



## **Backgrounder**

**April 17, 2008**

### **Kingston's university hospitals exhibit at the 2008 Celebrating Innovations in Health Care Expo**

Working together, Kingston's hospitals provide a continuum of specialized health care in southeastern Ontario. Our teaching hospitals offer leading-edge clinical care, pioneering research and outstanding teaching opportunities through their affiliation with Queen's University. These dynamic partnerships translate into quality patient care for the communities we serve.

At the third annual Celebrating Innovations in Health Care Expo to be held April 22, 2008, six submissions developed by Kingston General Hospital, Providence Care, Hotel Dieu Hospital and Queen's University will be showcased. The exhibition provides an opportunity to celebrate the hard work of Ontario's health-care providers and to learn from their ingenuity.

The following descriptions provide a summary of Kingston university hospital submissions included in this year's event, including theme, organization and title of the initiative:

#### ***Theme: Meeting Community Needs Through Integrated Care***

***Regional Emergency Percutaneous Coronary Intervention (PCI) Program***  
***Interventional Cardiology – Queen's University/Kingston General Hospital***  
Emergency angioplasty (opening a heart artery with a tiny balloon) is a more effective heart attack treatment than clot dissolving medication if it can be done quickly. Prior to 2004, members of the Interventional Cardiology program believed KGH patients had better treatment than regional patients because they had quick access to emergency angioplasty. To improve access and equalize regional care, a regional heart attack program was developed. Strong relationships were built between ambulance, community hospitals, and the Interventional Cardiology Program at KGH. This cooperation has resulted in improved awareness of the indications for emergency angioplasty, improved access to emergency procedures for patients in rural settings and more efficient use of regional beds.

## ***Theme: Improving Quality & Patient Safety***

### ***Improving the Care of Stable Inpatients Transferred between Acute Sites Kingston General Hospital***

An integrated, systemic approach to healthcare delivery requires a comprehensive range of medical transportation services to support improved access, concentration of services to improve outcomes and effective use of finite resources. Through 2007, KGH implemented a series of pilot projects to progressively refine services providing safe, timely, and appropriate inter-hospital transfer of stable inpatients requiring medical transportation between sites of care. Staff used a continuity of care/patient and staff satisfaction perspective to integrate medical transportation considerations with the delivery of quality care. These changes resulted in a dramatic reduction in inter-hospital transfer delays for stable inpatients requiring medical transportation between sites and improved patient “flow”.

## ***Theme: Improving Efficiency Through Process Redesign (two entries)***

### ***Wireless Voice Communication Enhances Patient Safety and Saves Staff Time***

#### **Kingston General Hospital**

Caregivers in hospitals spend a significant amount of time away from the bedside to communicate with or look for other health-care team members. By providing each caregiver with a Vocera communication badge, much of that time has been redirected to more effective use of time and effort. The voice-activated lightweight badges are clipped on and are easily used to get help in routine and emergency situations, connect to the pager and phone systems, and to receive communications without leaving the bedside. Privacy options enable the user to ensure that confidential information is protected. The mobile communication device improved efficiencies significantly, especially for key communication activities, was perceived to be of great benefit by users and has the potential to improve the work environment for caregivers.

### ***Easing the Burden in Joint Replacement Clinics: Enhanced use of PT Queen’s University/Hotel Dieu Hospital***

This study examined the effectiveness of expanding the role of the physiotherapist in outpatient orthopedic clinics. The aim was to provide pre- and post-operative consultation to patients referred for hip and knee arthroplasty (surgical reconstruction or replacement) in order to decrease wait times for patients, optimize surgeons’ time and improve patient through-put. A collaborative model of care was successfully implemented in these clinics. The surgeons are now seeing more new patients, while the physiotherapist works productively with those requiring conservative management. Wait times have dropped and through-put has increased.

## ***Innovations in Health Information Management***

### ***A Comprehensive Approach to Wait List/Access Management Kingston General Hospital/Hotel Dieu Hospital***

Kingston General Hospital and Hotel Dieu Hospital take pride in their commitment to provide access to high quality care. As an indication of this commitment, the hospitals developed and implemented a web-enabled software tool that assists physicians and their office staff in managing patients waiting for surgery. The system allows physicians to balance access and urgency to bring the greatest possible benefit to their patients, and allows the hospitals to demonstrate accountability and responsiveness for access to their services. The system has been operating at Kingston General Hospital and Hotel Dieu Hospital for over five years, providing information to enhance strategic management, resource allocation and enable surgical services to better utilize operating room (OR) time and increase OR utilization.

## ***Innovations in Health Promotion***

### ***Mobile Interprofessional Coaching Team: Focus on Seniors' Mental Health Providence Care***

The Mobile Interprofessional Coaching Team is a field-based initiative built on a foundation of interprofessional care. The team brings together providers from across disciplines (medicine, nursing, social work), organizations (Family Health Teams, Specialty Geriatric Mental Health Outreach, Alzheimer Society: First Link Project) and sectors (primary care, mental health, and community) to benefit older adults with complex, co-morbid and chronic mental and physical health conditions. The initiative also incorporates integral partners from the academic sector (Queen's University Family Medicine, Geriatric Psychiatry, School of Nursing, School of Rehabilitation Therapy) to advance a common vision, language, and approach across the practice and education continuum for this population. The completion of this first phase was instrumental in building relationships, trust and a culture of shared responsibility between participants, as well as a strong foundation for continued collaboration between disciplines, organizations and health-care sectors. The second phase will create systems, processes and tools to support sustainable, learner-driven interprofessional collaboration.

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