

Misericordia's urgent care responds to the unexpected

By Andrea Bodie

Urgent Care at Misericordia Health Centre in Winnipeg, Manitoba, has geared up for a busy summer. With better weather, people are more active – which often means a greater volume of injuries. Family doctors on vacation often advise their patients to go to urgent care. Visitors to the city at traditional vacation times – including Christmas and summer – also impact the facility's traffic.

The volume and type of cases seen at urgent care – open 24 hours a day, seven days a week – is unpredictable. Since opening its doors in December 1998, this first of its kind in Canada – hybrid of an emergency room and walk-in clinic – has been proactively responding to the unknown. “We severely underestimated the volume,” says Dr John Reda, Director of Urgent Care. “We expected 65 patients a day, but that doubled within two weeks so we increased physicians and nursing staff.”

Specializing in working with non-life threatening medical emergencies, urgent care health-care professionals assess and treat patients with urgent health concerns. The Centre plays a strong role in providing support for city emergency departments, helping almost 40,000 people a year. Diagnostic tests like ultrasound, CT and blood work are available and processed at Misericordia. Social work,

occupational therapy, nutrition, pharmacy and respiratory therapy are other resources available to patients.

A renovated reception area with natural light provides a warm welcome for patients. The opportunity to be privately triaged, sit in comfortable chairs and benefit from elements like a big screen TV and play area for children helps calm the stress that comes from having a health concern. Once triaged – patients are seen according to the severity of their health concerns – often the next stop is one of urgent care's ten treatment rooms, which includes a cast room, gynaecological room, procedure room for suturing, two eye rooms and two rooms where a patient can be stabilized should they go into cardiac arrest. A six-bed stretcher bay offers a comfortable place for patients to wait for test results. Urgent care also offers a first aid area for early intervention and a negative pressure room for respiratory illnesses where the exhaust is vented outside. The negative pressure treatment room is unique in that it has two entrances: one for the patient and one where staff goes in to glove and gown up before seeing the patient.

Dr. Reda, who was the head of the emergency department at Misericordia since 1990 before he became the Director of Urgent Care, has been involved in emergency medicine since he graduated in 1983. He likes the variety and unpredictability this type of medicine offers.



Nurse Nicole Kilgallen confers with an urgent care patient.

He sees patients two or three days a week. Those days start at 8 a.m. and last until 6 p.m..

“It's very busy and there's very little downtime,” he says, noting the other days are dedicated to administrative responsibilities. The past decade has brought great changes in perceptions about urgent care. “Health care was skeptical of the role of urgent care 10 years ago,” adds Dr. Reda. “Over the past decade, the value of urgent care has been acknowledged.”

Medicine has also changed over the past decade. Procedures – like having a gallbladder removed – that once

required a 10-day hospital stay now have patients going home the same day or day after surgery. Many tests are done on an outpatient basis. There is also greater acuity in patients, which translates into more demand on health-care staff. The result has been a change to six, eight or 10-hour shifts for physicians as opposed to the 12-hour shifts that became too gruelling as the intensity increased.

Diagnostic technology has positively impacted the practice of medicine. “The number of unnecessary operations has gone down. There's a big emphasis on evidence-based

care,” says Dr Reda. “This gives better results and saves time and money.” The role of urgent care is to stabilize and transfer care to someone able to provide longitudinal care. “Emergency and urgent care are there for unexpected injuries and illnesses as an assessment and treatment tool,” says Dr Reda. “It's the role of the family doctor to manage overall care.”

For more information, please visit www.misericordia.mb.ca.

Andrea Bodie is a Winnipeg-based freelance writer.

Lights, camera, action in emergency training

By Stefani Venere

The Salvation Army Toronto Grace Health Centre staff use their creative and artistic skills for staff education and training on emergency procedures. Ongoing staff education on emergency protocols is a crucial component of the Grace's

commitment to patient and staff safety. The Grace's Emergency Procedures Committee uses multimedia devices to educate and update staff on emergency safety procedures.

The Grace's Emergency Procedures Committee is using the Intranet and videos to make material available to all staff in a timely, creative and

consistent manner. Michael Fliess, Director of Volunteer Resources and Emergency Procedures Committee member, says that: “Given the number of training sessions that are necessary for the emergency codes, this medium allows staff the ability to schedule education at their convenience.”

Knowledge of the emergency codes is an important element in ensuring quick responses to crisis situations. The committee has created a series of videos to make code training practical, meaningful with an element of entertainment. The first video filmed in the Code series was *Finding Evelyn*, outlining the procedures for Code Yellow – a missing patient. *Finding Evelyn* is a dramatic enactment beginning with Evelyn, a patient in a wheelchair accidentally getting on the maintenance

elevator. Her absence is noticed immediately, and staff is shown going through the steps in the protocol to find her. The ‘missing patient’ is discovered in a corner of the basement, having taken the elevator to the lower floor.

Staff are actively involved in the creation of these videos. By writing scripts, helping with filming and acting they become further engaged. “Not only was acting in the Code Red video fun, but I really got an in-depth understanding of the protocols and colleagues were excited to see me in the video,” says Sara Houston, Administrative Assistant, Patient Services.

The videos and related online quizzes are available for staff to watch at their convenience. This allows everyone to obtain this important information in an efficient and inter-

esting manner. “These new practices allow staff to review the training material as often as they wish, and the accompanying quiz allows them to test their knowledge. Completion of the quiz also allows us to track emergency procedures training,” explains Michael Fliess.

The Emergency Procedures Committee is continuously updating and reviewing all emergency materials. The Code Red video for fire response; *Evelyn's Code Red Encounter* has completed filming and has been released. Now the Grace staff and volunteers are getting ready for their next starring role in their commitment to patient and staff safety.

Stefani Venere is the communications team at the Toronto Grace Health Centre.

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