Nurse champions help patients defeat pain

When it comes to patients experiencing pain, RVH has a new team of champions ready to help ease any discomfort. A select group of senior nursing staff has been designated as nurse champions, serving as a resource for the other nurses and staff to consult about pain management for their patients.

“Everybody has someone to go to for advice,” says Janice Graham, one of the champions at RVH. “There’s a broader base of knowledge.”

Wendy Johnson, another champion, explains that they all attended a workshop last fall. They were taught what to do to recognize someone in pain, how to manage pain more effectively, the medications that can be used and when they should be considered. The session was taught by doctors and experts in the pain and system management field.

Since then, the RVH champions have been working with their peers. They’ve shared the scenarios they studied at the workshop and they’ve been applying what they’ve learned to their day-to-day work.

“A lot of it is proactive,” says Johnson. “Even though someone might be smiling and happy, they could be in pain, so we need to recognize that right away.”

It’s up to the nurses to recommend the next course of action to the doctors, since it is the doctors who ultimately write the prescriptions, says Graham.

“The doctors are on board with this,” she notes.

Pain management goes beyond improving patient comfort. Recovery is also quicker with effective pain management, allowing patients to go home faster. On the flip side, inconsistent pain control does not allow the body to heal as quickly and can sometimes make situations worse.

Minimizing the pain experienced by patients is part of an ongoing education initiative at the hospital, says Ann Marie Urbaitis, the RVH palliative care coordinator.

“We can’t leave people to suffer,” she says. “We have to take that preventative approach, and treat things immediately so we don’t let their pain escalate.”

Many palliative patients are unable to communicate if they are experiencing more pain or not.

That’s why the hospital will soon introduce a chart measuring an individual’s pain by keeping track of the patient’s blood pressure, heart rate, and pulse – all indicators of pain.

“It’s really to enhance the wonderful care they already get,” Urbaitis comments.

Sheila Havey, the advance practice/resource nurse at the RVH, says the nurse champion role at RVH has been empowering for the champions and helpful for rest of the staff, who have 24/7 support to help their patients and enhance their own practice.

Since being named a champion and going through the training, Johnson says she sees it as a huge benefit to her and, in turn, her patients.

“It gives you a sense of confidence in you and your patient,” she concludes.
Accidental jabs with a needle have long been one of the biggest hazards for hospital workers.

RVH has done everything in its power to reduce that risk, and is a recognized leader when it comes to using safety engineered medical devices.

“We’re ahead of the curve,” comments Nancy Kelly, vice-president of patient care services, noting that new provincial legislation will require other hospitals to catch up by next year.

In fact, earlier this year RVH was awarded a national safety award by BD Canada. The safety products manufacturing company presented the hospital with a $500 prize to be used for further safety education.

“By implementing sharps safety devices and programs, Renfrew Victoria Hospital has taken a step forward in the prevention of injuries which can lead to the transmission of serious diseases such as hepatitis B, hepatitis C and HIV,” said Kevin Egesborg, manager of health care worker safety for BD.

“It is fantastic to see the increasing commitment to safety in Canadian health care facilities such as RVH,” he added.

Kelly Hebert, the health, safety and emergency preparedness coordinator at RVH, notes that the hospital has made a significant financial investment. “Needle-less” needles are considerably more expensive than standard injection sets.

At RVH, almost all intravenous needles and subcutaneous needles are engineered with safety caps to prevent pokes. The hospital has also installed sharps containers at the door of every patient room, on every medications cart and in the dirty and clean utility rooms.

As a frontline caregiver, nurse Tammy Stoppa appreciates the hospital-wide initiative.

“I think it’s great,” she comments. “It’s a whole new system of sharps, and they’re really funky.”

Ross Mason agrees. As head of the housekeeping staff, he is well-aware of the dangers of needlestick injuries.

“It is a concern. You think about it,” he says, explaining that needles or other sharps can accidentally end up in a garbage can or bedding.

The new equipment in use at RVH includes syringe sets, IV catheters, urine sample kits and disposable safety scalpels now in use in the ambulatory care clinic. More changes will be implemented in the oncology unit and lab later this year. The few sharps still in use at RVH are there because there are no safety-engineered products available to replace them.

The Ontario Hospital Association (OHA) is launching a new awareness campaign to encourage people to take an active role in their health care.

Here are their top tips to help you get involved:

• Ask questions – be sure you understand the professionals’ plan of care, the procedures they are recommending, and the medications they are prescribing
• Talk to your caregivers – tell them about changes in your health, and share your concerns. Tell them about any relevant family history of medical problems, and remember to tell them about any allergies or reactions you have experienced to either food or drugs.
• Take your medications with you for appointments – this includes herbal medications, supplements, vitamins, over-the-counter and prescribed drugs. The health care team needs to have the full picture to keep you safe.
• Make sure you understand how to take care of yourself once you get home – if you’re not sure, ask. You can help the professionals by making sure that you’re getting the right amount of rest and exercise, you’re eating the right foods, and you’re taking your medications properly.

OHA brochures will be available at RVH.
A new program at RVH is designed to help patients keep their feet firmly planted on the ground. “The falls prevention program was brought about to decrease the risk of falls in the hospital and once the patient is discharged and back in their home,” says Shawn Silver, a physiotherapist at RVH.

He says a committee started working on the program in late 2005, before the Ministry of Health and Long Term Care made fall prevention a high priority. The program at RVH began on a trial basis on the second floor in early February 2007 and has been fully implemented for admitted patients throughout the hospital since late spring.

Nursing staff now complete an assessment form for all patients to assess their risk of taking a tumble. The main factor is a past history of falling. Other factors are related to lack of sensory response, says Silver, listing things such as altered vision, decreased general sensation, weakness, confusion, depression, decreased mobility or the patient being on medications, as examples.

While the elderly are the group at highest risk of falling most of the time, Silver says that younger people can just as easily become a fall risk. “It’s usually an acute situation,” he adds.

Taking an unexpected fall can be a major setback for any recovering patient. Under the RVH assessment system, if a patient is admitted and identified as a fall risk, a green sticker of a falling man is placed on their bed to indicate the risk to caregivers. All hospital staff are responsible for making sure that the environment around the bedside is safe and as clear as possible.

At the moment, much of the program consists of discussing with the patient and their family the ways in which falls can be prevented. A brochure on falls prevention based on RVH’s new program will soon be available to all patients “so that families are aware of the risks as much as the individuals and the staff are,” says Silver.

There are also tools available such as a bedside alarm to ring if a patient becomes confused, proper footwear to help them walk, and things like hip savers (a gel-packed undergarment) to help those prone to falling. Higher-risk patients can request a doctor referral for physiotherapy.

“We have a balance class that has been implemented over the last couple of months,” says Silver.

The classes are designed to improve the safety and abilities of higher-risk individuals – individuals like Peggy Hill who tripped and fell in her driveway over the summer and suffered a number of bumps and bruises.

“Oh, I’m a real candidate,” admits Hill with a grin. She’s been taking the classes every morning for three weeks and then practices her balance by walking the hallways of the third floor in the afternoons.

Irene Purdie, Hill’s activation aide, has been helping her through various exercises to rebuild her strength. She says Hill has improved over the three-week period, “quite a bit, in fact.” And Hill says one thing that has greatly improved is her confidence. She’s also recognized that “I have to learn to slow down.”
Having a well-documented history of each patient’s prescription or non-prescription medications is one of the top priorities of RVH these days.

Following the recommendations of the Canadian Council on Health Services Accreditation, the process of implementing a new medication reconciliation program has begun. It’s already informally in place in the emergency department and is soon making its way to the operating room.

“This is to benefit the patient,” says Rhonda Normandeau, the charge nurse of the OR/oncology unit.

By having a complete and accurate list of a patient’s medications – including non-prescription drugs like Advil – the caregiving team can decrease the chance of a patient experiencing an adverse reaction.

For example, if a patient is scheduled to have surgery and one of the medications they are taking at home conflicts with the doctor’s prescription for the procedure or recovery period, the pre-surgical medication assessment would identify the problem and a different medication or solution would be used.

Paul Buchner, director of pharmacy services at RVH, says there are many pitfalls that can lead to medication discrepancies as patients move from one setting to another.

According to the Ontario College of Pharmacists, 23 per cent of patients discharged from a Canadian hospital experienced an adverse reaction, of which 72 per cent were drug-related.

The medication reconciliation system at RVH provides a consistent practice to help avoid the risks.

The program was developed by studying what other hospitals were doing and gearing it especially for the RVH environment.

“We took the best from what we saw and streamlined it,” Buchner says.

It’s all part of the circle of care, he adds. From the emergency room to the pharmacy, it is essential that everyone involved be informed and aware of any potential drug-related conflicts. Medication reconciliation allows doctors and pharmacies to share relevant patient information.

With an aging population, there are a lot more people on medications than there used to be, says Buchner.

“And the way we’re treating things is changing too.”

As an added benefit, the use of the medication reconciliation forms assists doctors who are using drug therapy instead of surgery, or prescribing new drugs to treat old diseases, by having all the patients’ information written right in front of them.

Although this is a much more efficient way of treating individuals, the ultimate goal here is patient safety, Buchner explains.

“That’s the whole focus of this,” he says, “so that everybody’s on the same page.”

Organizational culture affects attitude and behaviours, and change must occur at each of these levels to be effective. At CCHSA, we are encouraged by the greater emphasis on patient safety which we are finding in the majority of our survey organizations, big and small, and we see this reflected in national and regional health care priorities.

CCHSA congratulates RVH on its work to date. It is through new initiatives such as your physiotherapy department falls prevention program and your narcotic reconciliation program in the OR that changes will occur.

The Renfrew Victoria Hospital has always been one of CCHSA’s key partners and we look forward to continuing our collaboration to ensure that patient safety and quality health care are synonymous.

Best regards,
Wendy Nicklin
President and CEO

A message from the Canadian Council on Health Services Accreditation

The provision of quality health care begins, but certainly doesn’t end, with patient safety. When disaster planning and emergency preparedness, safe use of medication and equipment, and effective patient safety and risk management strategies and policies are front and centre, everyone wins: the Canadian health care system, the hospital and its staff, and, most importantly, the patients who entrust their well-being to the expertise of their health care provider.

Community hospitals such as the Renfrew Victoria Hospital (RVH) contribute in a vital way to the entire patient safety agenda.

In 2006, the Canadian Council on Health Services Accreditation (CCHSA) introduced an explicit focus on patient safety into its accreditation program, adding five patient safety areas and 21 required organizational practices (ROPs). Compliance with the patient safety ROPs is a mandatory component of CCHSA’s accreditation program. Safety is not an option, it is essential.
New recognition opportunity at RVH

Renfrew Victoria Hospital’s “wall of honour” continues to have great appeal for visitors and hospital supporters. Many stop to read the names of individuals and supporters engraved in the bricks just inside the ambulatory clinic hospital entrance.

And so, by popular demand, the wall of honour has expanded to include a garden path.

This summer, a number of engraved garden stones were installed along the pathway to the central hospital entrance. “The drive came from potential donors,” explains Harvey Murray, a member of the RVH Foundation board who helped establish the garden stone program. “They wanted to know how they could participate on that wall,” he adds.

Concerns about health and safety prevented the hospital from engraving more indoor bricks. The lettering had been done on the original ones before they were installed as part of the hospital’s fund-raising campaign in 2000.

“We knew we wanted to do something a little bit different, but on the same theme,” says Murray. The solution was found at their feet. “The garden stones are lovely,” comments fellow foundation board member Lorna Finner. “They extend a positive message about our connection with our community, from the moment you step onto the hospital property,” agrees Foundation Director Barb Desilets. Local professionals have added their talents to the project. The pathway border was designed by Rick Hultink and the stones are being engraved by Mike Voisin of Campbell Monuments.

More than 20 garden stones have been purchased by hospital supporters to date. They include memorial tributes to family members or friends, as well as messages of support for the hospital or a symbol of appreciation for individuals or hospital departments. There is plenty of room for more stones to be added.

“We have lots of grounds,” says Desilets. “There are all kinds of possibilities, this could take us down any number of creative paths.” Anyone interested in learning more about the RVH Foundation’s garden stone project is invited to contact Barb Desilets at 613-432-4851, ext. 263.

RVH Foundation representatives Barb Desilets, Lorna Finner and Harvey Murray check out the garden stones at the hospital entrance beside the gazebo.
Our community shows it cares

The Three Amigos, from right, Annette Miller, Janet Robertson and JoAnn McGregor were pleased to accept a $2,100 donation to the RVH oncology program from the Renfrew Wal-Mart store, represented by Doug Scott, left, and Jessica Stroud, centre. Barb Desilets, second from left, represented the RVH Foundation.
Renfrew Mercury photo

Thomas McLennan of Arnprior, second from left, made the first official donation to the RVH CT scan fund, contributing part of the proceeds he won with his champion steer at the Renfrew Fair. The steer was purchased by Doug and John Forgie of Forgie Concrete. McLennan has made the donation to RVH a tradition for a number of years.
Renfrew Mercury photo

Each year, RVH receives a portion of the funds raised at the Cobden and District Civitan Club golf tournament at the Oaks of Cobden. Jack McLaren presented RVH Foundation Director Barb Desilets with a cheque for $2,000 at this year’s tournament.
Cobden Sun photo

And thanks to the Valley Bluegrass Festival for its ongoing support and another donation of $8,000 this summer!