

HOSPITAL PERSPECTIVES

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Mount Sinai Gives Patients ACCESS to ICU Expertise



Members of Mount Sinai Hospital's ACCESS team, from left, Dr. Randy Wax, Steve Ramganes, Dr. Stephen Lapinsky, Judy Tessler, Patricia Hynes and Maria Leo.



CHEO team leads patient safety initiative

By Stephanie Yack

It's 10:30 p.m. in the Intensive Care Unit (ICU) at Mount Sinai Hospital. A mobile phone rings and a hospital nurse on the other end reports that a patient is suffering from rapidly decreasing blood pressure several floors below in a General Internal Medicine Unit. Moments later, an ICU nurse is moving down the hall with a cart holding a monitor and medications to help the patient.

This rapid response from Mount Sinai Hospital's ACCESS team means that patients anywhere in the hospital are assessed and cared for immediately, using the sophisticated tools of the ICU. The valuable time saved by their speedy interaction could mean the difference between life and death for a patient.

ACCESS – Acute Critical Care Emergency Support Service – is the only Critical Care Response team to care for patients in two separate hospitals. Since January 2007, Mount Sinai's ACCESS team has brought 24-hour coverage and care to patients who have recently been discharged from the ICUs at either Mount Sinai or Princess Margaret Hospital.

Part of the *Safer Healthcare Now!* initiative across Canada, the program is designed to improve patient safety by linking the equipment and expertise of the ICU to other areas of the hospital and prevent ICU readmission for high-risk patients.

"There have been some significant saves," said **Dr. Stephen Lapinsky**, ACCESS

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Patient Safety: A Bricks and Mortar Priority

PRHC to Implement New Integrated System Technology

By Alicia Doris

The new Peterborough Regional Health Centre (PRHC) which is scheduled to open in spring 2008 will be a 494-bed, 715,000 square-foot facility. The new hospital will consolidate the two hospital sites in the city, will house 124 more beds, and allow the expansion of programs and services.

Among those increased services is a patient safety initiative in which newborn babies will wear tracking “tags” to ensure they are never further away from their mothers than they should be.

Safety in the new hospital goes beyond the implementation of the integrated system.

The Infant Abduction System is one of 13 technologies that make up an integrated system that will enhance safety and security for PRHC’s patients, staff and visitors in its new hospital.

“As we move to the new hospital, we’ll be moving ahead 30 years in terms of technology. That technology is going to allow us to create a safer environment for our patients, as well as our staff,” says **Tom Holden**, Vice President, Planning at PRHC.

The 13 technologies that make up the integrated system provided by Hamilton Ontario’s AAtel Communications include access control, an audio visual nurse call system and a patient wandering system. The technologies are linked via separate servers to software that collects, collates and distributes information.



Tom Holden, Vice President of Planning at PRHC in front of the hospital’s current construction site.

“This is the first facility in Canada where all systems are integrated to operate seamlessly,” says **Darren Croucher**, President, AAtel Communications. “The systems can be centrally managed as well as viewed, allowing flexibility in their operation. This integration enhances patient safety by streamlining work processes and ensuring events and alarms are communicated effectively.”

As part of the patient wandering system, for example, patients may be equipped with “tags” that prevent them from taking an elevator or opening a door. Should a patient bypass the system, an alarm notifies the unit staff and security. Meanwhile, all actions will be recorded and processed by the surveillance

system. An e-mail alert, complete with the patient’s photo will be automatically distributed, enabling a rapid response and retrieval of the patient.

“In building a new hospital, we’ve been given the opportunity to put advanced information systems infrastructure behind the walls,” says Holden, adding PRHC will be 100 per cent wireless. “This gives us an array of opportunities today, and allows us to prepare for the potential of tomorrow’s technology.”

Also, as part of the integrated system, PRHC Centre will have 32 internet protocol cameras

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Providence Healthcare Employees Put Patient Safety First

By Rob Forbes

Like all hospitals in Ontario during recent years, Providence Hospital – one of Providence Healthcare’s three integrated care divisions – has been focusing on patient safety, with the goal of providing an even safer environment for patients and minimizing adverse events.

While strides are being made in the acute care sector, the post-acute hospital setting now has a real opportunity to make improvements in their facilities, where the major causes of adverse events are medication errors, injuries as a result of falls, and the incidence of preventable conditions like dehydration.

As one of the province’s largest and most efficient rehabilitation and complex continuing care hospitals, Providence has taken the lead in establishing best practices in areas such as medication reconciliation, both at admission and discharge. Moreover, in its accreditation report from September 2006, Providence was

recognized as having fully implemented all of the Required Organizational Practices (ROP) in the standards set out by the Canadian Council on Health Services Accreditation (CCHSA). This accomplishment validated the work Providence has been doing in patient safety over the last few years, but the accreditation process also highlighted more opportunities for improvement.

To ensure that patient safety remains a priority, Providence has identified it as a strategic goal in its 2007–2010 strategic plan.

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Patient Safety

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providing full coverage of the facility and allowing centralized control and recording. From any authorized computer in the hospital, the cameras can be controlled and their images can be viewed. The cameras, in addition to panic stations in the parking lot, are among the technologies that will increase patient and staff safety, which Holden notes, are dependent.

In its entirety, the integrated system will allow for staff to recognize and respond to issues early, which as **Colleen Petersen**, PRHC's Manager of Employee and Patient Safety explains, is what safety is really all about.

"We will be notified of an event or an issue much more quickly, which will allow us, in turn, to respond more quickly," she says, adding that a swift response often improves outcomes for patients and staff.

Safety in the new hospital goes beyond the implementation of the integrated system. In fact, it has permeated the planning process and will continue to be equally as important as PRHC staff members plan for the transition to the new hospital. A clear patient focus was the first of the principles that guided the new hospital planning process.

Patient and staff safety was taken into account

in all decision-making, from the design of the nursing/communications centres and patient rooms, to the 100 per cent accessible washrooms and non-slip floorings. Meanwhile, infection control best-practices motivated the placement of the sink in patient rooms, for example, while the need to isolate patients presenting with symptoms of febrile respiratory illness dictated the design of the emergency department. Patient lifts over every medical and surgical bed space, paired with ongoing training and education for staff members, further PRHC's commitment to staff safety and safe patient handling.

From a safety perspective, Principal Architect **Michael Moxam** of Stantec Architecture Ltd. is particularly proud of the design of the inpatient units. "They are essentially interconnected "neighbourhoods" with the nursing/communications centres at the core," he explains. Patient and staff safety motivated the design, with its direct sightlines down the short corridors that surround the communications centre on each unit. The design also increases the visibility of the staff members, while decreasing the response time to their patients.

"Patient safety underlined everything we designed and devised for the new hospital – on the very smallest to the very largest scale," said Moxam.

Alicia Doris is a Communications Officer with Peterborough Regional Health Centre.

The following technologies are part of the integrated system that will see automation play an integral role in safety at PRHC:

- Access Control
- Cardiac Arrest System
- Clock System
- Emergency Panic System
- Intercom
- Interval Timers
- Infant Abduction System
- Nurse Call
- Patient Wandering System
- Security Management System
- Staff Duress
- Surveillance
- Video Management System

ACCESS to ICU

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Lead, who notes that timely calls and teamwork within the hospitals have made a significant difference in the quality of care the hospital or team provides.

This past May, the team organized more than 465 visits to patients. ACCESS nurses arrange follow-ups with recently discharged patients for 48 hours to assess overall progress and well-being. This improves safety for high-risk patients and helps prevent them from needing to return to the ICU.

The ACCESS team is also available to help hospital inpatients who suddenly slip into critical condition. When the ACCESS team receives a call to its mobile phone, an ACCESS cart – filled with ICU equipment – is brought to the patient's bedside within minutes.

Combining the resources and expertise of the ICU with inpatient care is designed to improve patient safety and reduce the number of cardiac arrests and deaths.

"We see patients before an emergency code is called," said **Ahilya Sarjoo-De Vries**, an ICU nurse on the ACCESS team. "We can intervene before that happens."

Mount Sinai Hospital's ACCESS team of ten ICU nurses received training at the Canadian Resuscitation Institute Training Centre, based at Mount Sinai and led by **Dr. Randy Wax**, Staff Intensivist in Mount Sinai's Critical Care Unit.

Along with reducing preventable complications and deaths, the ACCESS program promotes learning and encourages understanding between hospital nurses and ICU nurses.

The ACCESS team is also available to help hospital inpatients who suddenly slip into critical condition.

"When you work in the ICU all the patients are already being monitored and doctors are available immediately," said **Satu Suikki**, an ICU nurse on the ACCESS team. "By working with the ACCESS team, I have improved my skills in prioritizing care and in recognizing acutely ill patients requiring immediate attention and ICU admission."

The ACCESS team does not replace the emergency code system for dealing with patients under cardiac arrest. Rather, ACCESS helps patients before there is a need

to call a "Code Blue."

"Lately, we haven't had many codes," said Sarjoo-De Vries. "This is definitely because of the ACCESS team."

Dr. Lapinsky agrees that the program is working, and notes that patients and families have had wonderful things to say about the program.

"A couple of weeks ago, when doing a follow-up, the team noticed something wrong with a patient," said Dr. Lapinsky. "The patient's family thought that he was sleeping, but the team quickly recognized a problem."

The patient was immediately transferred back to the ICU and put on a ventilator. The ACCESS team's follow-up ensured that the patient received care in a timely and efficient manner.

To assess the progress and results of the ACCESS program, Mount Sinai tracks the number of inpatient cardiac arrests and ward mortalities, as well as the number of ICU patients and their length of stay.

"It is going very well," said Sarjoo-De Vries. "I hope it will continue."

Stephanie Yack is a member of the Communications and Marketing team at Mount Sinai Hospital.