer to completion every day, our community of staff and physicians, patients, friends and neighbours are helping St. Joseph's Health Centre finish the Our Lady of Mercy Wing...one brick at a time.

For just \$100, you can support great health care in your community by helping build this facility and equipping it with the latest technology and the comforts of home.

Here's how the bricks stack up.

Each brick in the Our Lady of Mercy Wing is \$100. Buy a Brick today and you will receive a certificate recognizing your brick purchase.

You can buy one as a gift, to honour someone special or to remember a loved one. And you can buy more than one. For example, it takes 10 bricks to buy a new patient room.

Or, ask your family and friends to Buy a Brick with you. Together, you can be recognized by a new room in the Our Lady of Mercy Wing.

There are 300 community bricks available.

There are four ways to Buy a Brick:

Click on www.foundation.stjoe.on.ca and click on Buy a Brick to fill out the online form.

Call the Foundation at 416-530-6704.

Come see us on the 5th floor of the Sunnyside Building to pay in person.

Drop off the enclosed form in one of our black donation boxes located around the Health Centre.

Your support helps ensure that great care is here for you, your loved ones, friends and neighbours when you need it. For more information, please call us at 416-530-6704 or visit www.foundation.stjoe.on.ca today.



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provided with the opportunity to work together. At St. Joe's there is a tremendous opportunity to build upon the reality that in some cases it is physically easier for some departments such as general medicine, surgery, paediatrics, obstetrics, cardiac care and psychiatry to experience interprofessional collaboration because patients are all geographically in the same location.

The more opportunities for interprofessional collaboration in a day-to-day clinical setting the easier it will be to provide interprofessional education both in a formal

sense but also through role modeling and mentorship. "If you do not have interprofessional collaboration and care in place first, it becomes more difficult to fully implement interprofessional education," said Dr. Maniate.

St. Joseph's is celebrating its fourth Interprofessional Education Week on October 17-21. "It's not just a one week event. It's something that's highlighting a culture and attitude at St. Joe's," said Dr. Maniate.

Antimicrobial Stewardship program focuses on best medication for patient safety

By Kris Scheuer, Communications Associate

St. Joseph's Health Centre has expanded its Antimicrobial Stewardship program, which focuses on collaboration among our hospital physicians, nurses and pharmacists to ensure patients get the most appropriate antimicrobial, for the right duration at the right time. This is another extension of our interprofessional environment where clinicians are breaking down traditional silos and working together as teams sharing expertise to help create the best treatment plan for our patients.

Antimicrobial Stewardship began at the Health Centre as a pilot in April 2010 with pharmacist Brad Langford as the lead and a second pharmacist Jenny Seah was hired in June 2011 to help expand the program to more units within the hospital. "Antimicrobial Stewardship is defined as providing optimal antibiotic therapy while at the same time reducing its unintended effects, such as side effects, antimicrobial resistance and super infections," said Langford.

This is one way the Health Centre aims to Put Patients First by prescribing the safest antibiotic for the shortest effective duration. Choosing the right drug may not always mean prescribing the antibiotic with the broadest spectrum that kills more organisms than is needed. Sometimes choosing an effective drug that targets only the offending organism is a more appropriate and safer course of action.

"It has been estimated in some studies that as much as 50% of antibiotic use is inappropriate. Either it's the wrong drug, the wrong dose, or it was not required at all. And that's important because we have a limited number of antibiotics in our arsenal and there's not a lot of new ones on the horizon," said Langford. "The more antibiotics you give a patient, or a population, the more likely the organisms will be resistant to that antibiotic. As a result of antimicrobial treatment, sometimes patients may get a secondary infection that is often harder to treat," said Langford. "So *C. difficile* is a good example, it grows when many of the other organisms in the gastrointestinal tract are killed by the antibiotics, allowing *C. difficile* to flourish."

One of the Health Centre's Big Aims in our corporate Quality Plan is to reduce hospital acquired *C. difficile* in our patients by 50% from 2010 levels. This is a multi-pronged approach that involves the Antimicrobial



Centre: Brad Langford, St. Joseph's lead pharmacist with the Antimicrobial Stewardship program consults with a colleague.

Stewardship program, plus environmental cleaning and 100% compliance for proper hand hygiene at the four key moments of contact with a patient or equipment. Antimicrobials are unique in the sense that the use of a drug in one patient can indirectly affect the efficacy in another. This is due to the transmission of resistant organisms from one patient to the next. Hence, when using an antimicrobial to treat an infection for one patient, we must not only be mindful of that patient, but also the patients adjacent to them, the hospital itself and the population as a whole. This is a big responsibility and a challenge for antimicrobial stewardship.

A side benefit of an Antimicrobial Stewardship program beyond patient safety is it can also lower hospital costs. Often a broad spectrum drug may be more expensive because it treats more bugs, but sometimes that antibiotic is overdoing what is needed and is not the best choice when a less expensive, more case-specific drug is needed.

Many of our physicians have embraced and supported the Antimicrobial Stewardship program. It involves a much more collaborative effort when some doctors may be used to making the prescribing decisions for their patients without this type of consultative process. But Langford says it may soon become more common practice not just at our Health Centre but at many other hospitals as well.

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Launching our Patient Declaration of Values

By Rick Edwards,
Director, Patient, Family and Community Engagement

The previous issue of *In The Community* described St. Joseph's consultations to develop the Patient Declaration of Values (PDoV) required under the *Excellent Care for All Act*. While an obligation under the Act, the PDoV process was an expression of St. Joseph's patient-centred values and our organizational commitment to Put Patients First.

We asked our patients and our communities what was important to them – what they valued when they come to us for care – and they told us. Familiar themes emerged from the consultations about the importance of quality care, about respecting patients and their families, and about communication, communication, communication.

To hear what these themes mean in the words of the patients we serve, made them real in a way not captured by abstract concepts. What patients, families and the community have told us is they really value the “little things” – kind gestures, being involved in their care, saying sorry for inconveniences. They don't expect more than we would if we were in their shoes.

The Declaration has been posted on the walls of the Health Centre and on our internal and external websites. It reads as follows:

As patients, you told us that you value:

Caring

Partnering with you in your care

Involving you and your family in your care

Being informed about your care

Quality care

These values state what is important to the patients, families and community members who receive care at St. Joseph's, and they will inform our 2011-2014 strategic priority to “build genuine partnerships with our patients and their

families”. In the time ahead, we will be working on what we need to do as an organization to demonstrate our commitment to what our patients value in care.

Inspired by the processes used in our consultation, for example, we have implemented Executive Patient Experience Rounds, in which members of the Senior Leadership Team (SLT) regularly talk with patients about their experience at St. Joseph's. These Rounds demonstrate SLT support and commitment to listening to our patients and improving the patient experience. They proactively engage patients and families to learn about their needs and they are one way to obtain direct patient feedback for ongoing quality improvement planning.

And while finding out what patients value, we have begun a broader corporate conversation about values-based care. In June and July, our CEO Carolyn Baker visited areas throughout the hospital to hear staff's thoughts on how they believe we can deliver on our commitments to deliver care that patients and families value.

In particular, we have asked “what happens if...” patients feel that we are not delivering on the values. These ‘cookie rounds’, as they are called (because cookies are provided along with the opportunity to provide an opinion) have been greeted enthusiastically: more than 600 staff has been involved in the conversation to date, with more than 700 cookies served!

In the Community will continue to monitor and report on the implementation of St. Joseph's Patient Declaration of Values. For more information, please contact Rick Edwards, Director Patient, Family and Community Engagement at edwarr@stjoe.on.ca or by phone at 416-530-6486, ext. 4323.

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“Antimicrobial Stewardship in the present day can be compared to Infection Prevention and Control in the 1950s when it was a new concept. Now we know infection control is beneficial and is required in every hospital. With Antimicrobial Stewardship, I think we are in that phase where people are realizing it is necessary,” he said. “We don't really know the best way to do it (yet), but I think it will become a requirement in every organization in the near future.”

Helping patients access Disability Tax Credit

Not all patients and their caregivers who are eligible for the federal government's Disability Tax Credit (DTC) are benefiting. Patients who qualify, but don't apply could be missing out on an average, annual tax savings of up to \$1,086 or \$10,860 over a decade if they are eligible for retroactive credits dating back 10 years.

Dr. Chau Tran who has a PhD in health services and outcomes research wants to raise awareness so more people who qualify for this tax credit can benefit from this program, which was first implemented in 1944. Chau does volunteer presentations about this program to both the public and health care professional communities and found awareness is quite low.

Doctors can play an important role in informing their patients about the existence of the DTC. However, Chau found only about 50% of the physicians, social workers or other specialized practitioners were themselves aware of the tax credit. As well, it is qualifying practitioners who need to verify that a patient does indeed suffer from one of the ailments or disabilities based on their clinical notes.

The DTC form will ask if patients "have complications with speech, walking, complications regarding bowel movements, or do they have complications with mental functioning on a daily basis. One that is significant is if a person requires life sustaining therapy," said Chau.

Chau indicated that based on published reports, physicians have raised concerns about the fact they aren't necessarily compensated for their time filling out a portion of the DTC for their patients. "Physicians are busy and it may require time to complete the forms if it's a complicated disability,"

she said. Chau's preparing to do funded research on this topic including why more people don't apply for this tax credit and what changes could be made to make a difference.

The best way for patients to find out if they qualify for the DTC is to go to the government's site www.cra.gc.ca/disability

She said, there are a variety of reasons why people don't apply for the DTC including: lack of awareness about the program, a belief the process will be too cumbersome or they don't want to identify themselves as having a disability for fear of stigma. In some cases, it may make more sense monetarily for the caregiver to apply for the tax credit if they earn more than the person with the disability.

"(For example) because the disability tax credit is based on income it would probably be more financially viable for the parent who makes a larger income to claim it on behalf of the child. They have to indicate they are going to transfer the DTC so that it's a parent who will receive the tax credit."

The best way for patients to find out if they qualify for the DTC is to go to the government's site www.cra.gc.ca/disability and look at the topic: Do you qualify for a DTC? The 12-page application at <http://www.cra-arc.gc.ca/E/pbg/tf/t2201/t2201-10e.pdf> can be downloaded and printed off. This form requires a qualified practitioner such as a medical doctor to fill out sections to verify the condition, duration and impact on a patient's day-to-day life.



In the Community is published by St. Joseph's Health Centre for family physicians, community partners and agencies in our catchment area. Please share this issue of *In the Community* with a friend or colleague who also maintains a special interest in developments at St. Joseph's.

For comments or questions regarding this issue, or if you would like to contribute to a future issue, please contact the editor Kris Scheuer, Communications Associate, Corporate Communications & Public Affairs via email at scheuk@stjoe.on.ca or by calling 416-530-6486 ext. 4663.

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