



# Open Letter

to nurses in the Winnipeg Health Region

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Vice President & Chief Nursing Officer

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*As the snow begins to fall and the mercury drops, the change of seasons can prompt us to reflect. Often when we're in the midst of our day to day activities, we can miss the exciting and truly celebratory-worthy moments right in front of us.*

With their unique position on the frontlines of health care, nurses contribute to saving lives, promoting health and reducing adverse outcomes for patients, residents and clients. Nursing assessments and interventions are improving the quality of care and helping people achieve optimal health.

Each and every day in the Winnipeg Health Region, nurses are doing incredible work that is making a difference. By focusing on their specialty, exploring opportunities within their scope of practice, improving care and employing creative problem solving skills, nurses are contributing to creating better outcomes for people. They're also taking person-centred care one step further.

Too often in our continual search for excellence, we miss out on rich opportunities to acknowledge... each other, the work we're doing and how small choices can positively impact people's health and wellness. While it is essential to focus on how we can improve our services we need to take time to celebrate our successes.

Nurses in the Region are taking professional nursing practice beyond the traditional boundaries of care and looking at how they can enhance health outcomes. They are incorporating planning and relationship building into their person-centred approaches to care. Nurses are showing how health outcomes can be positively impacted when all health providers work together within their scope of practice.

Nurses play a key leadership role on health care teams as they coordinate care delivery. Keeping everyone informed, alerting team members to special situations or circumstances and enabling people and their families to navigate the health care system are all part of a typical day for most nurses.

Nurses are in a position to actively seek and process information that could help improve health outcomes. By employing problem solving abilities and asking the right questions, nurses have an important role to play in collaborative practice.

In this letter, I would like to highlight some recent examples of excellence in nursing practice. The next issue will feature the positive impact nurses are having on chronic disease management, injury prevention and in reducing unnecessary drug use.



Krista Maxwell



Clean your hands. It seems simple enough. Yet in the midst of a VRE outbreak, this deceptively simple practice came under the spotlight.

Infection Prevention and Control Nurses are providing expertise and guidance during the outbreak. They reinforce that preventing infection is every health care provider's responsibility. They also advise the Region's leaders, answering key questions and providing consultation on all aspects of outbreak management.

The role of this group of nurses is to protect people from germs and infection. To do that, they review and approve products and equipment purchased in our region to ensure they can be cleaned, disinfected or sterilized properly. They work with others during renovation and construction to safeguard the health and safety of our clients, residents, patients or staff.

These experts sit on committees, provide education and work closely with all programs to address Infection Prevention & Control (IP&C) issues cross all sectors. They also perform infection surveillance to identify health care acquired infections and address issues that arise from these infections.

Hand hygiene is the single most important measure to prevent health care acquired infections. The importance of hand hygiene is highlighted by Accreditation Canada as a Required Organizational Practice. In spite of this, studies show a disappointing low rate of compliance among health care providers. IP&C nurses are working hard to improve that.

Does a health care worker seize an opportunity to perform hand hygiene? Opportunity is what a hand hygiene audit tool is measuring in the Region. Auditors come to the area/unit and record the performed and missed opportunities for hand hygiene. This information is then entered into a database, analyzed and reported. This report provides clear feedback on what opportunities to work on with staff to help improve compliance.

"The gold standard for compliance is 80-90 per cent. At the beginning of the monitoring, it could be as low as around 30 per cent" says Brenda Dyck, Program Director for Region's Infection Prevention and Control Program. "The target is to get it up to the gold standard."

Every nurse can be a leader by role modelling excellent hand hygiene and by encouraging and reminding others to improve their practice and keep those we care for safe.

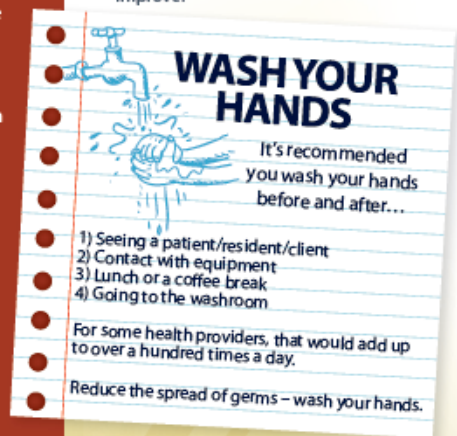
# WOUND

Preventing pressure ulcers is a key part of every nurse's practice. When the Victoria General Hospital noted a 19 per cent pressure ulcer rate in 2005, they needed to address the issue.

Their first step was to hire Poh Lin Lim, a Clinical Nurse Specialist with expertise in skin, wound and geriatrics. The second was to engage in an intense educational program aimed at the providers who care for the patients at risk.

An Attention to Care Interdisciplinary Team (ACIT) strategy was created. Six priorities were identified, one of which was skin and wound care.

The questions they asked: What are the top nurse-influenced indicators? What are the root causes of wound development in acute care settings? And how can we get "back to basics" to address the care issues in order to improve?



## WASH YOUR HANDS

It's recommended you wash your hands before and after...

- 1) Seeing a patient/resident/client
- 2) Contact with equipment
- 3) Lunch or a coffee break
- 4) Going to the washroom

For some health providers, that would add up to over a hundred times a day.

Reduce the spread of germs - wash your hands.

## WEBSITES TO CHECK OUT

Collaborative Care  
[www.winnipeghealthregion.ca/collaborate](http://www.winnipeghealthregion.ca/collaborate)

Canadian Nurses Association Certification Program  
[www.getcertified.cna-allc.ca](http://www.getcertified.cna-allc.ca)

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# care and SKIN care

"We discovered there were big gaps in our knowledge base and how we applied that knowledge," says Poh Lin Lim, Clinical Nurse Specialist, Wound Care and Geriatrics. "We developed educational strategies that addressed registered nurses, licensed practical nurses, health care aides, occupational therapists, physiotherapists, dietary; pretty much the entire interprofessional team."

Then they made a commitment to education. The goal? To have every nurse reach a competent level of delivering skin and wound care, within the scope of their practice. Health care aides were included in the educational initiative so they could help decrease the prevalence of hospital acquired pressure ulcers.

Staff were educated in best practice guidelines using the Region's policies and procedures for wound care. Information from the Registered Nurses Association of Ontario, Nurses Improving Care for Healthsystem Elders, and the National Pressure Ulcer Advisory Panel was also important. Champions on each unit helped roll the information out. Experts in the field were available for consultation and if need be on site for intense hands on continuing education sessions.

In the meantime Poh Lin evaluated the available wound care products to make it easy for staff to decide on appropriate interventions. She worked collaboratively with the patient safety group to look at equipment and products like sliders and lifts and preventative measures that could reduce the risk for high risk patients but also safeguard the health of staff.

General reference cards that complimented the education sessions were also created. At a glance, they offer prompting that reinforces best practices in wound care.

Within two years, the numbers dropped. At its lowest in 2009, the rate was 7.8 and is now hovering at around 10 per cent.

"Poh Lin, with her expertise made a major difference in our ability to plan and implement a realistic program, and evaluate patient outcomes. A Clinical Nurse Specialist is a tremendous asset for any kind of clinical initiative you want to get off the ground and sustain over time," says Beth Brunson-Clark, Vice-President of Programs Patient Services and Chief Nursing Officer at Victoria General Hospital.

Poh Lin is passionate about wound care. "It is my wish to develop a group of wound care champions but due to staff turnover and other barriers, I have made a paradigm shift. That shift is to cultivate each direct care nurse as a wound

care resource nurse to his or her own assigned patient workload. One nurse at a time," she says. Her visibility on the unit has helped create a culture of learning by seizing what she called teachable moments. The result has been collaboration and discovery in a blame-free environment. A discussion that focuses on critical thinking, what the nurse thinks is the best option and how to best address patient concerns and dress the wound can reinforce critical principles. "I strongly believe that there is no one wound recipe for all. Wound management should be individualized. I try to understand the rationale behind why my colleagues do certain things to achieve an outcome. Together, we can learn because it has to be an evidence based treatment plan."

It's a team effort... that includes people who clean the equipment as well as all health care providers. With vision, strong support from senior and middle management, and beliefs in possibilities in tough times, together, they've helped reduce the prevalence of ulcers to the benefit of the people they care for.

Poh Lin was recently nominated as a Canadian Association of Wound Care Hero for 2011. She will be featured in an upcoming issue of *Wound Care Canada* magazine. Congratulations on this exciting nomination!

In the Region, are there systems and processes in place that could be improved? Yes. Do these take time to change? Yes. I hope these examples remind you that each of you also holds an opportunity to make a difference, to make a choice and to do that one thing that could positively impact the patients you care for.

I encourage you to reflect on successes in your area of practice. What are you proud of accomplishing? What are you proud of contributing? Where could you build on what's working? And where can you fine tune what isn't working so well?

And then? Consider doing it. The people and families we care for need your innovation, your creativity and your commitment.

I welcome your success stories and discoveries. Email me at: [wrha\\_nursing@wrha.mb.ca](mailto:wrha_nursing@wrha.mb.ca).

*Poh Lin Lim with wound care cards for reference.*



# in the Spotlight

CELEBRATING one of your nursing PEERS



LORRAINE AVERY

RN, BN, MN, CNCC(C) Registered Clinical Nurse Specialist, Cardiac Sciences

Mentors, strategy and awareness of a variety of scopes of nursing practice have contributed to Lorraine realizing the career of her dreams. After graduating as a RN and completing the Adult Intensive Care Nursing Course, Lorraine worked in adult intensive care in a community hospital, where she developed an interest in cardiology. Inspired by a friend, Lorraine pursued Advanced Practice Nursing with a goal to become a Clinical Nurse Specialist (CNS) – a role she has held for 12 years. She is currently working on her PhD.

### What is the focus of a CNS?

The CNS role supports nursing practice, in addition to being a change agent, a collaborator and a system level thinker. My specialty is cardiac sciences, particularly secondary prevention. Part of what I do involves being on the cutting edge of new evidence based practices that can best benefit patients.

### What is one thing you want people to know about the CNS role?

The CNS role is not always understood. Role clarity is a work in progress and grows relationship by relationship, to the benefit of patients, families, nurses...everyone.

I work closely with other clinical experts. Part of my role is to link and collaborate with these health providers and draw out their expertise. They help me answer key questions about where the evidence is and where to start looking for it.

I, in collaboration with other members of the team, play a pivotal role in improving care and patient outcomes. The Acute Myocardial Infarction Care Map that I co-author is an example – health providers from various disciplines are contributing key standards of care for cardiac patients.

*"It's an excellent time to be a nurse.*

*There's such diversity in practice and what you can do."*

### What are your reflections on nursing?

Nursing is a self regulated profession that has earned public trust. Nurses have moved into being more equal members of an interdisciplinary team. They have important things to say and contribute and nurses are more comfortable with that than they ever have been.

There is a thirst for knowledge while nursing education itself expands and grows. Nurses are learning and interacting with other disciplines, which helps reinforce that recognition of what a nurse brings to a health care team.

## EVENTS

**January, 2012**  
WOUND CARE EDUCATION SESSIONS  
Level I and II dates through January  
[www.wrha.mb.ca/osd/woundcare](http://www.wrha.mb.ca/osd/woundcare)

**February 10, 2012**  
NEW GRAD DAY  
Franco-Manitobain Cultural Centre

**Health Care Connection**  
Upcoming education events are announced in the Health Care Connection, a weekly email update about things happening in the Winnipeg Health Region. Be sure to check your email on Wednesdays to access the latest information and education sessions.