

## **WELL AWARE – WINTER 2018**

February 21st, 2018

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

### **Care at the Integrated Stroke Unit at the North Bay Regional Health Centre**

Sue Turgeon was preparing to start a new job. She decided to call her husband René to meet her for lunch. When there was no answer, Sue tried again.

And again. Still no answer. When René finally answered his phone Sue asked “where are you?” “On the floor,” he replied. René had had a stroke.

#### **First Critical Moments**

René, who drove truck for over 30 years, happily spent some of his retirement years travelling with Sue for work as they enjoyed life in their adopted community of Mattawa. “We love the scenery—it’s a gorgeous place,” René says. The couple has been married for more than three decades, and when they are together you can see how Sue still smiles and laughs easily at René’s many jokes and clever nicknames for those around him.



*René Turgeon and his wife Sue are so thankful for the care they received at the North Bay Regional Health Centre after Rene suffered a stroke.*

The day of his stroke René was home alone. He had a stroke when he was in the family room and had fallen. “I tried to get up and couldn’t,” he remembers. Hearing the phone ringing, René crawled on his back to the bedroom where he knew his phone was.

The next time Sue called René was able to pick up the phone. “It was a relief when I heard her on the phone,” he remembers.

Shelley Hawton, C1 Inpatient Rehab/ISU & District Stroke Coordinator at the North Bay Regional Health Centre (NBRHC) explains that since René was within 3.5 hours from the beginning of his stroke symptoms, the paramedics bypassed his local hospital straight to NBRHC. “Here he went through the Emergency Department’s Stroke Protocol, which ensures these patients receive timely interventions, including a CT scan—which René had 11 minutes after arriving.”

The Turgeon’s then had a consultation with the Telestroke neurologist, who indicated René wasn’t a candidate for the clot busting drug (tPA or tissue plasminogen activator) because it would put him at risk for bleeding due to the location of the clot and previous history of stroke.

René says he was conscious the whole time, and felt very apprehensive. “I was worried because I didn’t know what was happening,” he says. René was admitted from the ED right to the Health Centre’s new Integrated Stroke Unit (ISU) where he would spend the next six weeks recovering and rehabilitating.

### **Recovery and Rehabilitation**

April 2017 marked an exciting time for stroke care at the Health Centre with the opening of the ISU located on C1. The goal of specialized units like this is simple: better patient outcomes. Some research shows that receiving care on a stroke unit can reduce the likelihood of death and disability by as much as 30 percent.

In a year, NBRHC sees 165 stroke and TIA (transient ischemic attack or mini stroke) patients. Hawton explains that the ISU has staff dedicated to the care of stroke & TIA patients – providing both acute and rehab care on the same unit. “Following patients through their entire journey in hospital not only lets staff get to know their patients but it also builds an expertise in stroke care,” she says.

Sue remembers the first few days in the ISU being very intensive, and her biggest fear at the time was the unknown. “We didn’t know what his recovery would look like,” she says. Hawton says this is very common—how much one will recover and the speed at which it will happen varies from person to person; not knowing where you will be at down the road can be a terrifying experience.

Once he was stabilized, René began therapy right away. The stroke had left him paralyzed on his right side. “I couldn’t stand,” he remembers. “I had no grip.” René’s care team worked with him in stages. “They began by propping him into a wheelchair, and got him scooting around,” Sue explains.

René quickly moved through each stage—first with a two wheeled walker, then a cane—all important steps toward his ultimate goal of walking unassisted.

Patty Byers, Manager of Rehab and District Stroke says early into the rehab phase of care, goals are set with patient input to give them things to strive for while they are on the rehab unit. “For example, a patient may want to walk

independently. These goals are reviewed weekly by the entire interdisciplinary team to determine at what stage the patient is at in meeting their goals and what is needed to try and get them there.” Byers explains the interdisciplinary team supporting the patients on the ISU includes physiotherapy, occupational therapy, speech language pathology, recreational therapy, nursing, social work, pharmacy, personal support workers, rehab assistants and key community partners.

When you meet with the Turgeon’s it would appear that René’s recovery has moved at incredible speed. But according to René, when you are the one going through the recovery process, it can feel very slow. He says the mental aspect of his recovery was as hard as the physical part, together with the frustration of not being able to do what you were able to do before. “I was depressed for a while,” René reflects. “You think ‘is this the end of my life?’ You’re not quite sure what’s ahead for you.”

Post stroke depression is very common; research has shown that approximately one third of individuals who have had a stroke will experience symptoms of depression; majority within the first three months of their stroke. The Turgeons agree the communication from staff to the patient, and Sue as the family, was key to their experience. “They were great about talking to me, as the spouse,” Sue says. This is significant because family support and involvement is extremely important when it comes to recovering from a stroke.



*The Turgeons came back to the hospital to thank some of the care team members in person following René recovery.*

### **Outpatient Care**

Rene was a patient in the ISU for six weeks and has since ‘graduated’ to outpatient status, attending the hospital twice a week for 2 hours to participate in Physiotherapy and Occupational Therapy.

Bill O’Donnell, Coordinator and Physiotherapist at NBRHC says after patients are discharged from the ISU, often it is recommended they attend an outpatient program to continue their recovery. O’Donnell says patients can receive Physiotherapy, Occupational and Speech therapy in the Neuro Day Program. “This program allows patients

to leave the hospital knowing there is a place to go to continue their recovery. They continue to work toward the goals that are set by the patient and the therapy team, and will be instructed on how to help themselves achieve a better recovery.”

René says the plan is to continue with therapy for a year and then assess what it might look like going forward. “It’s going way to slow for me,” René says, “my energy is coming back but not as fast as I’d like.” The Turgeons both credit Rene’s success to his willingness and determination to work hard at his recovery. “I think the drive of the patient, as well as the care of the team, helps the progress move along,” Sue says, with Rene adding ‘they can only help you as much as you want to be helped.’

Sue says the care team knew when to push Rene to work a little harder—and when to back off. “They knew when to push him—just that little bit every single time,” she says. “Stand up straight! Push your bum in!” René says with a laugh.

Sue says they also recognize when he is having his bad days and let him have those too.

Research shows post-stroke fatigue is a common side effect, frequently occurring in anywhere from one third to two thirds of individuals following their stroke. Time and time again, the most impressive recoveries in those with the drive, determination, and last but not least a positive outlook.

When Sue talks about their experience in the ISU, she says the care they received here in Northern Ontario is different, because of the people providing the care. “I was born and raised in Southern Ontario and yes, there are lots of great hospitals and specialists down there, and I’m sure they are all very caring people....but you don’t get the same care you get here. It’s more personable.”

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## Improving the Patient Experience One Smile at a Time

Being admitted to the hospital can be overwhelming. But a friendly face, kind word or listening ear devoted exclusively to the non-clinical needs of patients can sometimes make all the difference. That’s the spirit behind the Friendly Visitor Program at the North Bay Regional Health Centre (NBRHC) – a new volunteer role focused on improving the quality of stay in both the acute care and regional mental health programs.

“A friendly visit can often be ‘good medicine’ for patients, particularly at times when they are feeling anxious or when family or friends are not readily available,” explains Dr. Inez Jinnah, Physician, Department of General and Family Practice, NBRHC. “Volunteers can have a significant impact on a patient’s state of mind by relieving feelings of isolation and loneliness, improving a sense of well-being and encouraging communication.”

The program aims to provide patients with more frequent, friendly interactions by matching volunteers with patients identified as being in need of companionship.



*Montana Warbrick is a volunteer with the Friendly Visiting Program*

Montana Warbrick is a volunteer with the Friendly Visiting Program, and says for her, it has been a very rewarding experience. Montana says one patient she met early on has made an impression on her.

“When I first started volunteering, the nursing staff asked if I could sit with a patient and keep him company as he becomes upset quite easily,” recalls Montana. “We immediately bonded over music and became friends. Now when I visit, he always smiles and waves ‘hi, hun’ when I walk onto the unit.”

Friendly visits encompass a wide range of activities, from a relaxed conversation to facilitating a group activity. “My visits are unique to each patient,” Montana explains. “I might read with someone in the sun room, initiate a card game, take a walk around the unit or simply spend one-on-one time reminiscing.”

Research has found these types of interactions help to improve not only the patient experience, but also their physical and mental health.

“Friendly visitors provide meaningful interactions to patients. When looking at providing holistic care with our patients, we also need to focus on the social aspect of their wellbeing,” says Angela MacAlpine, Clinical Manager of Complex Continuing Care and Seniors Mental Health, NBRHC. “By adding a human touch to the more technical aspects of patient care, volunteers reduce social isolation, helping to promote recovery and ensuring our patients lead their fullest possible lives.

Training and shadowing opportunities are provided until new volunteers feel confident volunteering independently, and volunteers continue to work closely with staff to ensure they are supported during their shifts. “I had mixed feelings before my first visit – excitement, shyness, and nerves – but the staff were supportive and the patients so appreciative of my visit that I left excited to return,” says Montana. “It is not a big time

commitment and the schedule is flexible to my availability. So all it takes is a willingness to share a few hours of your time a week with patients to make a difference.”

The NBRHC Volunteer Department is currently accepting applications for those interested in volunteering with the Friendly Visitor Program. For more information visit [/join-our-team/volunteers/](#)

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## Shorter stays, fewer complications

*The following story was originally written for Health Quality Ontario, the provincial advisor on the quality of health care. This repost, for which we received permission, follows the style guidelines of the original post. Dr. Ravinder Singh is a Laparoscopic and Endoscopic Surgeon. He is the Chief of Surgery, and Head of Service, General Surgery at North Bay Regional Health Centre.*

### Dr. Singh's Story

Dr. Ravinder Singh believes in borrowing what's working at other hospitals. So, when North Bay Regional Health Centre joined the quality improvement program, he already had a goal in mind: “I'm always thinking what can we do to make patients feel better, get home faster and stay home,” the hospital's head of surgery says.



*Dr. Singh, outside of an office in Toronto. (Photo courtesy of Health Quality Ontario taken by Roger Yip)*

To do that, he looked to the on-call emergency surgeon concept, which has surgeons forego elective procedures like surgery, endoscopy and clinic for a week, dedicating that time to patient rounds in acute care. That concept, first developed at U.S. hospitals, had documented fewer complications and shorter hospital stays there.

Since adding the on-call concept, the overall stay for general surgery patients admitted through emergency has gone down by two days, he says. For appendicitis patients, it's down by more than half a day, and for emergency

gall bladder patients, “it’s a full day shorter,” he says. The sickest patients have benefited the most from the on-call surgeons in emergency, he notes, because the extra attention prevents further complications.

The hospital has also rolled out the Enhanced Recovery After Surgery program, which is meant to empower patients with their own care. When Singh learned of Mount Sinai Hospital’s post-surgery patient activity booklet — part of the recovery program, he adopted it for North Bay. Patients are encouraged to fill out the booklet in detail, answering questions like, ‘Are you doing deep breathing?’, ‘What did you eat and drink on day 1? Day 2?’ and ‘when did the catheter come out?’

Singh thinks the program is revolutionary in its challenge to surgical status quo. “It was developed to question the dogma around how we treat surgical patients,” he says.

Adding to those efforts, Singh has inspired others to pursue continuous quality improvement and has promoted surgical site infection prevention steps to other hospitals in the program. “It’s all about connecting and learning from each other,” he says. “Big or small, academic or non-academic hospital, we’re all trying to reach the same goals.”

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## **Union Gas presents hefty rebate check to NBRHC**

The North Bay Regional Health Centre (NBRHC) is lessening its energy consumption and cutting operating costs thanks to an energy recovery ventilator (ERV) installation from Union Gas.

Good ventilation is just as important as a reliable smoke alarm. Proper air flow helps prevent property damage and protect our health. There are many ways to control air quality—for example, opening windows in your home can supply fresh outdoor air and make a room feel less stuffy. While this option might seem like an easy solution, it isn’t always practical during North Bay’s hotter and colder months.

Most buildings rely on ventilation systems to draw air in and expel stale air out, and in a hospital setting increase the ability to deliver optimal healthcare by fighting challenges such as hospital-acquired infections.

ERVs are an increasingly popular way to ventilate a home or business. These mechanical devices supply buildings with a steady flow of fresh air while circulating stale air outside. They are able to use exhaust air to preheat or pre-cool incoming air, reducing carbon emissions by 50 per cent and providing some long term natural gas cost saving opportunities for the Health Centre.

This investment was part of a Union Gas conservation program, which encourages businesses to purchase and install energy-efficient space heating solutions. The program provides incentives to implement proven measures that reduce energy usage and increase business efficiency.



*Kevin Vescio, Manager of Building Management & Clinical Engineering; Gerald E, Laforest, Commercial Account Manager Ontario Northeast District; Jean Beckett, NBRHC Board of Directors; Shirley Strood, Director of Facilities; Sheila Parrish, NBRHC Board of Directors; and Sara Tonks, Chief Finance Officer & Vice-President Corporate Services.*

In addition to installing an EVR, the Health Centre also retrofitted a combined heat and power system that simultaneously produces electricity and heat from a single fuel source. In December, Union Gas presented the Health Centre with a check for \$34,771.04, representing the rebates earned for these energy-efficient upgrades.

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## Wounded Healers: How peer support workers help patients in crisis



*Dr Erica Buck, Emergency room physician, NBRHC*

Emergency Department (ED) can be intimidating and overwhelming environments for those having difficulties with mental health and/or addictions. Through a strong partnership with People for Equal Partnership in Mental Health Nipissing (PEP), the North Bay Regional Health Centre (NBRHC) has been able to fill a necessary gap by providing services in our ED that gives equal importance to mental and physical health.

Peer Support Navigators – who have their own lived experience with mental health and addictions – are embedded within the ED and offer support to those in crisis. They have been there and see the system from the patient’s perspective, acting as a trusted source and providing the necessary emotional connection to remove some of the stress associated with visiting the ED for mental health issues.

In a recent episode of CBC Radio’s *White Coat, Black Art*, Dr. Brian Goldman takes a closer look at the peer support model at the Health Centre and offers a glimpse in to the healing power of human connection when it’s needed the most.

Listen to the episode or read the full story [here](#).

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## Gaining the Patient Perspective through Age Related Training

For most of us, getting dressed, paying for items at a store or following instructions can be done without much thought. As we age, various conditions can make these everyday tasks much more difficult.

Steven Hodge, Clinical Nurse Educator at the North Bay Regional Health Centre’s (NBRHC) Kirkwood Campus had the opportunity to experience for himself exactly how difficult it can be. Wearing special glasses to blur his vision, plastic gloves with tissue in the finger tips and headsets with static background noises, Hodge tried to follow simple instructions like buttoning a shirt, counting money and opening commonly found items on a patient meal

tray. “It was a really eye opening experience,” he says. “I was trying to manipulate the activities the best I could, but all I could think about was how difficult it really was.”

That was exactly the point. The frailty simulation was part of the Health Centre’s Senior Friendly Care (SFC) Advocate Program—an educational opportunity for staff to increase their knowledge and expertise in providing quality care to older adults.

Melissa Hallett, Elder Life Coordinator at NBRHC explains the exercise Hodge and other staff participated in was designed to allow health care providers to walk a mile in the shoes of many of the seniors in their care: the glasses simulated various eye conditions such as glaucoma, the gloves limited dexterity and the headphones reduced hearing.



*Felix Miteo, Registered Nurse, Steven Hodge, Clinical Nurse Educator and Melissa Hallett, Elder Life Coordinator perform certain everyday tasks with simulated impairments.*

“Geriatric patients often have more complex medical conditions that are different from younger people, with other factors that need to be considered,” explains Hallett. “As health care providers, it’s important to understand these unique health care needs to enable seniors to maintain optimal health and function while they are hospitalized, so that they can transition successfully home or to the next appropriate level of care.”

The SFC Advocate Program encourages staff to identify quality improvements opportunities to positively impact the experience and well-being of older adults. The curriculum requirements draw from online resources such as the Nurses Improving Care for Healthsystem Elders (NICHE) program and Change Foundation, and are tailored to suit the specific duties of different service providers.

“Seniors are the most frequent users of hospital services and also stay longer once admitted to hospital. As the population ages, the number of people needing support is expected to grow,” Debbie Hewitt Colborne, Registered Nurse and chair of the Senior Friendly Hospital Committee at the NBRHC. “Older adults receive care throughout

the entire hospital, so it's important to ensure all staff are equipped with the knowledge and understanding needed to meet the current and future health care needs of our older patients."

The SFC Advocate Program was designed to build capacity in staff who were interested in adding to their skills and knowledge in providing quality care to older adults at the Health Centre. "This voluntary program allows participants to tailor their own learning around the core curriculum focused on delirium, functional decline and senior sensitivity," Hewitt Colborne says. "It's not only about gaining knowledge and skill, but also about participants applying their learning within their work setting and acting as a resource to peers." In the first year over 90 staff members graduated from the program from across the organization and disciplines.

As a registered nurse (RN) in the Health Centre's emergency department (ED), Kayla Budd knew it was important to take the program—seniors make up as much as 30 percent of the patients seen in ED, more than any other age group.

"Through the program I learned ways I could better approach the care I provide as a bedside nurse," explains Budd. "For example, at one point I thought it was better to have lights dim so it wasn't hard on their eyes, but in reality it was shown through the course that older adults need that extra light to properly see my face and read my facial expressions."

The SFC Advocate Program is offered mainly online and runs twice a year with three months provided to complete the program requirements. Budd credits this flexibility and the easy to follow modules for increasing her interest in the program.

"I work in the ED, I also have a part-time job with the university teaching on the medical floor and I am also currently working on my masters, so I'm pretty busy. The ability to learn from home or during down time was very helpful," says Budd. "The program reinforced those little things we sometimes forget when we nurse, and I am now able to teach my students to increase the knowledge of the whole discipline."

Hodge too found the SFC Advocate Program better prepared him to work with staff and identify quality improvement opportunities in his area.

"For me the reality of not being able to understand what was being said, and not being able to hear or see properly hit home during the frailty simulation. It showed me how important it is to have empathy and patience," says Hodge. "It helped me recognize that while I want to make sure our senior patients remain as independent as possible, it might mean modifying my behaviour or their physical environment so they can reach their maximum potential."

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## New sports medicine clinic will help you get back on your feet



Whether you are an elite athlete, weekend warrior or an active Baby Boomer, the Health Centre's new sport medicine clinic has the expertise to help you return to your everyday, active life as soon as possible. SportMED+, a division of Martel & Mitchell is the region's only rehabilitation clinic with both sport medicine physicians and physiotherapists providing assessment and treatment to help you return to your sport or activity.

If you have pain that limits your ability to enjoy an active lifestyle then contact the multidisciplinary team of knowledgeable and certified professionals at SportMED+ to get back on your feet.

No referral necessary. For more information call 705-495-8105 or visit the SportMED+ website.