

WELL AWARE – FALL 2016

October 21st, 2016

The North Bay Regional Health Centre is pleased to provide you with our quarterly e-newsletter update! NBRHC Well Aware is designed to keep you up to date on changes to our services, new initiatives and news that impacts our communities

A special performance at the North Bay Regional Health Centre

Music has always been a part of Brad Armstrong's life. Now a seasoned guitar player, Armstrong first learned how to play music on another instrument. "My mother was Polish/Ukrainian, so I actually started out playing the accordion. I did that until kids would tease me about what was in the case and I got too embarrassed. I switched over to the guitar around 13 or 14," he remembers.

These days, Armstrong says he doesn't go far without his guitar. "It's my prized possession," he says. That's why, shortly after being admitted to the North Bay Regional Health Centre (NBRHC) as an inpatient on the hospital's surgical unit, he asked for a friend to bring along his guitar.

"I was very scared to be here in the hospital," he says. "The staff here have made me feel so comfortable and took all the fear away from me," Armstrong says, his voice filled with emotion. It was then he started looking for a way to give back—and naturally, his first thought was through music.



Bradley Armstrong, a patient on NBRHC's surgical unit (right) pictured with Emily Morin, the Health Centre's Recreational Therapist who helped organize the performance.

Armstrong was put in touch with Emily Morin, a Recreation Therapist on the hospital's inpatient rehabilitation floor. Morin says she met with Armstrong and he shared with her his desire to play his guitar for other patients, and Morin set out to line up a time and place for him to play on their unit. "It was fantastic," Morin says about Armstrong's nearly 90 minute performance. "It was very therapeutic for him [Armstrong], and then we had patients filtering out of their rooms who never usually get involved in programming—I think because Brad was so dynamic in his performance."

Patients and their families were soon joined by nurses, clerks, personal support workers and environmental services staff in taking in the performance. "Brad has such a wealth of musical knowledge he was able to play requests from the audience, and in no time everyone was clapping and singing, patients were even dancing in their chairs," Morin says.

Patti Byers, Manager of the unit where Armstrong played, says they often have music programming, but Armstrong's performance was anything but ordinary. "When I walked by and saw the music was coming from a patient—who was actually performing in a gown and hooked up to an IV—I actually did a double take," Byers says. "His performance created this amazing atmosphere, not only for the patients, but for our staff and visitors as well. I think having a performance by an inpatient made it even more special."

Armstrong says the experience was so important for him. "When I don't play [my guitar] for a few days it feels like I haven't played for a few years," he says. "I just felt so welcome, and so great. Just seeing the smiles and the happiness I brought to the people that were there really touched me."

NBRHC Birthing Unit Receives MORE^{OB} Patient Safety Award

In June staff from the North Bay Regional Health Centre (NBRHC) celebrated being the recipient of this year's MORE^{OB} (Managing Obstetrics Risk Efficiently) Patient Safety Award for Ontario.

This prestigious award is given to teams who have demonstrated exceptional commitment to improving patient safety within their obstetrical unit, and has only been presented to four maternal teams this year in North America. The award was given for the submission "*Beyond the Walls of the Birthing Unit*" – *Maternal Code Blue/Code Pink Emergency Drill in March 2015*.

The Patient Safety Awards Committee recognized NBRHC's commitment to "education, evaluation, reflective learning, practicing together and practice modification" in their decision. Rhonda Scarfone, Nursing Practice Clinical Nurse Educator explains maternal cardiac arrest (code blue/code pink) is the most complicated arrest scenario. "It is rare, unexpected and devastating for the patient, family and caregivers."



L-R: Audrey Ten Westeneind (midwife), Amanda Humphrey (Clinical Nurse Educator for Birthing), Melanie Chemery (RN Birthing), Keri Kittmer (RN Birthing, Co chair for MORE ob Committee), Emily Peterson (RN Birthing), Kim Carter (Manager Women and Child), Rhonda Scarfone (Nursing Practice Clinical Nurse Educator).

The mock code was held on March 12, 2015 and involved the resuscitation of a pregnant woman in labour and also involved the resuscitation of her newborn baby. “Everyone involved agreed it was a fantastic learning experience and there were many take home learnings from the event,” Scarfone says.

Keri Kittmer, RN and MORE^{OB} Co-Chair says the success of the mock code was a result of a number of health care teams working together. “These are teams that do not normally work together, but for this scenario they are required to have amazing teamwork skills,” Kittmer says. The teams involved in this exercise included Birthing, Neonatal Intensive Care Unit (NICU), the Operating Room; Critical Care Unit; Emergency Room; Anaesthesia and Respiratory Therapy.

Dr. Julius Agboola, Obstetrician and MORE^{OB} Co-Chair says MORE^{OB} is a comprehensive program promoting patient safety, quality improvement and professional development. “Our involvement in MORE^{OB} ensures that we are at the forefront of obstetrical care, and can be confident that we will meet future requirements for practice.”

Tiz Silveri, Vice President Clinical & Chief Nursing Executive says “the MORE^{OB} program is an excellent example of how our Hospital teams make quality and safety priorities for our patient care, by facilitating an environment of working and learning together to prepare them for real life situations.”

The MORE^{OB} program is implemented over a three year period and involves evidenced based education, skills drills and simulation. The program consists of three modules, with each module including theory chapters, skills drills, workshops, personal learning projects, case audits, patient satisfaction surveys, and evaluation. The guiding principle of the program is patient safety. More information about the program can be found at www.moreob.com.

Healthcare Leadership Volunteer Program

This past summer, five volunteers from the Healthcare Leadership Volunteer Program presented their findings to managers, physicians and senior leaders at the North Bay Regional Health Centre (NBRHC) following their eight-week program.

Oriana Webster, NBRHC Volunteer Specialist says the program is administered collaboratively by the Medical Affairs Department and Volunteer Department at the Health Centre. “This is the second year for the program, which gives volunteers an opportunity to work with local healthcare leaders on real-world projects that support quality patient care,” Webster says.

These volunteers are local youth who are pursuing a career in medicine or healthcare leadership, while also completing undergraduate studies supporting this goal.

“This unique program allows volunteers to gain first-hand experience in a healthcare organization,” says Dr. Donald Fung, NBRHC Chief of Staff. “Our hope is that this program encourages these individuals to eventually return to our community as health care professionals.”



NBRHC Chief of Staff Dr. Donald Fung (far left) and NBRHC President and CEO Paul Heinrich (far right) present the five Healthcare Leadership volunteers with certificates of completion.

This year the five volunteers assigned to Quality Improvement Projects focused on improving the Patient Experience and/or Process Improvement.

2016 Projects:

- Understanding the Palliative Care Experience
 - Acute Surgical Service: Communication and Evaluation Tool
 - Evaluation of Medical Leadership Model
 - Resource Instruction Guide for Surgical Procedures
 - Mental Health Leave of Absence (LOA)
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Local drama group promotes mental wellness



John (top right) and Jeremy (bottom) finish rehearsing with the rest of The Drama Group before their performance to celebrate the national holiday.

This past Canada Day, John — who describes himself as “a proud Canadian” — shared his love of the country. John performed a “patriotic song” about Canada that he hoped inspired a sense of pride in the country. “Canada is a land of freedom that celebrates multiculturalism,” he says. “I’m lucky to live here.”

John is a client of the North Bay Regional Health Centre’s (NBRHC) Assertive Community Treatment Teams (ACTT) and member of a unique performance group called The Drama Group. A dedicated group of 10 people, The Drama Group performs three shows each year at the Salvation Army Church in North Bay.

ACTT are interdisciplinary teams of mental health service providers who specialize in providing patient directed, highly individualized treatment, rehabilitation and support to people who live with severe mental illness.

Caroline Thompson, a retired ACTT Registered Nurse, was motivated to create The Drama Group in 2012 after working with a number of youth performance groups. She realized an immersion into the world of performing arts would complement the more traditional forms of care offered through ACTT.

She explains The Drama Group works because it provides a more holistic approach to health. “The Drama Group promotes mental wellness by creating space for members to learn and connect through the performance arts,” she says. “By encouraging open, artistic expression with a focus on spirituality, members experience personal growth and learn we all have gifts to share.”

The Drama Group is one of the most attended programs run through ACTT. The members explain they enjoy attending the weekly practices because it is fun and gets them out of the house.

One of the newest members is Jeremy. Diagnosed with a mental illness at eighteen, the now thirty-eight year old finds comfort in The Drama Group. As First Nations, Jeremy incorporates chants and stories into his performances that celebrate his background.

“I feel so good when I come here (to The Drama Group),” Jeremy says. “It helps relax my mind and deal with stress.”

New Physicians to North Bay

NBRHC Welcomes,

Physicians and staff at the North Bay Regional Health Centre are committed to providing compassionate, quality, patient-focused care to the people of North Bay and surrounding areas. Our strategy is to Attract Talent, Achieve Excellence and Promote Quality.

General Pathology- Service of Laboratory Medicine

Dr. Ali Amer (MD, FRCPC, ABP (AP/CP) did his medical school in Baghdad Iraq where he was born and raised. After finishing medical school in 2005, he immigrated to Canada, where he pursued his residency training at McMaster University in Hamilton ON. After finishing general pathology training in 2013, he took his first job in Fredericton NB. He practiced anatomical and clinical pathology for almost 3 years.

He has moved recently to North Bay Ontario and he joined the pathology service. His practice includes both anatomical pathology as well as clinical pathology. He has an interest in dermatopathology, hematopathology and blood transfusion.

General Surgery

Dr. Michael Niebergall (MD, FRCSC) completed medical school from the University of Alberta. He then went on to complete the General Surgery residency program with the Northern Ontario School of Medicine in June 2015. Since residency he has been working as a locum in Alberta and Northern Ontario.

Dr. Niebergall's scope of practice is comprehensive general surgery. He has interest in endoscopy, laparoscopic surgery, and breast surgery, and is happy to see both adult and pediatric patients. He has been practicing since April 2016 with the Service of General Surgery.

Practice Location:

Suite 206, 107 Shirreff Avenue
North Bay, ON P1B 7K8
Tel 705-472- 2646 | Fax 705-476- 6543

Endocrinology- Service of Internal Medicine

Dr. Kina McDougall grew up in Alaska and moved to British Columbia for university. She completed her MD at the University of British Columbia, specifically the Northern Medical Program, and proceeded to the University of Manitoba for Internal Medicine training. Her Endocrinology fellowship was in London at the University of Western Ontario.

Dr. McDougall is now part of the Internal Medicine & Critical Care group. Her office practice as a generalist in Endocrinology & Metabolism opened August 2016.

Practice Location:

Suite 300, 1221 Algonquin Avenue
North Bay, ON P1B 4Y3
Phone: 705-478-5909
Fax: 705-316-0999

General Surgery

Dr. Amber Menezes grew up in Brampton, Ontario. She attended the University of Toronto for her undergraduate studies, followed by medical school at the University of Western Ontario. She then pursued training in General Surgery at the University of Ottawa, with further subspecialty training in Trauma and Acute Care Surgery at the University of British Columbia.

Dr. Menezes has a broad based community practice and joined the Service of General Surgery in July.

Practice Location:

Suite 206, 107 Shirreff Avenue
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Code Stroke at NBRHC – Bob’s Story

The morning started out for Robert (Bob) Collins like any other. Bob was getting ready to get coffee when his arm felt strange. “I felt kind of funny – so I leaned against the table,” he remembers. “It seemed to pass and I felt ok.” Bob continued to his bedroom and sat on the bed to get dressed. The next thing he knew he was falling right onto the hardwood floor.

Bob says his first thought was to try and get up. “I couldn’t understand what had happened,” he says. But Bob’s wife Sharon did—and she knew exactly what to do. “I yelled to him to stay where he was and I got the phone to call 911,” Sharon says.



Bob Collins and his wife Sharon (centre) are joined by Emergency Department RN Jean Durnford and Shelley Hawton, District Stroke Coordinator.

Time is Brain

Shelley Hawton, District Stroke Coordinator at the North Bay Regional Health Centre says Sharon did the right thing by calling 911. “We say ‘time is brain’ because it is estimated that for each minute that passes during a stroke, 1.9 million brain cells die,” Hawton says. “That is why it is so important for people to recognize the signs of stroke, and to call 911.”

The Heart and Stroke Foundation of Canada has adopted the use of the acronym FAST to help people learn and recognize the signs of stroke.

F – Face: is it drooping?

A – Arms: can you raise both?

S – Speech: is it slurred or jumbled?

T – Time: to call 911 right away.

Jim Stewart, Manager, District of Nipissing Paramedic Services says in addition to providing immediate emergency medical care during safe rapid transportation, paramedics are critical to stroke care and essential to help save precious minutes when dealing with a potential stroke.

“There is an expertise our paramedics bring to the critical first moments after a stroke, which is why calling 911 when you suspect a stroke is so important,” Stewart says. “Paramedics across the region are trained to determine

if a patient should be brought directly to a stroke centre rather than their local hospital. Also they are notified if the CT scanner is down and can re-route patients to another hospital, potentially saving even more time.” The paramedics who arrived at Robert and Sharon Collins’ house that morning initiated a Code Stroke.

Code Stroke

Hawton says staff have been working hard to align stroke care at the Health Centre with the Canadian Stroke Best Practice Recommendations. “Most notably is the launch of our *Code Stroke* process in the Emergency Department in February 2016,” Hawton says.

Code Stroke means hospital personnel and stroke team members are ready to start diagnosis and treatment of a potential stroke as soon as the patient arrives at the Emergency Department. A Code Stroke patient is prioritized for things like lab tests and the CT scanner.

“This new process involves multiple hospital departments who collaborate to ensure patients experience a seamless journey with minimal time wasted,” Hawton explains.

Door to Needle time

TPA is a clot busting medication that can be given to some patients who are experiencing a stroke. The North Bay Regional Health Centre is one of five hospitals in northeastern Ontario equipped to provide the ‘clot-busting drug’ to stroke patients meeting the criteria for the treatment.

Hawton explains *door-to-needle time* is a term given to the time from arrival to the Emergency Department to the time TPA is given. “Our aim is to have a door-to-needle time under 60 minutes,” Hawton says. Bob’s door to needle time was 36 minutes.

By the time Sharon arrived at the hospital, the tests were completed and the Emergency Department physician, Dr. Derrick Yates, had contacted a stroke neurologist by video conference who confirmed Bob was a candidate for TPA.

Bob remembers the feeling of paralysis take over his right side. “I couldn’t move at all,” he says, “and it was starting to affect my vision too.”

Time was of the essence—they had to decide quickly if they wanted the TPA. “I looked over at Bob and said ‘do you want this’ and he nodded. So we went for it,” Sharon says.

Jean Durnford, RN was Bob’s nurse while he was in the Emergency Department. Bob says Jean was an important presence to him. “She was the first one I saw as I was recovering,” Bob says. “She was so kind and was able to put me at ease.”

Within half an hour Bob’s paralysis lifted: he could see again, he could move his arm, move his leg, everything. He said it was amazing.

Jean remembers watching the TPA take effect. “He had total paralysis on one side, and to see a complete resolution was so rewarding,” Jean remembers. “It’s nice for us to see cases like Bob’s, it reminds us why we are here.”

Bob says Jean's excitement was a motivator for him. "Watching her excitement made me feel really good—she inspired me to keep going."

Recovery

Bob was admitted to the Critical Care Unit (CCU), and is proud to say he was able to walk himself out three days later. "They tell me that doesn't happen very often," he says. Now back at home, he works hard at his recovery, participating in the hospital's outpatient programs.

Bob and Sharon are so thankful to everyone who helped them that day, and actually returned to the hospital to share their gratitude in person. "From the paramedics, Emergency, CCU and physiotherapy staff, my wife and I are so grateful to everyone who helped us with my recovery," Bob says.

Gardening as Therapy at the North Bay Regional Health Centre

Mary says she thought gardening would be 'too difficult'. Mary, a mental health patient at the North Bay Regional Health Centre (NBRHC), was approached by another Mary, Mary Chamberlain who is a Recreational Therapist in NBRHC's Mental Health & Law Division, about taking part in a new Horticultural program. "I thought I wouldn't know how to do it – it would be too complicated," Mary says. "But Mary (Chamberlain) taught me how easy it is."

Gardening as Therapy

Chamberlain says a need was identified at the hospital to address healthy eating, healthy food choices and exercise. "Horticulture therapy is one way to promote healthy eating and exercise within our hospital," she says. Research shows gardening is good for mental health, well-being and the reduction of stress and depression. "We also know that when you participate in growing your own fruits and vegetables, you are more likely to eat four or more servings a day."

Chamberlain leads a small group of patients who meet regularly to garden both at the Health Centre and in the community. "Our group started by planting seedlings in February or March," Chamberlain says. "We talked together about what we wanted our gardens to look like, what work we needed to do. Then when the snow melted we saw what we had to do and got started."

Together the patients planted vegetables in the six raised beds and flowers in the ground outside. Mary planted pumpkin, green pepper, and zucchini seeds. "She (Mary Chamberlain) had to teach me how to do this because I had never gardened before. I had to learn that we have to water the plants every other day – and sing to them," Mary says with a laugh. "The only other plants I had before were artificial plants in my apartment."

Chamberlain says the patients in the program got very involved in the process and were excited to watch their seedlings grow. "As soon as I would come onto the unit, patients are eagerly asking me about gardening, they are interested in seeing the progress of what they've done; what they've grown."

This enthusiasm even translated into after hour 'assignments'. "Because we've had such a hot, dry, summer, I had asked some of the patients if they would water at night on their own off unit privileges which are authorized by the clinical team," Chamberlain says. "We knew that watering in the afternoon in the full sun was just burning the plants and the water was evaporating."

Chamberlain says a patient volunteered and came out each night at 7:00 pm to water the garden. This kind of team effort lead to gardens that were flourishing by mid-July.

Owl Lodge Garden

Owl Lodge, a general secure 16-bed co-ed unit in NBRHC's Mental Health and the Law program, boasts another of the hospitals patient-led gardens. Brett Nesbitt, a Registered Practical Nurse, says patients put a lot of work to get the garden ready this year after years of not being used. "This year when we started the garden again there was nothing but weeds. We started very late in the growing season – the garden didn't get planted until the third week of June," Nesbitt says. "It was probably 30 hours of work to clean it all up and get planted." Nesbitt says the majority of the plants and items used on the unit came from staff donations, as well as donations from the horticulture centre here in the hospital. "Every day we are out here with one or two patients – weeding, watering, cleaning, picking vegetables, eating them."



Michel stands among the tomato plants in the garden on Owl Lodge.

One of the patients who took part in the garden on Owl Lodge is Michel. Michel says gardening is his favourite activity, and takes particular pride in the tomatoes, corn and squash he has watched grow. "I just put the seeds in, and what we see here now is unbelievable," Michel says, gesturing to the garden behind him. He says he enjoys gardening when he has a chance because he gets to spend time outdoors, and the vegetables they grow are healthy and affordable. "I think if I am discharged from here I would come back and continue with the garden even if I wasn't paid. I would volunteer there."

Partnership with North Bay Heritage Gardeners



As the weeks went by and the workload became less for the garden at the Health Centre, Chamberlain says they looked to use the skills to help give back to the community. “That’s where our partnership started with the North Bay Heritage Gardeners,” Chamberlain explains.

The North Bay Heritage Gardeners is the volunteer group responsible for the maintenance of the vast amount of beautiful gardens along North Bay’s waterfront. The group designated a portion as the ‘hospital’ garden, and every other week in the summer Chamberlain and a group of patients travel there to take care of the area. “The skills our patients have learned here, we are incorporating into the community while also giving back to the City of North Bay,” Chamberlain says.



Mark and Mary Chamberlain together in their Heritage Gardener Volunteer shirts take a break from cleaning up the NBRHC garden along North Bay’s waterfront.

Mark is one of the patients who actively participated in the garden at both the Health Centre and at the waterfront. He says he enjoys the time he has been able to spend gardening and would like to expand the offerings they have at the waterfront. “I’d love to be able to plant some flowers to bring some colour down here and beautify the space,” he says.

Harvest Lunch

As the summer drew to a close, Mark was one of the patients who gathered to prepare themselves a lunch with the actual fruits (veggies) of their labour. The group made a pasta dish-made from zucchini ‘noodles’—with a tomato sauce and salad filled with greens, cucumbers, tomatoes and peppers.



The group gathered to make a meal from the vegetables they grew in their garden.

“We want to show that it doesn’t have to be difficult or expensive to grow your own food,” Chamberlain says. “We’ve grown things in tuna cans, old margarine containers, anything we have available. It’s just so nice for the patients to have the experience of growing their own food and having a delicious and nutritious lunch—and to know they can do this for themselves even upon discharge. They don’t need farmland or acreage to grow healthy foods for themselves.”