

Baycrest Matters

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

JANUARY 26, 2011 – VOL. 7, NO. 2

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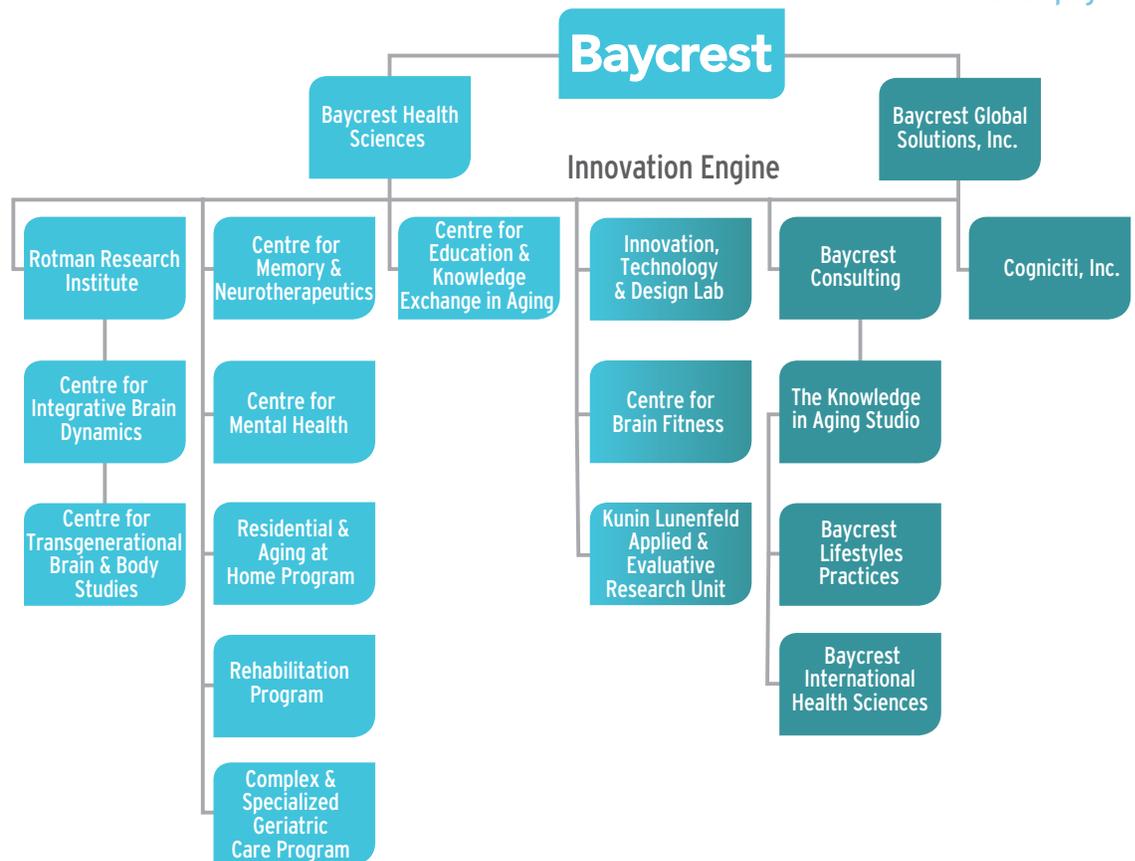
Baycrest: The Next Generation

Baycrest sets out on exciting new path of innovation and growth

From the start, Baycrest has always been a pioneer, identifying a need in the community and delivering solutions, building on a strong base of assets and capabilities along the way. “The dedication, hard work and

expertise of staff over the years are what have brought us to where we are today – an internationally-recognized academic health sciences centre,” says Dr. Bill Reichman, president and CEO.

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THE NEXT GENERATION OF BAYCREST

Baycrest

Enriching Care
Enhancing Knowledge
Enlightening Minds

Baycrest Matters is published every second Wednesday.
Send submissions to baycrestmatters@baycrest.org
or call 416-785-2500 ext. 2952.

Baycrest is fully affiliated with
the University of Toronto.

Baycrest: The Next Generation

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Baycrest is once again evolving to develop even greater strengths for the future. On January 25, the Next Generation of Baycrest was unveiled. The changes that were announced will help Baycrest achieve three important goals: ensure that we embody best clinical practices, and develop our field's next practices; increase the impact of our "know how" at Baycrest and beyond; and bring in new streams of revenue to help give us greater financial stability.

"We have a combination of assets found nowhere else – an internationally unique continuum of care dedicated entirely to aging, a world-renowned research institute focused on aging and brain health, and an extensive clinical training program in geriatric care that is unsurpassed globally," says Reichman. "The Next Generation of Baycrest brings all this – our innovations, expertise and knowledge in aging and the brain – to the forefront."

Baycrest will be organized as Baycrest Health Sciences, our care, research and education delivery platform; the Innovation Engine, where ideas can be developed into new products and processes; and Baycrest Global Solutions, Inc., the commercialization engine.

Baycrest Health Sciences (BHS) will be composed of population-defined interdisciplinary programs and services focused on meeting the needs of an aging society through excellent, evidence-based care. Novel and transformative methods (that are also cost-effective) will be devised and delivered at the bedside to optimize physical and mental well-being. "This will have the biggest benefit for our patients and residents," says Dr. Paul Katz, vice-president, Medical Services and chief medical officer. "They're going to receive new types of cutting-edge care practices, and participate in new

innovations – things that will make their lives better, because in the end, it's about providing the best possible care at the bedside and enhancing the quality of life of our residents."

What this means for staff is that people will have the opportunity to apply their strengths and focus their efforts on what they do best. Karima Velji, vice-president, Clinical and Residential Programs and chief nursing executive, agrees: "Baycrest is an academic health sciences centre, and the promise we have made to the people that we serve – our patients and clients – is that the care they receive will be top notch. With the new structure,

“ This new model of integrated care, research and education that links patients, family caregivers, health-care workers, researchers and industry will help Baycrest drive innovation to the next level of excellence on a global scale. ”

programs are organized according to the needs of the population we serve, enabling us to take the quality of care to a level beyond. That means when a patient comes to Baycrest, they should know they will receive care that's based on the best possible research evidence, is most informed by science, and the interventions and the assessments that are given to our patients are like no other."

The Innovation Engine is where ideas can be developed and evaluated into new products and processes much like a research and development function. It will help take the ideas out of Baycrest Health Sciences (BHS) and get them to the stage where they can be marketed through Baycrest Global Solutions (BGS).

"To remain competitive and relevant, organizations need to change and innovate," says Reichman. "This new model of integrated care, research and education that links patients, family caregivers, health-care workers, researchers and industry will help Baycrest drive innovation to the next level of excellence on a global scale."

Baycrest Global Solutions, Inc. (BGS) is the commercialization engine that will market our innovative breakthrough technologies, systems, products and knowledge to governments, companies, professionals, students, consumers and other health-care systems around the globe.

As a health-care organization, we have been successful in securing government funding and fundraising revenues over the years and we will continue building those revenue streams; however, like other health-care organizations, Baycrest recognizes the need to find additional funding sources. “No stool is stable on only two legs. We need a third leg, and that will be through

commercialization of our intellectual property and know-how, which will generate revenue to funnel back into the organization,” says Reichman. “We’ll be able to tap into the richness of our staff’s expertise and share more broadly the innovations, the great ideas, and the creativity that we know are evident day in and day out at the bedside here at Baycrest.”

The implementation of Baycrest Health Sciences has begun and is scheduled to be completed by spring 2011. The Innovation Engine is expected to be fully operational by this time as well. Baycrest Global Solutions, Inc. is still in a nascent stage with development beginning in April.

What will Baycrest look like as of April 1?

The following new centres, programs and services of Baycrest Health Sciences (BHS) are patient population focused continuums that embed education and research as part of clinical care delivery:

Research

- **Rotman Research Institute:** this world-leading cognitive neuroscience institute is focused on advancing insights into the effects of aging on cognition, mechanisms of neural protection, injury and repair, and the potential of cognitive neurorehabilitation to maintain and restore function.

Within the Rotman, two new research centres will be developed:

- **Centre for Integrative Brain Dynamics:** leading the development of the world’s first integrated computer model of a fully functioning human brain, a virtual brain.
- **Centre for Transgenerational Brain & Body Studies:** home to a new and innovative approach to understanding human brain growth and development through the emerging field of population neuroscience.

Care

- **Centre for Memory & Neurotherapeutics:** the research, clinical and educational programs provide new insights to identify the next generation of assessment techniques and therapeutic modalities for maintaining healthy memory and other cognitive functions for an aging population.

- **Centre for Mental Health:** investigating the causes and effects of mood disorders such as depression in older adults and developing and applying new prevention and treatment techniques, as well as generating new and improved preventative and therapeutic interventions to optimize the mental health and emotional well-being of seniors residing in the community and in institutionalized care settings, such as nursing homes.

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What will Baycrest look like as of April 1?

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- **Residential & Aging at Home Program:** includes a wide array of innovative residential and community-based services that serve as models of care that enable seniors to successfully age at home.
- **Rehabilitation Program:** provides a goal-oriented, client-centred rehabilitation and wellness approach focused on improving physiological, physical and cognitive health, while supporting psychosocial needs.
- **Complex & Specialized Geriatric Care Program:** the hub for developing and delivering new models of highly integrated, interprofessional, collaborative and specialized geriatric care that can be replicated by private and public health systems around the world.

Education

- **Centre for Education & Knowledge Exchange in Aging:** integrates and supports educational programs, promotes evaluation and a scholarly approach, and serves as a vital bridge to translate knowledge from research to the point of care.

The Innovation Engine links BHS and BGS together, and is made up of:

- **Innovation, Technology & Design Lab:** a real-world and virtual laboratory where scientists, engineers, architects, designers and artists develop, inform and validate new products, technologies and processes that enable successful aging at home and improve the care environment within the institutional setting.
- **Centre for Brain Fitness:** acts as the major vehicle to link innovative ideas and prototypes to the appropriate commercial partner.
- **Kunin Lunenfeld Applied & Evaluative Research Unit (KLAERU):** consults with health-care providers, researchers, policy planners and others to evaluate the efficacy of new health-care interventions and the cost-effectiveness of new models of senior care delivery.

Baycrest Global Solutions, Inc. (BGS)

Baycrest Global Solutions, Inc. (BGS), the commercialization engine, will bring innovative ideas into the marketplace and generate new sources of revenue for the organization. Baycrest already has one spin-out company, Cogniciti, Inc., and will be assessing what other business lines it should develop in the next few months.

For more information about our future direction:

- visit the intranet where you will find Q-and-A's and video clips from the January 25 staff forum.
- attend your team meeting
- speak with your manager.

How stickers are helping the Rehabilitation Program manage falls



The Rehabilitation Program, located on 7 East and 3 West, is using a simple yet effective way to quickly convey a patient’s risk of falling – stickers.

A rehabilitation interprofessional workgroup, comprised of Angela Chan, program director, Rehabilitation, Laura Di Nicolantonio, physiotherapist, Lilibeth Jones-Lim, APN, Hyacinth Willis, RPN, and Julie Grossman, clinical manager, Slow Stream Rehabilitation Unit, came up with the idea of using colour-coded stickers on a patient’s communication board. The group is piloting the strategy on 7 East.

If you make your way there, you’ll notice a bulletin board by each patient’s bed. If there is a green sticker on the board, it means the patient

has no risk of falling; yellow means keep an eye on the patient; and red indicates that the patient has a high risk for falling and is a “frequent faller.” Corresponding stickers or tags are also placed on the patient’s wheelchair or walker and in the Kardex, the patient’s individualized nursing care plan.

Age is a falls risk factor, so Baycrest clients are vulnerable to falls simply due to our patient demographic. “3 West patients have a high risk of falling,” says Chan. “The patients tend to be older – the mean age is 82 – than those on other units

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Angela Chan (back) shows Adwoa Mainoo, RPN, 7 East, the green sticker on a patient’s communication board.



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and people are learning how to be independent here; they're learning how to walk.” As Chan explains, the target is to reduce falls and minimize serious injuries if a fall happens. They are doing this by implementing the final phase of the falls best practices, Tier III, across the program.

During Tier III implementation, Lynda Dunal, from the Quality, Safety and Best Practice team, and the falls lead for the organization, met with the manager and falls best practice champions on each inpatient unit in the hospital and the Apotex to help them audit their team's falls management practice, set falls goals and implement action plans. When the Rehabilitation Program on 3 West conducted its first audit in September 2010, the compliance rate of doing falls risk assessments was 48.3 per cent. By educating staff and following through with its action plans, 3 West improved its rate to 92.9 per cent as of December 2010. The Rehabilitation team plans to introduce the patient communication boards and the sticker strategy – upon admission, assessing a client's risk of falling and then affixing the appropriate sticker on the patient's communication board – to 3 West in March.

See the impact of this best practice by reviewing the falls data reported on the operational dashboard on MyScore, accessible from the intranet home page. Clinical staff can also review the new MDS Scorecard from MyScore.

What you need to know about preventing falls

Falls Prevention is a required organizational practice (ROP) and Baycrest is “CARE-fall” about minimizing falls and falls risks. As employees of Baycrest, it is up to all of us to ensure that Baycrest is a safe environment. Begin by getting to know the universal fall precautions, found in the Falls Risk Management policy and in the Falls core curriculum training. Here are a couple of examples:

- Keep floor surfaces clean and dry, and clean up spills promptly.
- If someone has fallen in a public space, such as in the cafeteria or by the WA Café, stay with the person and ask someone else to call ext. 5555 to report a Medical Alert.

Clinical staff should also be aware of CARE-fall:

- C** creating a safe environment by adhering to the universal fall precautions
- A** assessing a resident's or client's risk of falling
- R** reducing the resident's or client's risk of falling with individualized care plans
- E** evaluating the effectiveness of falls interventions at the client and unit level
- Fall** knowing how to react after someone has fallen.

For more information, read the Falls Risk Management policy and procedure on the intranet. If you have a question or would like to order Baycrest's falls brochures to use as an education tool for your inpatient or community clients, send an email to accreditation@baycrest.org.

I N M E M O R I A M

Condolences to the family of Elinor Rowan, payroll manager at Baycrest from 1979 to 2001. She passed away on January 11 at the age of 69. She is survived by her husband Daniel, daughter Kelly Rowan, a Gemini-winning actress, three brothers and a granddaughter. An obituary was published in January 15's Globe and Mail.

Nursing student placements up by 35 per cent

Victoria Brown, newly graduated from the nursing program at the University of Western Ontario, had a degree under her belt, but little practical experience that prepared her to dive into a nursing career.

To get more hands-on experience, she participated in the New Graduate Guarantee Initiative, a government-funded program to have new graduates placed with preceptors, and spent mid-August to the end of November 2010 on a placement at Baycrest, under the preceptorship of Joan Cai, RN, 5 East. “It was great being paired one-on-one with an experienced nurse,” says Brown. “As a new grad, everything is new and unfamiliar, so doing a placement and having a mentor was a good way to ease into nursing.”

Cai, a registered nurse for almost 20 years, six at Baycrest, spent those three months supervising Brown on everything from how to do suction to vacuum dressings to IV therapy. “I try to help develop their skills so they can become more confident and comfortable in clinical settings, as well as how to become critical thinkers.”

There were 84 student placements at Baycrest in the January to April 2010 semester; this year, there will be 124 students, an increase of almost 35 per cent. “As an academic health sciences centre, increasing the number of student placements and enriching their experience is not only part of our mandate, but aligns with our strategic areas of focus. We want to motivate the next generation of caregivers and to ignite students’ passion for gerontological care,” says Anne Marie Shin, director of Nursing. “It’s a very complex area, but Baycrest nurses are experts at what they do and can provide students with a rich and broad learning experience.”

To reach our goal of accepting 500 students per year (we currently have about 275), Baycrest is



▲ Victoria Brown (right), is shown how to use an ECG by her former preceptor, Joan Cai, RN, 5 East.

formalizing the nursing student program. Initiatives such as developing a nursing orientation handbook, providing training to our nurses to become preceptors, and designating a nursing student placement co-ordinator to liaise with students are all geared towards attracting more students and maximizing their experiences while at Baycrest. In addition, Academic Education is developing an overall education strategy, and Nursing has been working closely with the department to facilitate the nursing student experience.

“By enhancing the student experience, we are ensuring that we continue being a workplace destination of choice for the next generation,”

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says Shin. “By teaching staff how to become preceptors, we are increasing the capacity of our nurses. There is a professional development opportunity for them as they provide mentoring while preceptoring.”

Cai says she enjoys being a preceptor because “it’s a good opportunity to share my experience and knowledge. I want to help and encourage students to become skilled and knowledgeable nurses.” Her mentoring proved successful – Victoria Brown landed a job at Baycrest as a Resource Team RN shortly after her placement.

For more information, or if you’re interested in becoming a preceptor, contact Anne Marie Shin at ext. 2769.

You’re Invited!

Recognition and Rewards ceremony

Come out to the annual Recognition and Rewards ceremony on Thursday, January 27, from 2:30 to 4:30 p.m. in Wortsman Hall. Celebrate the successes and achievements of your colleagues and learn more about the new and enhanced Recognition and Rewards program at Baycrest. Refreshments will be served.

For more information, call Organizational Effectiveness at ext. 2362.



Wondering about a unit, departmental or corporate initiative? Have a question about a Baycrest Matters article?

Send your query to **You Asked Us** via baycrestmatters@baycrest.org or call ext. 2952 and we’ll do our best to track down the answer and publish it here for you.

In the event of a Code Red, is it ARC or REACT?

After receiving her new emergency code card on January 12, Anna Grinberg, nurse-clinician, noticed some changes in the priority of steps to be taken in case of fire. She asks: “From previous training, I understand that we first have to activate the fire alarm pull station and then proceed to rescue. Are there different steps associated with the new Code Red?”

Along with the new code changes are new response procedures. The Baycrest fire alarm system is now a two-stage system: audible alarms and fire door holders will activate in the building where the smoke or fire is detected.

Upon discovery of smoke or fire:

- R Remove all endangered persons.
- E Ensure windows and doors are closed.
- A Activate alarm pull station.
- C Call Communications, at ext. 5555, and give location and status of fire.
- T Try to fight the fire within your capabilities (do not use the fire hose).

For more information about emergency codes and response procedures, read the Emergency/Disaster Manual located in your unit or department, or on the intranet.