



PATIENT INFORMATION



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RVH TELEPHONE EXTENSION NUMBERS



Active Care Nursing Station	258
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PATIENT INFORMATION BOOKLET

Welcome to the Renfrew Victoria Hospital. This booklet was made to help you and your family understand what happens in the hospital.

MISSION, VALUES & VISION STATEMENT

Our Mission:

The Renfrew Victoria Hospital is a values-driven organization dedicated to excellence in health care.

Our Values:

Quality

We strive for excellence in both the delivery of safe and high quality patient care services and the establishment of a healthy and safe work environment.

Dignity & Respect

We respect the individual rights, dignity and values of patients and those caring for and supporting them.

Patient Focus

We believe patients should be active participants in their care, which is best achieved through an interdisciplinary team who addresses the physical, psychological, emotional and spiritual needs of the patient.

Patient Safety

We promote an environment that encourages exploration, exposure and resolution of patient safety issues. We strive to achieve measurable improvements.

Leadership

We foster a culture that encourages everyone to embrace ownership, innovation and advocacy.

Responsiveness & Adaptability

We endeavour to be responsive to the needs of the individual and the community and to factors in the external environment.

Our Vision:

The Renfrew Victoria Hospital will be recognized as one of the finest rural health care facilities that endeavours to improve the health status of the population, in a fiscally responsible manner, by mobilizing technology, responding to identified needs and partnering with others

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Effective quality health care requires a cooperative effort between the patient and the facility personnel. Renfrew Victoria Hospital has many functions to perform including the prevention and treatment of diseases, the education of both health professionals and patients. Each must be conducted with concern for the patient and with recognition of the patient's dignity as a human being.

The patient and facility each have rights and responsibilities in this cooperative effort. Both the patient and the caregivers should understand these rights and responsibilities. The following is a guideline for patients' rights and responsibilities.

RIGHTS	RESPONSIBILITIES
<ul style="list-style-type: none"> ➤ Patients are entitled to know who is responsible for and who is providing their direct care. 	
<ul style="list-style-type: none"> ➤ Patients are entitled to receive - to the degree known - information about their medical condition, proposed course of treatment and prospects for recovery unless medically contraindicated. Patients, or their designated representatives are entitled to receive information concerning the patients continuing health care needs. Patients are entitled to participate - to the extent possible - in decisions relating to their health care and discharge. The staff will make every effort to assist patients in understanding this information. 	<ul style="list-style-type: none"> ➤ It is the patients' responsibility to advise caregivers when they do not understand information given regarding medical condition, course of treatment, prospect for recovery and continuing health care needs; or if they need additional assistance or information. Patients are responsible for providing complete and accurate information concerning their past and present health. Patients are responsible for acting in compliance with medical recommendations, and the staff is entitled to anticipate patient compliance.
<ul style="list-style-type: none"> ➤ Patients will be provided appropriate care without regard to race, religion, colour, national origin, sex, age, handicap, source of payment, marital status or sexual preference. 	<ul style="list-style-type: none"> ➤ Patients are responsible for promptly fulfilling financial obligations and providing information necessary to secure insurance or meet insurance requirements.
<ul style="list-style-type: none"> ➤ Patients are entitled to refuse treatment - to the extent provided by law - and to be informed of the reasonable anticipated consequences of the refusal. 	<ul style="list-style-type: none"> ➤ Patients are responsible for the consequences of any refusal of treatment or non-compliance with prescribed care. When such behaviour prevents the caregivers from providing appropriate care according to ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.

RIGHTS	RESPONSIBILITIES
<ul style="list-style-type: none"> ➤ Patients are entitled to privacy - to the extent feasible - in treatment and in caring for personal needs. 	<ul style="list-style-type: none"> ➤ Patients have the responsibility to behave toward others in a courteous and respectful manner.
<ul style="list-style-type: none"> ➤ Patients are entitled to information about the relevant facility policies, rules, regulations and expected conduct. 	<ul style="list-style-type: none"> ➤ Patients are responsible for adhering to all relevant facility policies, rules, regulations and expected conduct.
<p>Patients are entitled to information about their medical records and information about their bills. Regardless of source of payment, patients are entitled to an explanation of their bill and information about financial assistance plans.</p>	<ul style="list-style-type: none"> ➤ Patients, if they so desire, are responsible for requesting copies of their medical records in accordance with the policies of the Renfrew Victoria Hospital Department of Clinical Records.
<ul style="list-style-type: none"> ➤ Patients are entitled to information about the rights and responsibilities of Renfrew Victoria Hospital and its patients. 	
<ul style="list-style-type: none"> ➤ Patients are entitled to confidential treatment of personal disclosures and medical records. Records will not be released except as authorized by the patient, as required by law or third party payment contracts. 	

BASIC HUMAN RIGHTS

- Patients are entitled to exercise their rights as patients and citizens, and to have a right to expect courteous and respectful treatment. Patients have an obligation to respect the rights and property of other patients, the facility and health care personnel.
- Patients are entitled to their basic civil and religious liberties unless medically and/or legally contraindicated. These include:
 1. The right to communicate privately with an individual or group providing facility rules and regulations are followed.
 2. The right to be free from mental, physical or verbal abuse.
 3. The right to be free from chemical or physical restraints except, as medically necessary and only as provided by law and facility policy.
 4. The right to present grievances or recommend changes without restraint or fear of reprisal. If patients have grievances or questions concerning their care, they should contact their physician, nurse or other facility representative for assistance or information.
 5. The right to send and receive personal mail.

PROTECTING THE PRIVACY OR YOUR PERSONAL INFORMATION



We understand that health information about you is personal and must be protected.

For these reasons, we will:

- Provide the highest level of confidentiality around the collection, use and disclosure of your personal health information
- Collect only the necessary information and use that information solely for the care and treatment you are seeking
- Disclose only information necessary for the delivery of your care and the management of the health care system. This could include sharing information with your family doctor, the lab, another health care provider or your insurance plan. This could also mean disclosing information to comply with legal and regulatory requirements, research requests, patient satisfaction surveys, fundraising and teaching or statistical requirements
- Ask your permission before disclosing any of your information for purposes not related to the above. We will also respect your right to withdraw your consent to use your information for purposes not required for legal or regulatory requirements
- Be available to respond to your questions or concerns about the way we handle the privacy of your personal health information
- Should you have any questions or concerns, please contact the Privacy Officer at 613-432-4851 Ext. 272

Patient Safety

Your Health Care Be Involved

- Be involved in your health care. Speak up if you have questions or concerns about your care
- Tell a member of your health care team about your past illnesses and your current health condition
- Bring all your medications with you when you come to the hospital or to a medical appointment
- Tell a member of your health care team if you have ever had an allergic reaction to any medication or food
- Make sure you know what to do when you go home from the hospital or your medical appointment

BEFORE YOU GO TO THE HOSPITAL

Direct Admission to the Hospital

When you arrive at the hospital for admission, you must first report to the Information Centre, which is located close to the Emergency Department. Please present your valid Ontario Health Card on arrival. The admitting clerk will record information such as your name, address, and the name of your family doctor. A bed will be assigned to you and you can proceed to the appropriate nursing station.



Emergency Admission to the Hospital

Most admissions to the hospital are from the Emergency Department. In this case, a member of the nursing staff will escort you to your room from the Emergency Department.

Hospital Cards, Health Cards, and Insurance Cards

Whenever you come to the Renfrew Victoria Hospital, whether to be admitted, to go to the Emergency Department, to go to the X-ray department or an outpatient clinic, you must present your blue hospital card and your Ontario Health Card. The blue hospital card is created when you make your first visit to RVH. This card needs to be kept up to date, so please inform the clerk at switchboard if you have any name, address, or phone number changes.

Accommodation

Please let the admitting clerk or your nurse know if you have extra insurance coverage that may allow you to have a private or semi-private hospital room. We may not always be able to provide the accommodation you request although every attempt will be made to do so. A standard ward consists of three and four beds. Should your preference be standard ward accommodation and there is no bed available, you will be admitted to a semi-private room (2 beds), charged the standard ward rate and transferred when a standard ward becomes available. However, you may wish to remain in the semi-private room, in which case you will be required to pay the established semi-private daily rate from the date of your admission to the hospital.

HOW TO HELP PREVENT HEALTHCARE ASSOCIATED INFECTIONS:

This information is designed to offer patients and their loved ones information about how they can help stop the spread of healthcare-associated infections through good hand hygiene.

Susan's Story

Susan was admitted to a large hospital for brain surgery. She was worried about picking up an infection and knew that they could be caused by healthcare workers not cleaning their hands between patients. So when she saw that her nurse was about to touch her without cleaning her hands, Susan stopped her and asked her to please do so. To her surprise, the nurse became annoyed, but did clean her hands.

After her surgery, she reminded another healthcare worker about the importance of cleaning his hands but was told that he "... hasn't worried about cleaning his hands for many years and has never gotten sick." She was too tired to point out that one of the main reasons healthcare workers should clean their hands is to protect patients, in addition to protecting themselves.



A week later, Susan's surgical wound became infected.

What are Healthcare-Associated Infections and "Superbugs?"

Healthcare-associated infections are infections that patients pick up in hospital while receiving care for another reason. Healthcare-associated infections can happen in any healthcare setting.

- These infections may happen because of a procedure, such as surgery, or an intravenous "IV" catheter that can weaken your body's normal defences against infection.
- These infections can be caused by many different types of bacteria, including some that normally live on your skin and, others that can be picked up in the hospital, like "superbugs."



“Superbugs” are a collection of different germs such as:

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- *Clostridium difficile* (“C-difficile”)
- These bacteria got the nickname “superbugs” because they are very resistant to antibiotics and can make people quite sick if they get infected with them.
- “Superbugs” can also be picked up outside of hospitals.

Healthcare-associated infections are common: One out of every 10 patients admitted to hospital will get one.

Healthcare-associated infections can also be very serious: about 12,000 deaths in Canada are caused by these infections each year.

Many healthcare-associated infections can be prevented.

How are “Superbugs” Spread?

Bacteria and viruses can be spread from person to person in the hospital in different ways. “Superbugs,” and most other bacteria and viruses are usually spread between patients on pieces of equipment and on unwashed hands. “Superbugs” can live outside of the body and on equipment for months, so it is easy for things like bedside curtains, tables, and telephones to become contaminated.

The spread of “superbugs” can also happen outside of the hospital, in places like clinics, long term care facilities, and even in the community (outside of healthcare settings). For example, MRSA has been shown to spread in fitness clubs. In these settings, “superbugs,” are still spread by unwashed hands or on pieces of equipment or furniture.

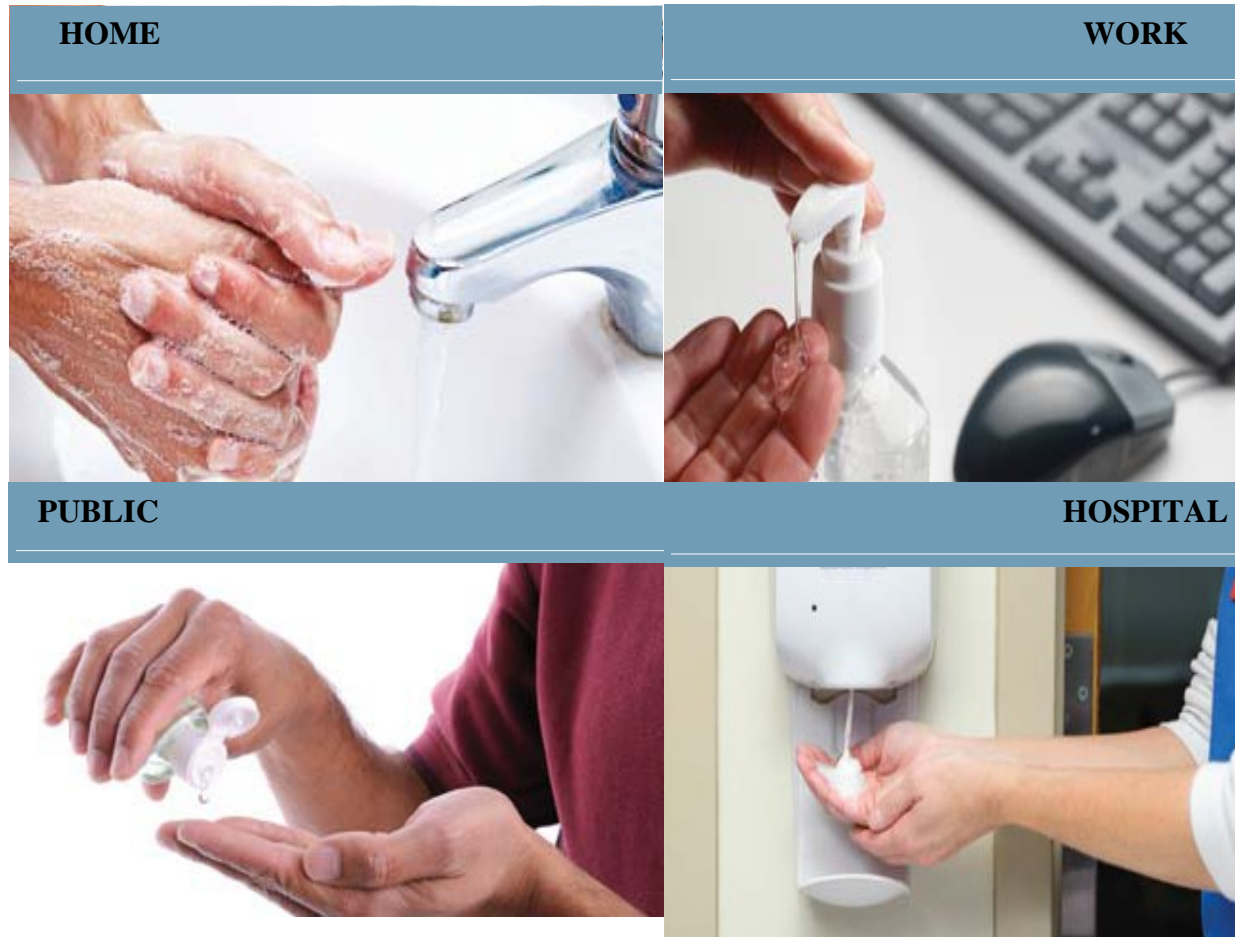
How Can Healthcare-Associated Infections Be Prevented?

Healthcare workers, patients, family, friends and visitors all have a role to play in preventing healthcare-associated infections.

Hand Hygiene

Hand hygiene is one of the most important ways to stop the spread of “superbugs” and other organisms. It has been shown that healthcare workers clean their hands about 40% of the time that they are supposed to. With the growing awareness of healthcare-associated infections this number is getting better, but it is still less than ideal.





The four best times or “moments” for healthcare workers to clean their hands are:

1. **BEFORE** patient contact or contact with the patient’s environment: Healthcare workers should clean their hands just before they touch you or, before they touch something in your immediate environment, like your bed.
2. **BEFORE** doing a procedure: Prior to doing a procedure such as starting an intravenous “IV” line or putting in a catheter healthcare workers should clean their hands. Even though healthcare workers should put on a pair of gloves to do these things, they still need to clean their hands before putting them on and then again after taking them off.
3. **AFTER** contact with a body fluid: Healthcare workers should wear gloves if they think they might touch body fluids and, they should clean their hands before putting on and after taking off gloves.

4. AFTER patient contact or contact with the patient’s environment: Once a healthcare worker is finished caring for you and leaves your bedside, he or she needs to clean their hands.

These 4 moments of hand hygiene are the same in a hospital, in your home, in a clinic or, wherever you are receiving your care.



HAND HYGIENE ADVICE FOR PATIENTS, FAMILIES AND VISITORS

Family and visitors can also spread infections to patients without knowing. Since “superbugs” and other germs can live on many surfaces, it is very important that anyone visiting a patient clean their hands before and after touching them.

Since some “superbugs” like *C. difficile* are picked up by hand to mouth contact (when people swallow them), patients should also clean their hands often during the day, especially after using the washroom and before eating.

IT IS YOUR RIGHT TO HAVE SAFE CARE

If you are worried about your healthcare worker having unclean hands before caring for you, you have the right to ask them to clean their hands.

- This is not always an easy thing to do, and unfortunately some healthcare workers may not respond well to a reminder. If this happens, the healthcare worker should be reported to their supervisor. Sometimes visitors can help remind healthcare workers if patients find it too difficult to do so.

CLEANING YOUR OWN HANDS

No matter where you are receiving your care, you should get into the habit of washing your hands several times a day, especially after touching things that many other people have touched.

- This is very important if you have a chronic medical problem or a weakened immune system. This will not only help protect you from picking up a “superbug”, but may decrease the risk of picking up respiratory virus infections, like colds and influenza.

For more information on hand hygiene you can visit www.handhygiene.ca

WHICH IS BETTER...ALCOHOL-BASED HAND RUB OR SOAP AND WATER?

Alcohol-based hand rubs, also called “sanitizers,” are better at removing germs from your hands, they work faster and cause less skin irritation than soap and water washing. For these reasons it is recommended that you use alcohol-based hand rub to clean your hands. Soap and water is only needed if your hands are visibly dirty and especially after using the washroom.

If using alcohol-based hand rub, make sure you rub your hands for about 15-30 seconds until the alcohol is dry, making sure to cover all surfaces of your hands and between your fingers.

For information on how to clean your hands with soap and water, visit www.handhygiene.ca.



Other Advice

If you have a cough, make sure to cough into your sleeve or a tissue and then clean your hands to prevent passing on germs to others.

If you are sick with an infection, you should not visit someone who is sick, no matter where they are receiving their care, such as in a hospital, in their home etc.

Patients who stay in private rooms have a lower risk of getting infections than those who stay in multi-bedded rooms. If a patient can stay in a single room, this will offer better protection from infection.

Some patients or their visitors will clean the area around a hospitalized patient by wiping down the bed rails, IV pole, or bedside table with disinfectant (most hospitals have disinfectant wipes for use on the nursing unit). While it is not known how much additional protection this would provide on top of the hospital's regular housekeeping program, it may help decrease the risk of infection.

CHECKLIST FOR PATIENTS, FAMILIES, AND VISITORS

- Clean your hands before and after touching a patient.
- Patients have the right to ask healthcare workers to clean their hands before caring for them.
- Patients should clean their hands many times during the day, especially after using the washroom and before eating.
- Alcohol-based hand rub is usually better for cleaning your hands than soap and water.
- Staying in a single room will decrease your infection risk.
- Cover your cough, clean your hands and do not visit a sick person if you are feeling unwell.

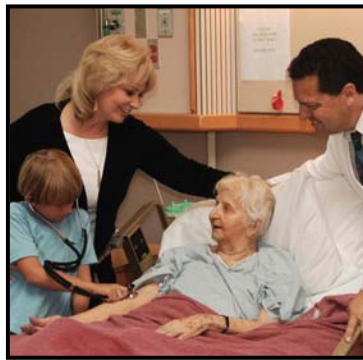


WHO CAN I TALK TO IF I HAVE QUESTIONS OR CONCERNS ABOUT HEALTHCARE–ASSOCIATED INFECTIONS?

If you have question or concerns, please talk to your healthcare provider who can direct you to the right person.

ASK. LISTEN. TALK.

Let's work together to help prevent the spread of infections.



WHILE IN THE HOSPITAL

What to bring to Hospital

- Hospital, health and insurance cards
- Toiletries (tissues, toothbrush, toothpaste, etc.)
- Nightwear, housecoat, slippers with rubber soles
- Your medications – once they are reviewed by the staff you may take them home
- Your CPAP equipment (including mask and distilled water)



What NOT to bring to Hospital

- Large sums of money
- Valuables
- Hot water bottles
- Cell phones
- Heating pads
- Electric blankets

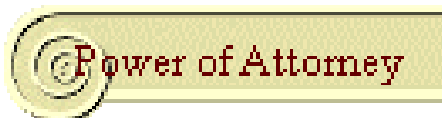


ADVANCED DIRECTIVES/POWER OF ATTORNEY

Patients are admitted to the hospital for a variety of reasons; some people more seriously ill than others. It is extremely helpful if your wishes and needs regarding care and treatment now and in the future have been understood and communicated to your family and physician in advance of your hospital stay. That way, if you are unable to consent to treatment because of mental or physical disability, your appointed medical power of attorney can then act as substitute decision maker. It may also be advisable to arrange for someone to manage your financial affairs on a temporary basis, should you become mentally or physically disabled through giving financial power of attorney to a friend or relative.

If you have an advanced directive or living will, it is important to let the hospital staff know and a copy made for your chart, so your wishes can be communicated to all staff members.

If you require further information on this, packages are available on all units.



LENGTH OF HOSPITAL STAY

When you enter the hospital, the goal for your stay is to prepare you to return to your home; feeling better and able to care for yourself. Based on your diagnosis, your physician and/or your nurse can give you an idea of how long you can expect to be a patient at RVH. You should ask them for an estimate of your length of stay.

We all need to work together to plan for your eventual discharge from hospital. Therefore, if you know of any personal situation that could affect your smooth transition from hospital to home, we ask you to tell your nurse as soon as possible. Some examples of such a situation are: financial issues/difficulties; living alone; inability to prepare meals; inability to clean your home; too many stairs in your home.



PREVENTING DEEP VEIN THROMBOSIS (DVT) & PULMONARY EMBOLISM (EB)

What are Blood Clots?

- Normally, blood flows easily through your blood vessels. However, if a blood vessel becomes damaged or if the flow slows down or stops, a clot can develop and form a 'plug'. Why does this happen? When an injury occurs, the body creates blood clots to prevent major bleeding, for example, in the case of a cut. Sometimes a blood clot forms even when there has been no injury. A clot can form in an artery or vein changing the speed of blood flow or even blocking the flow entirely.
- When a blood clot forms deep inside a vein in your body, usually in the lower leg, it is called a **deep vein thrombosis or DVT** for short. Pain, redness, tenderness and swelling may occur around the site of the clot. However, some people have no symptoms at all.
- If a blood clot comes loose from the walls of the vein, it can travel through your bloodstream to your lungs. This is called a **pulmonary embolism (PE)**. If this occurs, it can cause symptoms such as light-headedness, sharp chest pain and shortness of breath. If the clot is large enough, the consequences can be very severe, including death.

When you are in the Hospital

- There are a number of steps your healthcare team can take to reduce your risk of DVT before, during and after your surgery or stay in the hospital. They will make sure that you have enough fluids so that you do not become dehydrated. They will also encourage you to move around as soon as you are able.
- If you are having or have had an operation, or if your doctor has determined you are at risk of developing a blood clot, your healthcare team may discuss therapy to help prevent blood clots (prophylaxis). They may also ask you to continue the therapy once you are discharged from the hospital.
- Depending on your risks you may be offered:
 - A drug known as an anticoagulant (a blood thinner) that prevents blood clots from forming
 - Anti-embolism stockings to help keep the blood in your legs circulating
- You should speak with your doctor or healthcare team about how to reduce your risk of blood clots.

Blood clot prevention starts with you.

Know your risks for a blood clot and share them with your healthcare team.

When you go home after your surgery or hospital stay

- If your risk of blood clots is high, your doctor will give you a prescription for an anticoagulant (blood thinner) to continue after you leave the hospital. However, for most patients, moving around and getting back to normal activities as soon as possible will be enough to reduce the risk of clots forming when discharged home.

Are there any signs I should look out for?

- There are certain signs to look out for after your surgery or hospital stay that may mean you have a blood clot. You should seek help immediately if you experience any of the following in the days or weeks after your treatment, especially after being discharged from the hospital.

Symptoms of a DVT

- Pain or swelling in your leg or calf
- The skin on your leg feels warm or is discolored (red, purple or blue)
- The veins near the surface of your legs appear larger than normal or you notice them more

Symptoms of a PE

- Sudden breathlessness or shortness of breath that cannot be explained
- Sudden sharp pain in your chest or upper back
- Light-headedness or coughing up blood (does not always occur)

Am I at increased risk of Blood Clots?

If you have any of these risk factors, speak with your doctor or a member of your care team immediately as they may affect your health care plan:

- A **trauma** or **injury** particularly to your legs
- **Hospital stay/bed confinement/immobilization:** you have been confined to bed for at least 3 days, or are unable to walk without help, or spend a large part of the day in bed or in a chair
- **Surgery:** you are having any operation or surgery taking longer than 90 minutes, or 60 minutes if the operation is on your leg, hip or abdomen (including hip or knee replacement)
- **History of blood clots:** either you or a close relative have had a previous DVT
- **Cancer:** you are receiving treatment for cancer (chemotherapy or radiotherapy), OR you have cancer which is not in remission
- **Cancer remission:** you have cancer that is in remission
- **Age:** you are over the age of 60, particularly if your mobility is poor
- **Blood disorders:** you have a blood disorder that affects how your blood clots

- **Chronic medical condition:** you have any long-term medical condition such as diabetes, inflammatory conditions (e.g. rheumatoid arthritis), and heart or lung problems
- **Overweight:** your body mass index (BMI) is more than 30
- **Pregnancy:** you are pregnant
- you are currently using **oral contraception** or **hormone therapy** that contains estrogen

Am I at increased risk of bleeding?

Anticoagulant medications are well tolerated. One of the common side effects is bleeding. If bleeding occurs, it can be managed by your doctor. If any of the following applies to you, please tell your doctor so it will be taken into account when choosing the best medication, or other options, for preventing a clot:

- you are taking **anticoagulant drugs** (i.e. Coumadin (Warfarin), Pradaxa or Xarelto)
- you are taking **medication** that affects blood clotting, such as Aspirin or Clopidogrel (Plavix), and some pain killers
- you have **haemophilia** or another known **bleeding disorder**
- you have a **low platelet count**
- you have a **past history** of major bleeding
- you have had a **stroke** recently
- you have very **high blood pressure**
- you have **severe liver or kidney disease**

***Your health is your responsibility.
Tell your doctor if you have any of these risks.***



SMOKING CESSATION

- ✓ You may have a nurse or a doctor talk to you about a plan to quit smoking.
- ✓ The doctor may order you a nicotine replacement therapy while in the hospital. If your wishes are to continue to quit smoking upon your discharge from the hospital there are some resources that can help!
 - Smokers Helpline – The Canadian Cancer Society – toll free
1-877-513-5333
 - The Canadian Cancer Society www.cancer.ca
 - The University of Ottawa Heart Institute also has some valuable resources on how to quit smoking! Visit www.ottawamodel.ca for more information to help you quit for good!



DISCHARGE PLANNER

The hospital Discharge Planner is a nurse who will help you to make the transition from hospital to home. She/he will set you up with community services that are needed to aid you i.e. Community Care Access Centre for home care services, Meals-on-Wheels. The Discharge Planner may help you to make plans to enter a rehabilitation center or long-term care facility as well.

It is important that we know of any situation or concern that you have about going home from the hospital as soon as possible so that arrangements can be made in plenty of time to assist you.



SELECTING A SPOKESPERSON

Before and after you enter hospital, it is quite natural for you and your family to worry about your condition. Nothing is more frustrating or worrying to your family than not knowing how you are doing while in hospital. However, you, the patient, are the most important person.

The staff at RVH want to respect your confidentiality. There may be some information about your diagnosis, care, and treatment that you do not want anyone else to know about. Therefore, while it is your right as a patient to know all about your medical condition, treatment and plan, it is not your family's right to be informed. It is up to you to tell them what they need to know.

You will be asked to select one family member or friend to be the “spokesperson” for the family. This person has been authorized by you, the patient, to receive information about your care. Tell the doctor and your nurse who this person is, so that information is told to them only. It is then the duty of the spokesperson to keep other family members and friends informed of your condition. Anyone asking the nursing or medical staff about your condition will be referred to your spokesperson.

No one will be given information about your medical condition over the phone, because we cannot identify the speaker.



COMMUNICATION

During your hospital stay, be sure to keep your doctor and nurse informed on your progress. If you don't feel well, tell them. If you are in pain, tell them. It is their responsibility to help you and it is your responsibility to tell them what is wrong or right. All of us are members of the same team, dedicated to your complete recovery.

We, at Renfrew Victoria Hospital, are committed to providing care in a manner that is humane and recognizes the dignity of all individuals. For instance, some patients prefer to be called by their first names, while others do not. Be sure to tell the staff your preference.

Effective communication is an important part of the treatment and caring process. If you have a hearing loss, vision loss, or other problems, please be sure to tell hospital staff. During your stay in hospital, always feel free to discuss your treatment and share any concerns with members of the health care team. They are responsible for your well being. You are responsible for letting them know if anything is not going well.

HAVING AN OPERATION

Your surgeon will explain your operation to you and will answer any questions that you may have concerning the procedure.

Before the operation, you will be asked to sign a “consent form”. It verifies that the operation has been explained to you. Don’t sign this paper unless you have been informed and understand what the operation involves in terms of surgery, treatment and recovery.



An anesthetic most appropriate to the type of procedure being performed will be administered by an anesthesiologist at the time of your surgery. An anesthesiologist is a fully trained medical specialist, just like your surgeon. In most cases, the anesthesiologist will visit you before surgery to discuss your past health and to complete a physical examination. It is important that you tell the anesthesiologist and your doctor if you have any drug allergies or have had difficulties previously with anesthetics.

After your operation, you are usually cared for in a Recovery Room until you are alert enough to return to your room. As soon as possible after the operation, your surgeon or nurse will see your family or friends and tell them how you are.

SUPPORTIVE/PALLIATIVE CARE

Palliative Care is the active, compassionate care given to terminally ill patients when they no longer respond to traditional medical treatment.

Palliative Care services can be requested when the patient, family or health professional realizes that the patient is terminally ill.

Supportive Care provides information and community services to persons who may be diagnosed with a life-altering disease.

For more information, ask your nurse or physician. Palliative Brochures are available upon request.



YOUR HOSPITAL TEAM

This is a description of the roles of the people who are part of a large team working for you in the hospital.



Doctor: Your doctor is responsible for your treatment while you are a patient in the hospital. All orders for your diet, medication, tests and treatment are written by your doctor. Generally, your family doctor will care for you while you are a patient in the hospital. If you do not have a family doctor, a doctor will be assigned to care for you during your hospital stay. If your doctor is away, he/she will ask another doctor to see you. If you have a problem after hours or on the weekend, a physician is “on call” who can deal with these issues. If you or your family wishes to talk with your doctor, ask the nurse to call him/her for you.

Nurse: The Registered Nurse is a part of the multi-disciplinary team who develop your plan of care while you are in the hospital. The Registered Nurse will ensure the ongoing assessment, planning, provision and evaluation of this treatment plan. Helping Registered Nurses plan and provide care to you are Registered Practical Nurses and Health Care Aides. Nursing care is provided 24 hours a day, seven days a week. If you need any special assistance or have concerns about your care, ask to speak to the nurse-in-charge.

Housekeeping Staff: These people clean the rooms, furniture, and all areas of the hospital.

Rehabilitation Therapy: As part of your treatment, your doctor may recommend physiotherapy, respiratory therapy, recreology or speech therapy. Therapists help and aid you in the recovery process.

Discharge Planner: This person assists you, your family and friends in finding solutions to social, emotional or economic problems connected with illness or disability.

Pharmacist: All preparation and dispensing of medication in a hospital is supervised by a pharmacist and carried out by trained pharmacy personnel. The pharmacist is available to answer questions about your medications if needed.



Laboratory and Radiology Technologists: As part of your diagnosis and treatment, you may need an x-ray or laboratory test. A technologist will either bring the x-ray equipment to your room or you will be taken by wheelchair or stretcher to an examining room.

Dietitian: All food is prepared and served under the supervision of your hospital dietitian. As part of your treatment, you may be prescribed a special diet during your stay. Individual counseling is available for people with restricted or special diets.

Pastoral Care: All members of the Renfrew and District Ministerial Association visit the hospital regularly and are available for counsel, support, prayer and sacramental ministry. You will be given a Pastoral Care Services Information Card on admission. Please complete the card indicating if you wish a pastoral visit during your hospital stay.



Sitters: There may be occasions when the patient or family may desire to have someone sit with a patient. A member of the family or friend may wish to do this service. This is quite permissible, but the Nursing Office or the Nurse Manager of the unit must be notified of such arrangements. If no family or friends are available, sitters can be arranged through Para-Med at 432-7718. Payment is the responsibility of the patient.

Other Departments: Many other departments contribute to the well-being and comfort of your hospital stay. Clinical Records maintains your health record, Materials Management purchases equipment and supplies used during your stay, and Physical Plant and Grounds contributes to the comfort, safety, and attractiveness of your environment. Also, key roles are played by the Communications, Admitting and Laundry departments.

Medications

Patient Safety is a Priority for our hospital and knowing information about what medications you take contributes to your safety. Please bring a list of your medications, including any herbal medications or health food supplements. They will be reviewed by your nurse or doctor, then can be sent home with a family member or stored by the nursing staff if sending them home is not possible.



You are not allowed to keep medications at your bedside unless your physician requests it. For medications not stocked by the hospital or for multi-use items like inhalers or eye drops, you may be asked to use your own supply while in hospital. The nurse will keep them in the medication cart and return them to you when you are discharged. When you go home, be sure to ask for updated instructions on what medications to take at home.

WiFi ACCESS

If you require WiFi access, please have your nurse contact the IT Department. This is available to in-patients only.



COMPLIMENT/COMPLAINT PROCEDURE

All members of the Renfrew Victoria Hospital staff are dedicated to making sure that you are treated with dignity and respect during your hospital stay. If we have done something particularly well, or if you are concerned about some aspect of your care or treatment, we ask that you pass this information along. We, at Renfrew Victoria Hospital, are committed to quality care and will use this information to better our services.

Any compliment or complaint should be made to the nurse manager or department manager. If this is not appropriate, feel free to contact the office of the Chief Executive Officer, the VP Patient Care Services; or the VP Corporate Services.

ETHICS COMMITTEE AT RVH

Renfrew Victoria Hospital and the Board Ethics Committee are committed to helping with and promoting ethical decision-making in the best interest of the patients, families and the health care team. This may be related to care, treatment and quality of life. The committee is available for consultation and advice to staff, patients and families.

ABUSE/HARASSMENT

All patients, residents, and their families should be free of sexual harassment, and/or physical and verbal abuse during their time within Renfrew Victoria Hospital. Any such incidents should be reported immediately to an available staff member. Staff members and volunteers can also expect to work in an environment free of discrimination and any form of harassment. Abusive behaviour will not be tolerated.



VISITING POLICIES

1. Visiting hours in all areas (please see exceptions) are daily between 1400 to 2030 hours (2:00 pm to 8:30 pm).
2. The maximum number of visitors at any one time will be **2 visitors per patient**. Children 10 years of age and up are welcomed, accompanied by a parent.
3. Younger children are strongly discouraged from visiting.
4. Visitation is NOT permitted if the child has any of the following:
 - Fever
 - Rash
 - Upper respiratory tract infection (sore throat, coughing, sneezing, running nose)
 - Nausea, vomiting or diarrhea
 - A history of recent contact with someone who has a transmissible disease
 - Unvaccinated children who have not yet had chicken pox and who have been exposed to chicken pox are not allowed to visit for a period of 3 weeks post-exposure
5. Visiting children are to remain under the supervision of a parent or guardian, and must remain in the patient's room or in the visitor's lounge while in the patient care area.
6. **Exceptions:**
 - **Obstetrical unit:** There is a maximum of two visitors at any one time with the following limits. During the pre-delivery time (during labour and delivery), this is limited to a partner and a support person. In the post-partum period (after delivery), the maximum of 2 visitors per patient will still apply, but will include immediate family members only, i.e. partner of mother, grandparents of the newborn, and siblings of the newborn. They may hold the baby after appropriate hand washing.



- **Special Care Unit:** Visiting hours will be from 1430 to 1630 hours (2:30pm to 4:30 pm) and from 1830 to 2030 hours (6:30 pm to 8:30 pm). Visiting will be

restricted to immediate family only, i.e. spouse, parents, son, daughter, brother and sister. There will be a maximum number of 2 visitors at any one time and no children under the age of 10 years. The maximum number of visitors in a 24-hour period will be a total of 4 visitors per patient. Visits shall be kept to a maximum of 10 minutes in length.

- **Palliative:** Palliative patients may have 2 visitors at a time, although some flexibility will be applied in extraordinary circumstances, such as when a patient is very close to death. The visiting hours and length of visit will be unlimited. The doctor must designate a palliative patient as “palliative” with a written order in the patients’ chart.
- **Emergency, Outpatients, Diagnostic Imaging, Physiotherapy, Speech Therapy, Oncology, or Dialysis Departments:** One (1) visitor will be allowed to accompany the patient to their appointment. Parents are encouraged to make alternate arrangements for the non-patient child in the case of Speech Therapy.
- **Infectious or Isolated Patients:** All visitors are required to sign-in and provide their name and telephone number. All visitors are required to follow the isolation techniques set out for the patient they are visiting and following hand-washing procedures. There will be only one (1) visitor at one time and a maximum of 2 visitors per day. It will be the patients’ decision to designate who these visitors will be. A minimum age of 16 years will apply to isolated or infectious patients.
- **“Special Circumstances”:** Special circumstances may be determined in consultation with the patient, nursing staff Nursing Coordinator, Unit Manager, and the Vice President of Patient Care Services.

7. Anyone visiting under “special circumstances” after the posted visiting hours shall report to Switchboard to sign in and out of the hospital.

8. All visitors should be infection-free. You should NOT visit if you:
- are feeling unwell
 - have a fever
 - have an upper respiratory tract infection (sore throat, coughing, sneezing, runny nose)
 - are experiencing nausea, vomiting, or diarrhea



HAIRDRESSING SERVICES

Appointments may be arranged ahead of time with your own hairdresser and the nursing staff. Your own hairdresser is also responsible for cleaning and providing their own supplies. The Hospital is not responsible for any lost articles or obtaining fees for services. Payments are made directly to hairdresser by patient or family. No perms are given within hospital – patient must go elsewhere for this.



HOW TO BE A GOOD VISITOR

- Courtesy, consideration of the patient, and thoughtfulness on the part of the visitor will hasten the patient's recovery to home where a longer visit will be much more appreciated.
- Too many people in the room confuse and tire the patient quickly. Two visitors at any one time is maximum. Please do not sit on the bed as this can be disturbing to the patient. A short visit with cheery news is very beneficial to the patient. Keep conversation light and quiet, and noise levels as low as possible.
- Please—NO SMOKING anywhere in the hospital. You may smoke outside in the public designated area only (by Emergency Department).
- Please do not bring food to a patient, as many patients are on a special diet.
- Please do not bring latex balloons into the hospital, as many staff and patients are allergic—Mylar (foil) balloons are an alternative.
- Please do not wearing scents, perfumes, and after shave as there are staff and patients who may be allergic to these smells.



PARKING

Parking for visitors is available in the parking lot in front of the hospital. Special signs designate parking spaces for disabled persons. There is NO parking on Raglan Street as it must be kept clear at all times for fire, police, emergency and ambulance vehicles.

Parking Rates;

- Rates are \$1.00 per hour to a set maximum daily rate of \$5.00
- The machines take quarters, loonies, toonies and credit cards. **NO PAPER BILLS.** There are change machines available in the ER waiting room and in the cafeteria.
- Parking machines are located in all parking lots around the hospital
- If you wish to purchase a monthly pass, it is available in the Finance Office on the main floor for \$20.00



CAFETERIA

The cafeteria, located on the ground floor of the hospital, is available for the convenience of visitors. The hours for meal service are posted on the door. Takeout meals are available. Vending machines are located in the cafeteria area and are available 24 hours per day. Frozen meals are available for purchase at the cafeteria.

PATIENT MEALS

Meal planning is an important part in the recovery of the patient. The meals at RVH are prepared and served under the supervision of a Registered Dietitian.



If you are on a regular diet, you will receive a daily menu to fill out. Sometimes, tests or procedures ordered by your doctor may necessitate a change in the menu you have previously selected. Remember, if you are on a restricted diet (for example: diabetic, low cholesterol, or low protein) do not supplement it without permission from your doctor or dietitian. If you have any concerns about your diet while in the hospital or what you should eat at home, ask your nurse to contact the dietitian.

Meals are served to patients at the following hours:

- Breakfast: 7:45 a.m.; Lunch: 11:30 a.m.; Supper: 4:30 p.m.

Nourishments are provided between meals as required.

Alcoholic beverages are not allowed in the hospital and will be confiscated.

TELEPHONE SERVICE

Pay telephones are located in various areas throughout the hospital for the use of visitors and ambulatory patients.

Patients may rent a portable telephone by asking any nurse on the unit. A deposit will be required if this service is requested and a charge is billed on discharge. All long distance calls must be placed through the hospital switchboard attendant—dial “0” During the morning hours, 8:00 – 12:00 noon, the hospital telephone lines are extremely busy. During this period, patients are requested to keep telephone calls to an absolute minimum.



MAIL

Incoming mail will be delivered to your room as it arrives. Outgoing mail leaves the hospital at 4:00 pm daily. Any staff member will take your mail to the pick-up area.



FIRE DRILLS

To ensure that hospital personnel are always aware of what to do in the event of a fire, the hospital practices fire drills at regular intervals. The fire drill involves the ringing of fire bells (a loud sustained ring) and hospital staff actually go through the action to be taken in the event of a real fire. We ask patients and visitors not to be alarmed during these practices. Should a real emergency happen, you will be informed and assisted by staff. During the fire drill, no visitors are allowed to enter or leave the hospital—visitors already in the building will stay in the patients' room. Personnel will be posted at entrances/exits to ensure that this procedure is followed. No one, visitor or staff, will be permitted to use the elevator during the fire drill.



VOLUNTEERS

The Renfrew Victoria Hospital values the contribution of its volunteers. The cornerstone of the volunteer team has been the Auxiliary, who assist in many areas of the organization, as well as their fund raising efforts. In addition, volunteers are found throughout the hospital including such areas as Recreation, Palliative Care, Ambulatory Care and the Foundation. If you have any questions about our volunteer program, please contact the Hospital Foundation at (613) 432-4851 x 263.



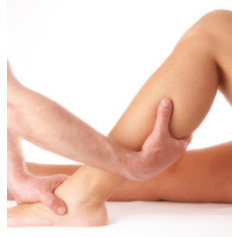
PHYSIOTHERAPY

Physiotherapy services are available primarily to patients on the medical and continuing care floors. These patients may be assessed by the Physiotherapist because of chest conditions, hip fractures, multiple trauma, stroke, fall risk and other balance/mobility problems. The patient's goal is usually to improve or maintain mobility, strength and function. Treatment programs include deep breathing, strength, flexibility and balance

exercises, as well as progressive walking. The physiotherapy aides often assist patients with these exercises.

Physiotherapy is a key part of the RVH Fall Prevention Program and the multidisciplinary team. Patient and family education are also an important aspect of physiotherapy.

Out-patient physiotherapy services are limited by the inpatient caseload. The waiting list is limited to acute back/neck pain with radiculopathy, post surgical and fracture diagnoses.



LEAVING THE HOSPITAL

Discharge from the Hospital

Your doctor will discharge you from the hospital. You are expected to leave the hospital by 10:00 am in order to allow staff the time to prepare the room for the arrival of the next patient. If you are unable to leave the hospital because of transportation difficulties, you will be asked to wait in the hospital lounge or waiting room.



Before you leave the hospital, your doctor/nurse will give you instructions with regard to future diet, treatment, recovery care, medications and follow-up appointments. She/he may also give you a prescription for a new medication(s).

Patients are often discharged under the Community Care Access Program. This service co-ordinates treatment services for patients in their own home—nursing, physiotherapy, occupational therapy, homemaking, medications, medical supplies and equipment. The cost of this program is covered by the Ontario Ministry of Health. The Hospital Case Manager or Discharge Planner will help to set up this service.

Frozen meals are available for purchase from the hospital cafeteria. These are individually frozen meals which are a good option for those who live alone, or do not feel well enough to cook their own meals.

Valuables which have been in safekeeping in our hospital safe will be returned to you. Surprisingly, patients sometimes leave personal belongings behind when they leave the hospital. Perhaps it is the excitement of going home. Please double check to make sure you have everything before you leave.

As you leave the hospital, please stop by the Admitting desk to pay any charges not covered by your insurance plan and pick up any valuables placed in the vault.

GIFTS TO THE HOSPITAL FOUNDATION

The provision of hospital facilities in this community and the high quality of patient care for which Renfrew Victoria Hospital is noted, have been made possible through the generous financial support of many individuals, clubs and organizations in the community. This assistance is offered in a variety of forms, including fundraising events, bequests from estates, planned giving and direct contributions from individual donors.

Renfrew Victoria Hospital continues to rely on private resources for equipment and programs not covered by government funding.

Your donation enables Renfrew Victoria Hospital to pursue its efforts in meeting our community's needs. The support we receive renders lasting benefits to many.

Should you require assistance in arranging a donation to the Foundation, please contact the Foundation Office at (613) 432-4851, Ext. 263.



PATIENT SATISFACTION

To ensure that we are giving you the best possible care while you are in hospital, we would like to have your comments—both the good things and the things that need improvement. If you feel there is anything we could be doing better to make your care completely satisfactory, we would like to know about it. You are welcome to give comments to the nurse managers; department managers; the Vice President, Patient Care Services; or the Chief Executive Officer.

After your hospital stay, you may receive a survey from the Ontario Hospital Association asking about your experience while at Renfrew Victoria Hospital. We would appreciate your completion of the survey, as this is a method that the government uses to compare hospitals in the province.



RVH GIFT SHOP



HOURS

***MONDAY TO FRIDAY
10:00 A.M. TO 4:00 P.M.***

***SATURDAYS
1:00 P.M. TO 4:00 P.M.***



The Renfrew Victoria Hospital Foundation is committed to supporting the efforts of our community hospital striving for excellence in health care.

Donor dollars make a difference.

Visit us @ www.renfrewhosp.com or Call 613-432-4851, ext. 263

Call to Action
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