

# Baycrest Matters

A bi-weekly update for Baycrest staff, families and clients

DECEMBER 10, 2008 VOLUME 4, NO. 25

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Baycrest Matters is published 26 times a year.

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Baycrest is fully affiliated with the University of Toronto.

## Working towards full Accreditation



**H**ard work, lots of planning and great collaboration among staff are helping Baycrest fulfill the recommended organizational practices (ROPs) needed for full accreditation from Accreditation Canada (AC) in February 2009.

In June, Baycrest received an overall good forecast report – meeting 935 of 979 criteria, (16 criteria were non-applicable). Teams are now beginning to implement their plans both at the organizational and individual program levels.

“Safety and quality are important aspects in health care delivery. Accreditation is giving us great incentive to move this agenda forward,” says **Dr. Maria Huijbregts**, director, Quality Risk & Patient Safety, and the lead on Accreditation. “There is a great energy across the organization – many action plans are close to being implemented, staff are proud of their work and demonstrate great initiative and ideas for quality improvement.”

While several programs needed to work on key criteria, Baycrest was given five areas that required a centre wide approach:

- Falls prevention strategy to minimize impact of client falls and reduce incidence:

Falls are the leading cause for injury admissions to Ontario acute care hospitals. A fall can often lead to serious emotional and physical consequences, especially for the older adult. As we strive to create a culture of safety, all staff at Baycrest have a role in falls best practice for our clients and residents.

A falls best practice pilot project launches in December, focusing on teams of unit/program directors, and representatives from registered nursing staff and allied health from 6 West and 4 West (Baycrest Hospital), Apotex 5, Terraces of Baycrest, Diagnostic Imaging and the Ambulatory Clinics. Training and education provided in December will include falls best practices, implementation strategies and evaluation tools focused on measurable targeted outcomes. Implementation will start in January. The goal of this pilot is to demonstrate a sustainable falls best practice standard of care and to inform how this is rolled out to the rest of the organization in a way that supports a

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**Baycrest**

Enriching Care  
Enhancing Knowledge  
Enlightening Minds

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consistent approach to falls management throughout the organization well beyond Accreditation.

- **Identifying and monitoring processes and outcomes of organizational performance:**

Decision Support has worked extensively with teams across the organization on a business intelligence system that will allow us to more effectively use the data we already collect. The work also includes selecting the most relevant process and outcome indicators for the Dashboard, our internal and external reporting system posted on our website. Human Resources has also standardized and enhanced the staff performance appraisal process.

- **Infection prevention and control (IPAC) enhancing reporting of infection rates:**

Baycrest tracks infection rates, identifies clusters, outbreaks, and trends over time, and shares this information throughout the organization, but needs to better communicate this. IPAC has implemented a communication schedule for units and programs at Baycrest Hospital and the Apotex Centre, Jewish Home for the Aged, with updates to care teams on the incidence and prevalence of healthcare associated infections per area. This information is e-mailed to the leadership team once a month and rates are posted on the units/programs for care providers to review, and use for improvement.

In addition, IPAC quarterly reports on healthcare associated infections are communicated to the Infection Control Committee, Quality & Safety Coordinating Committee, Medical Advisory Committee and Executive Team. As well, this information is posted quarterly on the Dashboard. We post Baycrest's *C. difficile* rates on the Family Information page at [www.baycrest.org](http://www.baycrest.org) at the end of every month. In future months, we will add other hospital acquired infection rates, including VRE and MRSA.

- **Medication reconciliation at assessment, referral, transfer and discharge:**

Medication reconciliation is the process of comparing a patient's medication orders to all of the medications that the patient has been or currently taking. This helps to avoid medication errors such as omissions, duplications, dosing errors and drug interactions. A number of systems are in place to improve drug prescribing and ensure accurate dispensing and administration of medications. This includes the development of a process to obtain a complete and accurate list of each patients' current home medications - including name, dosage, frequency and route - comparing the physician's admission, transfer, and/or discharge orders to that list. The goal is to have no unintended discrepancies in medication.

Discrepancies are reviewed and if appropriate, changes are made and documented. AC requires full implementation of this process on one unit and the development of a plan for implementation of

medication reconciliation, including timelines across all service areas. The 3 West team was chosen for the pilot project and will receive full training in January.

- **Client and family education about patient safety:**

Everyone, regardless of specific role, is responsible for patient, family, staff and environmental safety. Clients, families and private companions need to be aware, informed and compliant with Baycrest policies on patient safety. They also need to know how to report potential risk events.

Quality, Risk Management & Patient Safety and Public Affairs are working with clinical teams to identify what safety issues need to be communicated to clients and families and how to best ensure they learn about safety and quality.

For more information about the accreditation process contact Dr. Maria Huijbregts at [mhuijbregts@baycrest.org](mailto:mhuijbregts@baycrest.org) or call ext. 2677. [BM](#)

# New Committee structure leads to effective decision making

When Baycrest shifted to its program management model earlier this year, key elements of the organization needed to be remodeled to mirror the new direction. When an internal audit revealed over 100 committees and ad-hoc task groups in existence, with the many of the same staff members at the table, it was clear that the formation and operation of these groups needed to be reviewed.

Shortly after Baycrest's new organizational approach was unveiled, a task group came together, meeting six times over a three-month period, to redevelop the committee structure. The group was chaired by **Joni Kent**, vice president, Human Resources and Organizational Effectiveness; and included:

- **Dr. Bill Reichman**, Baycrest president and CEO;
- **Bianca Stern**, director, Culture and Heritage;
- **Conrado Miranda**, manager, Informatics, Health Records and Client Registration;
- **Donna Gates**, director, Food Services;
- **Gauri Junnarkar**, director, Strategic Planning;
- **Jean Lazarus**, director, Research Operations,

- **Pat Howard**, director, Organizational Effectiveness;
- **Mary McDiarmid**, manager, Staff Library;
- **Steve Wong**, senior physiotherapist and professional practice leader, Physiotherapy;
- **Dr. Maria Huijbregts**, director, Quality, Risk and Patient Safety;
- **Lora Tachjian**, manager, Medical Services; and
- **Dr. Terumi Izukawa**, medical director, Community and Ambulatory Programs and medical director, Baycrest Hospital.

"Baycrest needed to take an inventory of all existing committees, review what was being done by those committees, and reorganize them to ensure that we put in place the most effective and efficient structures to support the organization. The goals of the committee restructure were to enable clear lines of accountability and decision making and support the integration of program management, while avoiding duplication of committees," explains Joni. Baycrest also worked with Deloitte, a leading professional services firm, to provide input into the committee restructure and provide best practice recommendations.

The task group looked at how committees were supporting Baycrest as a whole, including councils and forums. Although some committees remained intact, such as the Medical Advisory Committee, Infection Prevention and Control Committee, and the Joint Occupational Health and Safety Committee, the new committee structure was designed to reflect the program management structure.

Under the Executive team, a Leadership Steering Committee was created and is chaired by **Dr. Bill Reichman**, and five steering committees were formed, reporting in to the Leadership Steering Committee:

- The Medical Advisory Committee, chaired by **Dr. David Conn** and **Dr. Aidlee Craft**;
- The Quality, Safety and Wellness Steering Committee, chaired by **Dr. Joy Richards** and **Dr. Maria Huijbregts**;
- The Academic Steering Committee, chaired by **Dr. Donald Stuss** and **Dr. David Conn**;
- The Collaborative Practice Steering Committee, chaired by **Dr. Joy Richards**; and
- The Operation Steering Committee, chaired by **Vic Lambert**.

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## New Committee structure...continued from page 3

Under each steering committee is a group of committees reporting under key areas of focus (to view the new Committee Structure Chart please go to: <http://intranet/BaycrestWork/committees/>).

"These committees were formed to replace existing ad-hoc groups/committees to address issues in a more formal, structured manner with clear accountabilities to the Steering Committees and Executive Team. We heard from many staff members that they needed effective channels of committee communication to get operational issues, processes, policies, procedures and many other items addressed," Joni explains. "This new configuration will create a more effective flow of information across the organization and provide a better framework for productive meetings."

Another goal of the new committee structure is to make better use of agendas, which have been standardized, along with meeting minutes and terminology, across Baycrest, so that all information is consistent, easier to communicate and to review. Committee minutes will be posted on the intranet in the near future and will focus on decisions and actions.

Another key objective is to ensure we bring the right staff representation to the various committees, with the appropriate skill set. Some committees will include client/family representation as well. As a result, we want to ensure that whatever the committees set to accomplish will enhance the quality of care at Baycrest.

BM

## Here are some guiding principles of the new committee structure:

- The scope of each committee's mandate must be clear and distinct from other committees.
- Accountability and authority of the committee and decision making must be clear within the committee structure, including scope, approvals and consultation requirements with and from other committees.
- New committees will only be created within the committee hierarchy that is established through this process.
- Clients, family or other representation on committees as appropriate to ensure key stakeholders are engaged in discussion and decisions.

## Checkmate!

Apotex 3 resident Mr. Jacob Katz, shows social worker **Lauren Colla** how to play chess, a game he has enjoyed since his father taught him when he was only five years old. With the help of recreation therapist **Cindy Kaiser**, Mr. Katz was instrumental in organizing the Esther Katz Memorial Chess Tournament (in memory of his late mother) and finished in second place. The other participants included Meyer Stein (first place), Guy Troendlin (third place) and Jim Roe (fourth place), all from the Terraces of Baycrest. Mr. Katz hopes the tournament will become an annual event, and his uncle is donating a trophy to the tournament.



# Communication Star Award given to nursing staff



**W**hen a patient is in hospital, it can be a stressful and anxious time for them and their family members. Just as we would want to know who to speak to if we have questions and concerns, so do our patients and families. Communication is an important part of caring for our clients and families and was identified as a priority issue during this year's Accreditation process. Two months ago, nurses and personal support workers at Baycrest Hospital started writing their names on white boards in all patient rooms and nursing stations to increase communication and to build relationships with clients and families.

The Communication Star Awards were established to recognize staff when they achieve a compliance rate (of writing their names on the whiteboards) of 99 percent, always making sure to write their names on the board. On some units, the nursing staff wrote their names on the white boards 100 percent of the time.

Congratulations to units 3 East, 4 East (who received the award twice), 5 West and 7 West who were all presented with the Communication Stars Award. 5 East was the first unit to receive the award in September. **BM**



7 West



4 West



3 East



5 West



4 East

# Professional practice leaders support collaborative practice

**S**ince the shift to program management, Baycrest has made a significant investment in supporting the way different professions work with one another. One initiative is the introduction of professional practice leaders. This places Baycrest on the leading edge in its commitment to professional practice and the development of its staff members across the organization.

Reporting to **Dr. Joy Richards**, vice president, Collaborative Practice and Quality, the professional practice leaders are responsible for setting direction for clinical practice, and helping to define the discipline's clinical and academic vision in collaboration with program leaders. The professional practice leaders will identify, pilot, evaluate, implement, and sustain best practices in collaboration with quality, both within their specific disciplines and interprofessionally. They will also contribute to the corporate dashboard, and the corporate vision. Baycrest is very pleased to announce the following appointments of professional practice leader:

## **Manager/PPL Nursing: Penelope Minor**

Over the past several years, Penelope has been responsible for managing Apotex 2 and 3. This new Manager/PPL Nursing position will be responsible for not only Professional Practice leadership for nursing, but also for overseeing the Geriatric Internship Program, all Baycrest Nursing Awards, our Nursing Practice Network, among other important initiatives.

## **PPL Laboratory Technology: Sharon Bernat**

Sharon is a laboratory technologist in our on-site Baycrest lab, and has been

a strong advocate for point-of-care testing, supporting professional practice within her department informally, and has taken the lead on many important projects in collaboration with nursing and medicine.

## **PPL Physiotherapy: Steve Wong**

Steve, a senior physiotherapist in Complex Continuing Care, has long been a strong advocate for client-centred care and is closely connected with the University of Toronto and has worked closely with physiotherapy students on placements at Baycrest. He has also done a lot of work on critical pathways and systems performance and with MDS and quality indicators for the past number of years.

## **PPL Speech Language Pathology: Bonnie Bereskin**

Bonnie brings a wealth of experience to the table from Baycrest, other organizations as well as her own private practice. Bonnie's current position in the geriatric day hospital has led the educational components of the Parkinson's self-management program. Bonnie was also a strong member of the Baycrest values development team and is deeply passionate about providing evidence-based best practices in a client-centred way to our clients.

## **PPL Social Work: Ruth Goodman**

As a senior social worker, Ruth has greatly contributed to enriching the lived experiences of clients and their families in the Apotex. Along with being an expert practitioner, Ruth also has a strong commitment to Baycrest's academic and research agendas.

## **PPL Occupational Therapy: Sharon Faibish**

As senior occupational therapist, Sharon has played a role in mentoring both occupational therapy students and staff, and has provided support to the clinical practice, including the implementation of functional cognitive assessment tools, the review and integration of best practices in caring for clients with dementia, and particularly the use of cognitive training strategies to enhance learning with this population.

## **PPL Audiology: Marilyn Reed**

Marilyn is an expert in her field, bringing to this new role over 30 years of clinical experience in the field of geriatric audiology. Marilyn demonstrates clearly that the professional practice component of this important discipline not only plays a major role in optimizing quality of life for our older clients and residents and supports proper diagnosis and care planning of both inpatients and community clients alike.

## **PPL Therapeutic Recreation: Joan Johnston**

New to Baycrest, Joan brings a wealth of therapeutic recreation and management experience to this role. She is a national and international expert in therapeutic recreation and is well connected with key TR provincial university programs. Joan will play a key role in supporting the Department of Culture & Heritage team, as these two teams work in tandem to support the quality of life of our clients and residents. **BM**

# Students impacted by interprofessional collaboration

**O**ver the past ten years, interprofessional education has been part of the mandate of the University of Toronto Health Sciences and Social Work faculties and has occurred both on campus and in affiliated hospitals, including Baycrest. The newly established Office of Interprofessional Education at the University of Toronto plans to embed interprofessional education into the curriculum of 10 disciplines, including the faculties of Nursing, Medicine, Social Work, Occupational Therapy, Physiotherapy, Speech-Language Pathologist, Dentistry and Pharmacy by June 2009.

Baycrest has already followed the University of Toronto's lead. Student coordinators for Social Work **Heather Lisner-Kerbel**, Occupational Therapy **Sharon Faibish** and Physiotherapy **Myrna Benderoff** have created weekly student lunch and learn sessions to bring students from different disciplines together. The focus of the sessions is to learn about each others roles and to learn how health care professionals can work collaboratively.

Interprofessional education (IPE) is defined as "occasions when two or more professions learn from and about each other to improve collaboration and the quality of care." Teamwork in health care is often referred to as interprofessional practice, which results in collaborative, comprehensive care. The goal of IEP is to prepare health professional students with the knowledge, skills and attitudes



Different disciplines come together at the weekly student lunch and learn sessions. From left to right: **Myrna Benderoff**, physiotherapist; **Sharon Faibish**, senior occupational therapist; **Heather Lisner-Kerbel**, social worker; students Amber Yantzi, Allison Kilbourn, Greg Mann and Alla Yakerson.

necessary for collaborative interprofessional practice.

Students present cases from their respective practices at the lunch and learn sessions. With facilitation by student coordinators, the students discuss the cases and exchange ideas on approaches to client care from the perspective of their disciplines. Learning from each other, students gain insight about interprofessional roles.

To date, the disciplines of nursing, social work, occupational therapy and physiotherapy have been represented by student participants. The group invites all health professional students who are currently enrolled in a preceptorship or fieldwork placement at Baycrest to attend.

Currently **Penelope Minor**, Professional Practice Leader:

Nursing, is the IEP lead in collaboration with Toronto Rehabilitation Institute and the Office of Interprofessional Education at the University of Toronto. This position will develop the formalized interprofessional student placements at Baycrest and will connect these students to a Baycrest team/service as an adjunct to their usual placement.

The lunch and learn sessions will continue to provide interprofessional opportunities for students across different services.

Please contact **Sharon Faibish** at ext. 2084 for more information. **BM**

## Reducing energy, saving the planet and cutting costs



**O**rganizations across the world are focused on becoming greener but to save the planet and reduce inefficiencies which translate into cost savings. In keeping with this trend, Baycrest has implemented many energy-saving strategies which have resulted in a 15-20 percent reduction in energy (gas, electricity and water) use across the centre. However, there are even more initiatives that all of us can do to help Baycrest become even more energy efficient and environmentally friendly.

Some of our centre-wide initiatives include:

- replacing lights with more efficient retro-fit types,
- shutting down the lights in most of the public areas at an early evening hour
- turning off ventilation in non-client areas after 5:00 p.m.

- On Saturdays, one Sabbath elevator instead of two will operate at the Apotex and Baycrest Hospital.

Baycrest also extracts heat from some of the heat-generating equipment in the boiler room to preheat the cold water supply that goes into water heaters. By starting with water that is at a higher temperature, it takes less energy to heat it up. Recently, the Brain Health Complex has been entirely re-caulked and sealed to reduce air leaks.

### How you can help

Two small steps to saving energy are simply remembering to turn off the lights if you leave your work area for more than 30 minutes, and shutting down your computer at the end of the day. Although these tasks may seem insignificant, it's important to consider the thousands of lights and the 800 computers across Baycrest.

According to **Neil Shepherd**, director, Physical Plant, "it's like your money slipping out of your bank account, a few dollars at a time. All the little wastes add up to big costs." Neil points out that even appliances in work areas like small refrigerators and coffee makers can also use a great deal of energy if they are not running efficiently. "We suggest turning off clinical equipment as well, if it does not need to be on all day and if it is easy to turn it on when it is needed," he adds.

Neil and **Robert Marcinkiewicz**, manager, Physical Plant, will be doing routine night-time walk-about to scout out even more ways to save energy and associated costs. "We are also available for energy audits for individual departments." Neil adds. "We can observe what is going on in your work area and help to identify what you can do to save energy." **BM**

## Marking Milestones Celebrating Baycrest's 90th Anniversary

**90<sup>th</sup>**  
ANNIVERSARY

In honour of Baycrest's 90th anniversary, Baycrest Matters is introducing a new contest. Check out some of the ground-breaking milestones on-line, on the LCD screens at the Khedive and Apotex entrance

or in the latest issue of the Bulletin. Each issue, Baycrest Matters will ask a question related to these milestones. Submit your answers to **Joan Mortimer** at [mortimerj@baycrest.org](mailto:mortimerj@baycrest.org)

or call her at ext. 2952 to win a prize.

If there is more than one correct answer then a name will be drawn for the winner.

**The Terraces of Baycrest, a state of the art assisted living residence designed exclusively for seniors, opens in:**  
a. 1966   b. 1976   c. 1986

**Here is last week's answer:** 1959 Baycrest's Day Care Services for Seniors welcomes its first participants. This program remains the largest of its kind in Canada.

Congratulations to **Cindy Tavener**, registered practical nurse, 7 East who wins a Baycrest travel mug for her correct guess.