



# In the *community*

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

FEBRUARY 2011

## New Interprofessional Team Puts Patients First

St. Joseph's Tracheostomy Team is a new interprofessional team created to provide specialized care for patients who have a tracheostomy. The core team includes a Respiratory Therapist, Speech Language Pathologist, and Intensivist. Together, they are building on our commitment to Put Patients First by providing the safest care by minimizing time with a tracheostomy tube through expeditious weaning, improving communication, facilitating eating, and assisting with discharge planning coordination of patients with tracheostomies.

"This new initiative is part of the Emergency Department and Critical Care Program's quality improvement strategy," said Silvana Biscaro, Administrative Program Director and project sponsor. "The overall goal is to improve patient outcomes and satisfaction and reduce length of stay for these high risk and medically complex patients."

A tracheostomy is an opening from the trachea, or windpipe, to the outside of the body, creating an airway to breath. These patients are medically fragile with complex diagnoses. At any given time, there are between three and 10 inpatients in the Health Centre living with a tracheostomy, who often have an extended length of stay. Many complications can arise in patients with tracheostomy tubes, ranging from a blocked airway or an infection to delays in downsizing and/or decannulation



From left to right: Helen Papakyriacou, SLP, Co-Lead; Taz Visram, RRT; Kyle Davies, RRT; Mary Kersnik, RRT; Dr. Rob Cirone; Melanie van Eerde, RRT; Ginny Martins, RRT, Co-Lead. Missing from photo: Dr. Joanne Meyer, MD lead; Dr. Arthur Vanek; and Dr. Ted Rogovein.

(removal of tube). The quicker a patient can be weaned from a tracheostomy, their ability to regain verbal communication, and return to natural oral intake of food, the better quality of life they will have.

"The Tracheostomy Team is a wonderful opportunity to improve the care that we provide to our patients who have tracheostomies," said Ginny Martins, Charge Respiratory Therapist and co-lead. "It is an exciting interprofessional initiative long overdue that is expected to positively impact staff satisfaction and improve the quality of life for this complex patient population."

To obtain a clear picture of the patient's current tracheostomy status, the team meets on a weekly basis to review the patient's history and condition, and discusses patient cases together. Each

professional brings their expertise to the decision-making process so the team can design a care plan specific for the patient's unique needs. Front-line Speech Language Pathologists and Respiratory Therapists will carry out the established care plan throughout the week, ensuring that the patient gets the right level of care at the right time.

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"I think that the care for these patients has not been as coordinated as it should be and those looking after them directly have been doing it in isolation. Now, with the team we come together, discuss each patient's (needs) and develop a care plan (with everyone involved) – which is so important in supporting continuity of care for our patients," said Dr. Joanne Meyer, physician lead for the team.

Breakdowns in discharge planning, timely patient and caregiver education, and delays in supply orders also lend to increase lengths of hospitalization for patients so the Tracheostomy Team will also focus on early patient and caregiver education regarding

tracheostomy care. A Community Care Access Centre (CCAC) hospital coordinator works with the Tracheostomy Team, hospital staff, and patients during discharge planning to ensure that a customized community care plan is established and the appropriate community supports and resources are organized prior to going home.

"Through earlier education about the tracheostomy and care required we can help build patient and caregiver comfort and confidence on returning home safely when discharged from the hospital," said Helen Papakyriacou, Speech Language Pathologist/PPL and colead.

Adds Karey Kosatschenko, CCAC Hospital Care Co-ordinator for St. Joseph's, "Involvement of the CCAC in the development of the Tracheostomy Team has provided the opportunity for collaboration and feedback about how to best initiate community care services while providing a positive experience for patients with tracheotomies leaving SJHC who require ongoing support."

SJHC's Tracheostomy Team was created to help units manage these patients in a more standardized and coordinated way. This team brings together all of the specialized health care professionals needed to ensure the best individualized tracheostomy care for each patient.

## eCare Update - SJHC Launches Single Sign On

The eCare Program at SJHC is part of our strategic commitment to Put Patients First, by implementing a point of care electronic health record that makes clinically relevant information available to patients and providers.

To support our eCare program, St. Joseph's recently implemented Single Sign On (SSO), new technology that allows our clinicians to streamline the computer logon process and account management. Users now only have to login once to gain access to multiple applications without being prompted to login to each application.

Across the Health Centre, over 1,000 staff members are users of the Single Sign On application, said Elizabeth Goff, Director of Information Services at St. Joseph's. "One of the complaints we've heard from many clinicians in the past is that they have to remember too many passwords and have to login to systems too many times. With our various systems, some people might actually find themselves logging into five or six different information systems like email, clinical systems, and decision support systems," explains Goff.

"In areas where there are multi-users on computers, mainly in the clinical areas, their ID card can tap to input their user name, and the password is entered, only once a shift. Access to systems will increase as the eCare plan rolls out. SSO makes that access much easier," said Goff.

"Physicians have welcomed the SSO project and the ease of access to different programs without the nuisance of remembering various passwords," said Dr. Paul Sullivan, physician lead for eCare at St. Joseph's. "Adoption has

been widespread and almost seamless with a near flawless go-live roll-out schedule across the institution. Hopefully this sets the stage for future implementations as we head toward a fully electronic health record here at St. Joe's."

SSO is a significant "win" in our eCare strategy, because it means making systems more accessible and user friendly for our clinicians, which directly impacts patient care, explains Goff.

"One important feature of SSO is the password reset functionality. What we are finding is that if you only have one password to remember, you tend to remember it. If you don't, there's help directly on the computer to reset a forgotten password," says Goff. "In the past, if someone forgot their password, a system administrator would have to go into the system to change it for them. We are delighted to see that there are fewer calls to Help Desk for forgotten passwords and login issues."

From a patient's perspective, they will ultimately benefit from our staff having easier and quicker access to the computer systems they need because they are not delayed by looking up passwords or requesting that passwords be reset.



## OHA Recognizes St. Joseph's Commitment to Patient Safety

SJHC's dedication to patient safety has been recognized and is one of 31 Ontario hospitals featured in the Ontario Hospital Association's (OHA) 2010 Patient Safety Guidebook entitled, *Advancing Patient Safety Through Ideas and Innovations*.

Highlighted in the Guidebook is SJHC's Big Aim initiative to reduce adverse events by 50% by March 31st, 2011. The Big Aim is part of our commitment to Put Patients First and one way we are working collectively across the organization to enhance the delivery of high quality and safe care to our patients.

"All of us at St. Joe's should be proud of this recognition. It is satisfying to be recognized for the hard work that has gone into advancing quality and patient safety at St. Joe's and hopefully this will inspire other organizations to continue (to find innovative ways) to Put Patients First by providing the safest care," said David Golding, Manager of Access Services at the Health Centre.

The Big Aim is a strategy to engage the entire organization in quality improvement and a road map to guide us in following through on our commitment to reducing c.difficile, pressure ulcers, and falls with injury – while improving patient satisfaction and maintaining a balanced budget.

"Our Big Aim tells everyone what we

are trying to accomplish, so that we can make the necessary changes we need to make to give us the results that we need. It also tells everyone what we need to measure to monitor the improvement results over time," said Golding. "It tells us how good we want to be and by when."

To kick off of our journey towards achieving the Big Aim - which Golding describes as a top down, bottom up initiative with accountability stretching from the Board Room to the bed side - Improvement Advisors in the Health Centre met with the clinical and administrative leaders of all departments across the hospital to identify quality improvement opportunities and create department level initiatives with measureable outcomes that will contribute to our success.

"These initiatives identify interventions, key measures and timelines and were incorporated into our Board approved Quality and Safety Strategy," continued Golding.

Since the Big Aim launched in April 2010, quality improvement initiatives - big and small - are underway across the organization. Each Big Aim indicator is incorporated into the scorecard for each of our clinical programs, corporately and reported to the Board of Directors, so that our progress can be measured.

*Weekly report outs at the Wall (pictured right) bring together managers, directors and senior leadership members from all areas of the Health Centre to talk about progress on Big Aim indicators and other quality measures.*



## ROCK THE CRADLE GALA - FEBRUARY 24

When more than 5,000 babies and small children in our community needed specialized care last year, they didn't have to travel to downtown Toronto. As a Regional Paediatric Centre, SJHC is here to care for them – through services like our Emergency Department, that features a separate waiting and care area tailored to the needs of families; specialized clinics to help little ones with problems like asthma, speech, language and hearing challenges and other development issues; and our Level II Neonatal Intensive Care Unit (NICU) to provide care for high-risk newborns. Because when your children need care, you want them close to home.

That's our goal - to take care of our babies and children in our own community. And later this year, St. Joseph's will be able to do much more, with the completion of the new Our Lady of Mercy Wing Patient Care Wing - allowing us to open an expanded Family Birthing Centre and NICU that's twice the current size. And timing couldn't be better. Last year, more than 3,300 babies were born at St. Joe's and that number is expected to reach 4,000 very soon.

But all of this doesn't happen without the support of our generous donors. Please join us at our Rock the Cradle Gala on February 24 at the historic Liberty Grand. Proceeds from this black-tie event will help support the NICU and Family Birthing Centre in the new patient care wing.

Canadian rock icon Kim Mitchell, known for solo hits including "Patio Lanterns", and The Stampeders who had huge hits such as "Sweet City Woman" in the 1970s, will Rock the Cradle too. Join them and singer/songwriter Justin Hines and musician Graham Howes for an evening of great music, food, fun and an exciting live auction. Tyler Stewart from the Barenaked Ladies will also be on hand as the MC for the Gala.

Tickets are \$450 each. To purchase yours or to make a donation to this fantastic event, contact St. Joseph's Health Centre Foundation at 416-530-6704 or by email at [foundation@stjoe.on.ca](mailto:foundation@stjoe.on.ca). You can also visit our website at [www.foundation.stjoe.on.ca](http://www.foundation.stjoe.on.ca).

The Foundation would also like to acknowledge Ozz Electric Inc., the presenting sponsor for the Rock the Cradle Gala.

# Creating a Common Strategy for the LHIN and Health Service Providers

by Rick Edwards, Director, Community Engagement and Urban Health

Community Engagement is a central component of the Local Health Integration Network (LHIN) model, being an explicit expectation stated in the Local Health System Integration Act (LHSIA) that created the LHINs. The LHINs are intended to provide for stakeholders to work together within and across sectors to involve individuals and communities in health system planning and decision-making to solve local health care needs.

The Excellent Care for All Act, passed in June 2010, now creates another impetus for providers to engage patients, clients and families in defining and achieving high quality health care for all. Health care organizations must make patient, family and community engagement part of both their core values and their operating practices. Along with these expectations, the LHINs and health service providers (HSPs) are faced with making increasingly difficult decisions regarding health care. This combination of decision-making expectations and difficulty demands that the LHINs and HSPs learn to improve the way we engage our communities and each other to make wise health system decisions.

A Community Engagement Task Group made up of representatives from all health sectors and areas of the Toronto Central (TC) LHIN is leading the creation of a shared community engagement strategy in the TC LHIN. I will be serving as co-chair of the Task Group.

The purpose of the Community Engagement Task Force will be to create a shared plan for community engagement for the TC LHIN and its

HSPs. This plan will be consistent with the LHSIA expectations and align with the community engagement guidelines for the 14 LHINs, but also be tailored to serve the TC LHIN's mandate, supporting the achievement of the TC LHIN's 2010-2013 Integrated Health Services Plan (IHSP-2). The plan will also support HSPs to achieve the community engagement obligations set out in



their accountability agreements and serve to strengthen the capacity of the TC LHIN and HSPs to meaningfully engage members of the health care community in health care planning, priority setting and decision-making.

Several deliverables have been identified for the Task Group, including a document that introduces the TC LHIN's principles for community engagement and some consistent tools to support and streamline community engagement planning, implementation and evaluation. What HSPs have been demanding in par-

ticular, however, are clearly defined community engagement roles, accountabilities and expectations for the TC LHIN and HSPs.

For matters requiring LHIN approval, HSPs' community engagement efforts will be part of the LHIN's approval process. The TC LHIN will set out expectations regarding the community engagement plan requirements at the outset, the level of detail in the plans varying based on the scope, scale and risk associated with the decision or change. Clarifying these expectations is the core work of the Task Group.

In the longer term, the Task Group will work with stakeholders across the TC LHIN to identify opportunities for HSPs to collaborate on community engagement for shared populations, health issues and system-level priorities within the TC LHIN.

Quality Community Engagement, incorporating the knowledge, experiences, values and perspectives of people affected by decisions, will improve the decisions and programs, policies and services that result. It will make decision-making more transparent and also increase accountability and the likelihood of sustainable improvements and progressive change.

*In the Community* will continue to monitor and report on the work of the Community Engagement Task Group. For more information, please contact me, Rick Edwards, Director, Community Engagement and Urban Health, at [edwarr@stjoe.on.ca](mailto:edwarr@stjoe.on.ca) or by phone 416-530-6486 ext. 4323.

## Community Supports for Seniors

by AnnMarie Marcolin, Manager, Community Engagement and Urban Health

Aging at Home is a part of the Toronto Central (TC) Local Health Integration Network's (LHIN's) strategy to reduce Emergency Room (ER) wait times and Alternate Level of Care (ALC) days. Specifically, Aging at Home initiatives are aimed at supporting seniors to live healthy, independent lives by expanding access to home care, community services and supportive housing. Local Aging at Home initiatives are in place to support the coordination of services, offer programs that meet the diverse needs of seniors and reduce the number of seniors waiting in ALC hospital beds<sup>1</sup>.

With a growing seniors' population it is important for health care provider agencies and independent practitioners to be well informed of the different services that the TC LHIN is supporting. Two new services worth drawing your attention to include:

### Community Navigation and Access Program (CNAP)

#### **Service Need and Description:**

To support those searching for social support and/or home care help and not sure where to turn. A qualified Social Worker will provide information over the phone to the appropriate not-for-profit service provider/s in the local community. Target population: seniors 55 and over. Service area boundaries include: Hwy 401 to the North, and South to Lake Ontario, West to Islington Ave. and East to Warden Ave. For more information please call 1-877-540-6565 or visit their website at [www.cnap.ca](http://www.cnap.ca).

### Caring for Seniors in Crisis

#### **Service Need and Description:**

To support those who require immediate short-term crisis intervention for mental health and/or addiction concerns and age related cognitive problems. A qualified Crisis Service Provider will assist with risk/safety assessments, stabilization, immediate referral to community mobile crisis units/supports. Target population: seniors 65 and over. Service area boundaries include: Hwy 401 to the North, and South to Lake Ontario, West to Islington Ave. and East to Warden Ave. For more information please call 416-619-5001 or visit their website at [www.csmhas.com](http://www.csmhas.com).



<sup>1</sup>Toronto Central LHIN website, <http://www.torontocentrallhin.on.ca/>

## FORMAL DESIGNATION INCREASES ACCESS TO HPB SURGERY AT SJHC

For the last nine years, St. Joseph's Health Centre has been treating patients with liver and pancreatic diseases – two debilitating cancers that require treatment by surgeons with highly technical and specialized surgical training in the field of Hepatic, Pancreatic and Biliary Tract (HPB) surgery. St. Joseph's has been formally recognized by Cancer Care Ontario as a designated site in the province, giving us the ability to

increase access to HPB surgery for cancer patients.

"We have always been able to provide this type of surgery, providing excellent care and results for our patients – and now we are one of several sites in the province recognized by Cancer Care Ontario (CCO) to deliver this surgery as a centre of excellence," explained Dr. Richard Hart, Surgical Oncology, Hepatobiliary and Pancreatic

Surgeon, who specializes in HPB surgery and has been on staff at St. Joseph's since 2001.

He is a clinical leader in this area and was recruited here for his expertise in HPB surgery, which is a sub-specialty area of general surgery. Dr. Hart performed over 50 HPB cancer surgeries last year as well as a significant amount of surgeries for benign diseases.

[see HPB, continued on page 7](#)

## Excellence at St. Joseph's

The following list showcases St. Joseph's Health Centre's interprofessional staff who have been recognized for professional achievements:

### **SJHC BEST CLINICAL TEACHER AWARDS 2010**

- Dr. Jennifer Bender - Anaesthesia
- Dr. Richard Kim - Emergency Medicine
- Dr. Monica Branigan - Family Medicine
- Dr. Bill Chapman - Laboratory Medicine
- Dr. Greg Sue-A-Quan - Medicine
- Dr. Mary Melchior - Obstetrics & Gynaecology
- Dr. Eddy Lau - Paediatrics
- Dr. Nagi Ghabbour - Psychiatry
- Dr. Lloyd Smith - Surgery

### **SJHC DEPARTMENT OF SURGERY AWARDS 2010/2011**

- Dr. Paul Sullivan - Ernie Spratt Award for Resident Teaching, General Surgery
- Dr. Amr Elmaraghy - Award for Resident Teaching, Orthopaedic Surgery
- Dr. Leila Kasrai - Award for Resident Teaching, Plastic Surgery
- Dr. Ashis Chawla - Award for Resident Teaching, Urology
- Dr. Robert Josephson - Award for Resident Teaching, Otolaryngology

### **SJHC EXCELLENCE IN NURSING PRACTICE AWARDS 2010**

#### **Second Cup Excellence in Nursing Award**

- Margaret Cabbage

### **Lily Ferraro Award for Nursing Excellence in Family-Centered Care**

- Jennifer Bordin

### **SJHC 2010 ALUMNI AWARD OF DISTINCTION FOR NURSING PRECEPTORSHIP**

- Rose Cruz

### **SJHC LORI'S LEGACY FUND AWARDS FOR NURSING EXCELLENCE IN CANCER CARE 2010**

- Fazeena Khamis

### **2010 CANADIAN PHYSIOTHERAPY ASSOCIATION NATIONAL CLINICAL EDUCATION AWARD**

- Kinny Quan-Velanoski, Outpatient PT - CPA Physiotherapy Association National Clinical Education Award

### **THE HOSPITAL FOR SICK CHILDREN**

- Dr. Mark Feldman - Marvin Gerstein Teaching Award for Excellence - Top community-based teacher for resident teaching among part-time teachers

### **2009/2010 - UNIVERSITY OF TORONTO AWARDS**

- 1) Department of Family & Community Departmental Awards of Excellence
  - Dr. Monica Branigan - Excellence in Course/Program Development and Co-ordination
  - Dr. Natascha Crispino - Excellence for New Teachers and Excellence in

### **Faculty Development: Sustained Contribution to Basics**

- Dr. Kingsley Watts - Special Appreciation and Recognition for Development of Basics Program for New Faculty Award

- 2) DFCM Post-Graduate Program Achievement Awards - Residents:
  - Dr. Nadine Gebara - Teaching Excellence
  - Dr. Kaitlin Link - Clinical Excellence

- 3) Department of Obstetrics and Gynaecology – Master Teacher Award
  - Dr. Mary Melchior – Undergraduate Teaching & Longstanding Contributions to the Education Program
  - Dr. Artin Ternamian – Undergraduate Teaching & Longstanding Contributions to the Education Program

- 4) Department of Physical Therapy (PT)
  - Nancy Aeschelmann, Clinical Instructor
  - Sarah Tan, Clinical Instructor
  - Kinny Quan Velanoski, Clinical Instructor, Lecturer/Lab Demonstrator and Small Group Facilitator

- 5) Department of Occupational Science and Occupational Therapy (OT)
  - Marie Eason-Klatt – Community Partners Outstanding Significant Contributions Award

## **SJHC New Appointments**

**from September 2010 to December 2010**

### **Department of Family & Community Medicine**

- Dr. Sally Sharpe

### **Department of Medicine**

- Dr. Rania Lingas - Haematology/Oncology
- Dr. Brie Volpini - Internal Medicine
- Dr. Jonathan Eisenstat – Clinical Assistant, Internal Medicine

### **Department of Emergency Medicine**

- Dr. Andrew Lui

### **Department of Surgery**

- Dr. Shiva Jayaraman – General Surgery
- Dr. Michael Ko – General and Thoracic Surgery

HPB, continued from page 5

According to Cancer Care Ontario guidelines, patients with a HPB cancer diagnosis should be operated on within 28 days from the time a decision is made to operate, targets we are committed to strictly adhering to says Dr. Hart.

As a hospital with high HPB surgical volumes combined with a formal designation from Cancer Care Ontario, "St. Joseph's can continue to respond to the needs of patients in the communities we serve and improve the quality of life for people suffering from the devastating affects of liver and pancreatic cancers," said Dr. Hart.

Dr. Hart explains that his work as a single surgeon met the criteria of surgical volumes and outcomes as outlined by CCO guidelines. St. Joseph's also brought on an additional surgeon, Dr. Shiva Jayaraman, who has also undertaken extensive fellowship training in the management of hepatic and pancreatic disease, to allow us to further increase the volume of patients treated at SJHC.

Additional requirements under the CCO guidelines that the Health Centre met to become a designated centre include having 24-hour a day access to fully equipped operating rooms; onsite access to a full range of diagnostic imaging procedures and equipment in all modalities as well as interventional radiology; onsite access to therapeutic endoscopy; access to an Intensive Care Unit (ICU) with expertise in treating surgical patients undergoing major HPB surgeries; a fully developed nutrition service (including total perenteral nutrition); nursing personnel with experience in the management of complex abdominal surgical problems; and



*Dr. Jayaraman (left) and Dr. Hart (centre) performing a liver re-section surgery.*

supportive care services such as pain management expertise, psychosocial care and palliative care.

Along with improving patient care and surgical outcomes for our patients, the HPB designation is also strengthening St. Joe's commitment to educating the next generation of health professionals and our contributions to important research studies.

"We are affiliated with the University of Toronto's Division of General Surgery. We have a full compliment of residents and fellows coming here to train in all facets of surgery," said Dr. Hart. As a centre of excellence, we will be able to expose our residents to an even higher volume of HPB oncology (to increase their learning opportunities in this specialty area). We are also

working to put together a lecture series for all HPB fellows in the city in partnership with Sunnybrook and University Health Network (the two other designated HPB surgery sites in Toronto)," said Dr. Hart.

St. Joseph's also participated in a province wide prospective randomized trial looking at the use of Positron Emission Tomography (PET) scanning prior to hepatic resection of colorectal metastases. PET scans have the ability to show surgeons if there is more extensive disease that exists that may alter surgical management or preclude surgery.

"St. Joe's was the third largest contributor of patients in the province. Our involvement in the trial highlights our commitment to research and enhancing patient care at St. Joseph's."

## New Patient Care Wing Nears Completion



The new year is upon us and construction of the new OLM building continues both on the interior of the new building and in the parking garage below. On level 1, the T-bar ceiling installation and painting are ongoing and installation of ceramic wall tiles in washrooms has recently commenced. The patient room mock-up is also nearing completion for review by the Consultants and Health Centre. The flooring, lighting, patient headwall, plumbing fixtures, and millwork are all in various stages of completion in the mock-up room. Drywall and taping are nearing completion on level 2 and well underway on level 3. Level 4 stud framing is complete and drywall installation is scheduled to commence shortly. Mechanical and electrical rough in work also continues to advance on all floors and most recently lighting installation commenced on the 1st floor. The installation of the ceiling in the parking garage is also continuing and most of the recessed pot lights have been installed. The Health Centre is continuing its occupancy and operational readiness planning.

The new wing is slated for completion later this Spring. [Click here](#) for more information on the construction of our new patient care wing.

“We are looking forward to the new building to provide continued, premium care to the community. The new OLM wing will allow us to care for more children and families. Expansion of facilities and new equipment in all of our paediatric, neonatal and birthing units will allow us to enhance the excellent care we currently provide to the growing families in our neighbourhoods.”

**- Dr. Eddy Lau, Chief of Paediatrics, SJHC**



**ST. JOSEPH'S**  
HEALTH CENTRE TORONTO

*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, Michelle Tadique, Communications Associate, Corporate Communications & Public Affairs, via e-mail at [tadiqm@stjoe.on.ca](mailto:tadiqm@stjoe.on.ca)

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