Many Specialties, One Forum

CAAC

JUNE 7-8

2018

6TH ANNUAL CANADIAN ASSOCIATION OF AMBULATORY CARE (CAAC) CONFERENCE

Strategies for Improving THE PATIENT EXPERIENCE in Ambulatory Care

Fairmont Château Laurier
Ottawa, Ontario

CONFERENCE PROGRAM

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WELCOME

CAAC is the first and the only interdisciplinary Ambulatory Care Association established in Canada to enhance practices and education for the delivery of ambulatory patient care.

Our mission is to transform the future of preventative medical ambulatory care by offering our members a forum to share their knowledge and skills and the ability to network with other professionals in order to enhance practice in the ever growing ambulatory care environment.

Welcome to the 6th Annual Canadian Association of Ambulatory Care

Please mute all pagers and cell phones in all sessions.

Registration Includes:	Admittance to all main sessions, concurrent sessions, continental breakfasts, luncheons, the Amazing Race, the Gala Dinner, and the Poster Session. Your conference badge will provide you with entrance to these events. Please wear your badge at all times.
Concurrent Sessions:	We have a number of concurrent sessions (=2 concurrent) and will be limited to 50 participants on a first come basis. Please see program for details. We prefer if you remain for the entire session.
Evaluation:	We will be sending out an online conference evaluation which you will receive immediately following the event
Badge Colours	All presenters, delegates and executive members will be wearing badges. To help identify these groups, please look for - Board Members……Maroon - Presenters……White - Delegates……Black - Conference Planning Members……Rose - CAAC Members……..Red

MEET OUR TEAM

CAAC's Board of Executives

Denyse Henry, RN, BHA (Hons), MHM, Chief Executive Officer
Jatinder Bains, BSc PT, MHSc, CHE, President
Jing Zhou, RN, BScN, Secretary, Vice President Membership & Promotions
Julia Young, RN, Vice President, Finance & Sponsorship
Ellie Lee, BA, Vice President, Web Design and Publications
Sherrol Palmer, RN, BScN, CON(C), Vice President Education
Adam Saporta, PT, BSc, MScPT, CHE, Vice President, Special Projects
Dr. Robert Williams, MD, Digital Health & Medical Advisor

Conference Planning Committee Members

Elizabeth Donaldson-James
Denyse Henry
Ellie Lee
Sherrol Palmer, Chair, Conference Planning Committee
Julia Young
Malak Sidky Health Care Event Planning

CONFERENCE AT A GLANCE

Wednesday, June 6

Time	Title	Location
8:00 am - 4:00 pm	Advanced Cardiac Life Support (ACLS)	Courtyard Marriott, Ottawa Downtown - ByWard Market
4:30 pm - 5:00 pm	AGM	Drawing Room
6:00 pm - 8:00 pm	Rideau Canal Boat Cruise	Downtown Ottawa

Thursday, June 7

Time	Title	Location
7:00 am - 8:30 am	Registration & Breakfast	Drawing Room
8:30 am - 11:15 am	**Workshop 1 Patient Experience: Claudia Houle** HSO, **Karen Callaghan**, Novo Nordisk Canada	Drawing Room
11:15 am - 12:25 pm	Lunch & Exhibits	Drawing Room
12:30 pm - 12:45 pm	Opening Ceremonies & Greetings: **Ottawa Councillor Mathieu Fleury**	Drawing Room
12:45 pm - 1:30 pm	**Keynote Address: Dr. Oleh Antonyshyn** Restructuring the Casualties of War: A Canadian Humanitarian Mission to Ukraine	Drawing Room
1:30 pm - 2:00 pm	**Plenary Session: Dr. Rita Selby:** New to Point of Care Coagulation? How to Get it Right	Drawing Room
2:00 pm - 2:25 pm	Coffee Break & Exhibits	Drawing Room
	Concurrent Sessions Featuring:	
2:30 pm -2:55 pm	a) **Helene LaCroix & Carol McFarlane:** Saint Elizabeth: Home and Community Based Solutions to Strengthen Ambulatory Care b) **Judy Van Es:** Cardiology Clinic Redesign - Implementing a LEAN Model	Tudor Room Quebec Room

Time	Title	Location
3:00 pm - 3:25 pm	a) **Bernice Budz & Lisa McCune:** Patient Experience in Cancer Care: From Vision to Implementation b) **Ellie Lee:** TrackPAC - A New Model for Improving Pre-Anesthesia Patient Flow	Tudor Room Quebec Room
3:30 pm - 3:55 pm	a) **Mei Lei Ling:** Ambulatory Surgery Peri-anesthesia: Bringing it all Together b) **Dr. Karan Sharma:** OPAT Clinic in a Community Hospital: Our Experience	Tudor Room Quebec Room
4:30 pm - 6:00 pm	The Amazing Race - Calling All Delegates: Join Us For a Complimentary Race Around Ottawa!	Downtown Ottawa
6:30 pm	Complimentary Gala Dinner & Awards	Drawing Room

Friday, June 8

Time	Title	Location
07:00 am - 07:55 am	Breakfast	Drawing Room
08:00 am - 8:10 am	Awards	Drawing Room
08:10 am - 9:30 am	**Panel Discussion: Violence in the Workplace: Sam Asseltine**, Manager of Security, The Royal Ottawa Mental Health Centre; **Scott Jupp**, Director of National Accounts, Stanley Security and **Tegan Slot**, Public Services Health and Safety Association Public Services Health & Safety Association and the Royal Ottawa Health Centre. As featured in Hospital News	Drawing Room
9:35 am - 10:20 am	**Keynote Address: Dr. Janet Bodley** Stepping Up to Combat Workplace Mistreatment - Implications For Safe and Quality Patient Care	Drawing Room
10:20 am - 10:40	**Coffee Break & Exhibits**	
	Concurrent Sessions: featuring	
10:45 am - 11:10 am	a) **Suzanne Boggild**: Leadership, Resilience and Discovering Joy in Work b) **Constance Buran**: Telehealth Triage: Using Data to Affect a Change in Knowledge and Practice	Tudor Room Quebec Room

Time	Title	Location
11:15 am - 11:40 am	a) **Shawn Drake**: Capturing Benefits of Workforce Optimization in Ambulatory Care b) **Sonja Cobham**: Multi-disciplinary Collaborative Approach to Assessing Compliance with Infection Prevention & Control Practices in the Endoscopy Department of a Tertiary Acute Care Setting	Tudor Room Quebec Room
11:45 am - 12:10 pm	a) **Christine Murphy:** Limb Preservation Clinic: A New Approach to Effective Lower Extremity Wound Care b) **Patsy Morrow:** Applying LEAN to Improve Care Delivery in Ambulatory Clinics - Fracture Clinic	Tudor Room Quebec Room
12:15 pm - 1:15 pm	Lunch & Exhibits	
1:20 pm - 1:45 pm	a) **Sharon Schaaf:** Emergency Department Referrals to an Outpatient Cardiology Clinic b) **Heather Radman & Julie Holmes:** Improving the Patient Experience in Chronic Pain	Tudor Room Quebec Room
1:50 pm - 2:15 pm	a) **Shawne Gray:** Transforming the Patient Experience of Malignant Pleural Effusions and Malignant Ascities with Innovative Healthcare b) **Gary Siu:** Outpatient Burn Program Analysis: A SWOT Analysis	Tudor Room Quebec Room
2:20 pm - 2:45 pm	a) **Dr. Nicole Tenn-Lynn:** Unnecessary admission to ER b) **Ellie Lee:** Managing PACU Delays to Improve Patient Flow	Tudor Room Quebec Room
2:50 pm - 3:05 pm	Award Presentations & Closing Remarks	Drawing Room

Networking Opportunities: Boat Cruise, Amazing Race (don't forget to bring your running shoes and take part in the Race of a Lifetime) and complimentary CAAC Networking Reception Dinner.

Jim Watson
Mayor/Maire

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On behalf of Members of Ottawa City Council, it is my distinct pleasure to extend a warm welcome to all those participating in the **6th Annual Canadian Association of Ambulatory Care (CAAC) Conference** taking place at the Fairmont Château Laurier from June 7th to 8th 2018.

I am delighted to offer support to CAAC for providing a conference under the theme *Strategies for Improving the Patient Experience*. In addition, this gathering of professionals working in various ambulatory care areas is an opportunity for participants to benefit from interactive and educational sessions and to learn from colleagues and experts from across Canada. Moreover, the conference will provide a platform to help optimize the performance of our healthcare system to increase the patient and family engagement and satisfaction.

As Head of Council, I want to acknowledge the CAAC, guest speakers and participants for dedicating efforts, expertise and resources to the successful organization of this national gathering.

Tourists will want also to view the National Arts Centre, and its spectacular new façade. The newly expanded Ottawa Art Gallery, which opened its doors just last spring, will amaze visitors with captivating works by the Group of Seven.

Allow me to convey my best wishes to the participants for a productive and rewarding assembly, as well as to the visitors for a most enjoyable stay in Ottawa.

Sincerely,

Au nom des membres du Conseil municipal d'Ottawa, j'ai le grand plaisir de souhaiter une cordiale bienvenue à toutes les personnes qui participent au **6e colloque annuel de la Canadian Association of Ambulatory Care (CAAC)**, qui aura lieu au Fairmont Château Laurier du 7 au 8 juin 2018.

Je me réjouis de pouvoir offrir le soutien de la Ville à la CAAC en vue du colloque qu'elle tiendra sous le thème des *stratégies pour améliorer l'expérience du patient*. Ce rassemblement de professionnels travaillant dans différents domaines des soins ambulatoires sera l'occasion pour les participants d'assister à des séances interactives et instructives et d'apprendre de leurs collègues et d'experts venant des quatre coins du Canada. Cet événement servira aussi de plateforme pour optimiser le fonctionnement de notre système de santé, afin d'accroître la participation et la satisfaction des patients et de leurs familles.

En tant que chef du Conseil, je tiens à saluer la CAAC, les conférenciers invités et les participants pour les efforts, le savoir-faire et les ressources qu'ils ont consacrés à l'organisation réussie de cette rencontre nationale.

Quant à la Galerie d'art d'Ottawa, dont les nouveaux locaux agrandis viennent d'ouvrir leurs portes au printemps dernier, elle ravira les visiteurs qui y trouveront les merveilleux chefs-d'œuvre du Groupe des sept.

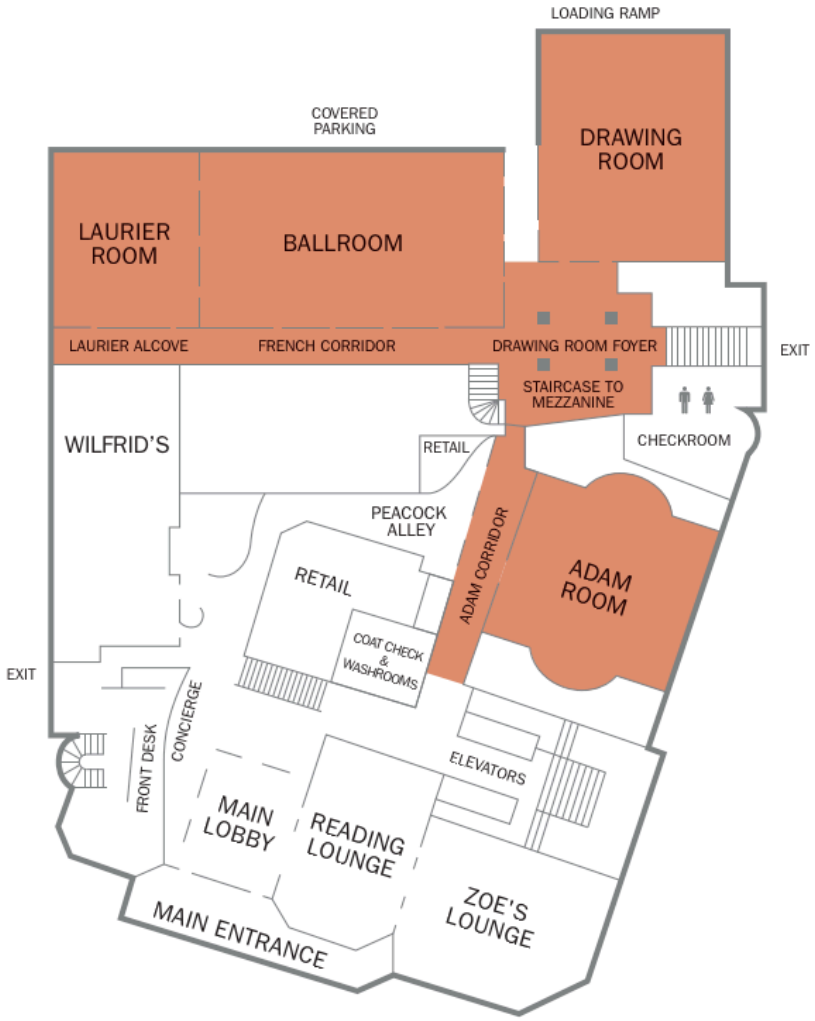
Je souhaite aux participants une réunion fructueuse et enrichissante et aux visiteurs, un séjour extrêmement agréable à Ottawa.

Meilleures salutations.

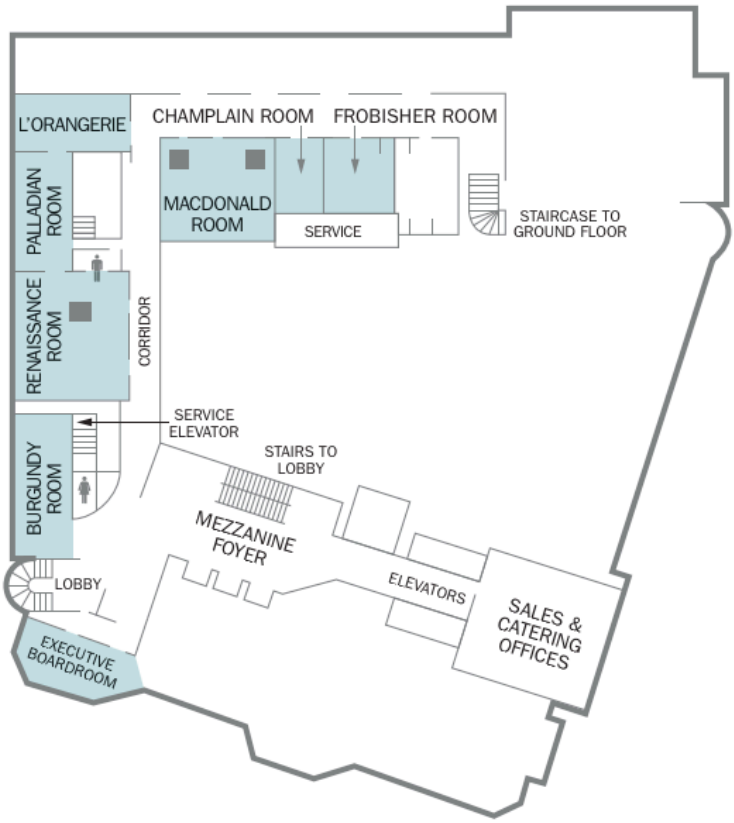
Jim Watson, Mayor/Maire

WELCOME TO THE CHÂTEAU LAURIER

LOBBY



MEZZANINE



Sponsors CAAC 2018 — We would like to take this opportunity to thank our many generous sponsors for their commitment to our Association and dedication to the promotion and advancement of Ambulatory Care throughout Canada.

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CAAC CEO'S MESSAGE

Dear Friends,

While it's true that I am the Founder of the Canadian Association of Ambulatory care (CAAC) I think I speak objectively when I say that the CAAC is an amazing association with considerable forward momentum.

The CAAC is the primary advocate for ambulatory patient care in Canada. Our association not only educates about the exceptional work being provided in ambulatory care settings throughout Canada, but we also have a footprint on the international ambulatory care community. The CAAC ensures that its members, made up of administrators, clinical providers, and ambulatory care office staff, are kept up-to-date on important and relevant topics that affect ambulatory patient care on a daily basis. These areas include advocacy, education, quality of care, and best practice.

This year our theme is "Strategies for Improving the Patient Experience in Ambulatory Care. The CAAC's core belief concentrates around the statement that, our patients and families come first. Through innovative discussion and interaction with our members and external stakeholders, we work to provide our members with the necessary support to address operational and strategic concerns, including educational opportunities and professional development.

CAAC serves as a network for communication among members, a think tank for ideas, and a hub for creative collaboration. Transparency is key for demonstrating the collective strength of ambulatory care in Canada, and I encourage all delegates to take advantage of your political voice and play an active role in the evolution and growing influence of the CAAC. There is power in unity and strength in numbers, so I encourage all of you to advocate for ambulatory care to ensure our patients' best interests are served. I hope you will become active member in our association and assist the CAAC in its efforts. Why not join one of our committees? Please feel welcome to connect with me throughout the conference or email me with any suggestions.

Health care is changing at a lightning speed. As a result, ambulatory care has been forced to develop opportunities to improve operational performances and cost, while enhancing the quality of care delivered to our patients. The CAAC conference promises to provide an educational forum where ideas and information can be openly shared to help address some of these challenges. Our conference program has been designed to promote knowledge exchange and awareness regarding different innovations in the ambulatory care setting. Our CAAC planning committee has worked diligently to ensure everyone in attendance will find something exciting and relevant among the many sessions you will attend over the two days. On the behalf of the CAAC Executive Committee, I would like to take this opportunity to welcome you to the 6th Annual Canadian Association of Ambulatory Care (CAAC) Symposium. Enjoy your time in Ottawa, network, make new friends, but most of all have fun.

Sincerely,

Denyse Henry

Denyse Henry
Founder & Chief Executive Officer, CAAC

CAAC PRESIDENT'S MESSAGE

Welcome to Ottawa! To all our delegates, presenters, guests and fellow executives, it is great to be in our Nation's capital celebrating Ambulatory Care!

This is a significant event in that it annually celebrates, shares and spreads the great work that happens in this sector.

We are privileged this year to hear from across the sector, hear the patient's voice and hear from organizations shaping the sector.

This is especially a milestone in that being here in Ottawa is just the beginning of moving the mission of the Association across the country.

This is my 3rd and final year as the President. When I joined, my hope was to help the sector grow in advocacy, knowledge dissemination and networking.

My successor will be able to build on these achievements:

We held our first webinar focused on Ambulatory care this past April.

We have diversified the executive to include digital health.

We are reaching and attracting interest from further around the world.

We have encouraged the Ministry's of health and executives of large health organizations to put Ambulatory care in their strategic planning.

We still have work to do. We must further define, and study the impact of the sector. We need to catalogue the great work happening in Canada.

Our community of practice is huge and diverse. We have not been able to leverage this. We are not able to show our strength because we are so isolated from each other.

This is the next big step for the Association. Bring the Ambulatory care sector together. Become a central voice.

We are after all delivering on all the mandates of our health care systems- Delivering quality, improving patient flow, decreasing nosocomial infections and of course creating efficiency

Hope you enjoy the conference.

Sincerely,

Jatinder Bains

Jatinder Bains
President, CAAC

CAAC CHAIR'S MESSAGE

The Conference Planning Committee and the Board of the Canadian Association of Ambulatory Care welcomes you to the 6th annual conference, Strategies for Improving the Patient Experience. We are privileged to be in the nation's capital Ottawa for this year's conference and hope that you will take some time to enjoy some of the sites of this beautiful city.

The planning committee hopes to provide you a platform to discuss the many changes in the healthcare landscape that is being transformed by 2 major forces- increased focus on value by our Ministry of Health funding and that of more engaged consumers, patients, families and caregivers. The provision of care in the ambulatory setting is no longer the exception but a place where high skilled practitioners provide increasingly complex care to thousands of patients daily. This association and conference tries to ensure the care providers in ambulatory care kept abreast of the innovations in care and technology required by the patient in our care.

Understanding the patient experience when he or she receives care in the ambulatory setting is important to improving patient-centred care. At this conference you will acquire information and strategies and hear patient stories that will help you to improve the patient experience. This year you will hear about how we influence the patient experience in Ukraine; about the links to the community setting and innovations in ambulatory care that will improve the lives and experience of our patients. We will also address concerns of you the caregivers in the session violence in the workplace.

I am pleased and honoured to be the chair of this year's conference. Along with our Conference Planner and Planning committee members we have built a program that we know with inspire, enlighten and challenge you as a healthcare practitioner. Will also have opportunities to network with each other and learn from each other's experiences and have fun at the same time! Join us for the Rideau Canal Boat Tour, The Amazing Race and the CAAC Gala dinner at the Fairmont Chateau Laurier main dining hall.

On Friday we will close the conference with the Poster Presentation Award, honouring CAAC partners who best exemplify the power of healthcare

transformation in Ambulatory Care. We hope you leave energized, informed and renewed in your passion for caring for patients and families.

All the Best!

Sherrol Palmer Wickham

Sherrol Palmer Wickham
Chair, Conference Planning Committee
Vice President Education

OUR CONFERENCE HIGHLIGHTS

"Strategies For Improving Patient Experience in Ambulatory Care"

Presentations

Concurrent Symposiums — Thematic presentations as part of group/panel

Developing Solutions

Harnessing technology and our work force using new innovative approaches

Keynote Speakers

Inspiring the transformation of our future in healthcare

Interactive Workshops

Educating, empowering, enabling our leaders of today for the future of tomorrow

DISTINGUISHED GUEST SPEAKERS

Dr. Oleh Antonyshyn *MD, FRCS (C) Associate Professor, Division of Plastic Surgery, University of Toronto*
Restructuring the Casualties of War: A Canadian Humanitarian Mission to Ukraine

Dr. Rita Selby *MBBS, FRCPC, MSc*
Assistant Professor, University of Toronto
Thrombosis & Hemostasis
New to Point of Care Coagulation? How to Get it Right

Dr. Janet Bodley *MD, FRCS (C) Associate Professor, Division of Uro-Gynecology, University of Toronto*
Stepping up to Combat Workplace Mistreatment: Implications for Safe and Quality Patient Care

AGENDA: THURSDAY JUNE 7, 2018

Breakfast - Sponsored by Boston Scientific

Location: Drawing Room

7:00 am - 8:30 am

Workshop 1 8:30 am — 11:15 am

Location: Drawing Room

Patient Experience

Claudia Houle, HSO, *RN, BScN CON(C)*
Karen Callaghan, *Novo Nordisk Canada*

This workshop will focus on the patient experience and features speakers from Health Standards Organization who will address the standards surrounding patient involvement in clinical settings. An industry perspective will also be provided by Karen Callahan from Novo Nordisk Canada Inc. In addition, a patient will recount their experience. Delegates will also have the opportunity to delve into a case study.

Lunch - Sponsored by: Vantage

Location: Drawing Room

Visit Exhibits, Poster Presentation and Sponsor Booths

11:15 am — 12:25 pm

Opening Ceremonies: Greetings From Ottawa - Councillor Mathieu Fleury

Location: Drawing Room

12:30 pm — 12:45 pm

Opening Keynote Address

Location: Drawing Room

12:45 pm — 1:30 pm

Restructuring the Casualties of War: A Canadian Humanitarian Mission to Ukraine

Dr. Oleh Antonyshyn, *MD, FRCS (C) Associate Professor, Division of Plastic Surgery, University of Toronto*

Dr. Oleh Antonyshyn is a Professor in the Division of Plastic Surgery at the University of Toronto, with a subspecialty practice in craniomaxillofacial surgery. He earned his medical degree from the University of Toronto in 1980, and completed his surgical residency at the University of Western Ontario in 1985. Following his certification in Plastic Surgery, he pursued an additional 4 years of subspecialty fellowship training in craniofacial surgery including a traveling fellowship in Europe and Mexico City. Dr Antonyshyn first established a pediatric and adult craniofacial program at Dalhousie University, Halifax, Nova Scotia in 1989.

In 1992, he assumed the position of Head, Division of Plastic Surgery, Sunnybrook Health Sciences Centre, and in 1996, established the Adult Craniofacial Program to address the specific needs of adult patients with post-traumatic, post-ablative, and developmental craniofacial deformities.
A former member of the Examination Board in Plastic Surgery for the Royal College, Dr. Antonyshyn remains active in the education of residents and practicing surgeons. He established a Clinical Fellowship in Adult

Craniofacial Surgery in 1993, providing post-residency specialized training in adult craniofacial surgery to candidates from Canada, the United States, Ireland, Israel, Australia and the Middle East. His research focus is in 3D craniofacial imaging and computer assisted surgical modeling. He has published 109 journal articles and book chapters, has secured a patent for an innovative technique of manufacturing patient-specific implants intraoperatively, and is the co-founder and partner in a surgical device start up company called "Calavera Surgical Design".

April 2014, Dr Antonyshyn travelled to Ukraine as part of a Medical Needs Assessment team sponsored by the Canada Ukraine Foundation, to assess the capacity of various medical facilities in Ukraine to manage trauma
following Maidan. Since then, he has led 5 surgical missions to Ukraine, to teach and perform reconstructive procedures in victims of war.

Plenary Session

Location: Drawing Room

1:30 pm — 2:00 pm

New to Point of Care Coagulation? How to Get it Right

Dr. Rita Selby, *MBBS, FRCPC, MSc Assistant Professor, University of Toronto Thrombosis & Hemostasis*

Dr. Rita Selby is a consultant hematologist at Sunnybrook Health Sciences Centre, Toronto, Ontario and an Assistant Professor at the University of Toronto, who practices in the area of thrombosis and hemostasis.

She is the staff hematologist in charge of the Special Coagulation Laboratory, as well as the Medical Director of the hospital's Anticoagulant Management Clinic. The Special Coagulation laboratory at Sunnybrook conducts all of the specialized coagulation testing for the hospital's 3 campuses, and serves as the reference laboratory for several hospitals in the Toronto East region, as well as a large Canadian commercial laboratory.

She has a Masters in Clinical Epidemiology from the University of Toronto and her

research interests include clinical trials in thrombosis, health services research (using large population databases) and coagulation laboratory quality assurance.

Coffee Break & Exhibits - Sponsored by GE Healthcare

Location: Drawing Room 2:00 pm — 2:25 pm

GE Healthcare

Concurrent Session A 2:30 pm — 2:55 pm

A1 Saint Elizabeth: Home and Community Based Solutions to Strengthen Ambulatory Care

Location: Tudor Room

Helene LaCroix *Vice President Clinical Innovations, Saint Elizabeth*
Carol McFarlane *Senior Director, Strategic Partnerships & Business Development, Saint Elizabeth*

Target Audience: Health care administrators, Ministry of Health and Long Term Care Leaders/Executives, Decision Makers, LHIN executives, Hospital administrators, Planners, Researchers, Academics, Home Care/Community Agency Leaders

Summary of the Session:

At Saint Elizabeth we are passionate about keeping people in their homes. Leveraging our strong capabilities and experience in home & community care, health technology integration, and collaborative program development

methodologies, Saint Elizabeth has invested in the research and development of innovative home and community based models of care focused on rebalancing the system toward a community driven health care system.

Informed by learnings from our consulting work in this space, we will highlight creative and impactful data driven solutions, to better support people in the community. We will also share learnings and early outcomes from several of these innovative programs, the role technology has to play in enabling success in enhancing the care we provide, and the powerful role of intersectoral collaboration and partnership in enabling people to thrive in the community. The programs to be discussed, deliver evidence based care focused on keeping people healthy in their homes for as long as possible and helping people seamlessly transition to, and remain in their homes following an acute care stay, when absolutely required, with the aim of improving quality of care, patient experience and reducing health care costs.

This session will address how Ambulatory Care can leverage the knowledge, beliefs and understandings of home care providers, including patients and families, to explore and expand the opportunities to partner and implement collaborative programs focused on keeping people in their homes.

Explanation: This content is specifically aimed at a different solution and approach toward integrating models of care and funding by bringing together stakeholders that have a deep passion and interest in altering the current model of care. The presenters will highlight the perspectives, innovative approaches and raise critical issues that pertain to implementing partnerships between the acute and community sectors, to enhance ambulatory care service delivery.

A2 Cardiology Clinic Redesign - Implementing a LEAN Model

Location: Quebec Room

Judy Van Es *BHSc, MS OT Clinical Manager, Hamilton Health Sciences*

Abstract:

This is an applied literature review to examine the effectiveness of Lean methodologies used in the health care setting specific to ambulatory clinics. The intention of the redesign of the Cardiac Ambulatory Clinic (CAC) is to improve patient experience, increase operational efficiency and grow general

cardiology. The results of the literature review are applied to the clinic setting and recommendations for implementation are discussed.

Hamilton Health Sciences (HHS) is currently conducting a hospital wide Ambulatory Review of all outpatient services in order to identify opportunities to ensure patients have a consistent and quality experience in all clinics. The CAC is one of 128 outpatient clinics across six different sites within the HHS organization. The CAC is located at the Hamilton General Hospital and is an umbrella for multiple clinics under the Division of Cardiology. The clinics include: Arrhythmia Services, Cardiac Surgery, Device Clinic, General Cardiology, Heart Function Clinic, Interventional Cardiology and Rapid Assessment Clinic.

A literature search was conducted to find information on the practical implications of Lean management principles. Journal articles that conducted a review and/or provided recommendations for practical applications of Lean methodologies were selected. A contextual analysis of the findings helped to organize information in order of relevance to the cardiology clinic. Attention was given to articles that evaluated performance measures including wait times, flow and patient experience. The review did demonstrate that Lean management principles can be applied in an ambulatory clinic setting and the methodologies are effective in contributing to improved quality of services. No primary data was collected and ethic approval was not required.

Keywords: Ambulatory Care, Cardiac Clinics, Patient Experience, Patient Flow, Lean, Six Sigma, Continuous Quality Improvement, Change Management

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Concurrent Session B 3:00 pm — 3:25 pm

B1 Patient Experience in Cancer Care: From Vision to Implementation

Location: Tudor Room

Lisa McCune *MSW, Director, Patient Experience Program, BC Cancer*
Bernice Budz *MSN NP, Vice President Patient Experience and Inter-professional Practice, BC Cancer*

Background: Health services are most effective when they are flexible and responsive to the needs and values of the person receiving care. At BC Cancer we endeavour to build our services around our patients and families. To achieve this goal, we implemented an executive role and provincial program to guide patient engagement, patient education, and patient experience across the organization.

Implementation: In 2017 BC Cancer initiated the Patient Experience Program, Framework for Patient and Family Engagement and Experience, and Network of Patient and Family Partners. Through this program we have integrated the voices of patients and families in over 40 organizational activities, including the performance management committee, advance care planning committee, review of patient education materials, and development of a campaign to promote emotional support. A provincial Patient and Family Engagement and Experience Committee advances an overarching philosophy, culture and approach. Our vision is three-fold: to have patient and family partners embedded in decision-making throughout the organization, to ensure that everyone at BC Cancer has the knowledge, skills and attitude to define and undertake patient and family engagement, and to measure and compare patient experience feedback using robust and effective methodologies.

B2 TrackPAC - A New Model for Improving Pre-Anesthesia Patient Flow

Location: Quebec Room

Ellie Lee *BA, Patient Care Manager, Sunnybrook Health Sciences Centre*

Technology has become an important part of the patient experience within health care. Patients expect the ability to access their personal health records online via many of their electronic devices and to have the ability to share that information with those who need it. Technological demand also comes from healthcare providers who expect information to be at their fingertips and ready to aid in patient care.

9000 patients are seen every year in a busy pre-admission clinic. TrackPAC was implemented to improve patient flow by enabling visibility to a multi-disciplinary team. Patients were streamlined and assigned by appointment type to disperse appointments in a fair, equitable and efficient manner. Staff overtime was reduced by 99% and clinic days ended on time.

Sunnybrook Pre-Anesthesia clinic has been able to successfully implement multiple initiatives to streamline patient flow processes and scheduling. As a direct result, they

now able to measure wait times by appointment type, patient type and inter-discipline type at specified intervals (day, week, month, fiscal year).

Concurrent Session C 3:30 pm — 3:55 pm

C1 Ambulatory Surgery Peri-Anesthesia: Bringing It All Together

Location: Tudor Room

Mei Lei Ling *RN, BScN, Clinical Leader Manager St. Michael's Hospital*

Although WCH is only a few years into the new hospital, the pre and post-operative areas were four physical areas with three groups of staff. New surgical programs have been added with resulting volume spikes, delays, hiring of staff, reworking of the Operating Room schedule and practice changes. It was time to reflect and recognize a redesign was required.

The goal was to create one unit whereby all perianesthesia nurses could provide pre and post operative care to surgical patients. Following an environmental scan and contracting with an educational facility, Management co-designed the integration of units and staff with staff and stakeholders. The post-operative area became one area thus no moving of recovering patients from Phase 1 to 2.

Early results are an increase in efficiencies, responsiveness, enhanced nursing knowledge, streamlined care, new patient flow and ability to respond to patient surges.

The restructure process provided nurses and other health care providers, forums

for sharing feedback and ideas, and opportunities of new practice trials. Evaluation of the newly implemented staffing, processes and practices will be reviewed to monitor and report on the value of consistency, continuity and co-ordination.

This presentation will outline the plan, process and impact of this initiative to the

staff and the surgical program.

C2 OPAT Clinic in a Community Hospital: Our Experience

Location: Quebec Room

Dr. Karan Sharma *MD, FRCPC Queensway Carleton Hospital*

Queensway Carleton hospital is a community hospital in Ottawa, which has a catchment area of above 400,000 people. This translates to having one of the busiest emergency departments in Ottawa. Around 5 years ago a OPAT clinic was initiated in order to provide 1) intravenous antimicrobial administration 2) Infectious diseases expertise 3) management of complex wounds and to 4) offload the emergency department.

In this presentation we will present the challenges and successes of the clinic that can hopefully serve as a guide for other community hospitals hoping to start an OPAT program.

The Amazing Race 4:30 pm — 6:00 pm

Location: Downtown Ottawa

Calling All Delegates - Race Around Downtown Ottawa and Win a Fabulous Prize!

CAAC Gala Dinner & Awards - Sponsored by **abbvie** 6:30 pm

Location: Fairmont Château Laurier - Drawing Room

abbvie

AGENDA: FRIDAY JUNE 8, 2018

Registration and Breakfast - sponsored by OLYMPUS 7:00 am — 7:55 am

Location: Drawing Room

OLYMPUS®

Awards 8:00 am — 8:10 am

Location: Drawing Room

Panel Discussion: Violence in the Workplace

Location: Drawing Room

8:10 am — 9:30 am

Sam Asseltine, *Manager of Security, The Royal Ottawa Mental Health Centre;* **Scott Jupp,** *Director of National Accounts, Stanley Security and*

Tegan Slot, *Public Services Health & Safety Association. As featured in Hospital News*

Our Panel of security and safety experts will lead us through program initiatives that reduce the risk of violence specific to healthcare environments. We will hear about the tools available to healthcare organizations that will help us to address the ever present concern of violence against health care professionals, and engage in a discussion that will touch on policies, staff training and relevant legislation intended to clarify what can be done to address this contemporary problem in Canadian healthcare facilities.

Opening Keynote Address

Location: Drawing Room

9:35 am — 10:20 am

Stepping Up to Combat Workplace Mistreatment: Implications for Safe and Quality Patient Care

Dr. Janet Bodley, *MD, FRCS (C) Associate Professor, Division of Urogynecology Surgery, University of Toronto*

Dr. Janet Bodley is an Associate Professor at the University of Toronto and staff obstetrician/gynecologist wit a subspecialty practice in urogynecology and minimally invasive surgery surgery.
Dr. Bodley Graduated from the University of Toronto, Faculty of Medicine and completed her postgraduate training in obstetrics and gynecology in Toronto. Dr. Bodley completed her fellowship training in urogynecology and minimally invasive surgery at Women's College Hospital. Dr. Bodley maintains an active practice in urogynecology/minimally invasive surgery.
Dr. Bodley completed her Masters degree in education in 2007 with a focus on the health professions. Special area of interest includes the role of communication and mentorship in improving medical education and medical practice. Dr. Bodley is a clinician educator with active teaching roles at the undergraduate, postgraduate and

faculty development levels including postgraduate site coordinator as well as rotation coordinator for urogynecology at Sunnybrook Health Sciences Centre. Dr. Bodley maintains a career and mentorship focus with the Centre for Faculty Development and participates in developing and presenting workshops both locally and nationally. In January 2011 Dr. Bodley was appointed to be the Faculty Lead for the Resident Wellness Program in the Department of Obstetrics and Gynecology at the University of Toronto.

Dr. Bodley joined the Board of Directors of Sunnybrook Health Sciences Centre in June 2014 following her appointment as the Vice President, Medical-Dental Midwifery Staff Association.

Coffee Break & Exhibits - Sponsored by Cantel Medical 10:20 am — 10:40 am

Location: Drawing Room

Cantel Medical

Concurrent Session A 10:45 am - 11:10 am

A1 Leadership, Resilience and Discovering Joy in Work

Location: Tudor Room

Suzanne Boggild *Owner, Professional Coaching*

Leadership, Resilience and Joy at Work

Whether you're in early, mid or late career, personal resilience is fundamental to your success. In this session, you'll learn about the emerging science of resilience and the

strategies that help people overcome negative circumstances and bounce back from disappointment, stress and trauma.

Drawing on research findings and her own experience as a leader and coach, Suzanne Boggild will describe factors such as realistic optimism and cognitive flexibility and illustrate how they contribute to personal resilience. Suzanne will then offer suggestions and field questions on how to build the art of resilience into your daily life and find joy at work.

A2 Telehealth Triage: Using Data to Affect a Change in Knowledge and Practice

Location: Quebec Room

Constance Buran *PhD, NE-BC, RN, Director, Ambulatory Care, Riley Hospital for Children*

Background

Purposes of this presentation are to: (1) describe a newly created and implemented telephone triage orientation program in an academic medical center and (2) measure its effectiveness in increasing competence and self-confidence in both new and experienced ambulatory care nurses.

Methods

This quasi-experimental study involved two groups of ambulatory care nurses. The experimental group were nurses with <12 months triage experience. The control group were nurses with >12 months experience. Only the experimental group received the telephone triage orientation. The orientation involved six, two-hour didactic sessions and lasted six months. At baseline, both groups completed pre-test measures of competency and self-confidence regarding telehealth nursing practice. After the orientation, the experimental group repeated the measures of competence and self-confidence.

Results

Twenty nurses were enrolled (9 experimental group and 11 controls). Although not statistically significant, the experimental group's competence and self-confidence scores were higher after the orientation. More importantly, the experimental group's post-test competency scores surpassed the control group's pre-test competency scores. Thus, a decision was made to deliver the orientation to all telephone triage nurses.

79.3% of ambulatory care nurses (N=340) completed the telephone triage orientation and passed the competency measure. 78% reported the content was relevant and applicable to daily practice; 82% felt the content enhanced their ability to perform telephone triage; and 72% stated the information improved quality in performing and documenting telephone triage. 82% appropriately triaged patients to the correct disposition and 52% reported an increase in their own personal confidence with telephone triage.

Conclusions

Our newly developed telephone triage orientation will become a requirement for all newly hired ambulatory care nurses. Content which focuses on assessment, treatment, and documentation in the electronic medical record will be reviewed and updated on a regular basis. Ongoing annual competency measures will be implemented for all ambulatory care nurses.

Concurrent Session B 11:15 am - 11:40 am

B1 Capturing Benefits of Workforce Optimization in Ambulatory Care

Location: Tudor Room

Shawn Drake, *Managing Partner, Workforce Edge Consulting Inc.*

1. Workforce optimization scope:

a) Rotations and relief as a foundation and processes as enablers

b) Predictive analytics around patient volumes tied to baseline creation

2. Benefits

a) For patients, for employees, for financial value creation – ie.. why should someone care about optimizing their workforce and a few high-level issues/ examples of achieved benefits

b) Use the language from Rob at TOH, that the goal around ROI on workforce optimization projects is to ensure that these projects pay for themselves with benefits from a number of sources, and they also come with tons of ancillary benefits around employee engagement which is the big win for most organizations

c) Talk about importance of KPI reporting

3. 5 min Draw the Linkages with CCHL and ICPA-Forum and call for collaboration

a) Review and identify additional Focus Areas from ICPA-Forum

B2 Multi-disciplinary Collaborative Approach to Assessing Compliance with Infection Prevention & Control Practices in the Endoscopy Department of a Tertiary Acute Care Setting

Location: Quebec Room

Sonja Cobham, *RN, BHS Admin, CTDP, CIC,* **Natasha Salt, Denyse Henry, Jerome Leis, Ilya Vilenkin, Abdool Karim, Melanee Eng-Chong**
Sunnybrook Health Sciences Centre

The endoscopy department at Sunnybrook Health Sciences Centre provides services to inpatients as well as ambulatory outpatients. In anticipation of a new malignant haemotology program which will support the care of severely immunocompromised patients, we undertook a detailed review of the Endoscopy Department to assess compliance with Infection Prevention & Control (IP&C) practices.

Methods:

A multi-disciplinary team consisting of Endoscopy, IP&C, Medical Devices Reprocessing, and Facility Management conducted an audit of the Endoscopy department at Sunnybrook Health Sciences Centre. Audit criteria were based on practices and standards provided by Canadian Standards Association, Accreditation Canada, the Provincial Infectious Disease Advisory Committee, Society of Gastroenterology Nurses & Associates, Gastrointestinal Endoscopy Journal and the Public Health Agency of Canada. Audit included a review of medical procedures, environmental cleaning, storage of clean and dirty supplies and equipment, reprocessing and storage of flexible endoscopes after high level disinfection and patient flow. Facilities Services provided an analysis of the heating, ventilation and air conditioning (HVAC) system, the number of air exchanges in each room and the pressure differential in the bronchoscopy and reprocessing rooms.

Results:

Challenges identified included: physical location that does not provide restricted access; spacing limitations result in an inability to separate clean and sterile

supplies to prevent contamination; reprocessing area insufficient in size and flow; HVAC system not meeting current needs and general IP&C practices required improvement. Interim measures to control risks included: balancing of the HVAC system and improvements to practices. Long-term recommendations include the relocation or redesign of the existing space.

Lessons learned:

A multi-disciplinary collaborative approach led to identification of IP&C risks in Endoscopy and prioritize areas requiring infrastructure upgrades. Partnerships with multidisciplinary teams can assist with future space and design considerations.

Concurrent Session C 11:45 am — 12:10 pm

C1 The Limb Preservation Clinic: A New Approach to Efficient Lower Extremity Wound Care

Location: Tudor Room

Dr. Christine Murphy *PhD, RN CETN (C), The Ottawa Hospital*
Melissa Nicastro *RN BScN, The Ottawa Hospital*

Background: Persons with diabetes with are 20 times more likely than the non-diabetic population to face non-traumatic lower limb amputation. Two thirds of diabetic foot ulcer expense are incurred an inpatient care, and wound care requirements may consume up to 50% of healthcare resources. It is recognized that accessible and coordinated limb preservation teams can reduce patient and economic burden.
Method: We describe design and initiation of the Ottawa limb preservation ambulatory care model as a regional hub for lower extremity wound care excellence. Development included: Administrative support, defined vision and purpose, funding model, clinic space allocation, team building, flow diagram, access to diagnostics and advanced wound therapy . Our team includes: Wound care nurse specialist, vascular surgery, infectious diseases, plastic surgery, orthopedic surgery, chiropody, and ward support for dietitian, diabetes nurse and social work care. Telehealth services and partnership with the LHIN providers are also in development for seamless regional care.
Results: The limb preservation clinic is currently providing rapid access to care for this compromised population. Combined specialist visits permit holistic and complete patient evaluation and care in a minimal number of visits. Advance therapies including ultrasound debridement and minor clinic surgical procedures may improve healing outcomes and reduce the burden on emergency room, operating room and need for inpatient care. A database has been implemented to track healing outcomes, amputation requirements, readmissions and incidence of wound closure. A quality of life tool is being added for the patient perspective.

Conclusion: The limb preservation team and regional partners have rapidly engaged in this exciting project. We note increased surgical closure of wounds. This presentation will summarize our team's approach to manage this growing

need to improve efficiency, and more importantly to improve the patient outcomes.

C2 Applying Lean to Improve Care Delivery in Ambulatory Clinics - Fracture Clinic

Location: Quebec Room

Patsy Morrow *MAL (Healthcare), MBB, KM&T/Windsor Regional Hospital*

Purpose/Aims

The aim of the project was to decrease the wait times from a median of 75 minutes for each patient in the Fracture Clinic at Windsor Regional Hospital.

Rationale/Background

The Fracture Clinic at the Windsor Regional Hospital (WRH) offers follow-up and urgent fracture clinic services. The Fracture Clinic is supported by 9 orthopaedic surgeons, and provides care for over 1000 patients per week. At the outset of the project, patients reported waiting as much as three hours for appointments, with a median across all patients of 75 minutes. Patient satisfaction was extremely low.

Approach

The KM&T Team, supporting a dedicated WRH Team adopted a Lean approach, featuring a multi-disciplinary team comprised of ortho physicians, clinic, x-ray and registration staff. The team conducted a value-stream mapping exercise, engaging all staff involved in the process. This team redesigned the patient care process from receiving and processing referrals to development of a scheduling grid with discrete appointments to streamlining the flow of patients through the clinic. The knowledge, support and ideas from the front-line staff were pivotal in the redesign and completion of the work. Lean theory and methods were applied to reduce waste in the process.

Outcomes achieved/documented

Conclusions, emphasizing implications for clinical or educational practices and recommendations for research or future undertakings

The Team was able to achieve tremendous results within a 4-month period, with wait times declining to a median of 15 minutes. A reduction in errors, an increase in staff and patient satisfaction were also achieved.

Lunch - Poster Presentation and Booths - sponsored by Cook Medical 12:15 pm — 1:15 pm

Location: Drawing Room

Concurrent Session D 1:20 pm — 1:45 pm

D1 Emergency Department Referrals to an Outpatient Cardiology Clinic for Low-Risk Patients Presenting with Chest Pain

Location: Tudor Room

Sharon Schaaf *NP, DNP MS, Nurse Practitioner, New Mexico Heart Institute*

Patients who present to the emergency department (ED) with complaints of chest pain must undergo initial evaluation and risk stratification in order to determine the presence of acute coronary syndrome. A majority of patients are low-risk and do not require hospital admission. Current recommendations indicate it is reasonable to discharge low-risk patients for further outpatient testing. This testing should be performed within 72 hours after discharge. The aim of this discussion is to address the initial evaluation, risk stratification, the referral process for patients who are discharged from an Emergency Department after hours to an outpatient cardiology clinic, and the clinic system for follow up testing.

D2 Improving the Patient Experience in Chronic Pain
Location: Quebec Room

Julie Holmes *MSc Director of Ambulatory Services at St. Joseph's Healthcare Hamilton*
Heather Radman HBa, Manager of Ambulatory Services at St. Joseph's Healthcare Hamilton

Purpose: 1) Present the framework of an interdisciplinary and patient-centred approach to chronic pain management in an ambulatory setting. 2) Review impact of program on patient outcomes and access to comprehensive care.

Rationale/Background – One in 5 Canadians experience chronic pain and this burden has significant human and monetary costs (>6 billion $/year, STATS Canada 2008). Access to chronic pain management had been scarce and largely based on tertiary, medical interventions with little collaboration from patients and the greater community (OMA:2012). In 2014, the MOHLTC provided special funding to enhance access to interdisciplinary, patient centred pain programs across Ontario and as such, the Chronic Pain Management Program was established at St. Joseph's Healthcare Hamilton (SJHH). The program's approach, patient outcomes and quality indicators are discussed.

Description –A medical model of chronic pain management was historically offered at SJHH by 3 anesthesiologists with an interest in chronic pain. Wait times for times for treatment were lengthy (>365 days) with little patient or community collaboration. An interdisciplinary approach that consists of a nurse, psychologist and kinesiologist, alongside physicians has since replaced this model and includes patient centred services such as cognitive, social and physical therapy. The impact of the program was

captured through patient evaluations on satisfaction, physical and mental health functioning, as well as access to care metrics.

Outcomes–Wait times for treatment decreased from 365 to 93 days with over 400 additional new patients seen each year. 100% of patients reported that the interdisciplinary team worked well together to provide care and 100% would recommend the clinic to family and friends. 95% of patients were extremely satisfied with the cognitive-behavioural and exercise therapy components of the program (n=36, SD=.59 and .62 respectively) and reported that multi-modal therapy was effective in employing coping strategies for the self- management of pain symptoms.

Conclusions–Increased access to care, along with positive patient satisfaction and outcomes was observed. Increased focus on better integration of chronic pain management at the primary care level has been recognized.

Concurrent Session E 1:50 pm — 2:15pm

E1 Transforming the Patient Experience of Malignant Pleural Effusions and Malignant Ascites with Innovative Healthcare

Location: Tudor Room

Shawne P. Gray *RN, BScN CON(C),* ***Sonali Kirschenbaum****, RN BScN MN,* ***Tamara Bygrave,*** *RN, BScN,* ***Harvey H. Wong,*** *MD FRCP(C)*
Sunnybrook Odette Cancer Centre, Toronto, ON, Canada.

Recurrent malignant pleural effusions (MPE) and malignant ascites (MA) are common complications of advanced malignancy and can significantly worsen quality of life.

In recent years the insertion of tunnelled pleural catheters has become recognized as a safe and highly efficacious means of symptom management for these patients. The Odette Cancer Centre established an innovative Effusion Procedure Intervention Clinic (EPIC) where tunnelled catheters are inserted to provide symptom relief for patients on an outpatient basis, which reduces hospital admissions and lengths of stays.
For some patients, malignant pleural effusions and malignant ascites can cause fear and anxiety about prognosis and quality of life. Experienced oncology nurses are well positioned to provide psychosocial support in collaboration with

other members of the interdisciplinary team. Nurses also provide an essential role in symptom assessment and management of these patients. In the EPIC clinic we have utilized the COSTaRS algorithms, ESAS screening tool and ECOG assessment at regular intervals. We have focused on shortness of breath, fatigue, anxiety, and activity level, which has allowed for standardized assessment and evaluation of symptom control.

This presentation will share how the EPIC clinic has transformed the way we provide care and manage MPE and MA at the Odette Cancer Centre and how this has impacted our patients' quality of life. We will look at how we have used nursing assessment to match the patients' needs to the clinician to provide seamless and predictable care. We will also discuss the importance of the nursing expertise in managing patients with tunneled catheters for malignant pleural effusion and malignant ascites.

E2 Sunnybrook St. John's Rehab Outpatient Burn Program Evaluation: A SWOT Analysis

Location: Quebec Room

Gary Siu *PT, Sunnybrook Health Sciences Centre*

Background: Burn rehabilitation requires a specialized inter-professional team of burn care specialists. St. John's Rehab (SJR) offers Ontario's only dedicated burn rehabilitation program. The program aims to address the physical, psychosocial and vocational needs of individuals with severe burn injuries.

Purpose: The outpatient burn program at SJR conducted a SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) program evaluation, with the aim of quality improvement and fostering excellence in burn rehabilitation. Strategies were identified to capitalize on strengths and opportunities, while minimizing the weaknesses and threats.

Methods: Representatives from the clinical, administrative and management teams were asked to reflect on key internal and external program issues. The most common issues identified were incorporated into the finalized SWOT matrix. The completed SWOT matrix was then presented back to same staff members to generate ideas and strategies for the program.

Findings:

Strengths (Internal)

- A comprehensive inter-professional team
- Experienced burn clinicians
- Innovative burn rehab techniques
- Strong physiatry involvement

Weaknesses (Internal)

- Large learning curve for new clinicians
- Limited time and resources
- Limited peer support options
- Limited inter-professional burn team rounds

Opportunities (External)

- Continued innovation in burn rehab techniques
- Becoming leaders in burn rehab research
- Burn knowledge translation to larger rehab community

Threats (External)

- Limited burn knowledge in the rehab community
- Limited burn rehab research and best practice guidelines
- Limited discharge options
- Funding restrictions

Applications: The outpatient burn program chose to focus on one main strategy for each quadrant of the SWOT. Internally, we will continue to capitalize on our burn experience by providing learning opportunities to other staff to share knowledge and build interest in burn care. We will also look to revitalize our burn peer support groups. Externally we will focus on providing burn care

education to the larger rehab community and advocating for increased burn care teaching at the university training level.

Concurrent Session F 2:20 pm — 2:45 pm

F1 Unnecessary Admission to ER

Location: Tudor Room

Dr. Nicole Tenn-Lynn *Nicole A. Tenn-Lyn, MD, M.Ed., FRCPC, DABEM, FACEP, Staff Emergency Physician, Mackenzie Health Richmond Hill Hospital, Assistant Professor, Faculty of Dentistry, University of Toronto*

THINNING THE CROWDS: High Impact Strategies to Reduce Emergency Department Overcrowding

Emergency departments (EDs) are an essential component to the healthcare system in North America, and often represents the gateway to hospital-based care. Overcrowding of EDs occurs when the number of patients exceeds treatment space capacity. This issue has become a chronic, nation-wide problem that reflects hospital overcapacity in general and often has negative impacts on quality of care, departmental efficiency, patient satisfaction and clinical outcomes. This presentation will review the current state of ED overcrowding in North America and focus on current evidence-based strategies with respect to decreasing input, improving throughput and increasing output that engage hospital administrators, ED staff and the public in the collective solution to ED overcrowding.

F2 Managing PACU Delays to Improve Patient Flow

Location: Quebec Room

Ellie Lee *BA, Patient Care Manager, Sunnybrook Health Sciences Centre*

Every minute the recovery room is delayed, results in a potential delay in the OR and a possible case cancellation. Sunnybrook Health Sciences Centre PACU utilizes TrackOR and automatic email notifications to alert Patient Flow, Shift Managers and receiving units of real time PACU patient status.

One PACU patient awaiting a transfer, is one OR patient that cannot enter a PACU bay. The translations is an entire OR team that is unavailable for another case. What is actionable as a result of this information, is another question.

Award Presentations and Closing

Location: Drawing Room

2:50 pm — 3:05 pm

Poster Presentations

Poster Presentation #1: Nurse Practitioners in Oncology – Primary Care: Reflections on Implementation

Lisa McCune *Director, MSW, Patient Experience Program, BC Cancer*
Kristina Morrison *RN, NP, BC Cancer*

Background: How do we ensure the post treatment needs of patients are met in the community while optimizing cancer care system capacity to address the care needs of those in active treatment? 62% of adults and 82% of children in Canada are expected to survive for at least five years after a cancer diagnosis. People's needs in the post-treatment period include physical, emotional, practical, information, spiritual, social and psychological concerns. Three percent of survivors are "unattached" meaning that they do not have a regular primary care provider. Unattached patients seek primary care at walk-in clinics, emergency departments, and through their oncologists. Patients' post-treatment needs can be better and more cost-effectively addressed through a relationship with a regular primary care provider.

Implementation: The Nurse Practitioners in Oncology – Primary Care role was introduced in British Columbia in 2013 to support the delivery of primary care for people with a cancer diagnosis who do not have a primary care provider. When the Nurse Practitioners in Oncology – Primary Care role was first introduced, oncology health professionals had a limited understanding of how to integrate the role into the cancer care system. We developed resources and strategies to generate awareness of the role, drive referrals from oncologists and other health care professionals, and support continuity of care. The role is now well-integrated at two BC Cancer Centres. Overall, the patient satisfaction rate is 95% with the highest scores for affective support (96%) health information (93%) and technical competency (93%).

Poster Presentation #2: What Are You Waiting For? A Patient Centred Approach to Care

Michelle Alexander *BA, BSW MS, Manager, Central Intake (Single Entry, ERAS, NSQIP)*
Marcel Billard *Reg PT MS, Clinical Lead, Central Intake Division, Regional Surgical Services, Eastern Health*

Orthopedic Central Intake has focused on quality improvement and access to appropriate care for all patients; "the right provider, in the right place, at the right time".

Since November of 2013, the Early Assessment and Injection Clinic was established to provide timely access to care for patients considered Priority 3 or inappropriate for immediate surgical consultation. These patients were typically left to wait longest. We recognized that this was often an unnecessary, inappropriate wait.

In the new clinic model, Priority 3 patients with early stage osteoarthritis are offered earlier appointments in the assessment clinic. OCI staff performed pre-clinic patient telephone screening and conducted clinical interviews to gather information regarding patient expectations, perceptions and knowledge related to diagnosis, prognosis and management. Interview information and clinical assessment findings identified appropriate conservative interventions and recommendations for future management and care.

Early evaluation of the clinic confirmed that a patient centered approach, considering patient perspectives, expectations and self- defined need, could achieve meaningful, appropriate care. The Early Assessment Clinic, which includes a lead physiotherapist and primary care physician, has grown since 2013 from 1o – 20 patients per month to 60-75 patients each month. Using a continuous quality improvement lens, Central Intake has also implemented a patient focused booking model to enhance patient engagement in the process and access to service. After the initial assessment visit patients can request a recheck appointment when they need it. They receive quick access and no show rates have diminished to less than 5%.

The presentation will examine how meeting the needs of nonsurgical patients, delivered in a orthopedic ambulatory setting, enhanced timely access to care for all patients and engaged staff in continuous improvement. Key outcomes will be highlighted; patient readiness and satisfaction, impact on surgical demand, improving patient flow, staff engagement and strategies for implementing sustainable, quality improvement as we continue to explore new innovations for access to appropriate patient care.

Poster Presentation #3: Improving Transition of Youth With Type 1 Diabetes From Pediatric to Adult Care

Janine Malcolm *MD, PhD, Endocrinologist, The Ottawa Hospital*

Background:
Young adults with type 1 diabetes (T1D) transitioning to adult care are at high risk of loss to follow-up and development of diabetes related complications. A successful transition should be a continuous and coordinated process that begins before and continues after the transfer. Young adulthood is challenging due to factors such as starting university, joining the workforce, and moving away from family home. Locally, 25% of transitioning youth do not attend their initial consult in adult care.
Project Aims:
To develop a program to ensure comprehensive, patient-centered, and coordinated diabetes care for youth transitioning from pediatric to adult care.

Methods:
A quality improvement framework was used. The Champlain LHIN Transition to Adult Care Working Group, a multidisciplinary committee with representation from regional pediatric and adult programs and a patient advocate was established. An environmental survey, assessment of best practices, literature review, priority setting exercise & work plan development occurred prior to implementation.

Outcomes:
A new pre-transition visit using a standardized transition skills check list was implemented. Steps toward transition and systematic documentation have been defined and incorporated into the pediatric clinic workflow. A regional guide to adult diabetes programs within the Champlain LHIN was developed, and a transition information evening including all regional programs has been implemented. A process for tracking attendance and facilitating rebooking, and a welcome package was developed for transitioned youth. A coordinated care map for initial transition years under adult care is in development.

Results:
Prior to implementation, recently transitioned youth/families were surveyed. This same survey will be sent post implementation and results compared. Process and balancing measures will also be measured.

Conclusions:
Transitioning youth with T1D warrant intervention to help prevent poor outcomes. A

regional program to improve the transition process may facilitate continued engagement of these high risk individuals in care.

Poster Presentation #4: Feasibility and Acceptability of a Web-Based Application to Facilitate Preparation of and Communication With Patients Undergoing Bariatric Surgery

Amy Neville *MD, MSc, FRCSC*
Yoni Freedhoff *MD, CCFP*
Lorne Segal *CFA*
Yoni Freedhoff *MD, CCFP*
Reece Bearnes *BSc, MHA*
Barnes Feenstra *RN, MScN,Clinical Manager Bariatric Centre of Excellence, Hamilton the Ottawa Hospital*

Purpose/Aim:

Assess the feasibility and acceptability of a web-based application to facilitate preparation of and communication with patients undergoing bariatric surgery.

Rationale/Background:

Patients living with obesity have option to undergo bariatric surgery as an effective weight loss strategy. The surgical pathway involves multiple steps with a multi-disciplinary team who screen, educate, and follow up with patients in an outpatient setting.

Intervention:

Since 2016, a web-based application called Seamless MD© was piloted by The Ottawa Hospital Bariatric Centre of Excellence and the Bariatric Medical Institute as an adjunct to the standard bariatric surgery pathway. Patients consenting for bariatric surgery were offered the opportunity to sign up for the free program available through a smartphone application or web-based portal. The program allowed patients to track their progress and receive automated feedback for self care. Based on symptoms or questions, patients were referred to a library of education modules and directed to the most appropriate health care provider if needed. The application also notified healthcare providers of patients with potential complications, allowing for early intervention.

Outcomes:

Overall feasibility and acceptability data was positive. Uptake is robust with 94% of patients signing up for Seamless MD. 95% completed a health check-in at the first week post-op, 88% at the second, and 77% at the third. 73% reported feeling more confident post-surgery, 49% reported they did not feel the need to call the healthcare team because of the information provided, and 21% indicated it allowed them to avoid returning to hospital. Overall patient satisfaction with the application was 85%.

Conclusions:

The implementation of Seamless MD as a tool to facilitate pre-operative preparation and post-operative communication appears to be a feasible and acceptable option for patients undergoing bariatric surgery. Further opportunities to refine current decision algorithms and provide additional education resources will be explored.

Poster Presentation #5: Full Thickness Skin Graft to Complex Vascular Wounds in Multi-Discipline Ambulatory Care: A Case Series Recertification Through Virtual Survey

Christine Murphy, *RN, MRN, PhD The Ottawa Hospital*

Full thickness skin graft to complex vascular wounds in multi-discipline ambulatory care: A case series.
Zhang, J.; Murphy, C.A.; Brandys, T.; Nicastro, M.

Purpose: To efficiently close potentially limb-threatening vascular wounds of the lower extremity in a clinic setting.

Background: Lower extremity wounds associated with arterial insufficiency place patients at high risk for limb loss and require significant health care resources for management. After appropriate revascularization and wound bed prep rapid access to skin graft closure in the interdisciplinary clinic setting alleviates the need for ongoing wound care resources. The Limb Preservation Clinic provides expedited access to multiple specialties that permits wound optimization and skin graft closure of complex wounds.

Methods: Patients received complex wound care coordinated by the vascular, wound and plastics specialists in a shared clinic setting. Vascular Surgery

provided revascularization and initial wound debridement. Customized dressing care including Negative pressure Wound Therapy (NPWT) was applied to achieve healthy granulation surface suitable for skin grafting. The plastic surgeon evaluated and expeditiously applied full thickness skin grafts in a clinic setting. The volar surface of the forearm was the most frequently used donor site with primary closure of the arm incisions.Skin graft take was enhanced with 5-7 days of post grafting NPWT application using a non-adherent interface.
Outcomes: This coordinated interdisciplinary out-patient approach optimizes and accelerates wound closure in a group of high risk patients. Rapid Wound closure facilitates earlier discharge from the health care system.

Conclusion: Surgical closure by skin graft improved outcomes for complex vascular wounds of the lower extremity. An ambulatory care approach provides rapid access to multidisciplinary specialty care. Such an approach avoids the expense related to operating room resources and in-patient admissions. Additionally, access to a coordinated Limb Preservation Clinic setting may reduce health resources required for extended wound healing and associated wound complications.

Poster Presentation #6: The Duplicate SVC

Linda Fulcher *RN, BSc, Queensway Carleton Hospital*

Situation:

A PICC catheter was ordered for a patient suffering from Necrotizing Pneumonia requiring long term antibiotics.

A #4Fr. BioFlo with PASV PICC Catheter was inserted into the patient's left Basilic vein without difficulty. No insertion complications were met and the patient tolerated the procedure well.

A portable CXR was done to confirm PICC placement. The CXR showed that the PICC was deep in the Left Atrium through a Duplicate SVC.

Following discussion with the Radiologist, the PICC was removed without difficulty and no post removal complications noted.

The Following day a right sided PICC was inserted into the patient's right Brachial vein without difficulty. Placement was confirmed in the Right Distal SVC

Poster Presentation #7: Improving Screening For OSA in AF Patient Population

Maria Timofeeva *DNP, NP Women's College Hospital*

Atrial Fibrillation (AF) is an emerging global epidemic with significant mortality and morbidity. Traditional risk factors for AF include HTN, older age, structural heart disease, DM, obesity and excess ETOH? intake. More recently Obstructive Sleep Apnea (OSA) has also been identified as a significant risk factor for AF. It is estimated that the prevalence of OSA in the AF patient population may be as high as 49% (Gami, et al., 2004). Continuous positive airway pressure (CPAP), the golden standard for OSA treatment, has demonstrated both reduction in reoccurrence and development of AF (Maeno, et al., 2013). Therefore, timely screening and access to the definitive treatment of OSA are desirable to limit mortality and morbidity in patients with AF.

The Integrated Model of Care was used to develop a Quality Improvement Project designed to address the lack of a standard procedure to screen patients for OSA in an AF clinic operated at the Women's College Hospital. The STOP-BANG screening questionnaire was chosen and adopted as the standard to screen all patients in AF clinic. In addition to the standard tool, new priority rules were stablished with Respirology team to reduce wait times for follow up AF patients identified as high risk for OSA.

The use of an evidence-based screening pathway resulted in a 50% increase in the rates of screening for OSA in the AF clinic. 70 % of screened patients were identified as high risk for OSA and 83% of these patients were referred to Respirology for initial consultation. The change in the clinical process has reduced the number of days to the initial consult with Respirology by 64 %.

This Quality Improvement Project has challenged the conservative clinical process and changed a clinical paradigm in AF clinic. Standard screening for OSA and shortened wait times have improved patient care. The results of this project are of particular relevance in Ontario where the diagnosis of OSA may take up to 18-month to be made by a sleep specialist (Rotenberg, 2010).

Gami, A.S. et al. (2004). Association of Atrial Fibrillation and Obstructive Sleep Apnea. Circulation, 110(4), 364-367.

Maeno, K. et al. (2013). Effects of obstructive sleep apnea and its treatment on signal-averaged P-wave duration in men. Circulation: Arrhythmia and Electrophysiology, 6(2), 287-293.

Rotenderg, B. et al. (2010). Wait times for sleep apnea care in Ontario: a multidisciplinary assessment. Canadian Respirology Journal, 17(4), 170-174.

Poster Presentation #8: Neurocognitive and Psychological Changes Following Electrical Injuries: A Review

Dr. Sam Iskandar *PhD, CPhych, Psychologist, Sunnybrook Health Sciences Centre, St. John's Rehab*
Marc Jeschke *MD, PhD, FACS, FCCM, FRCS©, Sunnybrook Health Sciences Centre*

Introduction: In addition to physical complaints, electrical injuries have been associated with various cognitive complaints (attention, memory, language) and psychological distress (depressive, post-traumatic stress, and other anxiety disorder symptoms). These changes can in turn interact with various outcomes affecting quality of life (e.g., return to work, treatment compliance, motivation). The purpose of this review is to survey existing research on the neurocognitive and psychological sequelae of electrical injuries, and highlight areas where further understanding is required to better manage the mental health aspects of this type of injury.
Method and Results: A literature search using key words "electrical injury" AND "neurocognitive", "neuropsychological", "psychopathology", "psychological", "psychiatric", "cognitive functioning", "post-traumatic stress disorder", "depression", "neuropsychiatric", "quality of life", and "behavioral" was undertaken using OVID Medline & PsycINFO. An extended search of referenced articles and articles referencing the original articles found will also be reviewed. The study will analyze the types of psychological and neurocognitive changes, severity and persistence of these symptoms, and the various theoretical explanations for the underlying cause of these changes.

Conclusions: This study will provide insights into the conceptual question of whether neurocognitive changes and psychological distress are separable sequelae of electrical injuries. This has been particularly difficult to answer given that the neuropathophysiology remains unclear. Furthermore understanding the prevalence,

severity, and persistence of these changes is important in clinical practice, especially in cases where misinformation can lead to harmful outcomes for patients (e.g., doubting the validity of symptoms).

Poster Presentation #9: The Role of the Genitourinary Technician in Ambulatory Care

Latoya Lewis *RPN, Sunnybrook Health Sciences Centre*
Lauren Edwards *RPN, Sunnybrook Health Sciences Centre*
Denyse Henry *RN, BScN, MHA, Sunnybrook Health Science Centre*

This presentation will outline the role of the Genitourinary Technician (Gu-Tech) in the ambulatory Cystoscopy/Urology Clinic at Sunnybrook Health Sciences Centre. The Gu-Tech role is unique to Sunnybrook Health Sciences Centre and has been working in the hospital since 1946.

Gu-Techs at Sunnybrook Health Sciences Centre hold a Registered Practical Nurse Diploma from a recognized College and receive extensive one on one practical training and orientation to the role and procedures in the Cystoscopy Clinic with a Senior Gu-Tech before they are able to work independently. Gu-Techs contributions to the urology team are broad and diverse we will outline the role responsibilities and impact they have had in ambulatory care and beyond.

Poster Presentation #10: What are you waiting for? A Patient Centred Approach to Care

Michelle Alexander *BA, BSW MS, Manager Eastern Health*

Home in 6.1 Hours — No Need for Overnight Stays after Thyroid Surgery.

Traditionally, patients remained in hospital up to 2 days after thyroid surgery. It has been shown that Outpatient Thyroid Surgery (OTS), where patients are discharged on the date of procedure, can be both safe and beneficial to patients. Further patient and healthcare system benefits include: convenience, protection from nosocomial infection, patient satisfaction and importantly, redistribution of limited hospital resources. Immediately prior to implementing the OTS Model of Care, a cohort of 250

thyroidectomy procedures had an average length of stay (LOS) of 21 hours. Recently, through an innovative quality improvement pilot initiative, the OTS Model of Care, and evidence based and standardized process was created to allow patients to be discharged within 6 hours of surgery. Steps to model implementation included an environmental scan, review of the literature, toolkit development, process flow review, and patient and family engagement. This new model addresses and standardizes all aspects of care including patient selection, surgical and anaesthetic techniques, transition of care processes, discharge criteria and protocols, patient and caregiver education and intensive follow-up strategies. Overall, 61 OTS surgeries were successfully completed, with a 70% reduction in average length of stay (from 21 hours to 6.1 hours). There were no documented emergency department visits or readmissions. Patient and staff satisfaction rates were over 95% respectively. Additional positive outcomes included: increased staff confidence, improved patient advocacy, standardized practices and goal-oriented patient communication. In conclusion, outpatient thyroid surgery is safe, feasible, and patient-centred in an evolving and financially conscious health care environment. This innovative approach could be used as a model for best practices in ambulatory surgery.

Poster Presentation #11: Ongoing PICC-Related Complications: Singling Out the Problem

Barbara McArthur *RN, MA APN Sunnybrook Health Sciences Centre*

Requests for the placement of peripherally inserted central catheters (PICCs) have grown substantially in recent years. The clinical need for long-term venous access to administer medication, provide blood samples, as well the low cost of insertion, and ability to train existing staff have facilitated the increase in current usage. Despite the benefits, PICC devices have complications associated with their use that have a significant impact on patients, providers, and the healthcare system. A study found the overall global PICC complication rate to be 30.2%. This rate was 36.1% in the inpatient setting versus 19.4% in the outpatient setting. Two of the most common complications are thrombosis and infection. Evidence-based practice guidelines have been developed to reduce the incidence of these complications. Unfortunately, these guidelines have not been widely adopted. This poster discusses the impact of the PICC associated complications of thrombosis and infection on patients, providers, and the healthcare system. A review of available evidence-based guidelines, and the barriers to their usage is provided. Two strategic initiatives that demonstrate promising

potential in assisting the incorporation of evidence based guidelines by practitioners are discussed. Widespread adoption of these initiatives would reduce the incidence and severity of complications associated with PICC use.

Poster Presentation #12: Developing a Novel Smoking Cessation Intervention for Implementation in an Outpatient Surgery Clinic

Kristine Foss *RN, ACPAC Nurse Educator, J Sadek, P Belanger, K Nadeau, K Mullen, D Aitkens, D MacIsaac, L Williams, I Raiche, R Musselman, H Moloo - The Ottawa Hospital*

There is overwhelming evidence that smoking increases morbidity and mortality peri-operatively, as well as increasing the incidence of post-operative complications. Initiation of smoking cessation or reduction of smoking as late as 4 weeks pre-operatively has shown to greatly reduce the risks, yet few outpatient smoking cessation interventions exist in surgical clinics.

Our aim is to develop an evidence based outpatient smoking cessation protocol that can be implemented in the colo-rectal clinic setting and be easily adapted to other outpatient surgical clinics.

A needs assessment was completed to determine prevalence of smokers, how often smoking cessation was addressed by clinic staff, and if any method of smoking cessation was identified to patients. Clinic staff was interviewed to identify perceived barriers to smoking cessation intervention in a surgical clinic setting. A multidisciplinary team comprised of physicians, nurses and members of the University of Ottawa Heart Institutes Smoking Cessation Team met regularly to develop a smoking cessation protocol focused on efficiency in the clinic setting. The group developed a customized consultation form as well as prescriptions and all clinical staff received specific training.

The needs assessment identified that 19% of patients seen in the colo-rectal clinic were smokers. Less than 10% of patients were asked about smoking status and none of the patients were offered information regarding smoking cessation interventions. Two months post implementation, 100% of patients are asked if they smoke, and if so are offered intervention. 29 patients agreed to enroll in the smoking cessation program.

The easy to use smoking cessation protocol developed by our team has been successfully implemented into the colo -rectal surgery clinics. The protocol has been

adopted by an internal medicine clinic and presently being introduced into other surgical clinics.

Poster Presentation #13: Nurse Specialist Role in Pre-Biologic Safety Screening

Denise Boone *RN, BsN, Nurse Specialist Rheumatology, The Ottawa Hospital*

Rheumatoid arthritis (RA) is an autoimmune disease affecting 1% of Canadians (Widdifield et al., 2014). Biologic therapies have dramatically improved the lives of patients, but are associated with significant side effects, most commonly infections (Curtis & Singh, 2011; Rubbert-Roth, 2012). Canadian rheumatology guidelines state that patients require proper screening prior to initiating biologics (Bombardier et al., 2012). Patients should be screened for latent and active tuberculosis (TB) and Hepatitis B and C, and vaccine counselling should be performed. Patients treated with biologic therapies are at increased risk of developing vaccine preventable illnesses, due to the nature of the disease and the immunosuppressant properties of the biologics (Bombardier et al.). Vaccines decrease the rates of infection and reduce hospital visits and associated deaths (Immunize Canada, 2015). Adult patients of all ages should be counselled on the need for yearly influenza vaccine, pneumococcal vaccines, and hepatitis B. Patients over the age of 50 should receive counseling for the shingles and other needed live vaccines in the context of starting a biologic medication.

The Arthritis Centre developed a screening tool to ensure all patients are screened prior to initiating biologics. Despite the new tool, physician compliance was low and there was no improvement in screening practices. Screening is now performed by the rheumatology nurse specialist.

The nurse specialist follows a medical directive to order hepatitis B and C serology, TB skin testing and/or Interferon-gamma release assays, and chest radiography, completes the patient history safety checklist, and performs vaccine counseling. All patients are now receiving consistent pre-biologic screening and teaching, including screening for latent and active tuberculosis, Hepatitis B and C, and vaccine counseling by the nurse specialist.

This poster presentation will outline the pre-biologic screening process and the role of the nurse specialist within that process.

Poster Presentation #14: Track OR — Improving the Patient & Family Experience for Elective Ambulatory Surgery

Ellie Lee *Patient Care Manager, Sunnybrook Health Sciences Centre*
Dan Napier *Project Leader II / Systems Architect, SHSC*
Nigel Wilson *Project Leader II / Systems Architect, SHSC*

The global community and regions bring to bare the thoughts, solutions, innovations, and capabilities of healthcare. Ideas and thoughts are brought forward. Fundamentally on a global basis we all face the same challenges - lack of funding, coupled with more people consuming the services of healthcare. We are living longer, bringing aspects of disease burden mixed with geographic displacement, access to beds and services which is mixed with consumers who want answers and access to services immediately. Access to information has become an important part of the patient experience within healthcare.

Sunnybrook OR Information Management Services (ORIMS), committed to innovation and on delivering on an opportunity. By making a small investment in IT infrastructure, they were able to build on the massive amount of data collected every single day from passive RFID patient tracking. IT innovation enabled transforming that data into information and into knowledge management that was able to project into clinical utility. Harnessing the information and how we use it is our next critical step. Better health through IT.

We not only share the same healthcare challenges felt everywhere, we are all able to share opportunities and best practices with each other. The promise of information and innovation empower us to bring forward different ways to work with people and processes. TrackOR allowed us to to bring forward information, take hold of it and make phenomenal changes.

By using real-time patient tracking technology and integrated data sources, OR Information Management Services at Sunnybrook Health Sciences Centre has improved workflows, increased data awareness and provided tools for stakeholder decision making across the OR & Related Services.

NOTES

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NEW PEER CONTACT LIST

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MESSAGE du PDG DE L'ACSA

Chers amis,

C'est vrai que je suis la fondatrice de l'Association canadienne des soins ambulatoires (ACSA); cependant, je crois que mon regard est objectif quand je constate que l'association est vraiment magnifique et évolue chaque jour. L'ACSA est le champion principale pour des soins ambulatoires au Canada. L'association diffuse l'éducation sur les travaux exceptionnelles fournis dans les milieux ambulatoires partout au Canada, mais en plus, on a une empreinte dans la communauté internationale des soins ambulatoires. L'ACSA assure que ses membres, composé des administrateurs, professionnels de santé et ouvriers sont informés sur les sujets quotidiens qui concernent les soins ambulatoires des patients. Ceci comprennent le plaidoyer, l'éducation, la qualité des soins et les meilleures pratiques.

Cette année, notre thème principal est «Stratégies pour améliorer l'expérience des patients en soins ambulatoires.» La conviction de l'ACSA est centrée sur l'affirmation selon laquelle nos patients et leurs familles passent en premier. Par des discussions innovatrices et des interactions avec nos membres et intervenants externes, nous travaillons à fournir nos membres le soutien nécessaire pour répondre aux préoccupations opérationnelles et stratégiques, y compris les opportunités d'éducation et de perfectionnement professionnel

La ACSA sert de réseau de communication et réflexion des idées entre les membres, et de centre de collaboration créative. La transparence est la clé pour démontrer la force collective des soins ambulatoires au Canada, et j'encourage tous les délégués à profiter de votre voix politique et à jouer un rôle actif dans l'évolution et l'influence grandissante de la ACSA. Il y a du pouvoir dans l'unité, alors je vous encourage tous à préconiser des soins ambulatoires pour assurer que les meilleurs intérêts de nos patients soient servis. J'espère que vous deviendrez un membre actif de notre association et que vous aiderez la ACSA dans ses efforts. Pourquoi ne pas rejoindre un de nos comités? N'hésitez pas à communiquer avec moi tout au long de la conférence ou envoyez-moi un courriel avec des suggestions.

Les soins de santé changent rapidement. En conséquence, les soins ambulatoires ont été forcés de développer des opportunités pour améliorer les performances opérationnelles et les coûts, tout en améliorant la qualité des soins à nos patients. La conférence de l'ACSA promet d'offrir un forum éducatif où les idées et l'information peuvent être partagées ouvertement pour aider à relever certains de ces défis. Notre programme de conférences a été conçu pour promouvoir l'échange de connaissances et la sensibilisation aux différentes innovations dans le milieu des soins ambulatoires. Notre comité de planification a travaillé avec diligence pour s'assurer que tous les participants trouveront quelque chose d'excitant et de pertinent parmi les nombreuses séances auxquelles vous assisterez au cours des deux prochains jours. Au nom du comité exécutif de l'ACSA, je profite de l'occasion pour vous souhaiter la bienvenue au 6e conférence annuel de l'Association canadienne des soins ambulatoires. Profitez de votre temps à Ottawa, passez du temps avec des nouveaux amis, mais surtout amusez-vous !

Sincèrement,

Denyse Henry

Denyse Henry
Fondatrice et directrice générale

MESSAGE DU PRÉSIDENT DE L'ACSA

Bienvenue à Ottawa! Mes chers délégués, présentateurs, invités et collègues, il est si bon d'être dans la capitale de notre nation pour célébrer les soins ambulatoires!

Cet événement est important en ce sens qu'il célèbre, partage et diffuse les connaissances d'excellent travail qui se fait dans ce secteur chaque année.

Cette année, nous avons le privilège de recevoir des nouvelles de tous les secteurs, d'entendre la voix des patients et d'entendre des organisations qui forge le secteur.

Ceci est une étape marquant car le fait d'être ici à Ottawa n'est que le début de la mission de l'Association de voyager à travers le pays et d'accroitre notre organisation.

C'est ma troisième et dernière année d'être président de l'ACSA. Lorsque je me suis joint à l'équipe, j'espérais aider le secteur à développer ses activités de promotion, de diffusion des connaissances et de réseautage.

Mon successeur pourra s'appuyer sur ces résultats obtenus:

Nous avons organisé notre premier webinaire sur les soins ambulatoires en avril dernier.

Nous avons diversifié l'exécutif pour inclure la santé digitale.

Nous atteignons et attirons l'intérêt ailleurs dans le monde.

Nous avons encouragé le ministère de la santé et les cadres de grandes organisations de santé à intégrer les soins ambulatoires dans leur planification stratégique.

Nous avons encore du travail à faire. Nous devons définir et étudier l'impact du secteur. Nous devons cataloguer l'excellent travail qui se produit au Canada. La prochaine grande étape pour l'Association sera d'amener le secteur des soins ambulatoires ensemble. Devenir une voix centrale.

Après tout, nous respectons tous les mandats de nos systèmes de santé: offrir de la qualité, améliorer le flux des patients, réduire les infections nosocomiales et, bien sûr, créer de l'efficacité.

J'espère que vous apprécierez la conférence.

Cordialement,

Jatinder Bains

Jatinder Bains
Président, ACSA

MESSAGE DU PRÉSIDENTE DU COMITÉ DE PLANIFICATION DE LA CONFERENCE DE L'ACSA

Le Comité de Planification de la Conférence et le Conseil d'Administration de l'Association canadienne des soins ambulatoires vous souhaitent la bienvenue à la 6ième conférence annuelle, Stratégies pour Améliorer l'Expérience du Patient. Nous avons le privilège d'être à Ottawa, capitale de la nation, pour la conférence cette année et nous espérons que vous prenez du temps pour profiter des sites de cette belle ville.

Le Comité de Planification espère vous fournir une plate-forme pour discuter des nombreux changements dans le domaine des soins de santé qui sont transformés par deux forces majeures: le financement du ministère de la Santé et la croissance d'engagement des consommateurs, des patients, des familles et des soignants. La disposition de soins dans un cadre ambulatoire n'est plus une exception, mais un endroit où des praticiens hautement qualifiés fournissent quotidiennement des soins de plus en plus complexes à des milliers de patients. Cette association et cette conférence tentent de s'assurer que les fournisseurs de soins en soins ambulatoires se tiennent au courant des innovations de soins et de technologie requis par nos patients.

Comprendre l'expérience du patient lorsqu'il reçoit des soins ambulatoires est important pour améliorer les soins centrés sur le patient. Lors de cette conférence, vous allez acquérir de l'informations et des stratégies et entendre des histoires des patients qui vous aideront à améliorer l'expérience du patient. Cette année, vous entendrez comment nous influençons l'expérience du patient en Ukraine; sur les liens communautaires et les innovations de soins ambulatoires qui amélioreront la vie et l'expérience de nos patients. Nous aborderons également les préoccupations des soignants lors de la séance du violence au travail.

Je suis heureux et honorée d'être le président de la conférence cette année. En collaboration avec les membres de notre Comité de Planification, nous avons construit un programme pour vous inspirer, vous éclairer et vous mettre au défi en tant qu'un professionnel de la santé. Vous aurez également des occasions de réseauter les uns avec les autres et apprendre des expériences de chacun et s'amuser en même temps! Joignez à nous pour la croisière sur le canal Rideau, la course « Amazing Race » et le dîner de gala de la ACSA à la salle à manger principale du Fairmont Château Laurier.

Vendredi, nous terminerons la conférence par annoncer le Prix de Présentation des Affiches, en l'honneur des partenaires de la ACSA qui illustrent le mieux la puissance de la transformation des soins de santé en soins ambulatoires. Nous espérons que vous partirez énergisé, informé et renouvelé dans votre passion pour les soins des patients et des familles.

Sincère salutations!

Sherrol Palmer Wickham

Sherrol Palmer Wickham
Présidente du Comité de Planification de la Conférence
Vice-Présidente de l'Éducation

7-8 Juin 2018

6e Conférence Annuelle de l'Association Canadienne des Soins Ambulatoires (ACSA)

Stratégies pour améliorer l'expérience des patients en soins ambulatoires

Contenu

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Bienvenue

L’ACSA est la première et la seule association interdisciplinaire de soins ambulatoires établie au Canada pour améliorer la pratique et l'éducation de soins ambulatoires. Notre mission est de transformer l'avenir des soins ambulatoires médicaux préventifs en offrant à nos membres un forum pour partager leurs connaissances et leurs compétences, en réseau avec d'autres professionnels afin d'améliorer la pratique dans un environnement de soins ambulatoires en pleine croissance.

Bienvenue à la 6e Conférence Annuelle de l'Association Canadienne des Soins Ambulatoires (ACSA)

Veuillez mettre vos téléavertisseurs et téléphones cellulaires en sourdine pendant toutes les sessions

L'inscription inclue	L'admission à toutes les sessions principales, les sessions simultanées, les petits déjeuners continentaux, les déjeuners, la course « Amazing Race », le dîner de gala et la session d'affiches. Votre badge de conférence vous permettra d'accéder à ces événements. Veuillez porter votre badge en tout temps.
Sessions simultanées	Nous avons un certain nombre de sessions simultanées qui seront limitées à 50 personnes chacune selon le principe du premier arrivé. S'il vous plaît voir le programme pour plus de détails. Nous préférons que vous restiez pour toute la session.
Évaluation	Nous enverrons une évaluation en ligne que vous recevrez immédiatement après la conférence
Badge	Tous les présentateurs, délégués et membres porteront des badges. Pour aider à identifier ces groupes, veuillez rechercher: Membres du conseil d'administration: bordeaux Présentateurs: blanc Les délégués: noir Membres de planification de la conférence: rose Membres de la ACSA: rouge

Notre Équipe

Membres du conseil d'administration

Denyse Henry, RN, BHA (Hons), MHM, Directeur Générale
Jatinder Bains, BSc PT, MHSc, CHE, Président

Jing Zhou, RN, BScN, Secrétaire, Vice-Présidente Adhésions & Promotions
Julia Young, RN, Vice-Présidente, Finance & Parrainage
Ellie Lee, BA, Vice-Présidente, Conception du Site Web et Publications
Sherrol Palmer, RN, BScN, CON(C), Vice-Présidente Éducation
Adam Saporta, PT, BSc, MScPT, CHE, Vice-Président, Projets spéciaux
Dr. Robert Williams, MD, Conseiller médical et télésanté

Membres du comité de planification de la conférence

Elizabeth Donaldson-James
Denyse Henry
Ellie Lee
Sherrol Palmer, Présidente du comité de planification de la conférence
Julia Young
Malak Sidky, Health Care Event Planning

LES FAITS SAILLANTS DE NOTRE CONFÉRENCE

« Stratégies pour améliorer l'expérience des patients en soins ambulatoires »

ORATEURS INVITÉS DISTINGUÉ

Dr. Oleh Antonyshyn *MD, FRCS (C)*
Professeur agrégé, Division de chirurgie plastique, Université de Toronto
La restructuration des victimes de la guerre: une mission humanitaire canadienne en Ukraine

Dre. Rita Selby *MBBS, FRCPC, MSc Professeure adjoint, Université de Toronto*
Thrombose et hémostase
Nouveau au point d'intervention de coagulation? Comment réussir

Dre. Janet Bodley *MD, FRCS (C) Professeure agrégée, Division d'uro-gynécologie, Université de Toronto*
L'intensification de la lutte contre la maltraitance au travail: Implications pour les soins de santé sûrs et de haute qualité pour les patients

Un aperçu de la conférence

Mercredi 6 juin

Heure	Titre	Lieu
8h00-16h00	ACLS	Courtyard Marriott centre-ville Bytown
16h30-17h00	AGA	Château Laurier – Drawing Room
18h00-20h00	Croisière sur le canal Rideau	Ottawa Centre-ville

Jeudi 7 juin

Heure	Titre	Lieu
7h00-8h30	Inscription et petit-déjeuner	Drawing Room
8h30-11h15	**Atelier: L'Expérience du patient** Claudia Houle, HSO, Karen Callaghan, Novo Nordisk Canada et étude de cas	Drawing Room

11h30-12h25	Déjeuner et expositions	Drawing Room
12h30-12h45	**Cérémonies d'ouverture**: Bienvenue de Mathieu Fleury, Conseiller Quartier 12 Rideau-Vanier	Drawing Room
12h45-13h30	**Discours d'ouverture:** **Dr. Oleh Antonyshyn** *MD, FRCS (C)* La restructuration des victimes de la guerre: une mission humanitaire canadienne en Ukraine	Drawing Room
13h30-14h00	**Dre. Rita Selby** *MBBS, FRCPC, MSc* Nouveau au point d'intervention de coagulation? Comment réussir	Drawing Room
14h00-14h25	Pause-café et expositions	
1430-14h55	a)Helene Lacroix et Carol McFarlane **Saint Elizabeth**: Des solutions à domicile et communautaires pour renforcer les soins ambulatoires	Salle Tudor
	b)Judy Van Es: Refonte de la clinique cardiaque: mise en place d'un modèle LEAN	Salle Québec

15h00-15h25	a)Bernice Budz & Lisa McClure: Expérience du patient dans le traitement du cancer: de la vision à la mise en œuvre	Salle Tudor
	b)Ellie Lee: TrackPAC – Un nouveau modèle pour améliorer le flux des patients pré anesthésiques	Salle Québec
15h30-15h55	a)Mei Lei Ling: Chirurgie ambulatoire Péri-anesthésie	Salle Tudor
	Dre Karen Sharma: Clinique OPAT dans notre hôpital	Salle Québec
16h30-18h00	« Amazing Race CAAC »	Centre-ville Ottawa
18h30	Dîner gala et prix	Drawing Room

Vendredi 8 juin

Heure	Titre	Lieu
7h00-7h55	Petit-déjeuner	Drawing Room
8h00-8h10	Prix	Drawing Room

8h10-9h30	Table ronde: Violence en milieu de travail Sam Asselstine, Le Royal Ottawa Mental Health Centre; Scott Jupp, Stanley Security et Tegan Slot, Association de la santé et sécurité des services publics Tel que présenté dans « Hospital News »	Drawing Room
9h30-10h20	**Discours d'ouverture:** Dre Janet Bodley : L'intensification de la lutte contre la maltraitance au travail: Implications pour des soins de santé sûrs et de haute qualité pour les patients	
10h20-10h40	Pause-café et expositions	
10h45-11h10	a)Suzanne Boggild: Leadership, résilience et découverte de la joie au travail	Salle Tudor

	b)Constance Buran: Triage en télésanté: Utiliser les données pour modifier les connaissances et la pratique	Salle Québec
11h15-11h40	a)Shawn Drake, Workforce Edge: Capter les avantages de l'optimisation de la main-d'œuvre en soins ambulatoires	Salle Tudor
	b)Sonja Cobham: Approche collaborative multidisciplinaire pour évaluer la conformité aux pratiques de contrôle de la prévention des infections dans le service d'endoscopie dans un établissement de soins tertiaires	Salle Québec

11h45-12h10	a)Christine Murphy: Clinique de préservation des membres: une nouvelle approche pour soigner efficacement les plaies des membres inférieurs	Salle Tudor
	b)Patsy Morrow: Appliquer LEAN pour améliorer la prestation des soins ambulatoires dans la clinique de fracture	Salle Québec
12h15-13h15	Déjeuner et expositions	Drawing Room
13h20-13h45	a)Sharon Schaaf: Renvois des services d'urgence à une clinique de cardiologie ambulatoire	Salle Tudor
	b)Heather Radman & Julie Holmes: L'amélioration de l'expérience du patient avec la douleur chronique	Salle Québec

13h50-14h15	a)Shawne Gray: Transformer l'expérience du patient avec des épanchements pleuraux malins et des ascites malignes en utilisant des soins de santé innovants	Salle Tudor
	b)Gary Siu: Programme de brûlures ambulatoires: une analyse SWOT	Salle Québec
14h20-14h45	a)Dr. Nicole Ten-Lynn: Admission inutile à la salle d'urgence	Salle Tudor
	b)Ellie Lee: Gérer les retards de la PACU pour améliorer le flux des patients	Salle Québec
14h45-15h05	Présentation des prix et remarques de clôture	Drawing Room