Lab Transition

What should I do if I collect the sample after the porter pick-up time?

The porter will pick up the morning samples between 0900-0930 hrs and between 1300-1330 hrs for the afternoon pickup.

If the samples are obtained after the porter pick up times, please do not page the porter. If possible, send the blood to the lab yourself or with a colleague who is available.

Can I send after-hours blood / body fluid samples for patient with known blood-borne infectious status (Hepatitis B, Hepatitis C, HIV ...etc.)?

Clients who are known to be positive for HIV, Hepatitis B & C and other Infectious diseases covered by the Transportation of Dangerous Goods Guidelines ARE NOT eligible to have samples sent out “After Hours”. It is a federal requirement that the samples MUST be sent by a Certified Shipper (Laboratory staff).

If there is a request “After Hours”, the client must be sent out to an acute care facility to have the tests completed.

How to make sure that the amount of the blood in the Citrate tube (blue-top) is enough to run the INR test?

When using a butterfly needle to collect your sample, please use a waste sample tube before filling your sample collection tubes. This will help get rid of the air in the butterfly tubing, extra air in the tubing can cause the sample collection tubes to not fill to the appropriate level of blood.

Visually make sure that the blood level in the sample collection tube reaches the indicated fill line.
Q: What do I do if my barcode ID for the glucometers is locked out and I cannot access the glucometers?

A: For quality assurance purposes, all users for the glucometer are required to complete at least **ONE set of quality control test and ONE client test every 6 months** to remain active in the system. This is to ensure all users of the glucometer are using their skills/device enough to maintain competency.

If these requirements are not met, the user ID will be locked out. User access is monitored by Mount Sinai Hospital’s point of care team (MSH POCT) and reminder emails are sent out to all users and the respective managers when a user ID is near expiry.

To reactivate your barcode ID, please complete the following:

1. Go on the Intranet to complete the online E-learning module for point of care devices (glucometers).

   This can be accessed through our Intranet site:

   ![Intranet](image)

   TOOLS ➔ NURSING LAB MANUALS ➔ TRAINING MATERIALS ➔ GLUCOSE POINT OF CARE E-LEARNING MODULE

2. Access and complete the E-learning module and test. Print out the certification if possible.

3. Contact Karen Ho (APN) at extension 6275 or kho2@baycrest.org to arrange for a time to complete the hands on portion of the reactivation process

   ♦ The hands on portion of the process involve an accurate demonstration of a set of quality control test and one mock client test.

4. The user ID will then be forwarded to the MSH POCT for re activation, the turnaround time for re activation is approximately 24-48 hrs (Mon-Fri, during regular business hours)

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**Do you have a question for the APN Team that you would like answered in the next edition of Nursing Matters? Please email the editors at kho2@baycrest.org or lsocket@baycrest.org.**
Lab Reminder: Order of Draw

BD Vacutainer® Order of Draw for Multiple Tube Collections

<table>
<thead>
<tr>
<th>Closure Color</th>
<th>Collection Tube</th>
<th>Mix by Inverting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Blood Cultures - SPS</td>
<td>8 to 10 times</td>
</tr>
<tr>
<td></td>
<td>Citrate Tube*</td>
<td>3 to 4 times</td>
</tr>
<tr>
<td></td>
<td>BD Vacutainer® SST® Gel Separator Tube</td>
<td>5 times</td>
</tr>
<tr>
<td></td>
<td>Serum Tube (glass or plastic)</td>
<td>5 times (plastic) none (glass)</td>
</tr>
<tr>
<td></td>
<td>BD Vacutainer® Rapid Serum Tube (RST)</td>
<td>5 to 6 times</td>
</tr>
<tr>
<td></td>
<td>BD Vacutainer® PST® Gel Separator Tube With Heparin</td>
<td>8 to 10 times</td>
</tr>
<tr>
<td></td>
<td>Heparin Tube</td>
<td>8 to 10 times</td>
</tr>
<tr>
<td></td>
<td>EDTA Tube</td>
<td>8 to 10 times</td>
</tr>
<tr>
<td></td>
<td>BD Vacutainer® PPT® Separator Tube K₂EDTA with Gel</td>
<td>8 to 10 times</td>
</tr>
<tr>
<td></td>
<td>Fluoride (glucose) Tube</td>
<td>8 to 10 times</td>
</tr>
</tbody>
</table>

Note: Always follow your facility's protocol for order of draw

Handle all biological samples and blood collection "sharps" (syringes, needles, lab adapters and blood collection sets) according to the policies and procedures of your facility. Obtain appropriate medical attention in the event of any exposure to biological samples (for example, through a puncture injury) since they may transmit viral hepatitis, HIV (AIDS), or other infectious diseases. Utilize any built-in needle protector if the blood collection device provides one. BD does not recommend reusing used needles, but the policies and procedures of your facility may differ and must always be followed. Discard any blood collection "sharps" in biohazard containers approved for their disposal.

BD Technical Services
1.800.631.0174
BD Customer Service
1.888.237.2762
www.bd.com/vacutainer

* When using a winged blood collection set for venipuncture and a coagulation (citrate) tube is the first specimen tube to be drawn, a discard tube should be drawn first. The discard tube must be used to fill the blood collection set tubing's "dead space" with blood but the discard tube does not need to be completely filled. This important step will ensure proper blood-to-additive ratio. The discard tube should be a nonadditive or coagulation tube.

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Nursing is Caring

By Veron Vassell-Brock, RPN 5E and Harry Lagman, RN 5W

The Baycrest Hospital is a facility that provides the opportunity to work with a wide array of medical personnel. With this comes a solid multidisciplinary team that come together to facilitate the best way possible to facilitate optimal health for our patients. We have had the opportunity to work with some amazing nurses throughout the facility.

When the topic ‘Nursing is Caring’ came across to my coworker and I, we both jumped at the idea. We went around our unit to get an overall consensus of other nurses’ view on the topic. Largely, they agree that we are not just nurses for our patients but that our nursing cup often has to overflow to the family members since they play a big part in the overall health and well-being of each patient we care for. Nurses are associated with caring because we endeavor to give support, create a comfortable environment, and help the patient to recover the best way we know how.

Individually we all have different experiences that we can attest to. No two days are ever the same. On average however, the routine is quite similar: report at the start of your shift followed by assessments, interventions, evaluation of interventions, call bells in between, and collaborating with patients, families, and the interprofessional team. Needless to say, it takes a special person to choose the nursing profession. Nursing is caring and caring requires patience at all times.

The need for nurses is as palpable as it can be. The supply of nurses has increased tremendously over the last few years. A strong immigration policy coupled with an overwhelming interest in the nursing sector has nurses routinely coming from abroad and locally. Financial restraints can make it difficult to meet the needs required to take care of our aging population. It is often said that a society’s future can be measured by how well they treat their elders. To better serve our aging society, it is imperative that resource allocation be strengthened in order to achieve effective results, especially since the population of residents seems to be getting younger and younger.
Status Board and Order Management

Project – Thank you Champions!

Status Board and Order Management are two functionalities that were recently launched at Baycrest. These functionalities constitute significant enhancements to our hospital information system (Meditech Magic).

One of the project’s goals was to provide training for all full-time staff and most of the part time and casual staff. This was achieved by the outstanding project champions.

Seven champions from the Hospital and Apotex received an intensive training on the functionalities; they provided their valuable feedback to expedite the use of the enhancement by the nurses, and they provided the training for the nurses.

The dedication, willingness and flexibility of the champions overcame all the challenges and they were able to train more than 300 nurses in the Hospital and Apotex in less than 8 weeks, an accomplishment that was highly appreciated and well received from the project management team.

The project champions are:

Marie Jane Lopez (RN – Apotex)
Marie Fe Apelin (RN – Apotex)
Alla Kozhukh (RPN – Apotex)
Lin Zhou (RN – Hospital)
Svitlana Pavlovych (RN – Hospital)
Olga Niman (RPN – Hospital)
Benjamin Ramirez Jimenez (RN – Hospital)

On behalf of the Baycrest Nursing management, we would like to congratulate our champions on their success and their achievement, and we would like to take this opportunity to let them know that their efforts are highly appreciated.
Wound Warrior Wisdom

Healthy Wound Healing & Nutrition

A Message from the BPSO Pressure Ulcer Working Group

Nutrition plays a crucial role in healthy wound healing and the maintenance of healthy skin. Malnutrition may significantly delay wound healing by prolonging the inflammatory phase and decreasing fibroblast proliferation and collagen synthesis. There is also an increased risk of infection, and a decrease in wound tensile strength associated with malnutrition.

What are the most important nutritional components for wound healing?

Energy
Adequate energy consumption is necessary for collagen synthesis, nitrogen retention and cell metabolism. Factors impacting energy requirements include weight, current nutritional status, size and number of wounds, and the stage(s) of the wound(s).

Protein
Protein is involved in proliferation of cells and collagen, and the formation of connective tissue. Protein requirements can increase quite significantly depending on the size and number of wounds, especially if there are large amounts of exudate from the wound.

Vitamin C
Vitamin C is necessary for fibroblast proliferation, collagen formation, and stimulation of neutrophils. Vitamin C deficiency has been associated with poor wound healing, increased incidence of dehiscence and wound infections.

Zinc
Zinc is essential for protein and collagen synthesis, and cell replication. Deficiency has been associated with delayed wound healing.

Hydration
Adequate hydration should not be overlooked when performing a nutrition assessment on a client with a decubitus ulcer. Fluid is necessary to maintain skin turgor and blood flow to wounded tissues.

Multivitamins and Minerals
If vitamin and mineral deficiencies are confirmed or suspected, it is recommended to provide the vitamin and/or mineral supplement to replenish the deficiencies.

When to Refer to a Registered Dietitian
At Baycrest, a referral to the Registered Dietitian (RD) should be made when a client has any skin integrity issues. Upon receiving the referral, the RD will:

- Identify if a client is malnourished, or at-risk for malnutrition
- Assess and provide recommendations to ensure adequate calories, protein and hydration to promote wound healing
- Consider the need for use of supplemental Nutrition, vitamins and/or minerals
- Monitor progress of wound healing
- Provide ongoing assessment and evaluation of the nutrition care plan and adjust it as required

Did you know? Any healthcare professional can refer a client to a Registered Dietitian!

Do you have questions about this article? Would you like to join the BPSO Pressure Ulcer Working Group?
Contact Lilibeth Jones-Lim at ljoneslim@baycrest.org or Alison Corcoran at acorcoran@baycrest.org

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A revised and updated version of the Falls Risk Management Policy is now available on intranet!

**WHAT’S NEW?**

Orthostatic hypotension is often an identified risk factor for falls in the elderly. It is important that this risk factor is consistently taken into consideration in our client population. The updated policy highlights the importance of assessing a client’s orthostatic blood pressure in relation to falls risk management.

It is recommended that an orthostatic blood pressure be completed on clients on:

- Admission, following each fall and at the discretion of the physician
  - Within 24 to 48 hours of admission for clients in the hospital
  - Within 7 days of admission for clients in the Apotex

The policy also provides information on how to complete an orthostatic blood pressure on clients based on their physical ability level.

Baycrest staff is always diligent regarding falls risk management and this policy continues to support best practice demonstrated by staff. It is important for staff to continue to complete:

- Falls risk assessment within 24 hrs of admission, following any sudden change of status, quarterly documentation, based on the clinical decision making and judgment of registered staff and or other interdisciplinary team members
- Individualized care plan to identify falls prevention strategies and to evaluate and update the strategies on a regular basis
- Falls risk logo to identify clients that are at high risk for falls when appropriate and to continue to re assess the use of the logos on a regular basis
- All assessments/documentation necessary for **post fall management** as per policy
  - **Assessment:** head to toe assessment, neurological assessment, orthostatic BP, vitals
  - **Documentation:** SERS, assessment findings, falls risk assessment, update care plan and falls prevention strategies if appropriate

Also, be on the lookout for new Meditech supports for the documentation of falls risk strategies, more to come soon!
Accreditation Update

The countdown is on and Accreditation is officially less than a year away. **Between June 8th and 11th 2015**, surveyors from Accreditation Canada will be onsite to assess Baycrest’s clinical and administrative practices against a set of national standards of excellence. Accreditation is neither an inspection nor a test but is a voluntary and independent process used by health care facilities to evaluate and improve the quality of care and services it delivers to patients/residents. Results from Accreditation help Baycrest to identify areas for improvement so that we can continue to provide the best possible care and experience for our clients.

There continues to be a lot of activity in preparation for the onsite survey next June and this will only continue over the next eleven months. Here is a quick snapshot of what has been happening:

The Accreditation site on the Baycrest Intranet is live (Under the “Safety” Tab). There you will find information regarding the standards, teams, Required Organizational Practices (ROPs) as well as useful resources about Accreditation.

All Accreditation teams have completed a review of their applicable standards by completing a “self-assessment” and are now working on developing action plans to address gaps and make ongoing improvements to practice. Because standards differ across Baycrest, ask your manager what standards relate to your clinical area, what improvements are being made and how you can get involved. For more information about the teams and/or standards, please visit the Intranet page.

The Baycrest Accreditation Launch will take place on **September 10th** from 1-3pm in the Winter Garden. All Baycrest staff are invited and encouraged to participate in the launch event. Stay tuned for the announcement!

Planning is underway for the **Patient Safety Culture Survey in October**. This short but critical survey provides valuable insight into staff perceptions of patient safety as well as an indication of areas of strength and areas for improvement.

Pivotal in the Accreditation process and to delivering the highest quality and safest care is our adherence to the 32 evidence-informed Required Organizational Practices (ROPs). An ROP is an essential practice that organizations must have in place to enhance patient/client safety and minimize risk. The majority of these ROPs are part of daily nursing practice and there is a great deal of work that continues to occur to ensure patients and residents receive safest care.

**Continued on next page ———>**
Here is a quick summary of seven ROPs, how they impact nursing practice and what Baycrest is doing to address the ROPs. Fact sheets for each of the ROPs are being developed and will be posted on the Accreditation page on the Intranet.

<table>
<thead>
<tr>
<th>What is the ROP</th>
<th>How does the ROP impact nursing practice?</th>
<th>What is Baycrest doing to address the practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse event disclosure</td>
<td>Disclosing critical incidents, when they occur, to the client/SDM is essential to ensuring open, honest and transparent communication and to supporting a just safety culture.</td>
<td>Baycrest has a policy for the Disclosure of Critical incidents. The policy includes support mechanisms for patients and healthcare providers at Baycrest.</td>
</tr>
<tr>
<td>Adverse event reporting</td>
<td>When an incident or near miss occurs, nursing staff are empowered to report into the Safety Event Reporting System (SERS). All reports are monitored and reviewed. Organizational learning and quality improvement initiatives are generated based on reporting and trends.</td>
<td>Baycrest has a “Client Safety Incident Management Framework” policy and a “Client/Visitor Safety Incident Reporting” policy. All safety events are reported into the Safety Event Reporting System (SERS) and are monitored on a daily basis.</td>
</tr>
<tr>
<td>Dangerous Abbreviations</td>
<td>Any documentation in the client’s electronic record whether it be in the progress notes, a medication order, an admission note or a transcription in the medication administration record must avoid the use of items on the “Do NOT Use” list. (Most of the correct abbreviations are defaulted in Meditech such as POM, OM and Pharmacy.)</td>
<td>The Baycrest has a “Do Not Use” Abbreviation List. The “Do Not Use” list is found on the intranet in the formulary and can be found on every nursing unit in the medication room. The “Do Not Use” list applies to all medication-related documentation whether handwritten or entered free text into a computer.</td>
</tr>
<tr>
<td>Two client identifiers</td>
<td>Nursing should be using at least two client identifiers every time before providing any service or procedure. Identifiers can include first and last name; date of birth; MRN number and can be verified using identification wristbands; client/resident photographs in the client chart or double witnessing.</td>
<td>Baycrest has a client identification policy to ensure that the correct client/resident is identified and the identified service or procedure is performed.</td>
</tr>
<tr>
<td>Pressure Ulcer Prevention</td>
<td>Within 24 hours of admission, a head-to-toe, pain, and pressure ulcer risk assessment using the Braden Scale are completed on each patient/resident and reassessed at regular intervals based on level of risk or change in patient/resident status. Suggested interventions based on the protocol are embedded in the Electronic Patient Record.</td>
<td>Baycrest has a policy for the “Prevention, Assessment, and Management of Pressure Ulcers” for all patients admitted into Baycrest as well as an organizational-wide documented protocol tp promote skin integrity. Ongoing education about the Braden Risk Assessment on admission is communicated in ongoing educational forums such as clinical Skills day, wound warriors, and presentations to Professional practice councils.</td>
</tr>
<tr>
<td>Falls prevention</td>
<td>Nursing plays a key role to complete the falls risk assessment on all clients (within 24 hours of admission; on a quarterly basis; and at any other frequency based on the clinical decision making and judgment of registered nursing staff and/or other interdisciplinary team members). Nursing staff is also responsible for taking the clients’ orthostatic blood pressure within 24 – 48 hours of admission (for clients in hospital) and following each fall, and at the discretion of the Physician. Residents in the Apotex will have an orthostatic blood pressure done within 7 days of admission, as per MOHLTC guidelines.</td>
<td>Baycrest has implemented a new Falls Risk Management policy which outlines the requirements for nursing to complete falls risk assessments, take the clients’ orthostatic blood pressure and work with the interdisciplinary team to develop an individualized plan for clients at risk for falls. Clients identified at high risk for falls may be identified with the Falls Risk logo based on clinical judgement of team.</td>
</tr>
</tbody>
</table>
Apixaban (Eliquis®) was added to formulary. It is an oral anticoagulant given 2.5 mg or 5 mg po q12h for stroke prevention in non-valvular atrial fibrillation. It can be given with or without food. It can be crushed. Nurses need to watch for signs/symptoms of bleeding just like warfarin.

High-Alert Medications Policy was updated as well as the High-Alert Medication List, attached to the policy on the intranet. Please review the drugs identified by Baycrest as being High-Alert such as the narcotics, anticoagulants, and insulin and ensure you are familiar with the strategies we use at Baycrest to minimize the risks.

Other policies updates to look for on the Baycrest Intranet include Nebulized Therapy, Phenytoin, and Digoxin Policies.

Diabetes Review - Pharmacy recently conducted an audit of the management of our clients with diabetes. The audit had six objectives with the first focusing on the frequency of point of care (POC) testing.

While frequent point of care (POC) blood glucose measurements are appropriate in clients on insulin, those demonstrating good control on diet or oral hypoglycemic agents alone often only need one POC test per week. If the POC readings rise (e.g. above 11), this would be a reason to notify the physician to reassess. The pharmacists will bring to the team those clients who appear to have an opportunity to spare the client of these extra pokes, potentially reducing workload by as much as 16%, while not compromising care.

Pharmacy Pick Up (Blue) and Drop Off (Red) Bins have been provided to all the hospital units. To minimize confusion and lost time looking for items, medications being dropped off are to be put in the red bin (unless fridge item) and only the nurse caring for the client is to remove them from this red bin.
Changes in TB Screening and Management

Due to difficulties in reading, and the unreliability of the TST skin test in persons 65 and older, Toronto Public Health has recommended changes to the screening process.

Recommended Admission Screening for TB will be as follows:

<table>
<thead>
<tr>
<th>Terraces, Apotex, Hospital CCC</th>
<th>Short Stay Units (3W, 4E, 4W, 6W, 7W)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A symptom review for active pulmonary disease completed by a physician or nurse practitioner; AND A chest x-ray (posterior-anterior and lateral) taken within 90 days prior to admission or within 14 days of admission to Baycrest to rule out active TB disease.</td>
<td>An assessment and symptom review to rule out active TB within 90 days prior to admission or within 14 days of admission.</td>
</tr>
<tr>
<td>In addition to the above, for residents &lt;65 years of age, with previous negative or unknown skin test results, a 2-step TST is recommended. If the TST is positive, treatment for latent TB infection should be considered. A TST is not recommended for residents with a previous positive TST.</td>
<td>If symptoms indicate potential active TB disease, a follow up chest x-ray and laboratory testing is required to rule out active TB.</td>
</tr>
<tr>
<td>If, prior to admission, signs and symptoms and/or chest x-ray (CXR) indicate potential active TB disease, the resident should not be admitted until three sputum samples taken at least eight hours apart are submitted to the Public Health Lab for testing (Acid Fast Bacilli and Culture).</td>
<td>If the resident is already at Baycrest and active TB is suspected, they should be moved to an negative pressure isolation room on airborne precautions until the screening is complete. IPAC and Toronto Public Health needs to be notified of suspected or confirmed cases.</td>
</tr>
<tr>
<td>If the resident is already at Baycrest and active TB is suspected, they should be moved to a negative pressure isolation room and placed on airborne precautions until the screening is complete. IPAC and Toronto Public Health needs to be notified of suspected or confirmed cases.</td>
<td>A TST is not recommended for any short term care admissions.</td>
</tr>
</tbody>
</table>

TB management requires accommodation in a negative pressure room. The negative pressure rooms on 3E are unavailable for ongoing care. Suspected or confirmed cases of TB should be referred to a designated TB treatment center.

IPAC staff will follow up to ensure staffs are aware of these changes. The changes will be reflected in the revised Baycrest TB Identification and Management Guideline located in the Policies Section on the Baycrest Intranet.
New Medical Directive

Acetylsalicylic Acid (ASA) as per Emergency Medical Services

What is it about?
This medical directive authorizes registered nurses to administer ASA as directed by EMS Dispatch to a client or to provide to a visitor or staff with a suspected MI. Emergency Medical Services has a non-traumatic chest pain protocol which provides direction for those calling 911 to administer ASA in the right circumstances.

Acetylsalicylic Acid (ASA) is a medication that is given orally, either whole or crushed. The dose provided will be 320 mg of ASA (four chewable tablets at 80mg each provided in Baycrest Formulary). Nursing staff may be required to administer ASA as per the protocol via a feeding tube for a client.

Who can follow the directive?
Any nurse attending to the client or visitor may initiate the call to 911 if the Communications Desk (ext. 5555) has not already done so. However, the most responsible registered nurse must take the call as soon as possible to answer the questions for the ASA protocol. The ASA must be administered to the client or given to the visitor by a registered nurse as per EMS Dispatch directions. This directive applies to nurses across the Baycrest campus, including the Hospital, Apotex, Terraces, Clinics, and Day Programs.

When should I NOT follow this directive?
Do not administer ASA to the client or provide to the visitor if there is any suspicion of hemorrhage or in the context of ASA allergy or if advised not to give this medication by EMS dispatch in the absence of immediate prescriber availability. Do not administer ASA if directed by a physician not to do so. This directive specifies the procedure in the absence of immediate prescriber support (if the physician is not on the unit with you).

Where do I document that I’ve followed the directive?
The administration of ASA must be recorded in the client’s chart and in the emergency record (no chart documentation for visitors, emergency record must be completed if ASA provided). This information must be given to EMS upon their arrival. A SERS must be completed to indicate the use of ASA under the direction of EMS dispatch.

Where will I find ASA?
Acetylsalicylic Acid (ASA) will be available on hospital units and Apotex floors in a specified location, in the nursing medical/code blue response bag, and in the terraces medical response cart for use under this directive. Details of this directive will be clearly posted with the location of the ASA.

How can I find out more?
Education is coming soon! Stay tuned for in-services.
Congratulations to Bibi Rahman and Frida Barak on successfully obtaining the Canadian Nurses Association (CNA) specialty certifications.

Bibi Rahman earned the CNA certification in Psychiatric Mental Health nursing, which means that Bibi has met a national standard of professional competence that demonstrates one’s broad understanding of the Psychiatric Mental Health nursing specialty.

Frida Barak maintained the CNA in Gerontology nursing, which means that Frida has met a national standard of professional competence that demonstrates expertise in the Gerontology nursing specialty.

Bibi and Frida, your commitment to lifelong learning and ensuring that our clients receive the best nursing care possible is an inspiration to us all and it is an honour to work alongside you.

New Baycrest Best Practice Spotlight Organization (BPSO®) resource page now online!!

You can now get all the Best Practice Spotlight Organization initiative resources you need on the intranet. The new BPSO® information page is located under the client care section of the intranet.

As we work to implement the best practice guidelines, find educational resources, clinical assessment tools and policies all in one convenient place.

Check it out at: http://intranet3/ClientCare/BestPracticeSpotlightOrganization.aspx
Upcoming Events For This Fall

BCLS Training/Retraining
Several sessions will be available for this fall. Please look for the announcements and book your session early!

Fire Extinguisher Training
More information will be announced soon!

Do You Know an Exceptional Nurse?

Send us their story and they may be featured in our next issue of the Nursing Matters!

For more information or to nominate a nurse or nursing team, please email the editors at kho2@baycrest.org or lsocket@baycrest.org