

Building Health Care in PEC

PROJECT PARTNERS



Next step: completing master program for QHC hospitals

As reflected in the image below, the approval process for a new hospital has a number of phases. Each phase of the process can involve taking many steps to complete. While we remain at the first phase – Pre-Capital Submission– we continue to take steps forward and progress is being made.

We reported in the January newsletter that the Ministry of Health and Long Term Care (MOHLTC) requested a corporate master program before they will be able to provide approval of the Pre-Capital Submission.

According to QHC’s Capital Projects Director Bill Andrews, this is all a typical part of the approval process and work on the master program is well underway. “It outlines the 20-year plan for providing services at the four Quinte Health Care Hospitals including Prince Edward County Memorial Hospital,” Andrews explains. “Before going any further with the proposal process, the MOHLTC requires the program to provide context of how a new PECM Hospital would fit into the overall service delivery plan of the corporation.”

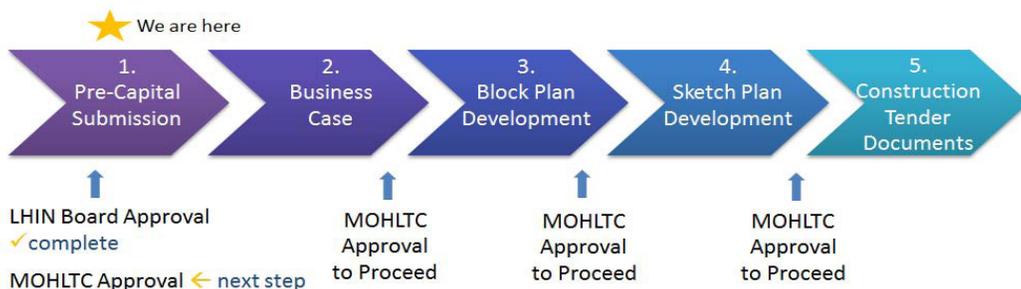
The plan includes information about the four QHC hospitals including services, patient volumes (current and projected future volumes), population

demographics and space requirements. Planning meetings with the program consultants and staff were held in January, February and into early March. Completion of the corporate master program is scheduled for June 2016.

The following is a summary of the process to date:

- January 2015: Submitted Pre-Capital Application
- April 2015: MOHLTC issued questions—with the responses provided by June
- November 2015: Teleconference with MOHLTC to discuss submission and requested additional information
- December 2015: Addendum issued to Pre-Capital Submission
- January 2016: MOHLTC issued additional questions
- February 2, 2016: Representatives from QHC, South East LHIN and consultants met with MOHLTC to discuss questions and provide responses. MOHLTC will formally review and reply to the responses.

Selection of an architect needed to work on the PECMH master plan as we prepare for the next phase of the process should be confirmed soon.



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Small Hospital Transformation Fund– Supporting improvement initiatives at QHC PECMH

QHC PECMH received additional funding dollars under the South East LHIN's Small and Rural Hospital Transformation Funding in 2015/16. The funding supports projects that will improve access to patient care and enhance integration and collaboration between hospitals and community care partners.

The following are examples of how the \$255,000 has been used at QHC PECMH:

- ⇒ Upgrades and replacement of computer work stations and video conferencing equipment to ensure important connectivity to all QHC hospitals and other health care providers.
- ⇒ Picture Archiving and Communication System (PACS) for the Inpatient Unit to make diagnostic images accessible to care providers.
- ⇒ Technological improvements to support our cardiac monitors so vital signs are uploaded into an electronic system. This is important for patient safety and continuity of care, particularly when a patient is transferred.
- ⇒ Upgrades to the patient call bell system on the inpatient unit enhancing patient & staff safety.
- ⇒ Education for nurses and physicians on a variety of topics including code blue, Geriatric Resource Nurse education, critical care, trauma course for ER nurses and advanced cardiac care course for inpatient nurses.

Our focus on senior friendly care continues: QHC PECMH nursing staff completing NICHE Training

Acute Care for the Elderly (ACE) is a philosophy of care QHC is adopting across the organization. With the new ACE/ALC unit at BGH and designated ACE beds at PECM (8 of our 12 beds), a more focused approach will be applied to this patient population.

This isn't to say staff aren't already providing exceptional care, we know they do! In adopting the ACE philosophy it is our hope to see 80% of patients who meet the ACE criteria be at their pre-illness mobilization state or better prior to discharge to their home/retirement home. Mobilization isn't just about therapies working with our patients, this is about everyone providing care to the ACE patient population. Some of the daily mobility goals include patients being up and dressed if able, having meals up in chairs, nutrition and pain management.

We've completed an environmental scan and know PECMH is very senior friendly with non-gloss flooring,

appropriate lighting and the placement of handrails. Even the choice of wall colour paint supports a senior friendly environment. Other senior-friendly improvements include: purchasing high back chairs for patients to use in rooms; the use of white boards in the patient rooms as an additional means to communicate to patients and families; the use of fold away tables in the sunroom should a patient wish to have a cup of tea or visit during mealtime with their family.

In support of staff education regarding the senior patient population we are offering *Geriatric Resource Nurse* training online education- a 20 hour course available for our nursing staff through the NICHE Educational Resources (Nurses Improving Care for HealthSystem Elders) to which QHC has received recent designation.

-Submitted by Lisa Mowbray, QHC
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