Communique from Christopher Gillies  
Director, Medical Affairs, Kingston General Hospital  
November 8, 2013

Please find below updates on the following topics:

1. Community Physicians & Nurse Practitioners can apply for remote access to the Patient Care System (PCS)  
2. PCS Inbox Issues  
3. Physician and Employee Engagement Survey Results  
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5. Patient Experience Specialist - Feedback  
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Community Physicians & Nurse Practitioners can apply for remote access to the Patient Care System (PCS)

In the best interests of patient care, the hospital has developed a policy and process that will allow Community Physicians and Nurse Practitioners to access the Patient Care System (PCS), without going through the formal credentialing process with a Department, i.e. Family Medicine, Psychiatry. The credentialing process will go directly through Medical Administration Office.

The new policy provides Community Physicians & Nurse Practitioners remote access to facilitate on-line viewing of patient information in an effective, efficient, ethical, and lawful manner that supports providing “Outstanding Care, Always”, builds collegiality with our community practitioners and enhances communication of historical and real time information for the continuity of care for the patients of our community and region.

In November, we will be rolling this out to community physicians who are not affiliated with a Department at KGH/HDH.  
If you have any questions, please contact Chris Gillies at gilliesc@kgh.kari.net or ext. 4205

PCS Inbox Issues

In an effort to address the PCS Inbox issues that have been raised by physicians, we have set up a PCS Inbox Help email address to deal with any problems. Please email pcsinboxhelp@KGH.KARI.NET if you need assistance with the following:

- Received a document that belongs to another physician  
- Setting up coverage for leave of absence/vacation  
- Where you are not the MRP
Physician and Employee Engagement Survey Results

- In May of this year, we launched two new survey tools designed to help us measure people’s feelings about their jobs, their relationships at work and whether they feel valued and appreciated so that we can identify and work together on specific opportunities for improving engagement at KGH.
- 65 per cent of employees and 30 per cent of attending physicians completed a survey over a three-week period
- Attached is the Corporate Physician and Employee Survey results. As a reference, we have also attached a “Results Guide - PowerPoint” for assisting in interpreting the results.
- For Departments that had more than 10 responses, they will have received their specific Departmental results from their Department Head

The main areas of focus for improvement, based on corporate survey results are:

- Enhance efforts to attract/retain the best physicians
- Identify opportunities for physicians to be more involved in improving patient care
- Continue to build physicians’ trust in the organization*
- Demonstrate that the organization values physicians’ work*
- Revisit the process for space allocation

* These two items are common with the Employee results

Next steps:

- Share results with Departments
- Meet with Departments to better understand results and how the Hospital can take action on the feedback
- Develop and implement a Physician Engagement Strategy

Blood Components/Products Transfusion Record

- Currently in use at KGH and HDH is a pink Blood Components/Products Transfusion Record that is placed in the patient chart whenever blood components or products are transfused. Every transfused product received by a patient is to be recorded on this record.

- Earlier this year, the Clinical Laboratories underwent accreditation with Ontario Lab Licensing (OLA) and the hospital was cited for a non conformance related to the use of blood warming equipment across the hospital. The specific non conformance related to “not recording the temperature of the blood warmer during use”.

- To correct the non conformance a revision has been made to the existing Transfusion Record so that the temperature can be recorded if a blood warmer has been used during the transfusion of red cells or whole blood. On the Transfusion Record please check off the appropriate response regarding the use of a blood warmer. If a warmer has been used, simply record the temperature of the warmer’s digital temperature display while it is in use.

- The revised forms are available in Stores now and are being trialed for a 3 month period which started September 16. Please find attached the revised form - Attachment 4.
Please contact Bev Weaver, Transfusion Safety Officer, with any questions at ext. 7627 or weaverb@kgh.kari.net

Patient Experience Specialist - Feedback

- As you know, KGH supports a patient centered approach for addressing patient experiences by encouraging and promoting respectful, open and direct communication between patients, their families, and the hospital. Patient experience feedback is essential to safety, continuous quality improvement and to achieving outstanding care, always. We have made a commitment to be accountable by listening, reviewing and responding meaningfully, fairly and impartially to patient feedback.

- Physicians have been asking questions related to the process for patient feedback, so please note KGH Administrative Policy #13-380 Patient Experience Feedback / Patient Relations on the intranet.

As a reminder and per the policy, in actively listening and responding to a patient/family concern it is most effective to:

  i) acknowledge their experience  
  ii) remember it is their perspective of what happened  
  iii) provide a blameless apology

- Patient Feedback concern/compliment files involving a physician are copied to the Program Medical Director, and those involving a resident are copied to the Program Academic Post Graduate Director. This ensures an awareness of the feedback received and is intended to trigger support for the individual(s) involved, and follows our accountability framework.

If you have any questions, please contact Astrid Strong at stronga@kgh.kari.net or ext. 6649

Short Stay Convalescent Care Unit at Lennox & Addington County General Hospital

South East CCAC is preparing for the opening of a Short Stay Convalescent Care Unit at Lennox & Addington County General Hospital (LACGH). Referrals are now being accepted, the pre-occupancy inspection is complete, and admissions are proposed to begin November 15th 2013.

- Convalescent Care Programs provide short stay convalescent supportive and restorative care for patients who do not need acute hospital care, but cannot yet manage in their own homes when there is a restorative need present. The program provides 24-hour care to people who require specific medical and therapeutic services in a supportive environment.
- The goal is to help patients recover strength, endurance and functioning before returning home. The application for this program is arranged through the local Community Care Access Centre.
It is expected that patients who choose to be admitted to Convalescent Care programs for a temporary stay will return home. There is no accommodation cost for this program. The Convalescent Care program is funded by the Ministry of Health and Long-Term Care. However, there are incidental costs, such as transportation to and from appointments, telephone, television and pharmacy dispensary fee.

Pre-booking of stays is not available, and referrals for admission are based on a waitlist date and bed availability. Patients may be admitted from hospitals or from the community. The length of stay for short stay Convalescent Care program is a maximum of ninety days per year, typically 30-55 days. The length of stay is assessed ongoing and is determined by the patient’s progress in the program.

To be eligible for the Convalescent Care program, a person must:

- Be at least 18 years old and insured under the Ontario Health Insurance Program
- Need time to recover strength, endurance, or functioning and would benefit from a short stay in a convalescent care program
- Have needs that can be met in a long-term care home
- Be able to return home within 90 days of admission
- The patient must require nursing care be available on site 24 hours a day
- Assistance with activities of daily living at frequent intervals, or
- On-site supervision or monitoring at frequent intervals to insure his/her safety or well-being

Exclusion criteria for the Convalescent Care Program:

- Cognitive impairment, behavioural issues or unstable psychiatric disorders that impact the client’s ability in anyway to participate in convalescent care activities
- Less than one week of convalescent care required
- Permanent long-term care, complex care, slow stream rehabilitation (awaiting active hospital rehabilitation i.e. St. Mary’s) or end stage palliative care admissions
- Procedures or investigations for diagnostic purposes
- Patients cannot be admitted to a Convalescent Care bed to await for LTC placement

If you require any additional information, please contact Carole Park Client Service Manager, LTC Admissions South East Community Care Access Centre (613) 966-3530 ext. 2206 or Laurie.French@se.ccac-ont.ca

Transitions:

Dr. Shawna Johnston - has been appointed to Deputy Department Head OBGYN
Dr. Richard VanWylick – has been appointed to Deputy Department Head of Pediatrics

Christopher Gillies
Director, Medical Affairs
Kingston General Hospital
76 Stuart Street, Kingston ON K7L 2V7
Phone: 613.549.6666 Ext. 4205 - Cell: 613.217.9538 - Fax: 613.548.6082
Email: gilliesc@kg.h.kari.net