



In the *community*

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

OCTOBER 2009

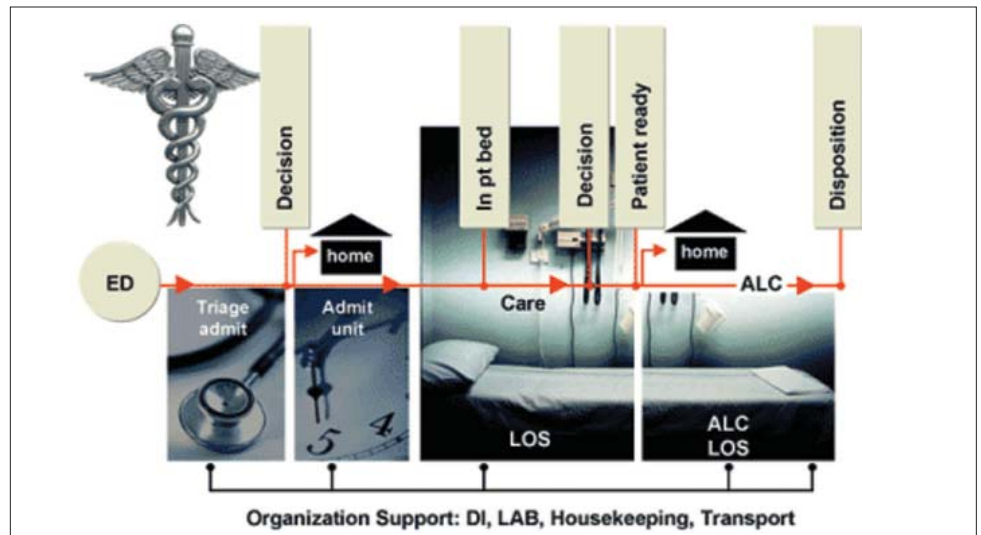
Patient Access and Flow a Continued Area of Focus for St. Joseph's

Patient access and flow is a strategic priority for St. Joseph's. Ensuring that patients receive the right care, in the right place, for the right amount of time - 100% of the time - is key to our strategy in Putting Patients First.

"The Emergency Department (ED) is the 'front door' to our hospital," said David Golding, Manager of Access Services. "With 240 patients seen on average per day and over 86,000 patient visits annually, St. Joe's ED is one of the busiest in the province."

We know high ED volumes translate to equivalent growth in admissions to inpatient units - last year St. Joe's had 21,188 admissions - but reducing wait times in the ED is not the only key to improving patient flow, explains Golding. Each department here at St. Joe's plays a role in providing the safest care and everyone contributes to ensuring that patients flow safely and effectively on their journey to discharge.

"No one should stay in hospital longer than they need to," said Dr. Marko Duic, Chief of Emergency at St. Joe's. "Improved (patient flow) processes within the hospital lead to better patient safety, better outcomes for our patients and increases



St. Joseph's Patient Value Stream

patient satisfaction. Continuing to improve access and flow is a 'win-win' situation for the organization as a whole."

A number of strategic initiatives have been implemented over the last two years to address patient flow issues and have targeted process improvements throughout the continuum of care from the ED to discharge planning on admission. Some examples include:

- A coordinated approach to discharge rounds, called Bullet Rounds, has been created to improve the quality of care for

patients. These rounds focus on an interprofessional approach to addressing our patients' needs during their stay and upon discharge.

see 'access' continued on page 3

INSIDE

eHealth Strategy Moves Forward	2
H1N1 Update	3
Toronto Central LHIN Update: Coordinated Language Services Proposal	4
New Geriatric Outreach Program	5
COPE Clinic Helps Patients with Osteoporosis	6
Clinical Day 2009 - Register Today!	7

St. Joseph's eHealth Strategy Moves Forward

Dr. Paul Sullivan, Physician Lead of eHealth

Delivering on our eHealth promise has been identified as a strategic priority for St. Joseph's. The transformation towards implementing and delivering a comprehensive electronic medical record by 2013 is one of the largest and most complex projects that St. Joe's has undertaken.

As physicians, we need to take an active and lead role in eHealth because the outcomes of this project will greatly impact the way we practice medicine, not only here at St. Joe's but throughout the province. Physician involvement is paramount in getting the proper input and perspective that is needed to ensure the work we are doing to deliver on our eHealth promise is done successfully through consultation, partnership and collaboration.

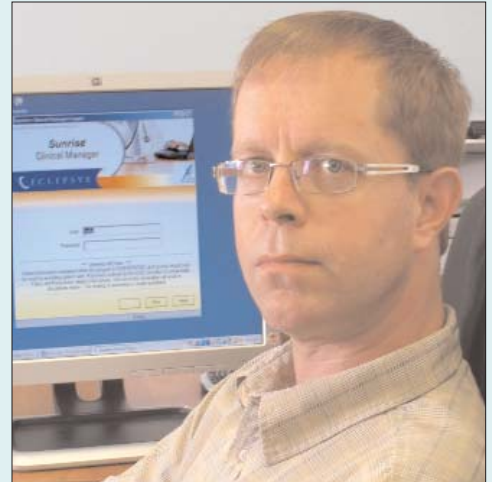
eHealth is the new reality in health care and it means that change is imminent. I am excited at this opportunity to be involved in the process through my appointment as the Physician Lead for eHealth here at the Health Centre. I am committed to working with our key internal stakeholders and external partners to ensure that our eHealth strategy is implemented successfully.

eHealth needs to be viewed and understood as only a good thing, a way that further enables us to enhance the way in which we are able to provide high quality, safe, patient care. We are still a number of years away from fully realizing the true impact and benefits of

implementing an electronic health record. But what I can tell you now is that once we are over the learning curve and implementation of this technology, it will only make what we do much more efficient, providing us with safeguards to minimize errors, while increasing the access and availability of evidence-based medicine on a day-to-day and patient-to-patient basis. We are at the cusp of working towards affecting positive and significant change in the system.

To move our eHealth strategy forward, two very important committees have been formed here at the Health Centre, both of which I am a member of. The eHealth Steering Committee is mandated to provide oversight for the execution of the eHealth program of work and all related eHealth projects with respect to time, budget and scope. I am also Chair of the Clinical Informatics Committee, the governing body and operational enabling group to ensure that the electronic health record and other eHealth projects are functionally implemented at St. Joe's. We work to identify issues around workflow and assess the impact of eHealth projects across the organization. These committees will also ensure that our projects and overall goals align to the Ministry of Health's provincial eHealth strategy.

We are now in Phase One, which is allowing us to lay the groundwork we need to follow on this



Dr. Paul Sullivan

journey over the next four years. At this stage, we are taking this time to create awareness and provide education to staff and physicians around eHealth; we are working to gain knowledge and expertise by meeting with other organizations to learn from their successes on eHealth strategies and promoting a culture of change that will enable us to move towards our goals. As we role into the additional phases of this project, the evolution of multiple project teams will be key to rally our physicians and their involvement in a way to make significant contributions to this project.

Continual updates on how we are progressing with our eHealth project will be included in future issues of *In the Community*. I look forward to keeping you all informed and up-to-date with our success as we continue in the pursuit of providing high quality, safe care to our patients.

'access' continued from page 1

- Patient Care Managers in the hospital facilitate Patient and Family Engagement Rounds, where they greet patients and their family within 24 hours of their admission to discuss and develop an individualized plan of care for each patient.
- Patient Flow Maps are used to outline the clinical pathway to a patient's discharge. This includes information on arranging for additional services, education around medications, etc.
- Addressing our ALC (alternate level of care) challenges through our partnership with the Toronto Central Community Care Access Centres (CCAC) that ensures these patients are transferred in a timely manner, easily and safely to the most appropriate facility/setting to receive care, ensuring that our inpatient beds are available for those patients who require them most.
- Implementation of our Red, Yellow, Green visual communications tool, a system that provides patients and families with a 'visual' indication of when patients will most likely be discharged, based on their condition. This has helped engage patients and family members in the discharge process.
- Process improvements across all inpatient units to ensure that patients are discharged in the morning on their discharge day. This allows patients to access resources such as pharmacies and grocery stores before they are closed, to pick up any medications and daily care essentials needed for a safe return home.
- Implementation of Teletracking, our electronic bed management solution, allows us to track all patient activity in the hospital and uses our pager system to notify

staff of patient movement, significantly reducing bed assignment times, bed turn times and reducing the length of stay in the ED. It has also eliminated the need for up to 200 calls per day to coordinate patient transfers, releasing time for frontline staff in order to focus on patient care.

- The creation of our Daily Access Indicator Report (DAIR), a tool that enables Administrators, Patient Care Managers and Team Leaders to monitor, evaluate and continue to improve patient access and flow. It also helps provide insight into daily pressures and enables staff to better predict barriers.
- The weekly Access and Flow Report Out meeting provides an opportunity for the whole Leadership team to discuss throughput, patient wait times and review their improvement initiatives as a group.

These internal activities are also important because they align with the Ministry of Health's overall Wait Times Strategy, so we are not only helping to move patients effectively within our own walls, but through the entire system, explains Golding. St. Joe's has also shared what we have learned to assist 25 other health care facilities in the province, in an effort to work collaboratively with others to help them find ways to improve. Many of these organizations have taken our lessons learned and implemented our best practices. "With the initiatives implemented to date, I feel that St. Joe's should be proud of the progress we've made towards reducing wait times and improving processes that ensures that our patients receive the care they need in a safe, coordinated and timely manner," said Golding.

H1N1 UPDATE

St. Joseph's continues to take the necessary steps to ensure the safety of our patients, visitors and staff during this H1N1 outbreak.

With the emergence of the virus earlier this year, we have been focusing our efforts over the last several months on reviewing and updating our Pandemic Plan and processes. We have reviewed our stockpile of anti-viral medication, equipment and supplies to ensure we are prepared for the anticipated active influenza season this fall. The Health Centre continues to follow Infection Prevention and Control best practices and we continue to conduct Influenza-like Illness (ILI) screening for patients and visitors as they come into our clinics and Emergency Department.

Our response to the outbreak has been conducted with direction from the Ministry of Health and Long-Term Care's Important Health Notices to ensure that we are compliant with the screening requirements for the H1N1 human swine flu and all types of influenza. We have also been working in close collaboration with the Toronto Academic Health Science Network partner hospitals, to ensure our strategies and response to this outbreak are consistent and standardized across the system.

Here at St. Joe's we have investigated a number of suspected H1N1 cases of patients coming through the Emergency Department and Just for Kids Clinic, with most cases being mild and patients recovering at home.

Education around proper hand hygiene practices and receiving annual flu shots is at the forefront of education for staff, patients and visitors to ensure that we can reduce the spread of infection. Plans are also in place for this year's annual flu shot clinic, which is open to the public in late October.

Frequent Health Centre updates on the H1N1 outbreak are available on our website at www.stjoe.on.ca and through our Public Information Line at 416-530-6185.

Update on the Toronto Central LHIN: Coordinated Language Services Proposal Incorporates Health Equity into TCLHIN Planning

by Rick Edwards, Director, Community Engagement and Urban Health

In 2007, the Toronto Central LHIN (TCLHIN) Board of Directors identified and communicated to health service providers (HSPs) that Health Equity is a priority for the TCLHIN. A number of subsequent TCLHIN initiatives serve health equity ends.

For example, the choice to focus on improving access to mental illness and/or addictions and diabetes care will have a substantial impact on marginalized and under-served populations who are severely and disproportionately affected by these conditions.

In the fall of 2007, the TCLHIN asked hospitals to prepare health equity plans in order to obtain baseline information on their health equity efforts and to strengthen their accountability for reducing inequities in their workplace and in care delivery. All 18 hospitals submitted health equity plans in February 2009.

Hospitals identified a wide range of issues and opportunities. The three most prominent were: greater capacity for and standardization of language and interpretation services; establishing common hospital-level and system-level health equity data; and identification and dissemination of best practices. Earlier this year, the Toronto Central LHIN launched Partnerships for Service Improvement (PSI), an initiative that supports LHIN-funded health service providers - Community Care Access Centres, Community Support Services agencies, mental health and addictions agencies, hospitals, long-term care homes and Community Health Centres - to create partnerships that integrate back office (e.g., human resources, information technology, and legal services) and clinical support (e.g., pharmacy) services.

One of the five PSI projects that obtained seed funding was a collaborative of six hospitals and one community health centre seeking to improve interpretation and translation services within hospitals. Currently, the partners are spending approximately \$2.2 million in lan-

guage service provision. Phase One of the proposed project was to focus on the development of a business plan for coordinated and integrated interpretation and translation services across the partner organizations. The partnership was expected to create efficiencies across participating agencies, as well as economies of scale and increased quality of healthcare language services, through such features as: shared staff and/or contract interpreters; centralized automated dispatching; the development of a teleconference interpretation system (e.g., through the Ontario Telehealth Network); development of centralized phone interpretation service for high-demand languages in Toronto; shared RFPs for services (e.g., phone interpretation); centralized resources for interpreter and provider training; and standardized data collection and analysis.

Following a July 28, 2009, Stakeholder Dialogue with hospitals and community providers, sponsored by the TCLHIN to validate the results of the health equity plans and identify priorities for action, the TCLHIN decided to move the interpretation and translation proposal from the status of a demonstration project to that of an official TCLHIN solution to the provision of language services in Toronto HSPs. A lead agency and steering committee for the expanded program will be convened in early September 2009.

The Hospital Health Equity Plans were a signature initiative for the TCLHIN, and the commitment to TCLHIN-wide language services is an important step to put the equity plans into equity action.

St. Joseph's is a primary partner in the language services proposal. *In The Community* will continue to monitor and report on its progress. For more information on TCLHIN language services planning and St. Joseph's involvement in it, please contact Rick Edwards, Director, Community Engagement and Urban Health at edwarr@stjoe.on.ca or by phone 416-530-6486 ext. 4323.

New Partnership and Innovative Care Model Supports Seniors at Home

by Jutta Schaaf, Coordinator, Community Engagement and Urban Health

In July of this year, St. Joseph's Health Centre (SJHC) was pleased to become one of two sites for the launch of a new integrated geriatric and geriatric psychiatry outreach project. The project will be of interest to anyone who is concerned about the physical and/or mental health of a senior living at home.

The goal of this innovative program is to promote healthy aging at home and help to delay the onset of frailty, disability, and dependence. To achieve this objective, the outreach team will visit frail homebound seniors in the community to provide free of charge, easy access to:

- comprehensive strength and needs assessments, addressing functional, medical, mental health and addictions issues
- recommendations for treatment and other therapeutic and psychosocial interventions
- assistance to connect with other appropriate services in the community
- intensive psycho-geriatric case management and/or enhanced care coordination for clients as needed for longer-term follow up.

Members of the outreach team include a geriatrician, geriatric psychiatrist, nurse practitioner, clinical nurse specialist, social worker, physiotherapist, and occupational therapist, as well as a dedicated care coordinator and an intensive case manager for longer-term follow up.

Referrals for the Integrated Geriatric and Psycho-geriatric Outreach Team can be initiated by physicians, healthcare professionals, and community agency staff as well as by seniors or their family members. Issues that may prompt a referral include cognitive impairment, falls, incontinence, depression, behavioral challenges, elder

“Each organization has committed, through this innovative care model, to promote the provision of the right care, in the right place, and at the right time to home-bound seniors.”

- Catherine Cotton

abuse, medication-related issues, nutritional issues, “failure to thrive”, decline in functioning or difficulty with activities of daily living, social isolation, environmental challenges, caregiver stress, or the need for an assessment of the home environment.

Being a unique, inter-organizational partnership, SJHC is one of six partner organizations that received funding from the TCLHIN to participate in this project. Besides SJHC, COTA Health, the Centre for Addiction & Mental Health (CAMH), the Toronto Central Community Care Access Centre (TC CCAC), St. Michael's Hospital, and the Regional Geriatric Program (RGP) are participating in an effort to

strengthen the circle of care for frail and homebound seniors.

With the RGP as the overall operational and accountability lead, each organization contributes with its unique roles and expertise. Wanting to maximize on inter-organizational effectiveness and coordination, a Steering Committee was established to advise on the planning, implementation and evaluation of the initiative.

Having played an instrumental role in bringing the program to SJHC and operationalizing in-house implementation details, both Catherine Cotton, Administrative Program Director of the Medicine, Ambulatory and Seniors' Health, and Giancarla Curto-Correia, Patient Care Manager, Ambulatory Care Centre, are looking forward to seeing the community benefit from this new resource and its innovative composition.

“Each organization has committed, through this innovative care model, to promote the provision of the right care, in the right place, and at the right time to home-bound seniors,” said Cotton.

“It is a privilege to be part of this trail blazing opportunity that fosters both inter-professional and inter-organizational collaboration,” adds Curto-Correia.

For further information or to make a referral to the Integrated Outreach Team at SJHC please contact 416-530-6154.

COPE Clinic Helps Patients Manage Osteoporosis

As the only clinic of its kind in West Toronto, the Community Osteoporosis Program with Education (COPE) Clinic provides consultation, prevention and treatment of osteoporosis and other metabolic bone diseases. The team provides support, health promotion, and education for the treatment and management of osteoporosis. "Ultimately our goal is to help people reduce their risk of fractures," said Dr. Frances Budden.

According to Osteoporosis Canada, as many as two million Canadians suffer from osteoporosis, a disease characterized by low bone mass and deterioration of bone tissue. Individuals living with osteoporosis have an increased risk of suffering a major fracture, which are frequently caused by low or no trauma, particularly of the hip, spine and wrist. Other sites of fragility fractures include the ribs, shoulder, or pelvis.

"Anyone who has been diagnosed with osteoporosis needs to be treated by their family doctor and/or a doctor who specializes in osteoporotic care. Fractures are detrimental to an individual's quality of life and are very costly to the person and their family," explains Dr. Budden. Ensuring that people with osteoporosis get the treatment they need in a timely manner is key,

since fractures of osteoporosis lead to high morbidity with devastating consequences, particularly among elderly patients. "Thirty percent of women and 20% of men who suffer a hip fracture will die within a year," she adds. "Of those who survive, 30% will require care in a long-term care facility, 30% will go home but need the assistance of a walking aid. Only 30% fully recover to be independent."

The COPE Clinic operates with an interprofessional approach to care delivery, where patients have access to treatment from a number of providers including doctors, nurses, physiotherapists, occupational therapists, social workers and dietitians. "Our patients have access to information and health professionals to educate them on their disease, the importance of medication, regular exercise, healthy diet and intake of calcium and vitamin D to reduce their risk of fractures," said Dr. Budden. It's also important that patients are involved and take ownership of their care so they can understand why we are providing them with this treatment and how it will benefit their overall health, she adds.

Established in 1996, the clinic sees over 1,500 patients annually. "Referrals come to us through our

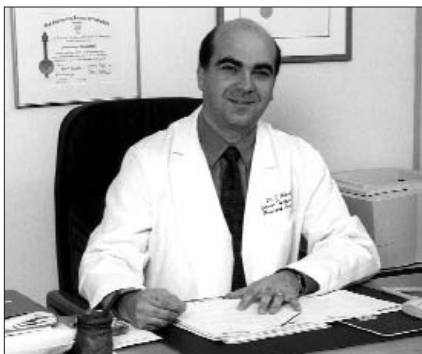
Emergency Department, from our orthopaedic surgeons, local and distant family doctors and other subspecialists," said Dr. Budden.

"Thirty percent of women and 20% of men who suffer a hip fracture will die within a year."

- Dr. Frances Budden

"Today with readily available medication and good information for family doctors to access regarding the treatment of osteoporosis, patients can be treated effectively through their care," Dr. Budden said. "Sometimes, there are more complicated patients that may not respond to treatment or may have something else wrong, so we want our family doctors in the community to know that the COPE Clinic exists to help enhance osteoporotic care for their patients."

Patients are seen in the COPE Clinic on referral from a medical doctor only. If you know someone who can benefit from care through this clinic, please call 416-530-6043 for more information or to make a referral.



Dr. Tom Harmantas, Chief of Staff

COMMUNITY FLU SHOT CLINIC

St. Joseph's will once again be hosting its annual seasonal flu shot clinic this month.

"With the anticipation of a very active flu season, it is important that we all take the necessary steps to reduce the spread of the flu virus. To maintain our own health and the health of patients we care for and colleagues we work with, as physicians we must all continue to practice and teach proper hand hygiene techniques and get our annual flu shots," said Dr. Tom Harmantas, Chief of Staff at St. Joseph's.

Details on the clinic will be available on our website at www.stjoe.on.ca in the coming weeks.

St. Joseph's Welcomes New Chief of Psychiatry

St. Joseph's is pleased to announce the appointment of Dr. Jose Silveira as the new Medical Program Director for the Mental Health and Addictions Program, and the new Chief of the Department of Psychiatry as of October 1, 2009.

Dr. Silveira joins St. Joseph's from University Health Network's (UHN) Toronto Western site where he has been on staff since 1998. Dr. Silveira was the Clinical Director of the Portuguese Mental Health and Addictions Services Program at UHN and is an Assistant Professor with the University of Toronto's Department of Psychiatry. Since April 2007, he has Co-Chaired the Ontario College of Family Physicians Collaborative Mental Health Care Network.

At this time, we would like to acknowledge the contributions of Dr. Ty Turner who has served as the Chief of Psychiatry for 11 years. During his term as Chief and as the Medical Program Director of our Mental Health and Addictions Program, Dr. Turner's outstanding service and significant contributions to St. Joe's have been instrumental in strengthening our linkages with the community and the University of Toronto. Under his leadership, dedication, hard work and ongoing contributions to the patient care in the Mental Health and Addictions Program, the profile and quality of services provided by the team and program is recognized across the city.

Please join us in welcoming Dr. Silveira in his new role at the Health Centre and thanking Dr. Turner for all his achievements and outstanding service to St. Joe's.

- Dr. Tom Harmantas, Chief of Staff

Register for Clinical Day at St. Joseph's

The Health Centre will be hosting its 54th Annual Clinical Day on Friday, November 13, 2009 and we are pleased to announce Dr. Phillip Berger as this year's keynote speaker.

Dr. Berger is Chief, Department of Family and Community Medicine, Medical Director, Inner City Health Program, St. Michael's Hospital and Associate Professor, Faculty of Medicine, University of Toronto. His presentation is entitled *Advocacy in Health Care: Documents and Demonstrations*. Dr. Berger will pass on lessons arising from the fight against torture in the 1970s, the struggle against AIDS in the 1980s and the campaign led by heroin addicts for methadone treatment in the 1990s. Health care professionals will learn how to incorporate advocacy in their day to day work and learn about the unusual territory in which patient advocacy can take place - whether in the banks, at research meetings or in the hallways of regulatory bodies.

Additional speakers for this year's event include: Dr. Maurice Blitz, Department of Surgery, Division of Thoracic Surgery; Dr. Andrew Gotowiec, Department of Psychiatry; and Dr. Jerry Maniate, Department of Medicine, Service of Haematology. The day will also include a scientific session which will include oral presentations of scientific abstracts presented in national and international meetings by SJHC members, as well as a poster session.

"Clinical Day is an opportunity for St. Joseph's to showcase our commitment to patient care. In our role as a community teaching hospital, this event provides us with a platform to share the knowledge and expertise we have here at St. Joseph's with our colleagues in the community, as we continue to educate the next generation of health care professionals," said Dr. Yaron Shargall, Director of Medical Education.

For more information or to register, please call 416-530-6731 or email your registration to dapontp@stjoe.on.ca.

New Appointments at SJHC

Department of Thoracic Surgery:

Dr. Maurice Blitz

Department of Medicine:

Dr. Donna Arab-O'Brien - Head of Service, Endocrinology

Dr. Graham Berlyne - Head of Service, Respiriology

Dr. Joanna Sasal - Head of Service, Nephrology

Dr. Greg Sue-A-Quan - Head of Service, Internal Medicine

eHealth at a Glance

PYRAMIS Gets Results to Doctors in a Heartbeat

St. Joseph's has launched PYRAMIS, our cardiac data management system. This system houses both the electronic copy of a patient's ECG as well as the results, once reviewed by the Cardiologist. Once the ECG is taken, the ECG tracing is uploaded to the PYRAMIS system and can then be viewed almost instantly in Sunrise Clinical Manager, the hospital electronic patient record system. PYRAMIS also houses Stress and Holter results online.

"In the past, it would take several days for the process to get results back to the paper chart. A paper copy of the ECG had to be physically transported to the Cardiology department, where it was then interpreted by the

Cardiologist with the result being dictated. This result then had to be transcribed back onto a paper copy and was available only on the paper chart," said Heather Binkle, Clinical Informatics Lead at St. Joseph's. "Through PYRAMIS the ECG tracing is uploaded and available within minutes on the Sunrise Clinical Manager system. It is a much faster turnaround for the Cardiologist to interpret the tracing as it can be done directly into the system."

By decreasing the turn around time to get access to a result, physicians can have the information they need at their fingertips so they can make important treatment decisions for their patients in a timely manner. By adding the scan to Sunrise Clinical Manager as part of the patient's medical chart, it allows clinicians to easily compare previous ECGs with newly ordered tests.

Foundation Update

by Aurelia Karasiejus Kay

St. Joseph's is grateful to the many patients and their families who give of their time and money in order to contribute to patient care. Through these gifts we can continue to purchase the necessary equipment, enhance services and upgrade facilities that enable us to continue to provide high quality care to the 500,000 residents of southwest Toronto. St. Joseph's Health Centre Foundation would like to thank the following donors for their generous contributions:

- The One of Eight Committee and the family of Ralph Aiello Sr. for their generous gift of \$25,000 toward the Oncology Clinic. This year marks the 10th anniversary of Mr. Aiello's passing at St. Joe's, after a battle with lung cancer. Funds were raised through the first annual Elysium Gala, a tribute to the life of Mr. Aiello and the wonderful care he received at St. Joe's.

- Randy Cousins and his family's donation of \$50,000. As residents of High Park for over 20 years, the Cousins family has utilized many services at St. Joe's, including the Just for Kids Clinic and the Chemotherapy Clinic. This generous gift acknowledges their support in St. Joe's as their community hospital.

Upcoming Events

In March 2010, St. Joseph's Health Centre Foundation will host the Rock the Cradle event. Taking place at the Liberty Grand here in Toronto, the event will include dinner, dancing, silent and live auctions. Proceeds from this event will support the Family Birthing Centre and Neonatal Intensive Care Unit in the new Our Lady of Mercy patient care wing. For more information, please contact Aurelia Karasiejus Kay at 416-530-6486 ext 3232.



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

St. Joseph's Health Centre

30 The Queensway, Toronto, Ontario M6R 1B5
T: 416-530-6000 W: www.stjoe.on.ca