

Carleton Place & District Memorial Hospital



Directions

SUMMER 2006



news from your community hospital

CPDMH Most Efficient Hospital in Ontario



Staff of CPDMH and members of the MHAuxiliary show their excitement on being recognized as the most efficient hospital in Ontario.

The Joint Policy & Planning Committee, a partnership between the Ministry of Health & Long Term Care and the Ontario Hospital Association, recently released the efficiency ratings of Ontario hospitals in the 2004/05 fiscal year. The results show that the Carleton Place & District Memorial Hospital (CPDMH) is the most efficient hospital in the province. This is the second time in the last 5 years that CPDMH has been rated as the most efficient hospital in the province.

"We are thrilled with being the most efficient hospital in the province and this achievement is directly related to the efforts and dedication of everyone associated with the hospital. Maybe even more importantly, this was achieved while providing excellent service and care to the residents of our communities," stated Mike Gagné, CEO of CPDMH.

"The Board is very pleased to know our hospital has once again achieved an exemplary level of efficiency. It is a great credit to the hard work and dedication of the hospital staff and physicians," stated Ken Bennett, Chair of CPDMH Board of Directors. "We are very hopeful that the Ministry will see fit to reward this achievement by providing us with a fair increase in funding to enable us to maintain the high level of service we provide to the community."

Efficiency is measured by the difference between expected and actual cost per weighted case. The expected cost is determined by

the Ministry and is set at what it should cost to deliver one weighted case. The actual cost per weighted case is the result of dividing the total number of weighted cases by the total expenditures of the hospital. The term 'weighted case' refers to a value given to all the procedures and visits and represents the amount of resources needed to do the work. The values are assigned by the Canadian Institute for Health Information (CIHI).

CPDMH's expected cost per case was \$4,069 and its actual cost was \$2,716. This is \$1,353 lower than the expected cost and an overall difference of minus 33.3 percent. CPDMH has the lowest actual cost and the greatest percentage difference between expected cost and actual cost. In 2004/05 CPDMH's budget was approximately \$8.9 million and if the hospital had operated at its expected cost, the hospital would have required approximately \$2,570,700 more to operate. Instead, the hospital's level of efficiency saved \$2,570,700 for the taxpayers of Ontario in 2004-2005.

"We are a small hospital and recognize that we can't be everything to everybody," stated Mr. Bennett. "However, with that being said, a fair allocation of funding would allow for expansion of services to reduce the amount of travel residents have to do in order to have the medical care they need. I think everyone would agree this is the least the community should expect and it's the only scenario that's acceptable."

Heart Care In A Heartbeat

When local residents experience a heart attack, a specialist from the Ottawa Heart Institute can help by arranging semi-urgent consultations within a few hours or the next day via a live two-way videoconference called CareConnect. Through this service specialists, like cardiologist Dr. Beanlands, can assess patients, prescribe medication, and determine which patients should be transported to Ottawa.

Along with these potentially life-saving services, CareConnect's leading telemedicine services also link patients with specialists in non-emergency situations—patients like Stephen Cross. Stephen has had two open-heart surgeries as a result of being born with a mitral valve prolapse that doctors repaired at the University of Ottawa Heart Institute. Instead of travelling over an hour each way to Ottawa for his annual check up, Stephen now saves time, money and unnecessary stress by meeting his cardiologist, Dr. Beanlands, via CareConnect. In a telemedicine consultation room, Stephen "sees" his specialist by videoconference on the screen.

"The patient is greeted by Dr. Beanlands and a general health discussion takes place. A complete cardiac assessment is done including heart and lung sounds. I use a digital stethoscope that Dr. Beanlands can also hear," stated Denise McIntyre, an RN and the telemedicine coordinator for CPDMH, explaining the CareConnect cardiac assessment. "With the physician, I can also listen to the patient's neck arteries and measure for jugular vein distention. Once the history and physical is complete, the doctor can then ask additional questions, order tests and blood work, adjust medications and counsel patients on their condition."

"I really appreciate how CareConnect lets me see my specialist. My appointments are on time and I can ask instantaneous questions. It's just like being in the same



Denise McIntyre, Telemedicine Coordinator and RN at CPDMH, with patient, Stephen Cross, during a video consultation with cardiologist, Dr. Beanlands.

room, without the hassles and wait times. I've never felt rushed," stated Mr. Cross. "Denise is fantastic. She's technically competent and she makes my visits as stress-free as possible. Although I still have memories of my previous hospitalizations, Denise helps put me at ease."

For the last three years, Stephen has enjoyed the convenience of a telemedicine

It's just like being in the same room, without the hassles and wait times," stated Mr. Cross.

visit with his specialist rather than travelling to Ottawa. CareConnect helps especially during winter snowstorms, ensuring patients do not need to travel far. As a result, they are less likely to cancel or reschedule their appointments. In 2004, CareConnect helped to bring advanced care to 5,000 patients in close to 50 Eastern Ontario locations.

"I love the fact that I can get my annual heart check-up done within an hour and that

I can remain close to home. I don't need to take time off work," continues Mr. Cross. "I look forward to having many more of my annual checkups using the CareConnect service."

An innovative part of CareConnect is that it allows specialists to offer regularly-scheduled clinics, offering ongoing support to rural facilities. At CPDMH, there are

approximately 20 telemedicine visits each month, mostly for stroke rehabilitation and cardiac and dermatology care. Congestive heart failure and adult and paediatrics mental health have also been added to the list of services that can be accessed through CareConnect at the hospital. To find out if telemedicine would help address your health needs, please speak with your physician.

CPDMH Purchases New Cardiac Care Monitors

Toni Surko, AED of Patient Services at CPDMH, is pleased to announce that the hospital has purchased new cardiac care monitors for the inpatient unit and the emergency department. The monitors were purchased with the funds raised from the *Help Improve Tomorrow Today!* campaign and cost approximately \$171,000.

"It was becoming very hard to find the necessary parts to fix the old monitors so they had to be replaced," stated Ms. Surko. "After a product evaluation process, the clinical preference was a monitor with proven system performance, supportive service agreement and the ability to download patient information from our system to a compatible unit at most of the Ottawa hospitals—they were our monitor of choice."

The new monitors measure vital signs and provide a 12 lead electrocardiogram (ECG) of interpretation of heart rhythms for patients in cardiac distress as well as any other patient that needs close monitoring for treatment and diagnosis. The system has three wall-mounted bedside units on the inpatient unit and one portable unit in the emergency department. There are also three telemetry packs that allow staff to monitor a patient's vitals anywhere within the hospital. The full system gives the hospital the ability to monitor seven patients at one time. With the previous system, the hospital could only monitor four patients who would have been restricted to their beds.

"The telemetry packs are a tremendous help in monitoring our patients. Patients are now able to leave their rooms and be more

"The cardiac care monitors will enhance patient safety, comfort and diagnosis. I would like to thank the community for their generosity in helping us purchase the monitors and I'm sure the patients benefiting from the system are very grateful as well," said Mrs. Surko.



CPDMH Nurses, Lorraine Waddell, Joanne Frost and Brenda DeVries demonstrate the new cardiac monitors to fellow nurse, Steve Thurgood.

independent while we collect the necessary information for their treatment," stated Laurie Scissions, Nurse Manager of the Inpatient Unit and Discharge Planner at CPDMH. "It has resulted in our patients being more comfortable during their stay at the hospital because they are not restricted to their beds and are able to live a relatively normal life."

The new cardiac monitors are a vital piece of equipment for CPDMH. In 2005/06 there were approximately 793 admissions to CPDMH's inpatient unit and over 15 percent of those admissions were patients with complaints of chest pain or other symptoms of cardiac distress that required the patient to

be monitored.

"All of the purchases we have made as a result of the *Help Improve Tomorrow Today!* campaign have been important to improving patient care," continued Mrs. Surko. "The cardiac care monitors will enhance patient safety, comfort and diagnosis. I would like to thank the community for their generosity in helping us purchase the monitors and I'm sure the patients benefiting from the system are very grateful as well."

The monitors were installed in early March and, at that time, in-service training was provided to the nursing staff on the touch screen options, operations and the various diagnostic functions of the equipment.

"Our new monitors have touch screens that are very modern and user friendly," continued Mrs. Scissions. "The system has improved the day-to-day treatment of our patients and we are very happy with our purchase."

Lace Up Your Running Shoes!

Carleton Place Hospital Foundation

will be the Recipient of the Proceeds from the Upcoming 5K Heritage Run



The CPDMH Foundation has been chosen to be the recipient of the proceeds from the Carleton Place 5K Heritage Run/Walk to be held on July 16, 2006. In the past, the event, organized by Somersault Promotions, has had both a 5K and 10K run, however this year there will only be a 5K route.

“Since we also host the Graham Beasley Half Ironman, Triathlon & Duathlon on the

Proceeds from the Carleton Place 5K Heritage Run/Walk will be directed towards the purchase of a Paediatric Immobilizer for the X-ray Department of CPDMH. The immobilizer is used to keep infants and toddlers stationary during chest and other x-rays. The result is a better quality image and a reduction in the need of repeat imaging, thereby reducing the patient’s exposure to radiation.

Whether participants choose to walk or run as they cross the finish line, they will know that they are helping the hospital provide the best possible care to the residents of our community

same day as the 5K and 10K race we thought we would try and makes things a little simpler this year by having just the 5K route,” stated Cheryl Shore, Local Race Director. “We believe that the 5K route will still attract both running groups as well as other individuals at different fitness levels. We hope anyone interested in walking the course will come out and participate as well.”

The total cost of the unit is \$4,000.

“We are constantly looking for ways to improve patient safety within the hospital and the purchase of the Paediatric Immobilizer is one way that can be done,” stated Mike Gagne, CEO of CPDMH. “I am very grateful that Somersault Promotions has chosen us to be the recipient of the 5K Heritage Run/Walk. I plan on participating in

the event and walking across the finish line.”

“Whether participants choose to walk or run as they cross the finish line, they will know that they are helping the hospital provide the best possible care to the residents of our community,” continued Ms. Shore. “I think this should make all of the runners proud to be involved.”

The registration fee for the event is \$30 until July 3, 2006. After that date, the fee increases to \$40. Participants are encouraged to collect pledges in support of the CPDMH Foundation and prizes will be awarded to the three individuals who raise the most funds. In addition, there will be medals presented as participants cross the finish line and prizes to the first place male and female runner.

“This year we’ve also changed the route to an out and back on High Street to make the race more enticing — we expect that this change will be well received,” added Ms. Shore. “We hope the 5K Heritage Run in support of the Carleton Place & District Memorial Hospital Foundation will become an annual fundraiser that draws more and more participants every year.”

For more information on the race, including a map of the new route and a downloadable pledge form, please visit <http://www.somersault.ca/eventcarletonplaceruns.htm>.

CPDMH Unveils New Vision, Mission Statement and Strategic Plan

The face of healthcare in Ontario has changed a great deal in recent years and more changes are expected in the years to come. To better address these changes, while providing quality healthcare to the community, the Board of Directors at the Carleton Place & District Memorial Hospital (CPDMH) revised its Vision, Values and Mission Statement during the Board retreat in January 2006. The hospital's new mission is "To provide our patients with a high standard of coordinated, efficient, medical and surgical care close to home," while the vision is stated as being the "The communities' leading partner in the provision of integrated healthcare services."

"The revised mission and vision do not appear to be significantly different from the older versions. However, I believe that the updates are more of a reflection of the role we now play in the health care of the community," stated Mike Gagné. "As well, our new statement of values can be summarized as "WE CARE" and provides the community with a framework of what we think is important in providing care to the community as well as what the community can expect from us. From the results of our patient satisfaction surveys I think the community will agree that our new statement of values better defines the current and future direction of the hospital."

New signage has been put up around the hospital that shows the changes and included on the signs are pictures of staff in their day-to-day duties. The new signage also includes a watercolour of the hospital provided by Sherry Brady, a graphic artist at Corel Corporation.

In addition to revising the vision, values and mission statement, the Board also updated its strategic plan. The previous strategic plan was seven years old and most of the initiatives outlined in the plan had been achieved.

"The updated and revised version of our strategic plan is aimed at establishing new

directions for the hospital in light of the creation of LHINS—local health integration networks. It also reinforces our desire to continue to bring services closer to home so that the healthcare needs of the community can be better addressed," stated Ken Bennett, Chair of the CPDMH Board of Trustees. "The plan has four main themes, that once implemented, will be of great benefit to the hospital and, more importantly, the overall well being of the community."

The four themes of the strategic plan are:

- Seek partnerships to enhance the viability of the Hospital;
- Obtain approval from the Provincial Government to expand and redevelop

the Hospital;

- Increase the Hospital's ability to expand services and enhance its operational funding;
- In light of significant shortages in professional staff nationwide, the Hospital needs to do everything in its power to attract and retain employees. A theme of "employer of choice" will be the corner stone.

"The new strategic plan is an overall vision of the future direction of the hospital and outlines potential avenues for us to pursue," continued Mr. Bennett. "If we are able to meet these goals, as we were able to do in our previous strategic plan, then I believe the future of the hospital will be very bright."

OUR VISION

"The communities' leading partner in the provision of integrated healthcare services."

At Carleton Place & District Memorial Hospital

WE CARE.

We will be:

Consistent, courteous, confidential and compassionate


Advocates who provide accessible and accountable services

Respectful and supportive of decisions based on the rights of individuals and the range of resources for the communities served

Efficient, equitable, dedicated to excellence and functioning in a safe environment

MISSION STATEMENT

To provide our patients with a high standard of coordinated, efficient, medical and surgical care close to home





Carleton Place & District Memorial Hospital

Report to Our Community

Fiscal Year 2005–06

Financial and Utilization Indicators

In 2005/06, the Carleton Place & District Memorial Hospital (CPDMH) was the most efficient hospital in Ontario. The hospital's actual cost per case was \$2,716 while our expected cost was \$4,069. Our performance was

therefore 33% better than expected by the Ministry of Health & Long-term Care and resulted in a savings of \$2,570,700 for the taxpayers of Ontario. This is the second time in the last 5 years that CPDMH has been rated as

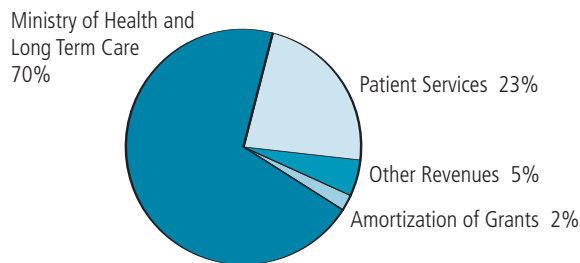
the most efficient hospital in the province.

The administrative expenses of CPDMH for fiscal year 2005/06 represented 10% of our hospital's total operating expenses. This is better than the applicable provin-

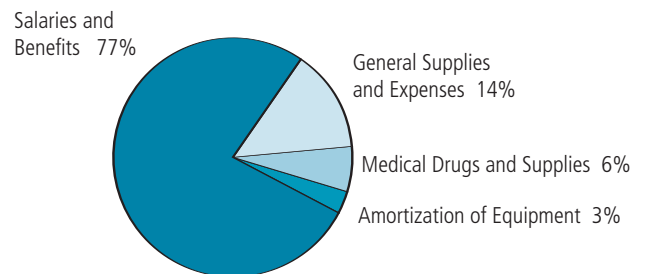
cial average and lower than last year's figure of 11.8%.

The hospital spent \$829,236 on capital equipment and renovations in 2005/06. This is \$30,000 less than budgeted.

Total Operating Revenues: \$10,042,776



Total Operating Expenses: \$10,080,933



Deficit from operations: \$38,157 (- 0.38%)

Clinical Utilization & Outcomes

The CPDMH is committed to ensuring that patients undergoing surgery at the Hospital have a positive outcome. To this end, the Hospital closely monitors infection rates. We are pleased to report that out of 655 cases

assessed, there was only 1 infection reported. This translates into a 0.15% infection rate (0.93% in previous year). This is significantly better than our peer hospitals and indicates strong compliance with sterilization protocols.

The Hospital participates in provincial surveys of patient satisfaction to identify opportunities to improve the quality of its services. The satisfaction level, as measured through these surveys, continues to be above provincial average. In

2005/06 our patients reported a satisfaction level of 94.4% for overall quality of care. We are quite proud of this achievement and will continue to do our utmost to continue to improve.

Monitoring of Wait Times

In its continued efforts to improve access to services, CPDMH closely monitors wait times in several areas. Our goal is to reduce wait times for all services, as our resources will allow. In 2005/06, the average wait time was as follows:

- Breast cancer surgery – 2 weeks;
- Plastic, gynecological and general surgery – 3 weeks;
- Orthopedic – 2 months;

- Non-emergency scoping for cancer – 3 months, with relatively no waiting for emergency cases.

Overall, the wait times at CPDMH are significantly lower than in urban centers.

The average inpatient length of stay for the past year was 7.2 days while the expected length was 7.3 days, which is slightly better than the provincial benchmark.

Volume Statistics

While the hospital was very efficient in 2005/06, there was a significant increase in workload within some of the departments in the hospital from the previous year. This includes ambulatory care visits with a growth of 12%, surgery cases with a 31% increase, the laboratory with a 35% increase in testing and diagnostic imaging with a 36% increase in the number of exams.

Service	2004/05	2005/06	% Change
Hospital Admissions	846	793	- 6.7%
Emergency Visits	20,558	21,677	+ 5.4%
Ambulatory Care Visits	9,311	10,424	+ 12%
Surgery Cases	1,018	1,331	+ 31%
Laboratory Tests	144,942	195,389	+ 35%
Diagnostic Imaging Exams	12,891	17,525	+ 36%

While this increase in demand for services can be attributed to the growing population within the catchment area of CPDMH, a por-

tion of the change within surgery and diagnostic imaging can be attributed to the expansion of the surgical program and the hours

available for ultrasound. Both of these expansions occurred in September 2005.

Measures of System Integration & Change

As most of the strategic initiatives outlined in the 1998 Strategic Plan had been achieved, the Board of Trustees undertook a comprehensive review and update of the plan in fiscal year 2005/06. Input was obtained from patients, local residents, Municipal Councils, partners, physicians and staff to ensure that all stakeholders were involved in the process. The revised plan outlines strategies to be implemented in the next few years to ensure the Hospital continues to grow and meet the needs of all residents. Partnerships with other hospitals and community agencies are part of the revised directions of the Hospital. The Vision, Mission and Values of the Hospital were also updated during this process and are shown, right.

The Board, and its committees, had another very busy year. The goals and objectives established at the start of the year included:

- Preparation for the accreditation review scheduled for June 2006;
- Update of the annual Board surveys;
- Professional development of Board members through educa-

- tion sessions and meetings with partners including the Access Centre for Community Care, the Health Unit and the Champlain Local Health Integration Network;
- Update of the Hospital's Strategic Plan;
- Annual update of local Municipal Councils;
- Tendering of banking services;
- Development of a Board Ethics Committee;
- Development of an Influenza Pandemic Plan. This plan was tested through a table-top exercise with the Town of Carleton Place and the Health Unit. Our community was the first community in Ontario to develop and test such a plan; and
- Together with the hospitals from Arnprior, Almonte, Perth/Smiths Falls and Winchester, tendering of a regional "Pictorial Archiving Communication System" to enhance the delivery of radiology services.

We are pleased to report that all these goals, except for the last one, which should be completed in the fall of 2006, were fully met.



The Board of Trustees at Recent AGM

On June 7, 2006 CPDMH held its Annual General Meeting and appointed the Board of Trustees for the 2006/07 year which includes: (back l-r) Brian Armstrong; Gordon MacNabb; Brain Dowdall; Dewar Burnett; Doug Schoular; Warren Snelling; Ken Bennett; Ian Edwards; (middle l-r) Dr. Jamie Fullerton; Chris Grey; David Somppi; Gary Murphy; Keith Pratt; (front l-r) Cathy Currie; Faye Campbell; Bea Gladish; Dr. Cynthia Cameron. The new Officers of the Board are David Somppi, Chair; Dewar Burnett, Vice - Chair; and Gordon MacNabb, Treasurer.

The Community Just Keeps on Giving!



Members of the MHAuxiliary present the last instalment of their \$270,000 pledge for the *Help Improve Tomorrow Today!* campaign to Ian Edwards, President of the CPDMH Foundation (left) Toni Surko, AED of Patient Services of CPDMH (centre), and Mike Gagne, CEO of CPDMH (right).



Ian Edwards, (left) president of CPDMH Foundation accepting the cheque from Marie and Daryl Bean, Presidents of the Mississippi Squares, during the Mississippi Squares' regular Basic/Mainstream dance evening at Carambeck School.



David Kirkpatrick, (left) member of the Board of Directors of the CPDMH Foundation, and black jack dealer at the Casino Night, accepting the proceeds of the event from Jason Jackson, General Manager of the Carleton Heritage Inn.

Members of the Stittsville Lions Club present a cheque for \$8,000 to Toni Surko, AED of Patient Service at CPDMH.



• thank you • thank you • thank you • thank you • thank you • thank you •

Carleton Place Hospital Hires Two Nurse Managers

The Carleton Place & District Memorial Hospital (CPDMH) is pleased to announce the hiring of two nurse managers, Mona Williams and Laurie Scissions. Ms. Williams is the new Nurse Manager of the Outpatient Department, which includes the operating room, emergency department, central supply room (CSR) and ambulatory care. Mrs. Scissions, hired to replace Toni Surko, is the new Nurse Manager of the Inpatient Unit and the Discharge Planner.

"Laurie and Mona are from the area and live locally," stated Toni Surko, AED of Patient Services. "They both have great work experience, the post-secondary education needed for their position and a wonderful sense of humour which is often useful in getting through the day."

Laurie began her career in nursing when she graduated in 1985 as an RPN. She began working at CPDMH that same summer while continuing her studies in the fall. She became an RN in 1988, and spent time working at the Queensway-Carleton Hospital, the Ottawa General Hospital and with the Victoria Order of Nursing (VON). In 1995, Laurie returned to school part-time, graduating in 2003 with her Bachelor of Science Nursing (BScN). While completing her BN, she worked on the inpatient unit and later, the emergency department at CPDMH. In the summer of 2005, she moved to the Community Care Access Centre (CCAC) in Smiths Falls, where she worked as a case worker, but continued to work as a casual nurse at CPDMH.

"My experience with the CCAC is a huge asset in ensuring that the patients discharged from this hospital are able to access the services they need to safely return to their home environment," stated Mrs. Scissions. "If returning home is not possible, then I'm also able to help the patient with the transition to a nursing home or put the patient in contact with various community groups that can provide assistance such as Meals on Wheels."



CPDMH's new nurse managers Mona Williams (left) and Laurie Scissions.

Mona also started her career as a RPN, which she received in 1976. Since then, she expanded her education, obtaining her RN in 1979 and she is one course away from receiving her BScN this year. Mona has worked at the Almonte General Hospital and as a casual nurse at CPDMH between 1998 and 2001. She also spent 25 years working at the Ottawa Civic Hospital, where she spent most of her time as a nurse in the emergency department level one trauma centre. She also has experience as a nurse coordinator, an IV technician and a nurse on the Medicine/Surgery Unit. She has completed the Certified Emergency Nurse Exam and also has her Auctioneer's License.

"Leaving the Civic to come here was a tough choice but I wanted to work closer to home and in my own community," stated Ms. Williams. "I was surprised to see all the services offered here and enjoy the new challenges that my new job offers. It's a little different to not be nursing every day, but I do have the opportunity to help when things get busy within the department."

Since coming to CPDMH, Mona has

initiated a journal club which is an informal education session for the nursing staff and Laurie has recruited a volunteer recreation aid to help with patient activities and programming for the inpatient unit, particularly the elderly.

Both have also succeeded in recruiting more nurses for their departments.

"I want to make a difference while I am here and part of that will be ensuring the nursing staff is able to access more education so that they can keep their skills up-to-date," continued Ms. Williams. "I know that increasing the education available to the staff will result in better care for our patients."

"Through this job I am able to ensure that our patients and their families are happy with the care they receive and are able to get what they need to make a full recovery," added Ms. Scissions. "This job will be a challenge but I believe that coming back to this hospital is like coming home."

Laurie and Mona began their new positions with CPDMH in March of this year.

CPDMH Participates in a Smoking Cessation Program

“We know that smoking is a major risk factor for many chronic diseases including heart disease, stroke and cancer. However, once a smoker puts out their last cigarette, the risks are immediately and dramatically reduced,” stated Toni Surko, AED of Patient Services.

In cooperation with the University of Ottawa Heart Institute (UOHI), CPDMH implemented a Smoking Cessation Program in early April. Two RNs from CPDMH, Lorraine Waddell and Mary Wiltsie, participated in training at UOHI and will be assisting in the training of other nurses and healthcare personnel.

“We know that smoking is a major risk factor for many chronic diseases including heart disease, stroke and cancer. However, once a smoker puts out their last cigarette, the risks are immediately and dramatically reduced,” stated Toni Surko, AED of Patient Services. “With the implementation of this program, we will be helping our patients to have better control of their health while providing them with the necessary tools to become a non-smoker.”

“With the new smoking legislation that was introduced at the end on May, I think the implementation of this program will have a very positive impact in helping our patients be more comfortable during their hospital stay,” stated Lorraine Waddell. “Our patients have been very receptive to participating in the program and our physicians are also involved, which is very important since they prescribe the nicotine patch to help with symptoms associated with quitting.”

The Smoking Cessation Program is a hospital based program built on a model developed by the UOHI. Eight hospitals,

including CPDMH, within the Champlain region, are participating in a phase 1 expansion of the program. The 13 other hospitals in the region, will participate in phase 2 after December 1, 2006, and will use the experiences from phase 1 to develop additional tools to make the program a success. Last year, the program identified more than 1,300 smokers and provided counselling services to 1,165 of them. As a result, there



are now 582 people who no longer smoke each year and all associated with the smoking cessation program are very proud of these results.

“Quitting smoking is one of the hardest things an individual can do. However, studies have shown that receiving advice from a healthcare professional increases quit rates by up to 30 percent,” continued Lorraine Waddell. “By participating in this program we now have better information to help our patients and the smoking cessation coun-

selling can be delivered as part of the routine nursing care in less than 10 minutes.”

The main components of the program include:

- Identifying smokers upon admission and recording that information on their patient records;
 - Providing cessation advice and pharmacotherapy to the patient. If the patient is ready to quit then, a plan is developed to meet the needs of the patient. Nicotine replacement therapy is recommended for most patients with the attending physician issuing a standard order and the family doctor receiving follow-up instructions. If the patient is not ready, then the discussion will focus on the pros and cons of continuing to smoke and a list of stop smoking resources are provided;
 - Providing follow-up support after patient discharge, including a phone call six months later to see if the patient has continued to quit smoking.
- To date, 10 patients have taken part in the Smoking Cessation Program at CPDMH. The hospital has also begun offering information sessions to smokers who are members of the hospital staff and currently there are three individuals hoping to kick the habit.

“With the new smoking legislation that was introduced at the end on May, I think the implementation of this program will have a very positive impact in helping our patients be more comfortable during their hospital stay,” stated Lorraine Waddell.

The Importance of Triage

Any patient that has visited the emergency department of CPDMH has been 'triaged.' Triage is a brief clinical assessment, performed by a registered nurse, that determines the time and sequence in which patients should be seen by the physician in an emergency. The assessment involves a brief physical evaluation of the patient which includes a history of the illness and/or injury and a measurement of vital signs. With over 21,600 visits to CPDMH's emergency department in 2005/06, triage is essential to ensure prompt identification of patients with high-risk conditions as well as the efficient operation of the emergency department.

"Triage has been put in place to ensure that patients are treated in order of their clinical urgency, and that treatment is received in a timely manner," stated Mona Williams, Nurse Manager of the Emergency Department. "I know it can be frustrating to wait to see a physician when a patient is sick; however, the waiting may be because the ambulance has arrived with a patient who has a life-threatening condition, needing immediate treatment."

The goal of triage is to see all patients within 10 minutes of arrival in order to:

- rapidly identify patients with urgent, life-threatening conditions;
- help determine the most appropriate treatment for patients;
- provide ongoing assessment of patients; and
- provide information to patients and families regarding services, expected care and waiting times.

"Triage has been put in place to ensure that patients are treated in order of their clinical urgency, and that treatment is received in a timely manner," stated nurse manager Mona Williams.

Through the assessment process, the patient is assigned acuity rating based on a 5-level triage scale called the Canadian Triage and Acuity Scale (CTAS). The following is a brief explanation of the five levels of the CTAS.

Resuscitation refers to conditions that are a threat to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions and may include illnesses such as cardiac arrest, trauma, shock, respiratory distress, or seizures. These patients are always seen immediately by the nurse and physician.

Emergent refers to conditions that are a potential threat to life, limb, or function, requiring rapid intervention or delegated acts and includes illnesses such as chest pain, allergic reaction, overdose and psychotic episodes.

Urgent refers to conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort or affecting ability to function at work or activities of daily living.

Less Urgent are conditions related to patient age, distress, or potential for deterioration or complications that would benefit from intervention or reassurance within one to two hours.

Non-Urgent are conditions that may be acute but non-urgent, as well as conditions which may be part of a chronic problem, with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system.

"We want to provide the best possible care to the community; however, sometimes there are events that are beyond our control preventing us from treating a patient as soon as we would like," continued Ms. Williams. "Through the triage system the triage nurse will continue to monitor all patients waiting for care to ensure that their condition does not deteriorate and that care is provided as soon as possible."



Andrea Monette, RN at CPDMH, performing the triage assessment with patient Jane McLaughlin.

Serve the Living – Honour the Departed

From January to May, 2006, the Carleton Place & District Memorial

Hospital Foundation received donations in memory of the individuals listed below.

Jean Barr	Marilyn Harvey	Jean Preston
Alfred Crook	Marjorie Hopkins	Cassie Richardson
Donna Dennie	Anne Marion	Margaret Sweeney
Evelyn Devlin	Elena Martola	Vivian Thompson
Margaret Drummond	Hannah A. McArton	Robert Tuttle
Catherine Duncan	Grant McNeely	Robert Wakerell
Patricia Forsyth	Willis Murphy	Allan Wallace
Art Gilbeau	George Nobes	Garry White
Mary Giles	Elizabeth O'Hara	Victor Williams
Ronald Guy	Colm O'Higgins	Alfred Willows
	Stanley Poynter	

We gratefully acknowledge this support. The Foundation is dedicated to raising funds for the Carleton Place & District Memorial Hospital to ensure the best possible health care is available to our community.

For further information regarding the Carleton Place & District Memorial Hospital Foundation or ways to give please contact:

Carleton Place & District Memorial Hospital Foundation

211 Lake Avenue East, Carleton Place, ON K7C 1J4

Tel: (613) 257-2200 ext 856 Fax: (613) 257-5197

E-mail: ctroy@carletonplacehosp.com

Website: www.carletonplacehospital.ca

Charitable Registration #86610 5398 RR001

Yes, I care about quality health care services in my community:

I would like to contribute: \$500 \$250 \$100 \$50 \$25 \$ _____

Enclosed is my cheque/money order (payable to Carleton Place & District Memorial Hospital Foundation)

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Address _____

Postal Code _____ Telephone _____

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Clip and mail to:

The Carleton Place & District Memorial Hospital Foundation
211 Lake Ave. East, Carleton Place, Ontario K7C 1J4

For information, call Chantelle Troy at 257-2200 ext. 856
fax: 257-5197 e-mail: ctroy@carletonplacehosp.com

All donations will be gratefully acknowledged and tax receipts will be issued.

I have included a gift to the Carleton Place & District Memorial Hospital in my will

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