Many Specialties, One Forum

CAAC

Promoting Best Practices in Ambulatory Care
The Pathway to Clinical Excellence

2017 5TH ANNUAL CONFERENCE

canadianambulatorycare@gmail.com
www.canadianambulatorycare.com
100 Consilium Place, Scarborough
M1H 3E3

June 1-2, 2017
White Oaks Resort & Spa,
Niagara on the Lake

CONTENTS

WELCOME

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.

Our vision is to lead the nation and influence the practice of Ambulatory Patient Care through our research, educational agenda and practice innovations.

Welcome to the 5th Annual Canadian Association of Ambulatory Care Conference

Please mute all pagers and cell phones in all sessions

Registration Includes:	Admittance to all main sessions, concurrent sessions, pre conference reception, continental breakfasts, luncheons, dinner and the Poster Session. Your conference badge will provide you with entrance to these events. Please wear your badge at all times.
Double Length Sessions:	We have a number of double session (=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 colour-coded badges. To help identify these groups, please look for - Board Members……**Maroon Badges** - Presenters……**White Badges** - Delegates……**Black Badges** - Conference Planning Members……**Rose Badges** - CAAC Members……**Red Badges**

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
Julia Young, RN, Vice President, Finance & Sponsorship
Ellie Lee, BA, Vice President, Web Design and Publications
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Vinder Nat, RN, BScN, Vice President, Communications & Stakeholders Relations
Adam Saporta, PT, BSc, MScPT, CHE, Vice President, Special Projects

Conference Planning Committee Members

Idil Abdi
Elizabeth Donaldson-James
Denyse Henry
Ellie Lee
Sherrol Palmer
Julia Young

CONFERENCE AT A GLANCE

Wednesday, May 31, 2017

Time	Title	Location
6:00 pm - 10:00 pm	Pre-Conference Networking Reception: Complimentary with Registration	Royal Oak Lounge

Thursday, June 1, 2017

Time	Title	Location
7:00 am - 8:00 am	Breakfast	Sunhill Dining Room
8:00 am - 12:00 pm	Workshop A: Leadership and Team Building	Studio 12 & 13
8:00 am - 12:00 pm	Workshop B: Foreign Body & Bleed Management	Studio 456
12:00 pm - 1:00 pm	Workshops Lunch	Sunhill Dining Room
1:00 pm - 1:15 pm	Greetings	Grand Event Room A/B
1:15 pm - 2:00 pm	Opening Keynote Address: Ian McKillop	Grand Event Room A/B
2:00 pm - 2:30 pm	Concurrent Session A: A1 Partnership of Patient Centred Care with Diabetes Recognition Program to Improve Patient Care	Studio 12 & 13
2:00 pm - 2:30 pm	Concurrent Session A: A2 The Nurse Triage Role in an Ambulatory Care Setting	Studio 456
2:30 pm - 3:00 pm	Concurrent Session B: B1 Amputee Peer Support Group	Studio 456
2:30 pm - 3:00 pm	Concurrent Session B: B2 Standardizing Orientation for the Telehealth Nurse: How Does RN Competency and Confidence Support the Education?	Studio 12 & 13
3:00 pm - 3:15 pm	Break	Central Coffee Break Station
3:15 pm - 3:45 pm	Concurrent Session C: C1 Creating New Best Practices in Ambulatory Care through Teletriage	Studio 12 & 13
3:15 pm - 3:45 pm	Concurrent Session C: C2 Collaborative Community Care Model	Studio 456
4:00 pm - 5:00 pm	AGM	Grand Event Room A/B
5:00 pm	CAAC Networking Dinner	Sunhill Dining Room

Friday, June 2, 2017

Time	Title	Location
7:00 am - 8:00 am	Registration and Breakfast	Sunhill Dining Room
8:00 am - 8:05 am	Greetings	Grand Event Room A/B
8:05 am - 8:50 am	Keynote Address: Dr Nicole Tenn-Lyn	Grand Event Room A/B
8:50 am - 9:20 am	Concurrent Session A: A1 Exploring the Ethical, Legal and Policy Implications of Medical Assistance in Dying	Studio 12 & 13
8:50 am - 9:20 am	Concurrent Session A: A2 Expectations of a Visit to Ontario's Only Multidisciplinary Skin Cancer Clinic	Studio 456
9:20 am - 9:50 am	Concurrent Session B: B1 New Practice/Promoting Best Practices in Ambulatory Care	Studio 456
9:20 am - 9:50 am	Concurrent Session B: B2 GI Rapid Referral Clinic: A Study in Collaborative Problem Solving	Studio 12 & 13
9:50 am - 10:20 am	Concurrent Session C: C1 Michael's International Education Experience: The Qatar Journey	Studio 456
9:50 am - 10:20 am	Concurrent Session C: C2 Dr. Elaine Yong, Women's Health	Studio 12 & 13
10:20 am - 10:50 am	Break— Poster Presentation	Central Coffee Break Station/ Grand Event Room A/B
10:50 am - 11:20 am	Concurrent Session D: D1 Ambulatory Clinic Optimization	Studio 12 & 13
10:50 am - 11:20 am	Concurrent Session D: D2 Why Do We Utilize OR Resources for Procedures that Can Be Done in Ambulatory Setting?	Studio 456
11:20 am - 11:50 am	Concurrent Session E: E1 From Conflict Resolution to Team Building	Studio 12 & 13
11:20 am - 11:50 am	Concurrent Session E: E2 Preparing for "FIT": A New, Minimally Invasive Test for Colorectal Cancer Screening	Studio 456
11:50 am - 12:20 pm	Concurrent Session F: F1 The Innovation and Development of a Surgical Short Stay at Sunnybrook Health Sciences Centre	Studio 456
11:50 am - 12:20 pm	Concurrent Session F: F2 One Clinic At a Time: Reducing the Frequency of Unfilled Clinic Spots in Pediatric Ambulatory Care	Studio 12 & 13

12:20 pm - 1:20 pm	Lunch— Poster Presentation and Sponsor Booths	Sunhill Dining Room/ Grand Event Room A/B
1:20 pm - 1:50 pm	Plenary Session: Scott Smith	Grand Event Room A/B
1:50 pm - 2:20 pm	Concurrent Session G: G1 Increasing Volumes, Decreasing Hands-Offs, and Adding Value to the Patient Experience: An Administrative Review	Studio 456
1:50 pm - 2:20 pm	Concurrent Session G: G2 Leveraging Overarching Privacy Concepts for a Regional Clinical Viewer in Transitions of Care	Studio 12 & 13
2:20 pm - 2:50 pm	Concurrent Session H: H1 Evaluation of Health Promotion Model on Improving Healthy Behaviours of Hemodialysis Patients: A Randomized Controlled Trial	Studio 12 & 13
2:20 pm - 2:50 pm	Concurrent Session H: H2 Increasing Health Literacy by Engaging Patients and Families in the Development of Educational Resources	Studio 456
2:50 pm - 3:20 pm	Concurrent Session I: I1 The 3 E's of Healthcare: Evolution, Empowerment, and Engagement	Grand Event Room A/B
3:20 pm - 3:35 pm	Award Presentations and Closing	Grand Event Room A/B

OFFICE OF THE LORD MAYOR
Town of Niagara-on-the-Lake
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www.notl.org

June 2017

On behalf of Council and staff of the Town of Niagara-on-the-Lake, I wish to extend a special welcome to all those attending the 5th annual Canadian Association of Ambulatory Care (CAAC) Conference from June 1-2, 2017. We are pleased this event is being hosted at the beautiful White Oaks Resort & Spa.

As professionals in the ambulatory care field, I trust you will greatly benefit from the conference workshops and programs designed to promote clinical excellence and best practices in the delivery of ambulatory patient care.

While you are here, we hope you will take the time to explore the many attractions that make our town so unique, including historic Fort George, Brock's Monument, the Shaw Festival Theatre, and our world-class wineries. You will also want to visit the quaint shops, restaurants, restored heritage homes, and the centuries-old Court House in our heritage district. As well, the *Outlet Collection at Niagara*, Canada's largest outdoor shopping centre, features over 100 high-end retailers and a food pavilion.

Again, we are pleased to have you here and hope you enjoy your time in Niagara-on-the-Lake.

Sincerely,

Pat Darte
Lord Mayor

WELCOME TO NIAGARA FALLS AND TO THIS YEAR'S

Canadian Association of Ambulatory Care Conference

ENJOY ALL THERE IS TO DO IN NIAGARA FALLS.
YOU'RE WELCOME BACK ANYTIME!

niagarafalls.ca

SINCERE BEST WISHES FROM
MAYOR JIM DIODATI &
MEMBERS OF NIAGARA FALLS
CITY COUNCIL

CANADA 150
NiagaraFalls

Ministry of Health and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel. 416 327-4300
Fax 416 326-1571
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Ministère de la Santé et des Soins de longue durée

Bureau du ministre

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Ontario

Canadian Association of Ambulatory Care
5th Annual Canadian Association of Ambulatory Care Conference

June 1, 2017

Dear Friends,

I would like to offer warm greetings to everyone attending the 5th Annual Canadian Association of Ambulatory Care (CAAC) Conference.

I want to commend all of those participating in the conference for taking this opportunity to explore new ideas, and further discussion on how to provide the best ambulatory care for patients. Your pursuit of clinical excellence is truly in keeping with the goal of putting patients first.

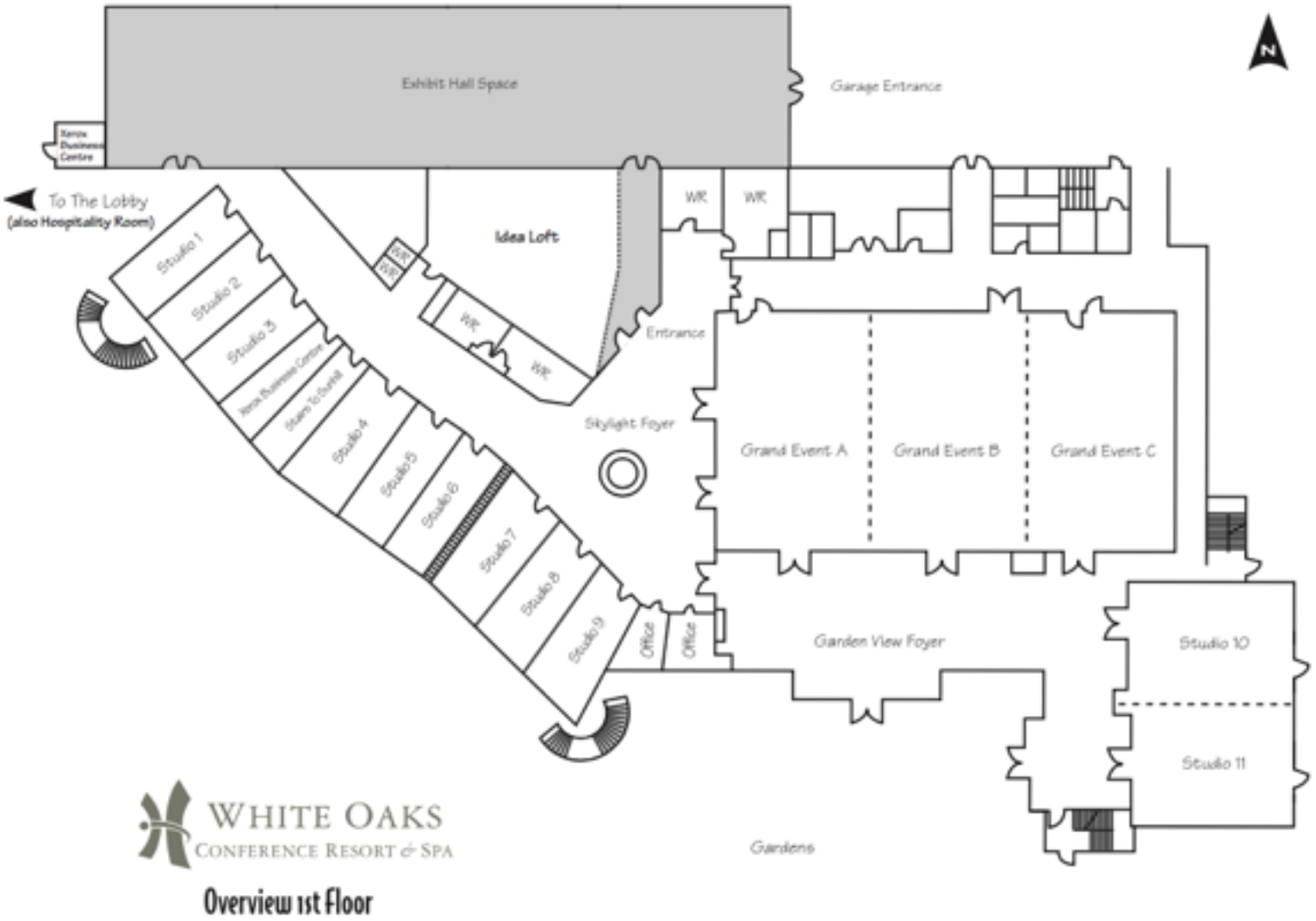
I also want to applaud the CAAC, Canada's only interdisciplinary ambulatory care association, for the decision to expand the conference outside of the Greater Toronto Area. I wish you well on your further growth as an organization.

Finally, I want to wish everyone a very enjoyable and fruitful conference.

Sincerely,

Dr. Eric Hoskins
Minister

CAAC CONFERENCE MAP



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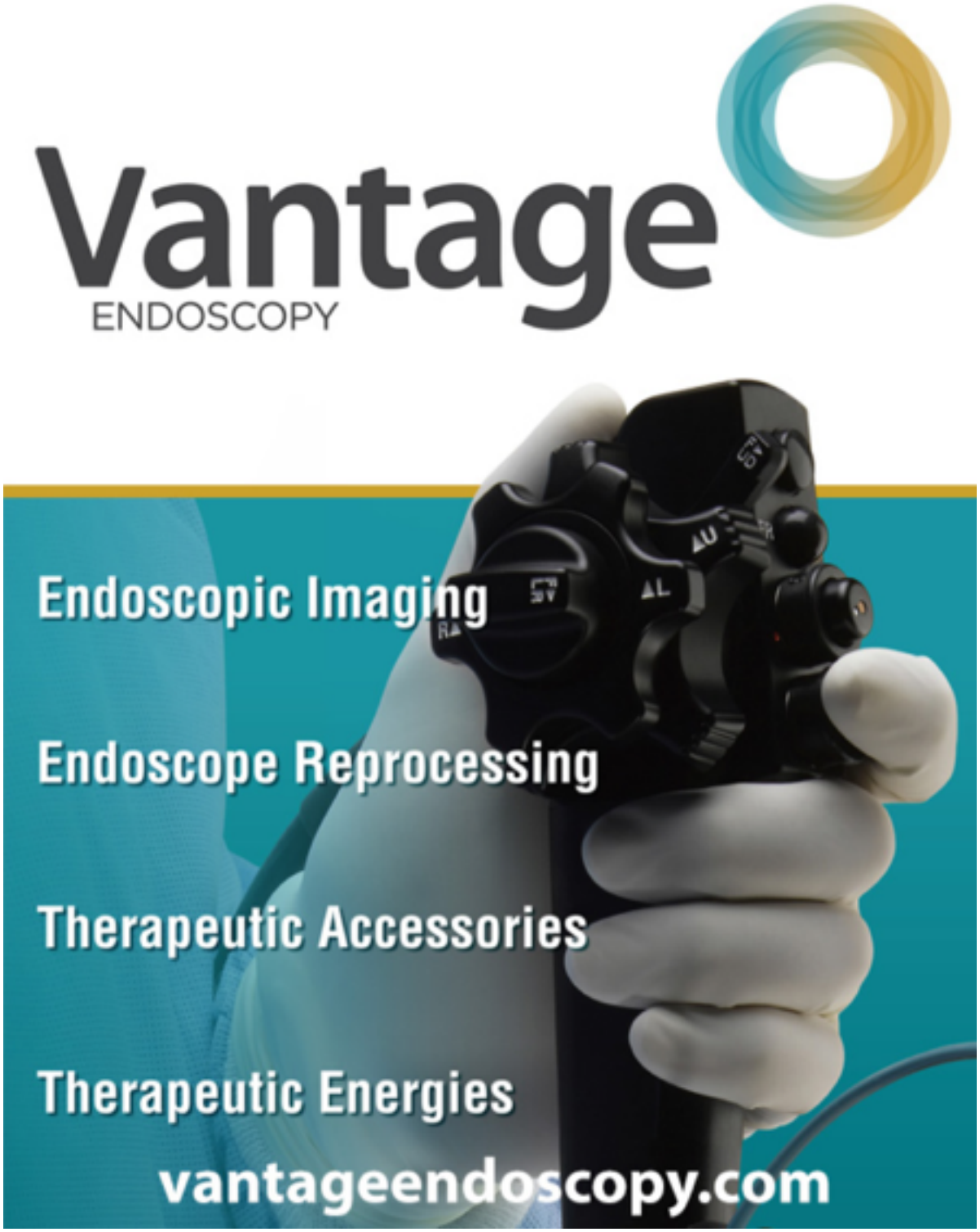


CLARION
MEDICAL TECHNOLOGIES


Red Leaf
Medical


OLYMPUS


Cantel Medical


Boston
Scientific


COOK
MEDICAL


Meridian

CAAC CEO'S MESSAGE

Dear Friends,

It is with great pleasure that I welcome you all to the 5th Annual Canadian Association of Ambulatory Care Conference. Your participation in our networking forum is greatly appreciated and we hope that you enjoy your time at Niagara on the Lake.

Our organization is dedicated to improving the experience of patient care through promoting research and evidence based best practices among healthcare providers working in the field of ambulatory care. Our goal of this conference is to create accessibility to an inclusive, educational space for like-minded individuals to connect.

I would like to sincerely thank the CAAC Conference Planning Committee for their dedication and hard work in putting together informative, relevant sessions to give everyone an abundance of learning opportunities during this two-day event.

Our growing network of healthcare participants enables us the tools to continue to strive towards clinical excellence.

Finally, I would like to thank the CAAC sponsors for their ongoing commitment to the organization. We appreciate your generosity and ongoing support

Once again, on behalf of the CAAC Board of Executives, we thank you all for attending the 2017 Conference.

Enjoy your stay at Niagara on the Lake,

Denyse Henry
CAAC Founder & Chief Executive Officer

CAAC PRESIDENT'S MESSAGE

A heart felt welcome to our fifth annual conference. Our hope is always to thrill and delight our membership with thought leaders in the area of Ambulatory practice. This year will be exceptional with a range of speakers and presentations that will touch on excellence in all areas of Ambulatory care.

Over the past year our association introduced three strategic objectives: build a broader network; advocate and be a voice for the Canadian Ambulatory care sector; and help to advance and share knowledge in the area of Ambulatory care.

We have worked hard by connecting with leaders in the area. We hope to foster these relationships into a united voice to advance our shared objectives. We have diversified our membership base and are trying to help grow some satellite chapters. We have recruited a few new executive members and said farewell to a couple of long serving ones. While academic work/ knowledge sharing is present here today, we have a goal to be more active in this area.

We know there are many innovations happening in Ambulatory care. I encourage our membership and participants to continue to put forward your stories of successes and advancements in delivering Ambulatory care to Canadians. How are you actively helping patients via Ambulatory care? How is our health care system benefitting from what you do? We want to know!

Enjoy your time here in Niagara-On-the-Lake. Please connect with the executive on how we can make the conference, the association and the sector better.

Sincerely

Jatinder Bains

CAAC President

CAAC CHAIR'S MESSAGE

Welcome Friends to the 5th Annual Canadian Association of Ambulatory Care Symposium. On behalf of the Executive Committee of the CAAC, I would like to take this opportunity to welcome you to our conference.

"The Patient Experience in Ambulatory Care –Striving for Excellence" is uniting over 300 executives and professionals from organizations managing and influencing the full spectrum of health care, including health plans, life sciences companies, government agencies, employers and provider organizations, along with CAAC leaders and subject-matter experts to innovate and transform health care in one location. This forum represents the future of Ambulatory Healthcare.

Our mission is to provide you with a platform to discuss the many changes in the healthcare landscape that is being fundamentally transformed by two major forces – increased focus on value by our Ministry of Health funding partners and that of more engaged consumers. As this industry continues to evolve toward value-based care, we are responding with patient care pathways that focus on moving appropriate cases to the ambulatory care setting. Every facet of health care is being asked to stretch in new ways.

The CAAC network has strong international membership. We have attracted a variety of world leading international speakers, from across Canada, USA, Dubai, the UK, Hong Kong and India. Conference attendees will benefit greatly from exchange and will ultimately take the rich information shared and use it to transform healthcare in their home facilities.

We are educators and enablers who work, manage and provide quality, access and appropriate access to healthcare choices. It is a great honour to serve as your Conference Chair for 2017. Along with our outstanding staff and dedicated board members, our Association represents a network of businesses and individuals working together to support and understand Ambulatory Care within our Healthcare Facilities and the surrounding Community. This is our mission and ultimately what makes this a great community to live, work and play.

For those of you who will be attending our workshops – Leadership & Team Building, Foreign Body & Bleed Management, you will be provided with educational credits and will be issued Certificates of Attendance. The positive feedback that we have received

to date has been phenomenal and we are extremely confident that this event will prove to be invaluable to our colleagues from multi levels of hospital management.

Parallel sessions will provide you with the opportunity to choose a topic of greatest interest. We are putting on an astounding 27 talks over 2 days. Attendees will walk away with both insights on transforming their organization and a better understanding of how to maximize their technology investments. In addition to educational sessions, CAAC will host networking opportunities during the conference events and dinner.

On Friday we will close the event with the Poster Presentation Awards, honouring CAAC partners who best exemplify the power of Healthcare transformation in Ambulatory Care. We are excited to host Scott Smith for an inspirational, closing keynote.

It is with a tremendous sense of pride that we open this conference for you today and look forward with great enthusiasm to next year's conference 2018.

All the Best,

Elizabeth Donaldson-James
Conference Chair, CAAC

OUR CONFERENCE AT A GLANCE

"Sharing knowledge grows careers and moves Healthcare forward."

Presentations

Concurrent Symposiums — Thematic presentations as part of group/panel
Poster Session — Individualized discussion with graphic display

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. Ian McKillop *PhD* University of Waterloo. Associate Professor, Management & Systems, Inaugural Research Chair in Health Information Systems Jointly appointed to the David R Cheriton School of Computer Science.
Funding Ambulatory Care

Dr. Nicole Tenn-Lyn *MD M.Ed FRCPC DABEM FACEP* Staff Emergency, Mackenzie Health Richmond Hill Hospital, Assistant Professor, Faculty of Dentistry, University of Toronto, Adjunct Lecturer, Faculty of Medicine, University of Toronto
Barriers to Equitable Health Care Access in Ontario: Scope of the Problem and Pathways to Developing Solutions

Scott Smith, BA, (ECON), MBA, President, High Performance Solutions
Zero Harm, Zero Wait, Zero Waste and the Best Patient Experience

AGENDA: THURSDAY JUNE 1, 2017

Leadership and Team Building

Workshop A: 8:00 am — 12:00 pm

Workshop Leader: CAAC

The Canadian Association of Ambulatory Care leadership workshop will deliver a powerful burst of interactive, practical and inspiring learning experience. Our new high-performance **Half Day Workshop** offers a concentrated focus on leadership skills to help you develop fundamental knowledge and hands-on skills needed when interacting in your day to day life. In this workshop, you will gain practical tools that will enable you to manage reactions to change and communicate in a manner that inspires fellowship through any change initiative.

In the healthcare environment that is complex and changing faster and faster it is important that leaders and staff alike find ways to manage stress and prevent burnout. Individual and team resilience has been shown to be important for productivity and achieving the goals of organizations and preventing burnout. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences (APA 2017)

In this presentation, I will explore sources of workplace stress and how personal resilience affects how we work. I will share strategies to

build resilience and to find the joy in work. You will also have the opportunity to assess how resilient you are.

Session 1: The Patient Experience — Common concerns and strategies to improve them

Bertha Effio
Meri Jem Lizardo *RN*

An interactive workshop that will explore the common concerns that staff encounter with patients in ambulatory care areas. When looking at our data, the trends in patient concerns will be discussed. Also based on the patient/family experience, we will explore strategies that can be put in place or considered that can improve the patient experience.

Session 2: Patient Safety Science — Leading Practices, Current Resources and Future Possibilities

Brigette Hales *M.Sc., Director, Quality & Patient Safety, Sunnybrook Health Sciences Centre, Toronto*
Emily Stairs *M.Sc. Patient Safety Specialist, Sunnybrook Health Sciences Centre, Toronto*

Patient safety is a discipline in the healthcare sector that applies safety science methods toward the goal of achieving a trustworthy system of healthcare delivery. The objectives of this workshop will include;

- A review of Patient Safety Science from an evolutionary perspective
- An exploration of current Patient Safety Science Practices and Theory

- A review of current tools and frameworks utilized in Patient Safety Science
- An exploration of the intersection between Patient Safety Culture and Patient Safety Science
- Identification of leadership opportunities to support the evolution of Patient Safety culture and changes in practice
- An exploration of the potential future evolution of Patient Safety Science - the impact of technology and additional factors

This workshop will be interactive with an expectation of attendee participation

The content will be crafted around examples of current Patient Safety initiatives occurring at Sunnybrook Health Sciences Centre to provide context as to how this discipline lives within our organization.

Session 3: Resilience

Sherrol Palmer *RN, BScN, CON(C)*

In the healthcare environment that is complex and changing faster and faster it is important that leaders and staff alike find ways to manage stress and prevent burnout. Individual and team resilience has been shown to be important for productivity and achieving the goals of organizations and preventing burnout. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences (APA 2017)

In this presentation, I will explore sources of workplace stress and how personal resilience affects how we work. I will share strategies to build resilience and to find the joy in work. You will also have the opportunity to assess how resilient you are.

Hands On: Foreign Body & Bleed Management

Workshop B: 8:00 am — 12:00 pm

Workshop Leader: Vantage Endoscopy

Attendees will be able to identify the defining characteristics of a foreign body (food bolus, sharp objects, and blunt object); associate these to the appropriate extraction device. Attendees will be introduced to a variety of specialized endoscopic tools and techniques appropriate when responding to a foreign body case. Attendees are offered hands-on instruction in regard to the safe use of these instruments.

Breakfast 7:00 am - 8:00 am

Greetings 1:00 pm — 1:15 pm

Opening Keynote Address

The Evolution of Hospital Funding — A Trip Down Memory Lane
1:15 pm — 2:00 pm

Dr. Ian McKillop, *FRSPH, Associate Professor, Management & Health Systems Executive Lead, Professional Practice Centre in Health Systems Program Lead, MS in Health Informatics, School of Public Health and Health Systems, University of Waterloo*

Concurrent Session A 2:00 pm — 2:30 pm

A1 Partnership of Patient Centred Care with Diabetes Recognition Program to Improve Patient Care

Kim Williams *RN, BSN, MS, DRH/HSRP Team Supervisor, Novant Health Medical Group.*

As part of an organizational goal to be widely recognized as a leader in diabetes care by 2020, Novant Health Medical Group (NHMG) set out to have 95% of its eligible primary care providers recognized by the National Committee for Quality Assurance (NCQA) for their excellence in diabetes care. Attendees will learn how Novant Health worked to improve its percent of eligible providers recognized by NCQA from 87% to its goal of 95%. Presenters will discuss the specific tactics Novant Health was able to implement to meet this goal. The session will begin with a high-level overview of the NCQA diabetes care metrics. A deeper dive will detail the diabetes care campaign Novant Health launched, which will also outline methodologies for completing successful site visits to better understand current care practices, staff competencies and clinic workflows. In 2015, Novant Health had 117 providers across 31 clinics who had the potential to be NCQA recognized (31 prior unsuccessful, 40 new providers, 46 renewals). As the team visited clinics, they reached out to every provider in the clinic regardless of recognition eligibility or status, including those not eligible. This resulted in well over 250+ providers receiving some degree of outreach related to diabetes care. Attendees will learn more about how the team was able to develop specific care

measures, maximize patient-centred care team engagement, and optimize workflows during these visits. Presenters will also discuss how to effectively communicate, provide feedback and educate on an ongoing basis with clinical team members as well as how they were able to overcome the barriers of working with 31 clinics located in 5 markets, across 2 states with minimal resources. In conclusion, attendees will learn more about the benefits Novant Health was able to see as a result of the campaign, including the significant improvement across seven of the eight diabetes care metrics and the surpassing of their initial goal by 2% with 97% of eligible NHMG providers being recognized by NCQA as of May 2016.

A2 The Nurse Triage Role in an Ambulatory Care Setting

Kathy Carothers *BScN, MS, Advanced Practice Nurse Odette Cancer Centre, Sunnybrook Health Sciences Centre*
Angela Leahey *RN, SBcN MN, Arlene Court RN, BScN MN CON(C), Sunnybrook Health Sciences Centre*
Laura Rashleigh *RN, MScN CON(C), Sunnybrook Health Sciences Centre*

The Nurse Triage role was developed in 2013 in a large, outpatient, regional cancer centre. The purpose of this role is to seek and embed the voice of the patient during a brief screening process prior to their clinic follow-up visit in an effort to have the patient self-identify any concerns or distress. The goal is to improve the patient experience and outpatient clinic flow by having the triage nurse identify patients in need of a more detailed assessment from the clinic nurse and to address and mitigate their distress in a timely manner.

Data analyzed in 2015 supported that the triage process enabled a significantly greater number of patients to be seen by a registered nurse in comparison to non-triage days. An inter-professional Triage Working Group was established to oversee the implementation and evaluation of the Nurse Triage role. Comparison data collected and analyzed in May 2016 helped to guide decisions about how to appropriately address further successes and challenges. Strategies were aimed at leveraging and optimizing the nurse triage role, supporting and advancing current process, and aligning with the corporate person-centred care initiative. The success of these strategies are expected to contribute to the centre's efforts in optimizing distress response and the delivery of efficient, quality, and safe patient care.

This presentation will provide a background to Nurse Triage, summarize the strategies that were utilized to enhance the process, provide comparative data, share successes

and challenges, and address the impact of adopting an inter-professional, team-based approach to respond to process challenges.

Concurrent Session B 2:30 pm — 3:00 pm

B1 Amputee Peer Support Group

Gary Siu *Physiotherapist, MS, Project Manager, Sunnybrook St. John's Rehab Hospital*
Cyndy Videira *BA, PT, OT, Sunnybrook St. John's Rehab Hospital*
Rauni Somogyi *MSW, Sunnybrook St. John's Rehab Hospital.*

The St. John's Rehab (SJR) Outpatient amputee program treats approximately one hundred amputee patients per year, including those with below knee, above knee and upper extremity amputations. While the program strives to be comprehensive in nature, anecdotal evidence suggests that amputee patients lack adequate peer support while participating in outpatient rehabilitation. Once discharged from a formalized inpatient setting, patients often express feeling alone in their rehab journey. A working group in the Outpatient department at SJR was created to evaluate the availability and efficacy of amputee support groups(APSG's) in an outpatient setting.

A preliminary literature review revealed a gap in research in this area. To bridge this knowledge gap and further assess patient interest, an informal telephone survey of 17 SJR outpatient amputee patients was conducted between June and August 2015. The survey results indicated that most patients would feel comfortable sharing their stories and experiences with other amputee patients in formal group setting.

Based on this feedback, the APSG at SJR was launched in April 2016. This structured seven week program is facilitated by a Social Worker, and encourages patients to share experiences on a variety of subjects, including pre-amputation life, stress management and body image issues, with the purpose of increasing coping and adjustment strategies.

Since launching, the APSG has run through multiple cycles and has seen 20 participants complete the program. Verbal feedback is collected at the end of every group, and is used to continuously develop and enhance subsequent APSG's. Feedback from patients confirms that the APSG addresses an important gap in Outpatient care, mainly the need for adequate peer and social support.

Future research directions for this program should include a formalized program evaluation, as well as the use of validated outcome measures to collect feedback on patient experience and satisfaction.

B2 Standardizing Orientation for the Telehealth Nurse: How Does RN Competency and Confidence Support the Education?

Chris O'Day *MSN, BSN, RN Ambulatory Nurse Manager IU Health University Primary Care Clinic*
Constance F. Burhan *PhD, NE-BC, RN, Director, Paediatric Ambulatory Care, Riley Children's Health*
Amanda Adkins *RN, Ambulatory Nurse Manager IU Health University Hospital Urology Clinic*
Karen O'Neill *MSN, RN Ambulatory Nurse Manager, IU Health University Hospital Colman Centre for Women and Maternal Fetal Medicine Clinic*

The purpose of this study is to standardize the following: 1) Orientation to telehealth nursing 2) Telehealth assessment, treatment, and documentation in the EMR 3) Assessment of RN competency and confidence.

A standardized orientation plan was developed to include didactic content and mentoring by experienced telehealth nurses. There are two groups of RNs participating in this study. The experimental group: nurses with less than 12 months experience with telephone triage, and control group: telephone triage nurses with greater than 12 months experience. Both groups completed a basic demographic profile, a measure of competency with telehealth nursing pre-test, and a measure of nurse confidence pre-test. The experimental group will participate in the orientation program consisting of six, two-hour sessions. At the conclusion of the orientation program, the experimental group will re-take the measures of competence and confidence. The study will conclude in March 2017 with data analysis to follow.

Anticipated Outcomes: Three research questions guide this study. In new triage nurses, how does a standardized orientation program affect post-test scores after six months of practice? In new triage nurses, how does a standardized orientation program influence/predict RN confidence after six months of practice? How do the measures of competence and confidence differ between the control group and the experimental group?

Conclusions/Implication for Clinical Practice: It is anticipated that this orientation program will positively impact practice competence and nurse confidence. Promoting a strong telehealth program will ideally provide patients with better patient outcomes and will support our country's ability to increase population health, decrease healthcare costs. Our goal is for this work to be shared nationally and become a standard piece of orientation for ambulatory care nurses.

Break 3:00 pm — 3:15 pm

Concurrent Session C 3:15 pm — 3:45 pm

C1 Creating New Best Practices in Ambulatory Care through Teletriage

Laura Rashleigh *RN, BScN, MScN, CON(C), CHPCN(C), APN, Odette Cancer Centre, Sunnybrook Health Sciences Centre*
Angela Leahey *RN, Manager of APN's Odette Cancer Centre, Sunnybrook Health Sciences Centre.*

Problem: In Canada there is an increasing trend to treat individuals with complex healthcare needs in the community and within ambulatory settings. Cancer care is no exception. Patients are living at home with significant symptom burden and distress, and the telephone is an essential tool to access healthcare. The telephone system in a

large cancer centre required patients to leave voicemail messages to access and convey their concerns to their healthcare team. Patient advisory group feedback indicated that this process is not only cumbersome and disjointed, but also distressing.

Action: Teletriage was piloted to address this and assess the feasibility of live-voice answer of calls related to health concerns and appointment bookings, while remaining cost neutral. The pilot brought together the expertise of Registered Nurses and Booking Coordinators who aimed to answer all calls live and address issues within one hour. Pilot training included customer service principles and person-centred call answer strategies, as well as integrating evidence based guidelines for managing symptoms.

The pilot was implemented in two phases with patient and family advisors informing the process. A systematic evaluation was used, including pre and post implementation patient satisfaction, RN and Booking Coordinator call capacity analysis, and downstream workload analysis.

Outcomes: Patient satisfaction was significantly enhanced during the pilot with the average patient satisfactions scores equaling 4.7/5. Additionally, distress and urgent healthcare needs were managed in a timely manner. Next steps include the team undergoing a full transition to live answer across the cancer centre.

Conclusion and Relevance: With current fiscal constraints, Teletriage demonstrates how resources can be shifted to enhance quality of care without increased costs. Methodologies integrated in the pilot are applicable across settings, lending evidence to the value of timely, patient access via telephone to healthcare.

C2 Collaborative Community Care Model

Shelley Brillinger *RN, BScN MPH, Manager, Home & Community and South East York Region Health, Markham Stouffville Hospital*
Dr. Roshan Shafai *MSc, FRCPC Medical Director, Home & Community Medicine, Markham Stouffville Hospital*
Chris Spearen *ACP(f), RN, BScN, Manager of Community Programs and Partnership, York Region Paramedic and Seniors Services.*
Cheryl Osborne *RN BScN, MHS Director Childbirth & Children's Services and Home & Community, Markham Stouffville Hospital*

Background — 5% of Ontario's residents account for two-thirds of all health care spending in the province. Many individuals have complex and/or multiple chronic conditions. 75% of these seniors, who are discharged from hospital, receive care from 6 or more physicians and 30% get their drugs from three or more pharmacies. This lack of care coordination results in fragmented care that costs the health care system and threatens its sustainability, not to mention the adverse impact on the patient.
Objective -- To support patient transitions from hospital to home, Markham Stouffville Hospital, CCAC, York Region Paramedic Services and Homecare Rx have partnered to offer an expanded model of care, designed to support patients in better managing chronic disease (e.g. CHF, COPD, Diabetes), in their own homes. Complex patients receive timely in-home assessments, point-of-care testing/interventions (e.g. bloodwork, antibiotic treatment, 12/15 ECG) and streamlined access to acute care services via the broader multidisciplinary team. Recognizing polypharmacy leads to non-adherence, adverse effects (e.g.falls or cognitive decline), drug interactions and medication errors, which are further heightened by transitions of care, home visiting pharmacists perform comprehensive medication management to proactively identify and resolve medication risk situations.

Outcomes — Outcomes include: enhanced care coordination, improved patient education, chronic disease management, improved communication, improved patient outcomes, decreased hospital usage and health care costs

Conclusion — This integrated care model is designed using best practices to assist seniors with reduced functional ability and complex co-morbid conditions. With an increasing number of adults being supported to live and age at home, it becomes critical that we improve coordination of care for these patients. Better care coordination will result in seamless patient care and provide significant health system savings that can be reinvested in other areas, to ultimately improve the sustainability of Ontario's health care system.

AGM 4:00 pm — 5:00 pm

CAAC Networking Dinner 5:00 pm
Sunhill Dining Room

AGENDA: FRIDAY JUNE 2, 2017

Registration and Breakfast 7:00 am — 8:00 am

Greetings 8:00 am — 8:05 am

Keynote Address

8:05 am — 8:50 am

Dr Nicole Tenn-Lyn: Barriers to Equitable Health Care Access in Ontario: Scope of the Problem and the Pathways to Developing Solutions

MD, M. Ed, FRCPC, DABEM, FACEP Staff Emergency, Mackenzie Health Richmond Hill Hospital, Assistant Professor, Faculty of Dentistry, University of Toronto, Adjunct Lecturer, Faculty of Medicine, University of Toronto

Concurrent Session A 8:50 am — 9:20 am

A1 Exploring the Ethical, Legal and Policy Implications of Medical Assistance in Dying

Sally Bean *J.D., M.A. Director, Ethics Centre & Policy Advisor, Sunnybrook Health Sciences Centre, University of Toronto, Joint Centre for Bioethics Adjunct Lecturer, Dalla Lana School of Public Health Adjunct Lecturer, Institute of Health Policy Management & Evaluation Associate Member, School of Graduate Studies.*

In June 2016, Canada enacted legislation permitting Medical Assistance in Dying (MAiD). The legislation established criteria by which physicians and nurse practitioners can
assess an individual's eligibility for MAiD and provide an assisted death to a patient who satisfies eligibility requirements and procedural safeguards. Despite attempts to operationalize the process in a variety of settings including acute, residential, ambulatory and community, many grey areas remain. The presentation will provide an overview of MAiD in Canada including the legal history, applicable ethical issues and policy implications. Finally, the presentation will focus on issues relevant in the ambulatory setting and conclude with discussion.

A2 Expectations of a Visit to Ontario's Only Multidisciplinary Skin Cancer Clinic

Emily Sinclair, *MS, Advanced Practice Radiation Therapy, Sunnybrook Health Sciences Centre*

Purpose: The Odette cancer centre runs a weekly multidisciplinary skin cancer clinic for patients diagnosed with non melanoma skin cancer. The clinic is very patient focused and the only true multiD, comprehensive, one-stop-shop, skin cancer clinic in Ontario. It maximizes clinic resources and reduces wait times for the patient. The clinic see 14-16 new patients, 20 follow-up patients, 2 grafts/flaps, 4 frozen sections and 12 excisions each clinic. Patients see 5 different clinicians. A Pathologist, Dermatologist, Plastic Surgeon, Radiation Oncologist, an Advanced Practice Radiation Therapist (APRT) and a Skin Specialist Nurse. All disciplines give their opinion on how to proceed. After full discussion with the experts patients and family can make an

informed decision. The majority of the patients are referred from outside dermatologists, who are informed of the multidisciplinary nature of our clinic and the expected appointment time. However we were noticing many upset patients.

Method: In an effort to improve the patient experience a Pre-Clinic Expectations questionnaire was developed and administered over a 4 week period to patients attending the clinic.

Outcome: 63% were not receiving any information from their referring dermatologists. 80% had no idea they would be seeing several physicians. 37% had no idea why they were even in a cancer centre. 50% had not allowed sufficient time for the visit. Communication needed to improve. In response, an APRT led telephone pre-assessment was introduced.

Conclusion: After 3 months the Pre Clinic Expectations questionnaire was administered for 8 weeks. 7% still reported lacking information about the nature of the clinic as opposed to 63% This could be due to the patient population; with an average age of 75 years. 0% were unaware they would be seeing several physicians, as opposed to 80%. 5% of patients were concerned about the time required for the appointment (Wheeltrans and ride pick-up time being the common element).

Benefits: No angry patients in clinic on the weeks they are pre called and kept informed. A benefit not previously considered developed. When pre called 1 out of 13 patients cancelled their appointments for various reasons, this left a vacant appointment to move a patient up to be seen sooner or to fit in emergency patients.

Impact: This new initiative is working well for both the patients and the clinic. A plan to re-administer the questionnaire yearly to ensure patients are continuing to receive the information they require before they attend the clinic is in place. We are confident this initiative has increased patient satisfaction and allayed many of their fears and frustrations.

Concurrent Session B 9:20 am — 9:50 am

B1 New Practice/Promoting Best Practices in Ambulatory Care

Elaine Goulbourne *Program Director, BSN, MS, Women's College Hospital*
Director, Clinical Resources & Performance

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.

B2 GI Rapid Referral Clinic: A Study in Collaborative Problem Solving

Dr. Michael Bernstein *MD, FRCPC, Gastroenterology, Sunnybrook Health Sciences Centre*

Access to urgent outpatient endoscopy has been identified as a barrier to reducing occupancy many Ontario hospitals. It is generally felt that there are a percentage of patients that could be discharged from the emergency room, or prevented from reporting to the ER altogether, if this access was improved. With this in mind the Department of Gastroenterology at Sunnybrook Hospital set out to create a rapid access clinic to try and address this unmet need. Multiple steps were taken and will be outlined in the presentation. These include: determination of baseline demand for the service, stakeholder engagement to ensure common goals, and presentation of the business case to hospital senior leadership. Challenges and barriers encountered will also be discussed. Data and outcomes for the first nine months of the clinic will also be shared.

Concurrent Session C 9:50 am — 10:20 am

C1 St. Michael's International Education Experience: The Qatar Journey

Anne De Marchi *RN, MS, Clinical Leader Manager St. Michael's Hospital*
Karen Carlyle *RN, Manager St. Michael's Hospital*

Purpose: In November 2013 SickKids Hospital partnered with St. Michael's (SMH), in an education initiative focusing on paediatric care in the Ambulatory Primary Health Care Centres(PHCC) in Qatar; a small Middle-Eastern country. The goal of this program was to advance evidence-based practice of primary care nurses and physicians in the care of children within the PHCC's. This would be accomplished within an 18-month timeline through the development and implementation of an inter-professional education curriculum by an expert team of nurses and physicians from Canada.

Methods: 1. Assessment of the current state of practice in the PHCCs; multi-level leadership meetings, surveys, focus groups with care providers, and point of care observations.

2. Development of multidisciplinary competencies, key performance indicators (KPIs),and an educational curriculum. The World Health Organization's Framework for Action on Inter-professional Education and Collaborative Practice (2010), Bloom's taxonomy, and Gagne's 9 Events of Instruction were used to frame the curriculum.

3. Pre and post evaluation to measure knowledge translation and impact on patient care. KPI; and written exams were developed. Evaluation methodology used Kirkpatrick's Evaluation Framework.

4. Developed a sustainability plan for practice changes. Recommendations included: identifying and training domestic SMEs, staff recognition programs, establish a structure to support education, create a knowledge sharing network.

Results: 1. Two-hundred and forty-two nurses graduated from the program which included: 3 days of classroom activity, low fidelity simulation sessions, and 6 weeks of mentorship at the point of care guided by Canadian SMEs 18 of the 21 PHCCs throughout the country.

2. The nursing curriculum was accredited by the University of Toronto Bloomberg School Of Nursing.

3. Quantitative and qualitative results were demonstrated in: learners test scores, demonstration of KPIs, increased scores in patient and staff satisfaction, and increased observations of collaboration among health disciplines.

Implications for Practice: 1. Inclusion of inter-professional members in education to promote collaborative learning.

2. Develop local clinician champions to sustain momentum for education.

3. Education plan must take a multifaceted approach: didactic, simulation, and mentorship.

4. Key stakeholder engagement required to maintain the initiative and support for resources.

C2 Women's Health Issues in Gastroenterology

Dr. Elaine Lin Yong, MD, FRCPC Gastroenterology, Sunnybrook Health Sciences Centre

This will be a discussion of gender differences in GI practice. There is an introduction of a specific framework for caring for women with GI disorders.
We will do an overview of a few GI disorders more common in women and discuss the implications of pregnancy on GI disorders and of GI disorders on pregnancy.

Break— Poster Presentation 10:20 am — 10:50 am

Concurrent Session D 10:50 am — 11:20 am

D1 Ambulatory Clinic Optimization

Sandi Lofgren *BScN, MN, Patient Care Manager, Markham Stoufville Hospital, Uxbridge Site*
Clint Atendido *BScN, MN/MHSc, Director of Surgery, Ambulatory Clinic Services*
Sharon Tai-Young *Director, Medical Health Records.*
Liz Lalingo *Patient Care Manager, Respiratory Therapy, Medical Surgical Ambulatory Clinics*

Markham Stouffville Hospital has had an ambulatory clinic program since the hospital opened 30 years ago. It was a program-based design with limited process standardization between the clinics. Even with a lack of data, we knew there were

issues with no-show and cancellation rates, decreased patient satisfaction with wait times, way-finding challenges and confusing processes between lab, diagnostic imaging and the clinics. With a recent building expansion and exponential community growth, we realized that we could not accommodate further substantial growth in the current inefficient, costly model. We began a journey of restructuring and optimization of the Ambulatory Clinic Program. The reasons for urgent action included the need to align best practices in each ambulatory clinic to optimize funding for growth; to understand the activity and types of procedures occurring across the province so we could build capacity at our hospitals; to develop clinical best practice to enhance quality care; and to measure provider quality and system impact of Quality-Based Procedures. None of these were possible given our decentralized clinic structure. We embarked to effect significant change - we organized a "mega" quality improvement event involving 29 ambulatory clinics across our two sites, along with multiple working groups to follow up on change ideas, a steering committee to provide oversight and direction to the clinics, and organizational changes to streamline and align management of the clinics. One overarching goal was to establish a set of baseline data that would facilitate changes needed to optimize processes and clinical work in each clinic and also support measuring desired outcomes. Other goals included funding optimization to allow growth in our ambulatory clinic program in the most cost-effective, egalitarian way possible and elimination of inefficient processes and variation in practice to allow us to reach maximum performance as measured by provincial metrics for each clinic.

D2 Why Do We Utilize OR Resources for Procedures that Can Be Done in Ambulatory Setting?

Dr. Arthur Zaltz *BSc, MD, FRCSC Chief, Department of Obstetrics & Gynecology and Women's & Babies Program Sunnybrook Health Sciences Centre*

The past several decades in Ontario have seen a shift from hospital based procedures, such as cataract surgery and endoscopy, to free standing ambulatory clinics. Clinics charged fees to offset the overhead and equipment related expenses that were funded in the hospital. Additional charges for other services were also levied in an attempt to generate revenues for these facilities. This was seen as a violation of the Canada Health Act. The Ontario government developed a plan in 2013 to have these procedures

done in non-profit Community Based Specialty Clinics where they would be no extra charges. This model has proven successful.

In contrast, there has been an abysmal failure on the part of government to apply this model to women's health care needs. Many procedures, that are routinely done out of hospital throughout the world, continue to be done in hospital operating rooms in Ontario. This results in less timely access to care, unnecessary anesthetic usage and increased expense. This presentation will identify the barriers and discuss new innovations providing these services for the women who require them.

Concurrent Session E 11:20 am — 11:50 am

E1 From Conflict Resolution to Team Building

Ehsan Ali, *Business Manager (OR, Surgical Day Care and CSSD) and Senior Manager CEO's Office*
Munira Amin RN, Administrator (OR, Surgical Day Care and CSSD).

Rationale/Background — A rudimentary problem in an OR is usual conflict between anaesthetists and surgeons where OR works as a neutral body with the phenomena of "it's better to burn than fade away", leaving no page unturned to resolve daily conflicts. With the commencement of service lines in a tertiary care hospital in Karachi, Pakistan, 'OR, Anaesthesia and CSSD' were grouped under one umbrella where there was an issue of acceptance and the stakeholders were not prepared to surrender their leadership authority to a single Service Line Leadership. One of the biggest challenges was the Anaesthesia teams worked on time bound approach while surgeons worked on case based approach. OR Managers experienced a complex level of responsibility by being impartial and using transparent reporting mechanism for creating an unbiased system. In this session, leadership tools regarding efficient management of ORs with conflict resolution skills will be shared which resulted in enhance staff satisfaction and happy internal customers i.e. surgeons.

Outcome — After implementation of the new service line structure in OR, revamping the OR processes initiated. Hence, as a result an increase in OR volumes and satisfaction of internal customers was found.

Conclusion — An empowered team resulting in a satisfactory environment to work in OR was created. This resulted in having more space in timely manner for surgeons which ultimately increased surgical volumes and revenue of hospital.

E2 Preparing for "FIT": A new, minimally invasive test for colorectal cancer screening

Dr. Jill Tinmouth *MD, Phd, Scientist, Gastroenterologist, Sunnybrook Health Sciences Centre*

This presentation will describe the fecal immunochemical test (FIT) and its use in colorectal cancer screening, with particular attention to what to expect from a FIT-positive colonoscopy. Participants will also learn about the evidence that supports the use of FIT over colonoscopy for colorectal cancer screening test in their average risk patients as well as FIT's strengths relative to the guaiac-based fecal occult blood test (gFOBT). The session will end with a discussion about what endoscopists and GI nurses can anticipate when Ontario moves to FIT and how this change may impact their patients and practice, using Alberta's experience as a case study.

Concurrent Session F 11:50 am — 12:20 pm

F1 The Innovation and Development of a Surgical Short Stay at Sunnybrook Health Sciences Centre

Deborah Mulgrave *RN, SHSC*
Ruby Tano, *RN, BsCN, CCN, SHSC*
Debbi Jugmohan *RN, CCN, SHSC*
Marcia Rose *RN, BScN, Surgical Short Stay Unit, SHSC*
Jannett Scott *RN, BScN, CCN, SHSC*

The introduction of the Centres for Excellence in Women's Health, and the Breast Programme at Sunnybrook Health Science Centre, saw an increase in the number of laparoscopic and breast related surgeries performed. This presented a challenge in bridging limited bed allocation, prevention of surgery cancellations and safe nursing care for these patients. It became evident that there was a need for a surgical unit to meet these patient care needs. We aim to investigate the effect of the introduction of the Surgical Short Stay Unit (SSSU), on the outcomes of hospital occupancy, patient satisfaction and length of stay.

The (SSSU) was introduced in 2007 as a two-bedded patient unit, which has progressed to a fourteen-bed unit designated for surgical patients. We have conducted a

retrospective analysis of patients admitted since the introduction of the SSSU. Primary indices considered included length of stay, safe discharges, and patient satisfaction.

Evidence has shown that because of improved patient satisfaction, the confidence of the surgeons in the high standard of nursing care provided, the needs of the patient population were being met. This allows for maximal utilization of hospital resources, a reduction in hospital occupancy and patient wait time for surgery, which has an impact on patient outcomes and patient satisfaction.

F2 One Clinic At a Time: Reducing the Frequency of Unfilled Clinic Spots in Paediatric Ambulatory Care

Jackie Ruszkowski *RN, BSN, Clinical Nurse Educator, Alberta Health Services-Stollery Children's Hospital*
Dr. T. Kherani *BSc, MD, FRCPC*
Nichole Marks *BScN, RN, MN, Quality Improvement Specialist, Alberta Health Services*

1. Purpose/Rationale/Background: At the Stollery Children's Hospital, patients and families with appointments in the paediatric respiratory ambulatory clinic were frequently not attending their scheduled appointments (18% unfilled clinic spots over 5 months). This significantly impacted patient safety, as healthcare providers were unable to treat or monitor patients who missed appointments. Indirectly, these unfilled clinic spots also contributed to the growing follow-up waitlist, resulting in delays for patients to been seen by respirologists. From a cost analysis perspective, this contributed to wastes in expensive human and clinic resources.

2. Description of the Undertaking: Quality improvement tools were utilized with an interdisciplinary working group to assess the cause and extent of the problem. Families were also consulted to build understanding. Three main interventions were implemented:

1 - Processes were created that allowed parents to choose follow-up appointment dates and times immediately following their child's clinic appointment.

2 - For patients who were unable to book their appointment in clinic, a choice of appointment date and time was offered via a phone call. Business rules were instituted regarding clinic expectations for accepting, re-booking, or cancelling appointments.

These were regularly communicated via written, in-person, and telephone scripts during interactions with parents.

3 - Physician awareness was generated regarding their current waitlists. Changes to waitlists were encouraged.

3. Outcomes achieved/documented: The primary outcome measure was the rate of unfilled clinic spots, over time. Frequency of late cancellations and appointment re-booking, as well as patient and staff satisfaction have also been tracked. We do not have final results available, but anticipate significant changes to the aforementioned variables.

4. Conclusions/Recommendations: We anticipate that families who are offered a choice of appointment dates and times will be more inclined to keep their appointments, resulting in less unfilled clinic spots. Sustainable and impactful system changes from quality improvement initiatives require an engaged team, comprised of diverse disciplines who touch parts of the entire process.

Lunch— Poster Presentation and Sponsor Booths

12:20 pm — 1:20 pm

Plenary Session

1:20 pm — 1:50 pm

Scott Smith: Zero Harm, Zero Wait, Zero Waste and the Best Patient Experience

President, High Performance Solutions and Consortium, BA, (ECON), MBA.

0 Harm, 0 Wait and 0 Waste are the ultimate goals for any Healthcare Organization. Through stories, best practice examples and discussion, we will explore the thinking and concepts required to develop, implement and sustain the best patient experience

For your team, I will be using the thinking that I draw on to coach and develop the organizations I work with -- Continuous Improvement, Continuous Innovation, Lean Thinking and Design Thinking.

Concurrent Session G 1:50 pm — 2:20 pm

G1 Increasing Volumes, Decreasing Hands-Offs, and Adding Value to the Patient Experience: An Administrative Review

Gary Siu *Physiotherapist, MS, Project Manager, Sunnybrook St. John's Rehab Hospital*

In October 2016, Outpatient Services at St.John's Rehab of Sunnybrook Health Sciences Centre celebrated their 5th anniversary in the John C. Horsfall Eaton wing, a capital building project. With the new capital project came opportunities and challenges to grow and meet the needs of our community partners and patients. With 42,000 square feet of state-of-the-art rehab gyms, we were open and ready for business. Maximizing available capacity while ensuring its effectiveness was crucial. But what to do when processes and lack of efficiencies make for suboptimal patient flow into the department? You do a system review starting where the patient starts – administration.

Outpatient services at St. John's underwent an administration review in spring 2016. Current condition analysis was conducted of referral flow mapping from all entry points including continuum, external partners, and referral portals. Administrative and clinical

staff engaged and assisted in developing administrative focused service guidelines, admission criteria, and waitlists management strategies that have helped set expectations and created positive results. The project was solely concentrated on how we treat our patients from their first customer service encounter with us.

What was revealed were opportunities to improve and add value to the patient experience before stepping foot into the department. Besides discovering important gaps in communication collection and renewed appreciation for the various administration roles, a focused future state of improved patient and chart flow emerged.

Visual tracking tools and core performance measures were created. Streamlined approach to processes, increased communication tools for both patients and staff, and improved quality and consistency in administration outcomes were some of the positive results. Perhaps the biggest improvement however was the 75% increase in patient engagement as a result of the review.

G2 Leveraging Overarching Privacy Concepts for a Regional Clinical Viewer in Transitions of Care

Mary Gavel, eHealth *Privacy Specialist, Health Information Technology Services (HITS), a division of Hamilton Health Sciences*
Marzena Cran *RN, BScN, Clinical Stakeholder Relations & Development Specialist, Health Information Technology Services (HITS), a division of Hamilton Health Sciences*

This presentation will focus on a review of the overarching privacy concepts pursuant to Ontario's Personal Health Information Protection Act (PHIPA) related to the use of digital technology by health care professionals in ambulatory care settings to support the "Patients First" model. The presentation will also introduce future Bill 119 Health Information Protection Act (HIPA) privacy compliance requirements in relation to Ontario's electronic health record. The presenters will demonstrate foundational privacy concepts, legislative requirements and best practices governing health information custodians. The presentation will also demonstrate the use of a regional clinical viewer, ClinicalConnect which is a secure, web-based portal that provides health care providers with real-time access to patients' electronic health information from acute care hospitals, Community Care Access Centres and Regional Cancer Programs in South West Ontario, including provincial laboratory and diagnostic imaging repositories to enhance safe quality care. This presentation will demonstrate how

ClinicalConnect supports inter-professional care teams by enabling a coordinated approach to patient-centred care in ambulatory care settings through greater accessibility to health information from across the continuum while conforming to privacy requirements.

Concurrent Session H 2:20 pm — 2:50 pm

H1 Evaluation of Health Promotion Model on Improving Healthy Behaviours of Hemodialysis Patients: A Randomized Controlled Trial

Susan Ka Yee Chow *RN, PhD, Associate Professor. School of Nursing, Tung Wah College*
Xingjuan Tao *RN, PhD, Shanghai Jiao Tong University*
Frances Kam Yuet Wong *RN, PhD, The Hong Kong Polytechnic University.*

Purpose/Aims: The aim of this study is to explore the effects of a nurse-led home exercise program on patients perception of the barriers and benefits to exercise and adherence to the program.

Background: Patients on maintenance hemodialysis(HD) have low levels of physical activity, whether such activity is measured objectively or subjectively. Results from previous studies have consistently revealed that leading a sedentary lifestyle is associated with adverse clinical outcomes. An accumulating evidence consistently confirmed that exercise was an effective way to improve physical function and optimize well-being for patients on dialysis.

Methods: A total of 113 adult patients recruited from the hemodialysis units of two tertiary hospitals in China were randomized on 1:1 into two groups. Both groups received in-centre group exercise training weekly for 6 weeks. The intervention group patients were provided an additional individualized nurse-led home exercise prescription and behavioural support for 12 weeks. The patients' perception of the barriers and benefits to exercise, adherence to the home exercise prescription, and their physical activity levels at weeks 6 and 12 were evaluated.

Outcomes achieved: There was a significant between-group difference in the score of patient perceptions of the barriers and benefits to exercise, with the intervention group reporting a greater reduction in perceived barriers to exercise. Significant group

differences were noted in physical activity levels upon the completion of the program. The average adherence rate for the negotiated exercise plans was 78.9%. The interventions group patients met or exceeded the minimal exercise goal in than in the control group.

Conclusions: Home exercise prescriptions and behavioural support provided by trained nurses are effective at helping patients to remove barriers to exercise. Physical exercise in clinical arena should not be confined to in-centre program, home exercise training with motivation from nurses are able to achieve similar health outcomes.

H2 Increasing Health Literacy by Engaging Patients and Families in the Development of Educational Resources

Shawne Gray *RN, BSN, Sunnybrook Health Sciences Centre*

Recurrent malignant pleural effusion (MPE) is a common complication of advanced malignancy and can significantly impair respiratory function and worsen quality of life. An innovative Effusion Procedure Intervention Clinic (EPIC) was established to provide symptom relief for outpatients where thoracenteses are performed and tunnelled catheters are inserted. Originally we had outdated educational resources that contained a high level of technical jargon which sometimes provoked anxiety and fear in patients rather than engaging and informing them.

A priority of Sunnybrook's Odette Cancer Centre is improving the information and education provided to patients and their families as a way of empowering them to be more engaged in their care. According to the literature, it is essential we consider the importance of health literacy in developing patient education resources in order to maximize health outcomes and improve patient safety. New resources were developed by a collaborative inter-professional team using Sunnybrook's evidence based Patient Education Toolkit and incorporating health literacy principles such as plain language and clear design. Patient engagement was enhanced by seeking feedback from patients and families through surveys over the course of a month (n=20). Baseline survey results guided the development of our initial tools which were piloted in the clinic. A post survey was also undertaken to ensure the new resources were clear, well designed and informative. Revisions were made based on these survey results to ensure patient needs were being met.

This presentation will share our results of using health literacy principles and an evidenced based patient education toolkit to create optimal patient education

materials. We will also highlight the benefits of engaging patients and families throughout the process in order to ensure supportive and usable resources are created.

Concurrent Session I 2:50 pm — 3:20 pm

I1 The 3 E's of Healthcare: Evolution, Empowerment and Engagement

Jana Bartley *RN, BScN, MBA LNC, Founder of Integrity Healthcare Consultants*

As the demographics of the healthcare consumers change and resources healthcare professionals have at their disposal seem to be less and less, it is no wonder the healthcare system is getting harder to navigate.

Not only are healthcare consumers feeling frustrated and confused, so are the thousands of family caregivers delegated to help with the complex coordination of services.

Healthcare navigators can have a positive influence on healthcare consumers, caregivers and the multidisciplinary healthcare team.

This presentation will discuss how Integrity Healthcare helps to empower and engage their clients assisting them with healthcare navigation, education and advocacy.

Award Presentations and Closing

3:20 pm — 3:35 pm

Poster Presentations

Poster Presentation #1: The innovation and Development of a Surgical Short Stay at Sunnybrook Health Sciences Centre

Deborah Mulgrave *RN, Sunnybrook Health Sciences Centre*
Marcia Rose *RN, BScN(c), Sunnybrook Health Sciences Centre*
Denyse Henry *RN, BHA, MHM, Patient Care Manager, Sunnybrook Health Sciences Centre*
Jannett Scott *RN, BScN, CCN, Sunnybrook Health Sciences Centre*
Debbi Jugmohan *RN, Sunnybrook Health Sciences Centre*

The introduction of the Centres for Excellence in Women's Health, and the Breast Programme at Sunnybrook Health Science Centre, saw an increase in the number of laparoscopic and breast related surgeries performed. This presented a challenge in bridging limited bed allocation, prevention of surgery cancellations and safe nursing care for these patients. It became evident that there was a need for a surgical unit to meet these patient care needs. We aim to investigate the effect of the introduction of the Surgical Short Stay Unit (SSSU), on the outcomes of hospital occupancy, patient satisfaction and length of stay.
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Poster Presentation #2: The Role of the Genitourinary Technician in Ambulatory Care

Latoya Lewis *RPN, Sunnybrook Health Sciences Centre*
Laurann Edwards *RPN, Sunnybrook Health Sciences 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 #3: Formulating the Conceptual Framework for Chronic Obstructive Pulmonary Disease Transitional Care Program (COPD-TCP)

Susan Ka Yee Chow *RN, PhD, Associate Professor, School of Nursing, Tung Wah College*
Xingjuan Tao *RN, PhD, Shanghais Jiao Tong University*
Frances Kam Yuet Wong *RN, PhD, The Hong Kong Polytechnic University*

Purpose:The aim of this study is to develop a conceptual framework to guide the interventions for a transitional care program to enhance the quality of life of patients having COPD.

Background: Chronic COPD is a major public health problem worldwide. International guidelines and Cochrane reviews have revealed that an effective management strategy can reduce COPD symptoms and the frequency of exacerbations, and to improve the health-related quality of life. Based on the theoretical assertion of the 4C's transitional care model, the Omaha System and the GOLD guidelines, an expanded care delivery model is proposed. The new model builds on the relationships between the variables

indicated in the existing models and guidelines, and the evidences suggested in the literatures. It was found effective to guide the development of discharge planning and home follow-up care for patients with COPD.

Methods: The care was led by specially trained respiratory nurses who operated across the spectrum of care. The 4C's model consisted of "Comprehensiveness", "Coordination" and community based on the practitioner-client relationship, value of the problem-solving process, concepts of critical thinking, clinical decision-making and quality improvement. It is a valid structure to describe health and healthcare phenomena. The GOLD guidelines are a set of evidence-based guidelines specifically designed, to provide global strategies for the diagnosis, management and prevention of COPD. The four components including assess and monitor the disease, reduce risk factors, manage stable COPD and manage exacerbations.

Outcomes Achieved: A randomized controlled trial using the COPD-TCM was found effective in improving exercise capacity, self-efficacy, quality of life of patients and reduce direct cost of readmission.

Conclusion: The new model of care supported the benefits for patients in terms of health outcomes and healthcare costs.

Poster Presentation #4: Mitomycin Instillation with EMDA as a Treatment of the Bladder Tumors in Cystoscopy Clinic

I. Vilenkin *RN, BScN, MPA, Sunnybrook Health Sciences Centre, Toronto, Canada*
D. Henry *RN, BHA, MHM, Sunnybrook Health Sciences Centre, Toronto, Canada*
C. Simmons *RN, TL, Sunnybrook Health Sciences Centre, Toronto, Canada*

Treatment of superficial bladder tumors with EMDA is used post-operatively to prevent recurrence of the disease. In order to proceed with that, patient is undergoing bladder flushes with chemotherapy medication to destroy cancer tissues in combination with electrical current to enhance the effectiveness of the medication.

EMDA stands for “Electro Motive Drug Administration” and it’s based on an ‘ionophorese’ technique which facilitates the transportation of a particular medicine deeper into the tissues. The medicine is instilled into the bladder through a catheter. In addition, two electrodes (pads) are placed on patient’s abdomen. A gentle direct

current is generated by the device, and an electric field ensures that the medication moves towards a tumor tissue.

EMDA is a repetitive procedure, as many patients require several treatments to achieve better results. In addition, some side effects may occur to reflect the chemotherapy treatment, such as urge to pass urine, sore sensation, and blood in the urine, difficulty to control the passing of urine. The symptoms usually disappear one or two days after the flush. Anyway, regular checks with urologist are required for the period of several years.

Poster Presentation #5: Formation of a Consolidated Prostate Diagnostic Assessment Program (PDAP) clinic to Facilitate Rapid Diagnosis and Treatment for Prostate Patients in the Niagara Region

Richard Singh *Manager Radiation Therapy, Hamilton Health Sciences Centre*

This project summarizes our experience in forming a multidiscipline Prostate Diagnostic Assessment Program (PDAP). The literature reveals a growing adaptation of such models of care in many American Cancer Centers. Before opening the Walker Family Cancer Center in 2013, patients from Niagara travelled to Hamilton to receive radiation treatment. Despite access to treatment in Hamilton, radiation utilization rates for prostate cancer patients in the Niagara region was 20-30% lower than the Cancer Care Ontario (CCO) benchmark. To consolidate and increase regional access to radiation treatment for men with suspected prostate cancer, a regional PDAP was created at the WFCC in the fall of 2014 as a single point of access for patients, family physicians and health care providers. A nurse navigator coordinates referrals and organizes diagnostic tests based on best practice treatment guidelines. Healthcare costs are maximized through the elimination of redundant tests, improved coordination of staging and work-up and consolidation of treatment consultation. This minimizes multiple appointments to enhance the patient experience. Each hospital visit costs the healthcare system $650. Consolidating and reducing the number of hospital visits saves the provincial healthcare budget and system. The consolidation of the PDAP clinic has reduced the total wait times for test results and consultation to 5.8 weeks from 8-14 weeks. Patients also have access to peer support groups, psycho-oncology services, Canadian Cancer society services and patient education material and services.

Multi-department and multi-centre systems are in place to coordinate access to LHIN wide Tumour review board conferencing. While there are other PDAP programs in Ontario, none are consolidated into a cancer program for streamlined access and consultation. Research is ongoing to measure patient experience metrics using the CCO Electronic Patient Reported Experience Measures (ePREM) as well as patient experience questionnaires.

Poster Presentation #6: Be There' Without Being There: An Innovative Approach to Achieve JCI Recertification through Virtual Survey

Ehsan Ali, *Business Manager (OR, Surgical Day Care and CSSD) and Senior Manager CEO's Office*
Munira Amin, *RN, Administrator (OR, Surgical Day Care and CSSD)*

Rationale/Background - In 2006 Aga Khan University Hospital (AKUH), Karachi received initial accreditation from Joint commission international (JCI). AKUH is the first hospital in Pakistan to achieve this milestone. To maintain the status of certification; triennial surveys are done every three years by the JCIA auditions by onsite visit. It was done in 2009; however in 2012 reaccreditation became a challenge for Pakistan due to security reasons. AKUH took this challenge and ensured JCIA central office that every step will be taken to guarantee that auditors can see what they wanted to see as if they would have done this audit onsite.

Considering these unavoidable circumstances a unique and innovative approach of virtual survey was proposed. After multiple meetings of senior leadership with JCIA central office in Chicago this was made possible. AKUH's Quality Core Group together with IT staff took lead in planning and execution of this methodology. Advance technology compatible enough to become eyes and ears of the surveyors sitting in a different time zone was made available and tested. Specially designed mobile workstation with high definition camera, laptop, headphone, microphone and speaker were introduced.

Outcome - First time in history of JCIA; a virtual audit was conducted in 2013. This new and innovative approach was very much appreciated by he JCIA as they were able to see and view all the documents, medications, patient care areas etc. They were even able to interview patients and staff as if they were physically present. The JCIA Executive Director also congratulated AKUH for setting up best practice example in surveying methodology.

Conclusion - This revolutionary style brought an innovation in survey methodology and AKUH is the pioneer of launching this matchless technique for conducting audit from distance.

Poster Presentation #7: Falls Prevention Program: A Five Year Review

Gary Siu, PhysioTherapist, MS, Project Manager,Sunnybrook St. John's Rehab Hospital
Anne Karapetsas, Clinical Pharmacist, U of T graduate, Sunnybrook St. John's Rehab Hospital
Anne Cho, Physiotherapist, Bsc in Physical Therapy from U of T, Sunnybrook St. John's Rehab Hospital

Falls among seniors was identified as a major public health problem by the World Health Organization in 2007. In Canada, falls account for 85% of all injury related hospitalizations in adults 65 or older, and 80% of these falls occur within the home. Falls have been linked to increased morbidity/mortality rates for seniors, and an increased burden to the health care system.

The community Fall Prevention (CFPP) was launched in 2011 at St. John's Hospital. The CFPP was designed to help seniors reduce their risk of falls, and to promote overall confidence and independent living. The multi-disciplinary team approach integrates best practices recommendations of CFPP's by providing individualized care plans through a home falls and medication risk assessment, as well as a exercise and education on-site at the hospital.

To obtain feedback, patients are asked to complete surveys 1) immediately after the in-home assessment, and 2) upon completion of the CFPP.

Survey results as follows:

-90% felt it was useful for the Occupational Therapist to review their home environment

-93% felt they gained helpful information on how to safely manage their current medications (including vitamins and supplements)

-94% felt the home-safety assessment was useful in helping prevent falls

-Three months after the completion of the CFPP, 73% were still exercising on their own and 83% had not received emergency services due to a fall.

The results of the surveys indicate that patients found CFPP useful and demonstrated long term lifestyle changes that help prevent falls. Future research directions should include more formalized patients experience and outcome measures. Preventing falls amongst the senior population will provide smoother transitions from hospital to home and reduce re-admissions. This will enable seniors to safely stay at home for longer, and reduce the burden on the health care system.

Poster Presentation #8: Track OR — Improving the Patient & Family Experience for Elective Ambulatory Surgery

Ellie Lee, Business Manager
Dan Napier, Project Leader II / Systems Architect
Nigel Wilson, Project Leader II / Systems Architect

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.

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.

Poster Presentation #9: Acute Ambulatory Assessment To Avoid Inpatient Admission

Tara O'Brien *General Internist, Women's College Hospital*
Sam Sabbah, *UHN*
Robert Wu, *UHN*
Geetha Mukherj, *Women's College Hospital*
Ian Stanaitis, *Women's College Hospital*
Minnie Rai, *Women's College Hospital*

Background - Aging and multimorbidity have contributed to an increased number Emergency Department (ED) visits and hospitalizations. The University Health Network (UHN) has experienced a 6% yearly increase in ED visits and general internal medicine

(GIM) hospitalizations. The goal of this quality improvement (QI) initiative is to curb costly GIM admissions at UHN by offering rapid follow-up to patients in the Acute Ambulatory Care Unit (AACU), a short-stay medical united staffed by a GIM physician, at Women's College Hospital (WCH)

Methods: UHN ED patients that required an urgent GIM consult but were stable for discharge were referred for follow-up to the AACU within 24-48 hours of discharge. From September 2015-September 2016, informed consent was obtained from patients, patient satisfaction questionnaires were administered and demographic data was collected. The process measures collected included diagnosis, treatment, need for inpatient admission and patient satisfaction. A pre-post design study was conducted using the Model for Improvement QI framework. The investigators met monthly to review referrals and patient outcomes, PSDA cycles were employed to improve overall health care delivery for patients.

Results: A total of 778 patients were seen in the AACU over a one-year period and 369 patients enrolled in the study. Of the patients enrolled, the top three reasons for referral included abdominal pain, hypertension and anemia. 58% of those patients were followed up in the AACU and only 1% required a transfer to UHN for inpatient admission and 99.2% of patients avoided admission to the UHN. The patient experience survey demonstrated that, 77% reported being strongly satisfied with the care that they received and 92% would recommend the AACU experience to other patients. Research is still in progress.

Conclusions: This QI initiative successfully provided safe and rapid follow-up to GIM patients discharged from the ED, resulting in perceived avoidance of GIM consult or admission and high patient satisfaction. This cross institutional model of care successfully stabilized the rate of UHN GIM admissions, which had been steadily increasing.

Poster Presentation #10: A Multidisciplinary Approach to Falls Prevention in an Adult Outpatient Ambulatory Clinic

Femie Keegan Plas, *OT, Hamilton Health Sciences Centre*
Elizabeth Snow, *MS Social Work, Hamilton Health Sciences Centre*
Melissa Pacquin, *NP, Hamilton Health Sciences Centre*
Ni Shen, *PA, Hamilton Health Sciences Centre*
Alice Poulose, *RPh, Hamilton Health Sciences Centre*

Fall prevention programs within ambulatory care settings are difficult to implement due to the wide variability of patient populations, as well as lack of standardization within clinic staffing modes. The General Internal Medicine rapid Assessment Clinic(GIMRAC) comprises a multidisciplinary healthcare team that utilizes best practice strategies to identify risks for falls. Here we describe the strategies that our multidisciplinary team uses in the prevention of falls within and after their GIMRAC visit.

Rationale and Description: Falls prevention has been identified as a Canadian health care priority due to the significant impact of falls on an individual's quality of life and the costs to the healthcare system. GIMRAC utilizes a collaborative multidisciplinary healthcare team informed by Best Practice Guidelines and evidence-based medicine to identify and manage the many variables that contribute to falls. A Patient Needs Assessment Form was designed to capture the intrinsic risk factors for falls as reported by the patient, and to identify those who require further assessment and individualized intervention by the team. A variety of information is gathered including : acute symptoms, chronic conditions, medication, cognition, falls history, and community integration.

Conclusions: A coordinated approach to falls risk identification has demonstrated effectiveness in falls prevention in ambulatory care setting. By this comprehensive approach, we have identified causes of falls and tailor interventions to prevent future falls.

Poster Presentation #11: Challenges Faced by IENs Working in Peri-Anesthesia

Ramona Hackett *RN, BA, PANC(c), MScN (c), Sunnybrook Health Sciences Centre*
Anita Damjee *RPN, Sunnybrook Health Sciences Centre*
Claudia Dorolti *RN, BsN, SCRN, Sunnybrook Health Sciences Centre*

Every year, many nurses come to Canada to begin a new life. Many of them who come here have little to no social support and many do not speak English very well. Many are uncertain about or have difficulty finding a job as an RPN or RN, despite having practiced as an RN back home. Despite the consistent numbers of IENs entering the Canadian nursing workforce, many IENs continue to face personal challenges and structural barriers as they strive to integrate into clinical settings. Overcoming language barriers and cultural differences have been identified as creating feelings of isolation for IENs as they integrate into the workplace. IENs have played an essential

role in addressing the nursing shortage by immigrating to Canada. Given the importance of the IEN's role in the delivery of patient care, it is vital that IENs are involved in educational programs to prepare them for practice in North America. This greatly assists IENs to integrate as members of the professional health care team.
A qualitative design was used to explore five International educated nurses (IENs) experiences of integration in Peri-anesthesia services at Sunnybrook Health Sciences Centre. Individuals shared their personal experiences in a narrative was through group discussion, and common themes were found.
Even though we (IENs) had to face and went through many psychological, physical, economic, lingual, cultural and social challenges during our transition phase in a new country, we were still welcomed and accepted which helped us to integrate with the Canadian health care system. With willpower, hard work, and determination, we conquered those hurdles and Sunnybrook provided us with enough orientation and a welcoming culture. We are thankful to our Peri-anesthesia department manager and clinical educator for selecting us with confidence and supporting us in every way. We are proud to be Sunnybrook's IENs!.

Poster Presentation #12: Breaking Down First Person Patient and Provider Narratives into Authentic QI Improvement Strategies as the Foundation of a Patient Charter in the Ambulatory Care Setting

Joanne Ferraccioli, RRT, BA, Patient Experience Project Coordinator, Niagara Health: Walker Family Cancer Centre

Context: At the heart of a positive care experience in the ambulatory clinic setting is a new relationship between staff and users of services, based on partnership. A Patient and Family Advisory Council to co-design a program for patient experience established a forum for the patient voice at Walker Family Cancer Centre.

Problem: Physician Engagement in Person Centred Care is not historically significant and a hierarchical relationship is present. Moving towards a structure of collaborative care requires a cultural change within the organization from the patient being a passive recipient to a knowledgeable partner.

Methods/Intervention:

Q1: 57 First Person Patient narratives were graded according to 4 themes
-Patients Knowledge
-Patient Satisfaction
-Service Use
-Health Behaviour and health
status/continuum of care

Q2: Provider Narratives were collected and graded. An Improvement team was initiated to develop QI strategies.

Q3: New Initiatives were designed WITH rather than FOR Patients.
- Implementation of Peer Support for
Patients who come to clinic unaccompanied
- Enhanced Volunteer Hospitality Roles
- Improved access to Patient Resource Library
- Video for New Patient Orientation

Q4: Multidisciplinary focus to ensure broad sampling of narratives. Following the same process in each area ensures authenticity.

Impact/Outcomes: Early interventions of High Impact Low Effort Strategies illustrates the narratives are fluid, and common threads of concerns change as strategies are implemented. Engagement increased each month with providers, including a strong sustainable methodology. The early results point to a very will defined improvement in the process of improvement strategies for better overall patient flow and coordination of care.
Key Insights and Lessons Learned: Adopting an early intervention strategy with high impact/low effort creates a positive early patient/provider partnership, leading to higher provider engagement.

Poster Presentation #13: Taking a Closer Look at Peripheral Vascular Access Assessment

Grace Gray *RN, Sunnybrook Health Sciences Centre*
Angela Boudreau *RN, MN, CON(c), Sunnybrook Health Sciences Centre*
Denyse Henry *RN, BHA (Hons) MHM, Sunnybrook Health Sciences Centre*

The RNAO Best Practice Guidelines (BPG) Education Recommendation states: "The principles and practice of infusion therapy should be included in the basic education curriculum, be available as continuing education, be provided in orientation to new employees and be made available through continuing professional development opportunities."

The Vascular Access Team (VAT) is an integral part of the resource for staff requiring support for vascular access.

The purpose of this poster is to provide an education tool to help raise and maintain awareness of the importance of vigilant and continued vascular access site assessment and maintenance. This tool provides an informative and portable means of reaching staff in staff meetings, education sessions/reviews and orientation.

Poster Presentation #14: Taking a Closer Look at Peripherally Inserted Central Catheters (PICCs)

Grace Gray *RN, Sunnybrook Health Sciences Centre*
Denyse Henry *RN, BHA (Hons), MHM, Sunnybrook Health Sciences Centre*
Angela Boudreau *RN, MN, CON(c), Sunnybrook Health Sciences Centre*

Peripherally inserted central catheters (PICCs) are generally the central venous access devise of choice used for patients in a hospital or ambulatory care setting. To ensure patient safety and comfort it is important that healthcare providers are informed about the potential risks and benefits of a central venous access device.

This poster presents an informative and visual means of providing education regarding PICC care and maintenance to increase staff and physician competency and comfort level when assessing PICCs.

Poster Presentation #15: Adoption and Benefits of EMR Use in Canadian Outpatient Clinics

Jane Sparkes *BSN MSc eHealth*

Background: Electronic Medical Records (EMRs) in hospital-based ambulatory care have been a significant area of investment for Canadian hospital organizations and governments in recent years. The growing volume of patient visits and complex transitions in care associated with this practice setting creates a significant opportunity for technology to add value. This complexity, however, means that adoption and associated benefits for patients, clinicians, and the health care system have been hard to measure. This poster presents the results of a quantitative national research program implemented to determine the current-state adoption and maturity of use of EMRs in outpatient clinics and quantify the emerging evidence-informed benefits, as well as identify critical success factors to inform future implementations.

Objectives: To support the development of a national benefits model, a series of hypotheses were developed and tested against an evidence base, which included a robust literature review, 18 regional project evaluation reports, and series of key informant interviews. The research program also included two provincially representative surveys of outpatient clinics from teaching and community hospitals conducted in 2013 and again in 2015. The survey sought to determine the current state of EMR adoption and maturity of use among clinicians and staff practicing in outpatient clinics. Results of the analysis were refined through a validation process that included a national advisory panel comprised of clinical experts providing specialist outpatient care, hospital-based process engineers, senior hospital and system leaders, IT project managers, health system researchers, and key opinion leaders from across Canada.

Main Findings: The best measure of EMR adoption and maturity of use in outpatient ambulatory care in Canada is "electronic entry and retrieval of clinical encounter notes". In 2013 about one-third (32%) of hospital-affiliated ambulatory clinics reported electronic as routine clinical practice and this number remained the same in 2015. Use of electronic functionalities to support practice and care varied substantially. Notably the majority (51%) of ambulatory care clinics report use of multiple electronic medical record (EMR) systems (average of 3) to access patient information, but still maintain paper charts as the main record keeping system used to document information on patient visits. The majority of emerging benefits of EMR use in outpatient care are within the domains of i) improved informational continuity of care, ii) quality of care/ patient safety, iii) clinician and clinic efficiency, and iv) patient access of care. Detailed quantitative estimates for these domains and a case study of value in Canadian

outpatient cancer care settings resulting from the national economic benefits model will be present in the poster.

Discussion and Recommendations: Much progress has been made supporting implementation and clinician adoption of EMRs in Canadian outpatient ambulatory clinics, but effort is required to continue progress and achieve the full value. Workflow redesign, training, user interface, functional clinical requirements and interoperability emerge as important areas of focus. The project report and resources provide an overview of qualitative findings from applied projects and critical success factors for increasing maturity of use.

Poster Presentation #16: Failure to Follow-up with Colonoscopy after an Abnormal Fecal Occult Blood Test: A Mixed Methods Study

Jill Tinmouth *Sunnybrook Research Institute, Toronto, Ontario*
Mardie Serenity *Sunnybrook Research Institute, Toronto, Ontario*
Diego Llovet *Cancer Care Ontario, Toronto, Ontario*
Lawrence Paszat *Institute for Clinical Evaluative Sciences*
Nancy Baxter *University of Toronto*
Rinku Sutradhar *Institute for Clinical Evaluative Sciences*
Bronwen McCurdy *Cancer Care Ontario, Toronto, Ontario*
Linda Rabeneck *Cancer Care Ontario, Toronto, Ontario*

Background

- Screening with fecal occult blood testing (FOBT) improves outcomes from colorectal cancer (CRC)
- Colonoscopy is recommended in those with an abnormal FOBT in order to evaluate for CRC
- Compliance with follow-up colonoscopy after abnormal FOBT is critical for screening to be effective
- In Ontario, close to 25% of persons with abnormal FOBT do not have a follow-up colonoscopy

Objective

- To understand physician and patient-related reasons for failure to follow-up with colonoscopy after abnormal gFOBT and to identify potential interventions to improve follow-up in the Ontario context.

Poster Presentation #17

Stephanie Hill, *MS, Clinical Dietitian Waypoint Centre for Mental Health Care*

Purpose/Background: Met-S is a great concern in mental health populations. Waypoint Centre offers an outpatient Met-S treatment program designed to educate clients about Met-S and encourage lifestyle change to reverse related risk factors and symptoms.

Anecdotal evidence suggests that this treatment program has positive effects on patient health outcomes. To expand on this, a formal program evaluation study was undertaken to evaluate the effect of this program on the risk factors/symptoms associated with Met-S.

Methods: This study followed a prospective non-randomized design with a comparison group. The study followed patients who attended the Met-S program in 2012 and compared changes in health factors related to Met-S to a comparison group receiving the usual standard of care. Data on outcome indicators for both groups were collected at three intervals: prior to starting the program (baseline), at the end of the program (post-treatment), and at a 6-month follow-up appointment. Approval for this project was granted from the Waypoint Research Ethics Board.

Results: Change scores in weight, body mass index (BMI), and waist circumference(WC) in the treatment group differed significantly from the comparison group during the baseline to post-treatment period. This reflected an improvement in health for the treatment group, specifically, reductions in weight, BMI, and WC. When comparing changes in the treatment group data over time, WC decreased significantly during the baseline to post-treatment period.

Conclusion: Findings suggest that there is a positive effect from the treatment on metabolic health, and this effect is seen during the treatment, rather than after. Recommendations are given regarding optimization of program delivery based on study results and data obtained in the literature. Recommendations on how to improve future similar program evaluation research are also included.

Poster Presentation #18

Sherrol Palmer, *MS, Clinical Diet*

TB Skin Testing in a Cancer Treatment Centre: An interprofessional approach.
Sherrol Palmer Wickham, Barbara Catt, Nelisha Bhaloo, Kathy Carothers, Michael Leung, Phyllis Chong, Dr. Marc-Andre Smith, Dr. Mary Vearncombe

The incidence of Tuberculosis (TB) in Canada has decreased significantly in 30 years. However, during the same time period the proportion of active TB among foreign-born individuals increased significantly from 17.7 to 67.0% and the proportion among Canadian-born Aboriginal peoples increased from 14.7 to 21.2%.

It was identified by the Infectious Disease physicians at a large teaching hospital that vulnerable patients could be exposed to TB. It was also identified that cancer patients with latent TB could reactivate the TB when they are immune-compromised, treated with many courses of chemotherapy or heavily pretreated prior to transplant. At the cancer Centre an interprofessional team consisting of nurses, managers, pharmacists, physicians in the specialty of Hematology, Head and Neck surgery; Infectious Diseases and Infection Prevention and Control met to identify patient groups most at risk and implement a TB screening process. The patients identified: patients diagnosed with head and neck cancers and a subset of patients with malignant hematological diagnoses. The team developed a program to initiate TB skin testing (TST) in all new patients in these patient groups. This poster will outline the process for program approval, resource allocation and how the TST clinic was established and progress to date.

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