

Trauma Care and Recovery

A guide for patients
and families/caregivers



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Trauma-Care Timeline*

ARRIVAL

CrCU

B5 ICU

SURGERY may take place at anytime during your hospital stay

1



EMERGENCY DEPARTMENT

Patients are assessed in the trauma bay. This assessment will help determine the best place in the hospital to care for their injuries.

See pages 7 and 8.

Location:

A-Wing, Ground Floor (AG)

Phone:

416-480-6100 ext. 7207



2



CrCU

Patients in the most critical condition are admitted to the Critical Care Unit (CrCU). They may need life support.

See pages 10 and 11 for details.

Location:

M-Wing, 2nd Floor (M2)

Phone:

416-480-4196

3



B5 ICU

Patients with serious injuries that require continuous monitoring go to the B5 Intensive Care Unit (B5 ICU).

See pages 10 and 11 for details.

Location:

B-Wing, 5th Floor (B5)

Phone:

416-480-4189



*Some patients may receive care in other ICUs/wards at Sunnybrook, depending on their condition and needs; for example, in the CVICU, D4ICU and D5 ward areas, among others.

C5

DISCHARGE

POST-DISCHARGE CARE



4

C5

Patients who no longer require intensive care, but still need the attention of the trauma team.

See page 13 for details.

Location:

C-Wing, 5th Floor (C5)

Phone:

416-480-4187

5

LEAVING THE HOSPITAL

Estimated Date of Discharge:

Patients may be sent to one of the following places when they no longer need the specialized care of Sunnybrook's trauma team:

- Community hospital
- Complex-care centre or facility
- Rehabilitation centre or facility
- Other
- Home

4

JENNIFER TORY TRAUMA RECOVERY CLINIC

Approximately one month after discharge, patients are contacted for a standardized intake assessment to determine post-discharge care needs and review follow-up plans.

See page 22 for details.

Location:

C-Wing, Ground Floor, Room 02 (CG02)

Phone:

416-480-4053



You may move back and forth between units, depending on your medical needs.

Your Feedback is Welcome

The staff doctor who oversees your care is called the Most Responsible Physician or MRP. Your MRP may change, depending on where you are in the hospital and staff schedules.

MY MOST RESPONSIBLE PHYSICIAN:



Introduction

A traumatic injury is unexpected. It can leave you and your loved ones feeling scared, anxious, frustrated and confused. It is Sunnybrook's goal to help every patient and family through this difficult time by providing the best possible care.

While at Sunnybrook, you may be far from home and your local hospital. You were brought here because Sunnybrook is a trauma centre. Trauma centres are specialized hospitals that have the right equipment and the right experts to care for patients with traumatic injuries. Sunnybrook is one of only 9 adult trauma centres in Ontario, and the largest one in Canada. The Sunnybrook team is dedicated to taking care of injured patients and helping them recover.

We hope this handbook will help guide you and your loved one during your hospital stay and answer some of your questions.

- On pages 2 and 3, you will see a timeline of the patient journey through the hospital.
- On pages 39 and 40, there is a place to write down your or your loved one's injuries and what they mean.
- On pages 35 to 37, there is a place to write down a summary of your important symptoms and upcoming appointments after you leave the hospital.
- On pages 41 and 42, there is space to write notes about your care.



In these pages, you will also find information about what to expect during different parts of your stay, and a description of the various members of the health-care team who may be caring for you or your loved one.

Our staff members are here to help you. Please feel free to ask questions and share your concerns. We look forward to working with you during your hospital stay and recovery process.

Pathway of Care

Each patient's hospital stay is slightly different because no two patients' injuries are the same. The doctors, nurses and other health-care professionals in each part of the hospital have different specialized training and skills. Our goal is to make sure you get the right care for the different parts of your recovery.

In this part of the handbook, we explain the different areas of the hospital, and the types of patients who might need care in these areas.

It may be uncomfortable or scary when you, or your loved one, move from one care area to another. We hope that it helps you to know that all the necessary medical information about the patient is transferred from one area to another, and that staff from different areas work closely together to make the move between units happen smoothly.

1 Arrival: The Emergency Department



It is likely that an ambulance or a medical helicopter brought you or your loved one to Sunnybrook's emergency department (ED). Once in the ED, patients are immediately assessed in the trauma bay, which is a special part of the emergency department used only for the care of trauma patients.

In the trauma bay, patients are cared for by a trauma team, which includes specialists with the training and skills to provide emergency care. The whole team is led by a trauma team leader - a doctor who is an expert in trauma care. Care in the trauma bay includes blood tests, x-rays, CT scans, pain management and, for some patients, emergency life-saving procedures.

After the patient's injuries are identified, the trauma team leader works with other doctors in the hospital to determine which area of hospital will best serve the patient's injuries.

The most serious and significant injuries are typically the first to be identified in the trauma bay. Other less serious injuries may be identified over the next few days following your admission.

Why the trauma bay can seem like a frightening place:

- The trauma bay can be loud and confusing because of the large number of doctors, nurses, and team members working together to quickly find and treat life-threatening injuries.
- Patients arrive with very painful injuries, and often receive strong pain medication that may make them feel confused.
- In order to find every injury as quickly as possible, the patient's clothes are cut off with scissors, which can be upsetting.
- While the trauma team tries to explain what is happening every step of the way, many patients find the information comes so quickly that it might be hard to understand.

Talk to your medical team about your experiences in the trauma bay. We can help fill in missing pieces of information and answer your questions.

② Surgery and the Operating Room

After an injury, some patients will require surgery, while others will not. No two patients are the same. There are many factors that your doctors will consider when deciding whether the patient will need surgery. These factors include:

- The type of injury being treated
- The patient's overall health before they were injured and how stable the patient is right now
- The patient's wishes about his or her care and treatment

Important things to know about surgery

- Some patients will need immediate surgery for a life-threatening problem as soon as they arrive in the trauma bay. These patients will go straight to the operating room from the emergency department. Other patients who are more stable may have surgery later in their hospital stay.
- For patients with more than one injury, the doctors will work together to decide which injuries must be treated right away, and which should be treated later when the patient is more stable. Some patients will have many surgeries during their hospital stay.

Location of Operating Room waiting areas for family members

- The operating room waiting area is in A-Wing, 1st Floor, Room 48 (A1 48). [Please note that after hours, families wait in the M-Wing, 2nd Floor (M2) waiting area.]
- If you are a loved one of a patient, it is important to tell the surgeon, or nurse, where you will be after surgery so you can be updated on the patient's condition. If you carry a cellphone, give the number to the surgeon or nurse.
- If the patient will be admitted to the Critical Care Unit (CrCU), you can wait in the M2 waiting area. (Take the main elevators in M-Wing to the 2nd Floor.)
- While in the waiting areas, family members will be provided a tracking number by the operating room team.

Visiting the patient after surgery

- Many patients go to the Post Anesthetic Care Unit (PACU) after surgery. The PACU is located on M2 (M-Wing, 2nd Floor).
- Speak to a volunteer in the M2 waiting room area about visiting a patient. If a volunteer is not on duty, follow the instructions on the phone located in the visiting area. Some patients go directly from the operating room to the Critical Care Unit (CrCU) after surgery.
- If the patient goes to the CrCU, you can call into the CrCU 45 to 60 minutes after surgery to check whether they are ready for visitors. (See Intensive Care Unit section on pages 10-11.)

The surgeon said the patient will be having surgery today, but can't give a time. Why?

Each patient is added to an emergency operating room list. The order in which surgeries are done is based on:

1. How urgent it is to do the operation
2. The order in which patients are added to the list

The surgeons all work together to make sure the most critical patients get their surgery done first, even if they were added to the list later. For example, a patient might arrive in the emergency department after a bad car crash, and need a surgery to save his or her life right away. This means that sometimes patients who were already on the list might wait a longer time for their surgery. At times, the wait may be days.

We know the wait can be very frustrating and difficult. **We appreciate your patience – you are helping other patients in the hospital get the care they need, when they need it.**



3 Intensive-Care Unit

Intensive-Care Units (ICUs) are designed for the care of patients with the most severe injuries. Some patients are well enough to not need ICU admission, and go directly to a specialized trauma ward (see page 13).

Care in an ICU includes:

- Special monitors that check oxygen, heart rate and blood pressure
- Machines that can provide life support
- Special medications needed by the sickest patients

Care in the ICU is a team effort. Doctors, nurses and other health-care professionals who are experts in life support work in the ICU. The staff intensivist is the head doctor in the ICU, and coordinates the recommendations of the many members of the care team.

ICU team members work with other doctors who are experts in treating the injuries of trauma patients, including:

- Trauma surgeons
- Orthopedic surgeons
- Neurosurgeons
- Plastic surgeons
- Other surgical experts as needed

Patients' families are also an important part of this team. If you wish to speak to any of the specialists while your loved one is in the ICU, please let the ICU team know.

The patient is permitted to have up to 2 family members present during daily rounds, when the health-care team gets together to discuss each patient individually at the bedside. We do ask that you hold any questions until after rounds.

At Sunnybrook there are multiple types of ICUs. The two most common ones include CrCU and B5 ICU - however some patients may receive care in other ICUs at Sunnybrook, depending on their condition and needs.

1. Critical-Care Unit (CrCU) – M-Wing, 2nd Floor

Patients in the most critical condition are admitted to the CrCU. These patients might need specialized forms of monitoring and life support, including mechanical ventilation (breathing machine).

2. Neurotrauma ICU (B5 ICU) – B-Wing, 5th Floor

- Patients with serious injuries who require constant checking of their injuries or their medical needs, but who do not need the specialized monitoring or life support of the CrCU, are admitted to the B5 ICU.
- Some patients may be transferred to B5 ICU from CrCU after their condition improves significantly.
- Other patients are admitted to B5 ICU directly from the emergency department.

Visiting hours and rules in the ICU

- You must call into the ICU before visiting. There is a phone at each ICU entrance, which you can use to ask for the door to be opened.
- Visitors are allowed 24 hours a day in the ICU. However, there are some times when visitors are not allowed. From 7:30 a.m. to 8:15 a.m. and 7:30 p.m. to 8:15 p.m., there is a change over in the nursing teams and visitors are not allowed in order to protect patient privacy.
- Only 2 visitors are allowed at a time.
- You may be asked to leave your loved one's bedside during tests, certain types of nursing care, bathing and at other times. Please be respectful of these requests – they are in place for your loved one's safety and privacy.

Location of ICU waiting rooms

CrCU – the waiting room is on M-Wing, 2nd Floor. Take the main elevators to the 2nd Floor.

B5 ICU – the waiting room is on B-Wing, 5th Floor. Take the main elevators to the 5th Floor, and follow the signs to the B area of the hospital.

Phone number for the ICU

- CrCU: 416-480-4196
- B5 ICU: 416-480-4189



Should I spend the night in the hospital while my loved one is in the ICU?

We understand that there will be times when you want to spend the night in the hospital with your loved one, particularly if the doctors let you know that your loved one is very sick. You are allowed to spend the night in the waiting room, or in a chair at your loved one's bedside. **However, we strongly encourage you to use nighttime to rest at home.**

- Recovery from injury is a long process, and we know from past experience that families get exhausted very quickly.
- Sleep is an important part of keeping up your strength, which will be needed to help and encourage your loved one during his or her recovery.
- We encourage you to leave a phone number with the bedside nurse in the ICU. If anything were to change with your loved one's condition, we will call you.



Note:

You can find more information about the ICU on Sunnybrook's website at: sunnybrook.ca/navigatingtheicu.

Your Feedback is Welcome



Do you have feedback about your loved one's stay in one of our intensive care units? The Family Satisfaction Survey is one way to connect with the intensive-care team and share your thoughts. You don't have to use your name or personal information. By completing the survey, you'll help us improve the quality of patient care provided in the intensive-care units. The survey can be found at sunnybrook.ca/ICUsurvey.

Patient-Care Units ("Ward" Care)

When your loved one is ready to come to the patient-care units (wards), this means that they do not need the ICU and are more medically stable. On a ward, patients are cared for by nurses who look after 3 or 4 patients during the day and 5 or 6 patients at night.

Most Sunnybrook trauma patients are cared for on C5, which is the specialized trauma ward, located on the 5th Floor of C-Wing of the hospital.

However, your loved one may be cared for on other patient-care units in the hospital, such as D5, D6 and C6. The teams on C5 and the other patient-care units are experts in caring for patients with serious injuries and helping them progress in their journey towards recovery.

Visiting Guidelines

- Visiting hours for the patient-care units are from 10 a.m. to 8 p.m.
- The doors to enter into C5 are always locked for the safety of some patients who may wander.
- You can get into the ward through the locked double doors near the C5 main elevator. Please press the doorbell which can be found on the right side of the doors.
- In order to respect other patients, we ask that there are only 2 visitors at a time. Other visitors can wait in the cafeteria or other areas of the hospital and take turns visiting the patient, 2 at a time.
- Our goal is to reduce noise in the ward. Visitors should speak quietly to each other and while using cell phones.

Rooms in the Patient-Care Units

- The patient-care units have a combination of private (1 bed) and semi-private (2- or 3-bed) rooms.
- Women and men may share the same room.
- Rooms are often chosen based on medical needs. So a request for a specific room may not always be possible.
- There are only a few private rooms. They are usually used for patients who need to be in a room by themselves for medical reasons.



In-Room Services



- **Telephone:** A bedside phone is available for use.



- **Wi-Fi:** There is free wireless Internet access for patients and visitors.

To access the Wi-Fi service, connect to the SW_Guest network.

Please note: Sometimes the Wi-Fi signal is weaker in certain parts of the hospital and when many people are using the service at the same time.

Items not provided to you in the Patient-Care Units



- **Please consider bringing the following items from home because they are not provided by the hospital:** pajamas, bathrobe, non-slip footwear, toothbrush, toothpaste, soap and shampoo.

- You might want to bring in some personal items to keep you, or your loved one busy, such as a cellphone, reading material, crosswords, clock radio and music with headphones.



- Some of these items can be found in the hospital Gift Shop, located in M-Wing, 1st Floor.

Who to Call?



To reach the nursing station in the patient care units, call the following phone numbers:

- For C5: 416-480-4187
- For D5: 416-480-4309
- For C6: 416-480-4945
- For D6: 416-480-4303

Your Health-Care Team

Many hospital staff will look after you while you are in the hospital. Different patients will need different types of care, depending on their medical needs. Here is a list of the health-care workers you may meet or hear about:



- **Staff Doctor: "Most Responsible Physician" (MRP):**
Depending on your injuries and your hospital unit, your staff doctor may be an intensivist, a general surgeon, an orthopedic surgeon, a neurosurgeon or a plastic surgeon. The staff doctor manages a team of residents who look after your day-to-day medical care. You will see the residents most often.
- **Residents and Fellows: "Team Doctors":**
Licensed doctors who are training in a chosen specialty. They provide all the routine medical care and keep the staff doctor (MRP) updated daily about each patient's progress.
- **Bedside Nurse:** Directs nursing care to the patient and gives medication and most other treatments ordered by the doctors. For families, the bedside nurse is the main point of contact for updates on your loved one's care and will help you reach out to the other members of the health-care team.
- **Unit Nursing Team Leader:** Deals with daily needs of the unit, including nurse assignments and patient transfers in and out of the unit. They are a resource for all bedside nurses, helping with problem solving and support. The team leader is usually around during the days from Monday to Friday, and rotates on other shifts. The team leader usually sits in the nursing station.
- **Social Worker (SW):** Helps the patient and family cope with the stress that may result from a traumatic injury. The social worker provides counselling support, information, practical help, and resources throughout the health-care journey. The social worker also helps you and your family plan where you will go after you leave the hospital (called "discharge").

- **Occupational Therapist (OT):** Works with the team to assess your level of function in basic personal care tasks such as feeding yourself, going to the washroom, getting dressed, and moving around safely. The OT has the knowledge and experience to look at safety, thinking skills (called “cognition”), and behaviour in order to plan for the next steps of care including discharge from the hospital. The goal is to help patients become independent and return to their level of functioning from before the injury.
- **Physiotherapist (PT):** Looks at your physical injuries and how they affect your movement, balance, ability to walk safely, and independence in daily activities. The PT also helps the team with planning for the next steps in care and discharge from the hospital.
- **Dietitian:** Provides professional advice about nutrition for patients who require a special diet for their medical condition. The dietitian is involved in the care of all patients receiving tube feeding or IV nutrition, and for some patients who eat by mouth. A nutrition technician works with the dietitian to help patients who eat by mouth with special nutrition requirements and food preferences.
- **Speech Language Pathologist (SLP):** Looks at and treats problems with swallowing (which can affect a patient’s eating and drinking) and communication.
- **Pharmacist:** Reviews the patients’ medications, helping to make sure that all the medications are necessary and that each medication is effective and safe.
- **Spiritual Care Provider (Chaplain):** Provides spiritual and emotional care, offering support to patients, families, loved ones, and staff. Chaplains are here to listen and offer compassionate care to those of all faiths and religions and those who do not follow a faith or religion at all.
- **Respiratory Therapist (RT):** Looks at the patient’s breathing status when breathing assistance is needed (by using a ventilator or tracheostomy) and develops the breathing care plan.
- **Patient-Care Coordinator (PCC) on C5 ward only:** Responsible for coordinating the overall medical care of the trauma patient, helping to make sure that there is clear communication between all the medical team members and the patient and family. The PCC will also help with your discharge plan (getting you out of the hospital).
- **Students and Interns:** Sunnybrook is a teaching hospital. This means learners are key members of our care teams. We welcome more than 4,000 students in 38 health-care specialties each year. So, you will meet a variety of students during your hospital stay. Faculty instructors and/or Sunnybrook health professional staff supervise all students with the level of supervision geared to the students' level of training.

Other Unit Staff:

- **Patient-Care Manager (PCM):** Responsible for the overall operations of the unit, including quality care, patient safety, staffing, budget, and making sure policies are followed.
- **Advanced Practice Nurse (APN):** Responsible for supporting the professional development, training and education of the bedside nurses.
- **Patient Administrative Associate (PAA):** Provides office support for the unit and to all members of the team. The PAA sits at the nursing station, answer calls in the nursing station and helps make sure the unit runs smoothly.
- **Environmental Service Provider (ESP):** Responsible for the cleaning and housekeeping of the unit, as well as disinfection procedures according to infection control policies.
- **Patient-Service Provider (PSP):** Helps the patients with some parts of personal care, delivers meal trays, gets supplies and keeps equipment in good shape.
- **Observer:** Promotes safety by providing constant supervision and some hands on care to patients who may be restless or agitated.
- **Rapid Response Team (RRT):** Nurses, doctors and respiratory therapists from the intensive care units who come to check on patients if the ward team has any concerns about a patient's condition or about a patient getting sicker in the hospital.

Consulting Services:

Many other specialists are often consulted to help with patient care. Here are some examples:

- **Anesthesia and Pain-Management Specialists (APS):** Doctors and nurses who are experts in managing acute pain.
- **Thromboembolism Team (TE):** Team of doctors, nurses and pharmacists who work to prevent and manage blood clots in the body – a common risk after a trauma.
- **Geriatrics Team:** Specialists in managing the unique care needs of patients over the age of 70.
- **Medical-Consults Service:** Specialists in internal medicine who review and help manage medical issues such as heart, lung and kidney problems.
- **Psychiatry Team:** Helps to assess and treat mental illness that may affect patients' coping and recovery.
- **Physiatrist:** A rehabilitation (rehab) medicine doctor who specializes in treatment plans for pain, joint, and muscle issues.

Planning to Leave the Hospital

There will come a time when you no longer need special trauma care at Sunnybrook and will be ready to leave this hospital. This process is called being “discharged.”

- You may still need some type of medical treatment or need help to manage your care.
- Each person’s injuries are different. The path to recovery varies from person-to-person.
- Your team will work with you or your family members to figure out the best discharge plan.

Here are some of the options that could be right for you:



Home

Many people recover best in their own home. However, some people will still need special equipment, nursing care or therapy.

- Depending on your situation, care at home may be arranged by an organization whose services are paid for by provincial health insurance (OHIP). Sunnybrook St. John’s Rehab offers rehabilitation services for patients who have sustained traumatic injuries. For more details go to: [sunnybrook.ca/outpatientrehab](https://www.sunnybrook.ca/outpatientrehab).
- Sometimes you may be asked to make your own arrangements through your private insurance, such as auto insurance or the Workplace Safety and Insurance Board (WSIB). Sunnybrook St. John’s Rehab offers rehabilitation services for patients who have sustained motor vehicle collision (MVC) or workplace (WSIB) related injuries. For more details go to: [sunnybrook.ca/backontrackmvc](https://www.sunnybrook.ca/backontrackmvc) or [sunnybrook.ca/backontrackwsib](https://www.sunnybrook.ca/backontrackwsib).
- You will need to arrange your own ride home. Please plan to leave before 11:00 a.m.



Hospital Closer to Home

Many trauma patients at Sunnybrook are far from home. For some patients, care and treatment for their injuries began at another hospital. These patients were then transferred to Sunnybrook for special trauma care. Other patients were brought directly to Sunnybrook, but the ambulance travelled far from their home because they needed the specialized trauma care offered at Sunnybrook. It can be difficult to be far from home, family and friends.

When your Sunnybrook doctors decide that you no longer need specialized trauma care, you may be transferred back to the hospital where your journey started or another hospital in your home area for your care to continue.

- Once the doctors have said it is safe for you to be transferred, it may take 2 or more days for the other hospital to be ready and have space for you.
- The other hospital will find a doctor to take over your care.
- Your team will be communicating with the other hospital before and during the transfer to help make it as smooth as possible.



Rehabilitation Facility or Centre

If you need intensive therapy for your injuries that cannot be done at your home, the right plan for you might be to move to a rehabilitation or “rehab” hospital.

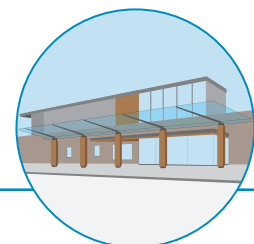
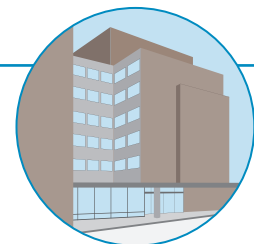
- Once the doctors have said it is safe for you to be transferred, it may take one or more days for the other hospital to be ready for you.
- There are many rehab hospitals in Toronto and in cities and towns nearby.
- Your care team will talk with you and explain which hospitals would be the best fit for your specific injuries and needs.



Complex Continuing Care Facility or Centre

You may have many ongoing medical needs which could include tracheostomy care, a PEG (percutaneous endoscopic gastrostomy) tube for feeding, or major wound care.

- A complex continuing care hospital (CCC) can help to take care of these medical needs. There is some therapy at a CCC, but the focus is not rehabilitation.
- Your care team will talk with you and explain which hospitals provide the most appropriate care for you or your loved one.



There may be another discharge plan that is right for you that is not talked about in this booklet. For example, at some point during your Sunnybrook stay, you may be moved to another Sunnybrook location, such as the Holland Orthopaedic site (in the Yonge and Wellesley area) or the St. John's Rehab site (in the Bayview and Cummer area) to continue your treatment and recovery.

Do not hesitate to ask questions about your discharge plan.

Pictured: Holland Orthopaedic and Arthritic Centre and St. John's Rehab

Follow-up Care

It is very important that we have all of your correct personal contact information in our computer system. This includes address, phone numbers, emergency contact numbers, and family doctor contact information. This helps the follow-up clinics to get in touch with you for important appointment information.

Discharge Summary

When it is time for you to leave Sunnybrook, you will get a printed copy that gives many details about your hospital stay. Your discharge summary will include:

- An explanation of the reason for your hospital stay.
- A list of your injuries.
- A list of any surgeries or major treatments you received.
- Medical advice or instructions for you to follow after you leave the hospital.

Follow-up Tests and Appointments

Sometimes when you leave the hospital, some of your Sunnybrook doctors may want to see you and check on how your injuries are healing. If this is the case, you will get information about tests or appointments with these doctors or clinics.

- We will try to let you know the time, date, and location of your appointments.
- Sometimes, we are not able to book the appointments ahead of time. If this happens for you, you may be asked to call the doctor or clinic yourself or wait for the doctor's office to contact you.
- It is normal for patients to be told to make an appointment with their family doctor. Updating your family doctor about your stay at Sunnybrook is very important to your recovery.

We understand that for some people, it is a long distance from home to come back to Sunnybrook for an appointment.

- It is most important that you come to your first follow-up appointment.
- After that, your doctor may try to find you another doctor or clinic closer to home, if it is possible.
- If you have any questions or concerns about these appointments, please contact the clinic or office where your appointment is set up.
- You will need to arrange your own transportation for all these appointments.

Jennifer Tory Trauma Recovery Clinic

The Jennifer Tory Trauma Recovery Clinic provides an innovative model of care with a focus on improving patients' functional and psychological outcomes after traumatic injury.

Services provided in clinic

Services available in the clinic are limited to patients discharged from the Tory Trauma Program at Sunnybrook Health Sciences Centre, and include:

- Chronic Pain Clinic
- Complex Spinal Cord Injury Clinic
- Neuropsychology
- Occupational therapy
- Physiotherapy
- Psychology and psychiatry
- Social work
- Surgical follow-ups
- Traumatic Brain Injury (TBI) Clinic

Purpose of clinic

The Jennifer Tory Trauma Recovery Clinic aims to provide:

- Up to one year of post-discharge medical follow-up, with a view towards transition to the community for ongoing support
- Coordinated care for patients dealing with the consequences of injury, including physical disability, pain, mental health concerns and the effects of brain injuries

What to expect

Patients are contacted approximately 4 weeks after discharge from Sunnybrook. During the call, the clinic's Intake Coordinator will go through a number of questions and short assessments to determine which additional services may be required.

After intake, patients will be contacted with appointment details, as needed. If you have questions, please contact 416-480-4053.

Location of clinic

- C-Wing, Ground Floor, Room 02 (CG02)
(located across from the Parking Office)

Coping With a Traumatic Injury

A sudden traumatic injury is usually overwhelming and frightening for patients and families. It is important for you to realize that there is no “standard” reaction to this stress. However, there are some common physical, emotional and behavioural responses that are normal, and which can change over time.



Physical Responses

- Physical shock, disorientation, feeling numb and immobilized or “frozen”.
- Feelings of “fight or flight”.
- Symptoms such as increased heart rate, hyperventilation (rapid breathing), headaches, chest pains, dizzy spells, fatigue and exhaustion.

Emotional Responses

- Anxiety, shock, disbelief and a sense of the situation not being real.
- Many types of feelings, including anger/rage, fear, sorrow/grief, confusion, frustration, helplessness, irritability and self-blame/guilt. They may be difficult to express, and may come in a “flood”.
- Feeling isolated and disconnected from other people, becoming socially withdrawn.

Behavioural Responses

- Daily life can seem challenging, with difficulty sleeping, eating, concentrating, and returning to work or school.
- Experiencing losses, such as a sense of loss of control over one’s life, loss of religious faith, loss of function and self-image, and financial loss.
- You may experience flashbacks and nightmares as you relive the trauma.

Tips for Patients and Families

Patients and families experience good and bad days during recovery. There are a number of strategies that may help you cope:

- **You have a right to information.** Don't be afraid to ask questions: Getting and giving information can help you to understand what is going on and to make decisions about your care. Find out about the various members of your health-care team, and make note of their names. Writing down information can be a good idea because stress can affect your memory. (On pages 41 and 42 there is space to write notes.)
- **Ask for support from people around you.** This includes family and friends, and also the members of the health-care team. Do not be afraid to let people know what you need, such as a home-cooked meal, a ride to the hospital to visit your loved one, or simply a listening ear.
- **Express your feelings.** Share your feelings with trusted friends, family and staff. This recovery involves emotions not just the physical recovery.
- **Take care of yourself.** Make sure you are eating properly and getting enough rest. Some families are afraid to leave the hospital: if you are unsure, talk it over with the team. Relaxation techniques such as breathing exercises and simple meditation can also help.
- **Keep normal routines as much as you can.** While this may be a challenge, keeping a normal routine is often necessary for financial reasons, and it is especially important when children's lives are changed by the traumatic injury of a family member.
- **Talk to children about the injury.** Adults need to tell children that they are safe and will be cared for. Children want factual information. The health-care team can give you ideas about what to say and how to talk to children about the injuries. The way to talk to them will depend on their age. Do not give any false hopes, especially in critical patient situations. Sunnybrook has no age restrictions in terms of children visiting any of the intensive care units or wards; this is a decision to be made by the parent, and should always include preparing the child before the visit.
- **Avoid major life decisions.** At a time of crisis, you are not usually able to deal with making major life changes, such as moving house or changing a job.
- **Know what to expect as a result of trauma.** This includes the physical, emotional and practical aspects of the injury and the recovery process during the hospital stay and after.
- **Know when to seek professional help.** It is not unusual for many patients and families to need assistance from trained professionals to help deal with the stress of the injury. Reach out to a health-care provider (at the hospital or through your family doctor) to receive the right kind of support. Over time, you can regain control of your life.



Tips for Dealing with Anxiety and Stress

It is normal to feel anxious following an injury, even after you leave the hospital. The following tips may help you cope:

- BREATHE – a deep breath through your nose increases airflow to your lungs and helps to slow down your heart rate. Breathe out slowly through your mouth.
- Talk to someone supportive such as a friend, family member or counsellor.
- Take a hot shower or bath.
- Have a cup of tea or soothing beverage.
- Listen to relaxing music or watch a movie or TV, for distraction.
- If you are able to, go outside, take a walk or go for a jog.
- To release tension, punch or yell into a pillow.
- Pray or meditate. There are many smart-phone applications that give you easy to follow guided meditations, such as “Stop, Breathe, Think”.
- Write down your thoughts/feelings in a journal.
- Avoid unhelpful “thinking traps” such as jumping to conclusions and catastrophizing.
- Be kind to yourself: treat yourself with compassion, patience, and empathy. Think about what you might say to a friend or loved one in the same situation.

Longer-Term Stress Reactions

After a traumatic injury, some people experience stress for many months or years. These reactions do not always require mental-health assistance. However, when they increase rather than get better over time, and disturb everyday life, then it may be Posttraumatic Stress Disorder (PTSD).

When you are a patient at Sunnybrook, the team will ask you about how you are coping after your trauma. If there is concern that you are having a hard time coping or may need more support for the future in order to prevent PTSD, you may be asked to fill out some questionnaires in order for us to know how we can help while you are in the hospital.

Sometimes, symptoms like these may only appear after you have gone home from the hospital. In these cases, it is important to talk with your family doctor about community resources and supports that can be helpful for you. Your family doctor can also decide to make a referral to the Sunnybrook Post-Trauma Mental Health Clinic.

Frequently Asked Questions

? What is delirium?

Delirium is a state of mental confusion that develops quickly and the level of confusion may change throughout the day. It is a potentially serious and common condition for patients who are in the hospital, especially those in the ICU. It is usually temporary but may last for many weeks.

Patients with delirium may have the following signs:

- Trouble focusing and paying attention;
- Can't think clearly or remember recent things that have happened;
- Disoriented, forgetful, and can't express themselves clearly;
- May be very sleepy or very restless;
- May see or hear things that do not exist (visual or auditory hallucinations);
- May not recognize their family members or may be convinced that the hospital staff wants to harm them.

Usually many things can cause or contribute to delirium. Some examples of these include the patient's medical condition, certain medications and the hospital environment, where noise and light may make it difficult for patients to sleep.

The health-care team is regularly looking for signs of delirium among patients. However, family members are encouraged to tell a member of the health-care team if they notice that their loved one is not behaving as usual.

You can find more information about delirium in the *Navigating the ICU* section of Sunnybrook's website: [sunnybrook.ca/icu-delirium](https://www.sunnybrook.ca/icu-delirium).

? How do I know what will happen next?

- It is difficult to predict your recovery and sometimes things take longer than expected, but at other times things can happen faster than you think.
- Everyone's experience is different and depends on a lot of factors inside and outside of the hospital.
- You may find this frustrating, but the team members will do their best to prepare you.
- Remember to ask questions and be patient if timelines change.

? What do I do if my loved one has a “living will” or an advance-care plan?

Some patients might have made their long-term health-care wishes known before they were injured. The wishes may be written in a document such as a living will, an advance-care plan or an advanced directive.

Some patients have also completed a Power of Attorney for Personal Care document, in which they name the person they wish to have as their Substitute Decision Maker if they are unable to speak or make decisions for themselves.

- If your loved one has expressed his or her wishes, please talk to members of the health-care team.
- You can find more information on Sunnybrook’s website at: [sunnybrook.ca/advancecareplanning](https://www.sunnybrook.ca/advancecareplanning).

? How do I contact the staff doctor in charge of my care or my loved one’s care?

- Ask your nurse who is the most responsible staff physician (MRP) for your loved one. This is often written on the white board in the patient’s room or in the nursing station.
- Once you know the name, you can ask at the nursing station for the doctor’s business card, which will have their contact information.
- You can call the doctor’s office and arrange an appointment to discuss the patient’s care.
- You may wish to arrange the meeting early in your stay to keep the communication going after discharge from hospital.
- You should also think of bringing any forms that need to be filled out.

? What if I never speak directly with the staff doctor before being discharged from hospital? Is that necessarily bad?

- It is not completely necessary to have this meeting before discharge.
- The residents involved in your care will be able to provide you with up-to-date information about medical issues and plan of care.

? What’s the role of my family doctor in my recovery?

- The hospital will send your family doctor – or primary health-care provider – a summary of what happened to you while in hospital.
- You may be told to follow up with your family doctor when you leave.
- Your doctor may offer extra resources and emotional support throughout your recovery.



Can I donate blood in case my loved one needs a blood transfusion?

- Blood for transfusion needs to be carefully tested before it can be given to a patient, even if it is a family member.
- For this reason, blood donated by a family member cannot be used for a patient.
- However, if your loved one will need blood, we make sure that we have specially matched blood available.



Can I see my medical records?

- A patient has a right to see their medical records and get copies of them. The person who is your Substitute Decision Maker or has Power of Attorney can also see your medical records under certain situations.
- **Your medical records are available in two ways:**

1

MyChart: This is a secure online website where patients can read a lot of their health records from their Sunnybrook chart. This could include results of tests and x-rays, blood work, doctor and other team member notes, and appointments. MyChart can be viewed from any computer that has an Internet connection. You can also let other people see this website, including your family doctor, family members, and other health-care providers.

- In order to see your MyChart you first need to register. Please go to: [sunnybrook.ca/mychart](https://www.sunnybrook.ca/mychart) and choose “Sign up for MyChart” and follow the instructions.
- There is no cost to get MyChart.

2

Paper record or medical images: You may want to see a part of your record that is not in MyChart. You also may want a paper copy of part of your record or a CD of your medical images, including x-rays, CT scans, MRI, and ultrasound results. For these things, you may need to go to the Health Data Records office of Sunnybrook.

- The Health Data Records office is located in E-Wing 1st Floor, Room 23 (E1 23). The phone number is 416-480-6100, extension 4433. The office is open Monday to Friday, from 8:30 a.m. to 4:30 p.m.
- You may not be able to get your records right away, as it can sometimes take many days. There may also be a cost to get some of these records.

? What can I do if I have a concern or complaint about my care or the care of my loved one?

- There may be times when you or your family members need help finding information or letting staff know about a concern.
- If the staff on the unit or the department have not been able to help deal with your concerns or complaints, you may wish to contact Sunnybrook's **Office of the Patient Experience**.
- A staff member will listen to you, and help find some solutions to your concerns in a confidential setting.
- The Office of the Patient Experience is located in C-Wing, 1st Floor, Room 61 (C1 61). It is open Monday to Friday; 9:00 a.m. to 4:30 p.m.
- The phone number is **416-480-4940**.
- If you are calling outside of business hours, please leave a message with your name and contact information. Your call will be returned on the next business day.
- You can also send an email: **patient.experience@sunnybrook.ca**

? How is my confidential patient information protected?

- The Ontario government has rules and regulations about your personal health information. The act is called the Personal Health Information Protection Act (PHIPA).
- During your hospital stay, we collect personal information from you directly or from the person acting on your behalf. The information may include your name, date of birth, address, health history, records of your visits and the care that you received.
- We may also ask for your permission to collect information about you from other places, such as your family doctor. There are many different reasons why we use and share your health information, including:
 - To treat and care for you.
 - To get payment for your treatment, such as from the Ontario Health Insurance Plan (OHIP).
 - To do research, and for teaching reasons.

For more information about Sunnybrook's privacy protection practices, you can contact the Privacy Office at **416-480-6100, extension 1236**.

? Will my information be shared with service providers (e.g. private rehabilitation facilities, personal injury law firms, case managers)?

Sunnybrook will never provide your contact information to a service provider (e.g. private rehabilitation facilities, personal injury law firms or case managers) without your consent or knowledge. If you receive any communication (in-person, phone call, email, etc.) from a service provider who you are not aware may be contacting you, even if they state that they are associated with Sunnybrook, please do not reply to them and contact the Sunnybrook Privacy Office at 416-480-6100 ext. 1236 or your Sunnybrook Social Worker.

? What do I need to know about insurance claims?

- Some patients are able to make claims through insurance companies, depending on how their injuries happened.
- For example, if you were injured at work, you may be able to get benefits through the Workplace Safety and Insurance Board (WSIB). Or, if you were injured in a motor vehicle collision, you may be able to get benefits from motor vehicle insurance. Other types of insurance may also apply to you.
- If you are not sure about how to make a claim or if you are even able to make a claim, please speak to one of your care team members such as a social worker.

? How do I get a medical form filled out or a letter from a doctor?

- If you have a medical form from your workplace or insurance that needs to be filled out or a letter that you need written, please ask one of your care-team members about who is the right doctor to complete the form or do the letter.
- Once you know the most appropriate doctor to do this, please take the form to his or her office yourself and drop it off. A member of your health-care team can help you to find the office.
- The form or letter is not always done the same day or even same week.
- You will need to tell the office how to be contacted when your request is completed.
- There may be a fee to get the form or letter done.

? How I do choose my MVC rehab provider?

For more information on how to choose your outpatient MVC rehab provider please go to: sunnybrook.ca/backontrackmvc.

? What can I do as a visiting family member/friend that would be helpful to my loved one's recovery?

- Start by asking the staff members what can be done. They may suggest you bring in some personal toiletries (toothbrush, toothpaste, shampoo), clothing, shoes or slippers, or familiar photographs.
- You may also be asked to assist with other support, including feeding, personal care and getting the patient out of bed - if it is safe to do so.
- Take the patient out of the room, or off the unit (if allowed) to have a change in setting and a different type of stimulation.
- Family members can provide emotional support during the patient's time in the hospital and help communicate needs and preferences to the staff.
- There are practical things to do that can help the patient in the long term, such as starting an insurance claim early, or consulting a personal-injury lawyer. Please ask the social worker if you need information or help in these matters.

Helpful Tips for Finding Your Way Around the Hospital

Food Services

There are many locations to buy food in the hospital. All areas accept cash, credit card and Interac. Sunnybrook also offers a selection of kosher, vegetarian and gluten-free products at some locations. Vending machines are located in various locations around the hospital, including C1, EG, M2, and the Emergency waiting room. Pop machines are also located in these areas.

For the hours of operation of the following food outlets please go to Sunnybrook's website at sunnybrook.ca/foodservices.

1. M-Wing, 1st Floor - On The Go Bistro

- Second Cup
- Swiss Chalet
- Extreme Pita
- Pizza Pizza
- PurBlendz
- Market Express

2. M-Wing, 6th Floor - The Fix on Six

- Starbucks

3. T-Wing, Ground Floor - Odette Cancer Centre

- Tim Hortons

4. C-Wing, 1st Floor - C-Breeze

- Tim Hortons

5. H-Wing, Ground Floor

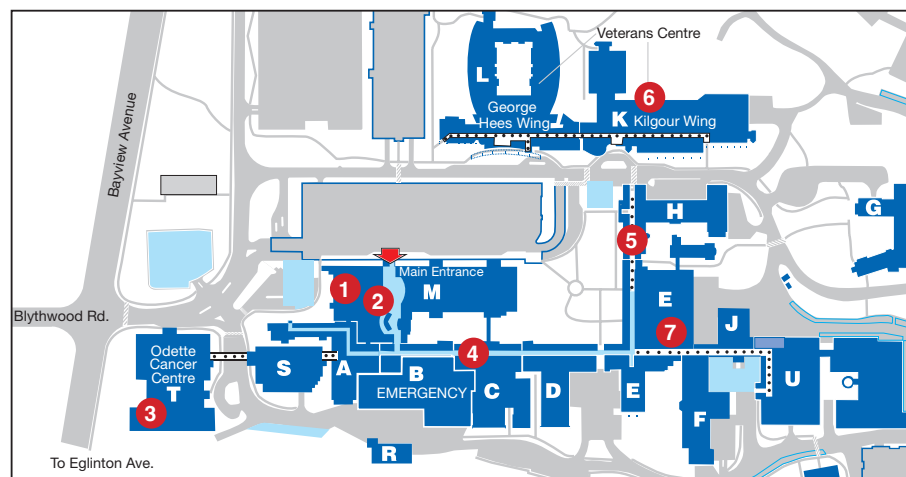
- Tim Hortons

6. K-Wing, Ground Floor - Sunny's - Veterans Centre

- Tim Hortons
- Market Express

7. E-Wing, 1st Floor - Harlequin's Food Court

- Pizza Pizza
- Teriyaki Experience
- Healthy Kitchen
- Grille Works
- Chop 'N Top



Bank Machines

- Main lobby in M-Wing (across from elevators)
- C-Wing on the 1st Floor (near Tim Hortons)

Parking Office

- Sunnybrook provides discounted parking rates for regular visitors and patients.
- Passes can be purchased at the Parking and Transportation Services Office in C-Wing, Ground Floor, Room 01 (CG 01)
- Hours: Monday to Friday: 8:00 a.m. to 4:45 p.m. and weekends: 9:00 a.m. to 2:00 p.m.
- Phone: 416-480-4123

Pharmacy

- Location: M-Wing, 1st Floor, Main lobby, near the front entrance
- Hours: Monday to Friday: 8:30 a.m. to 5:00 p.m. and Saturdays: 9:00 a.m. to 12:30 p.m.
- Closed Sundays and statutory holidays.
- Phone: 416-480-4502, fax: 416-480-4503

Main Gift Shop

- Location: M-Wing, 1st Floor, main lobby/entrance of the hospital
- Hours: Monday to Thursday: 9:30 a.m. to 8:00 p.m. Friday: 9:30 a.m. to 6:00 p.m. and weekends: 10:30 a.m. to 4:00 p.m.
- Phone: 416-480-4983
- Website: sunnybrookgiftshop.ca

Prayer Facilities

The chapel, on the Ground Floor in E-Wing, is always open as a centre for prayer and worship to patients, visitors and staff of all religious traditions.

In the same area of E-Wing, Ground Floor, there is also a synagogue (ECG 06) and a Muslim prayer room (ECG 05) available 24 hours a day. There is also a facility next to the prayer room, which is dedicated to the performing of Ablution — Wudhu (ECG 01a).

My Summary

Your health-care team will help you fill out the following pages to keep track of important symptoms and upcoming appointments after you leave the hospital.

How I might feel and what to do



If I feel...	I should...
➤ Fever over 38° C	
➤ Shortness of breath	
➤ I am worried about my wound care	
➤ Other: _____	

After Hospital Care



Area of concern	Instructions
➤ Activity: _____	
➤ Wound Care	
➤ Other: _____	

My Upcoming Appointments



1	See:	Reason:		<input type="checkbox"/> Clinic will call with appointment date and time <input type="checkbox"/> I will make this appointment
	Location:	Date:	Phone:	
2	See:	Reason:		<input type="checkbox"/> Clinic will call with appointment date and time <input type="checkbox"/> I will make this appointment
	Location:	Date:	Phone:	
3	See:	Reason:		<input type="checkbox"/> Clinic will call with appointment date and time <input type="checkbox"/> I will make this appointment
	Location:	Date:	Phone:	
4	See:	Reason:		<input type="checkbox"/> Clinic will call with appointment date and time <input type="checkbox"/> I will make this appointment
	Location:	Date:	Phone:	
5	See:	Reason:		<input type="checkbox"/> Clinic will call with appointment date and time <input type="checkbox"/> I will make this appointment
	Location:	Date:	Phone:	

My Medications



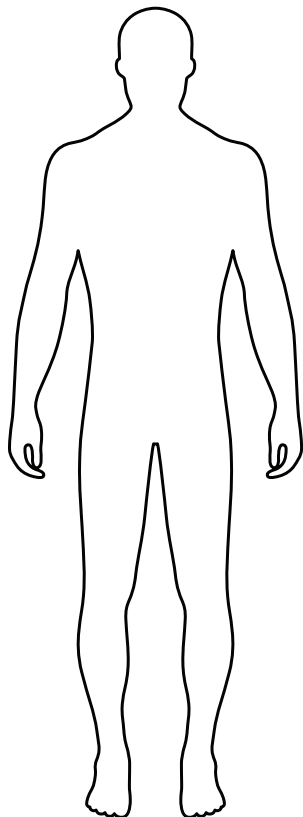
	Name	What it is for	Instructions
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

A Record of My Injuries

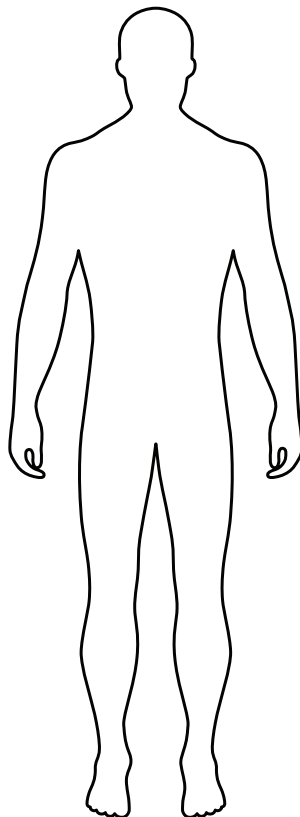
When you are admitted to the hospital, the medical team starts to find out your injuries by doing a physical examination and doing medical imaging tests such as x-rays.

- You will be told about your injuries at many different times throughout your hospital stay as they become clear.
- Some injuries may need specialized tests, and several days to figure them out and decide what treatment you need.

You can use the chart below and the following page to write down the list of your injuries. On the pictures of the body, you can mark the places where you are injured. If you need help, a member of the health-care team can help fill it in.



Front

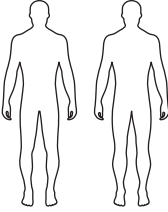


Back

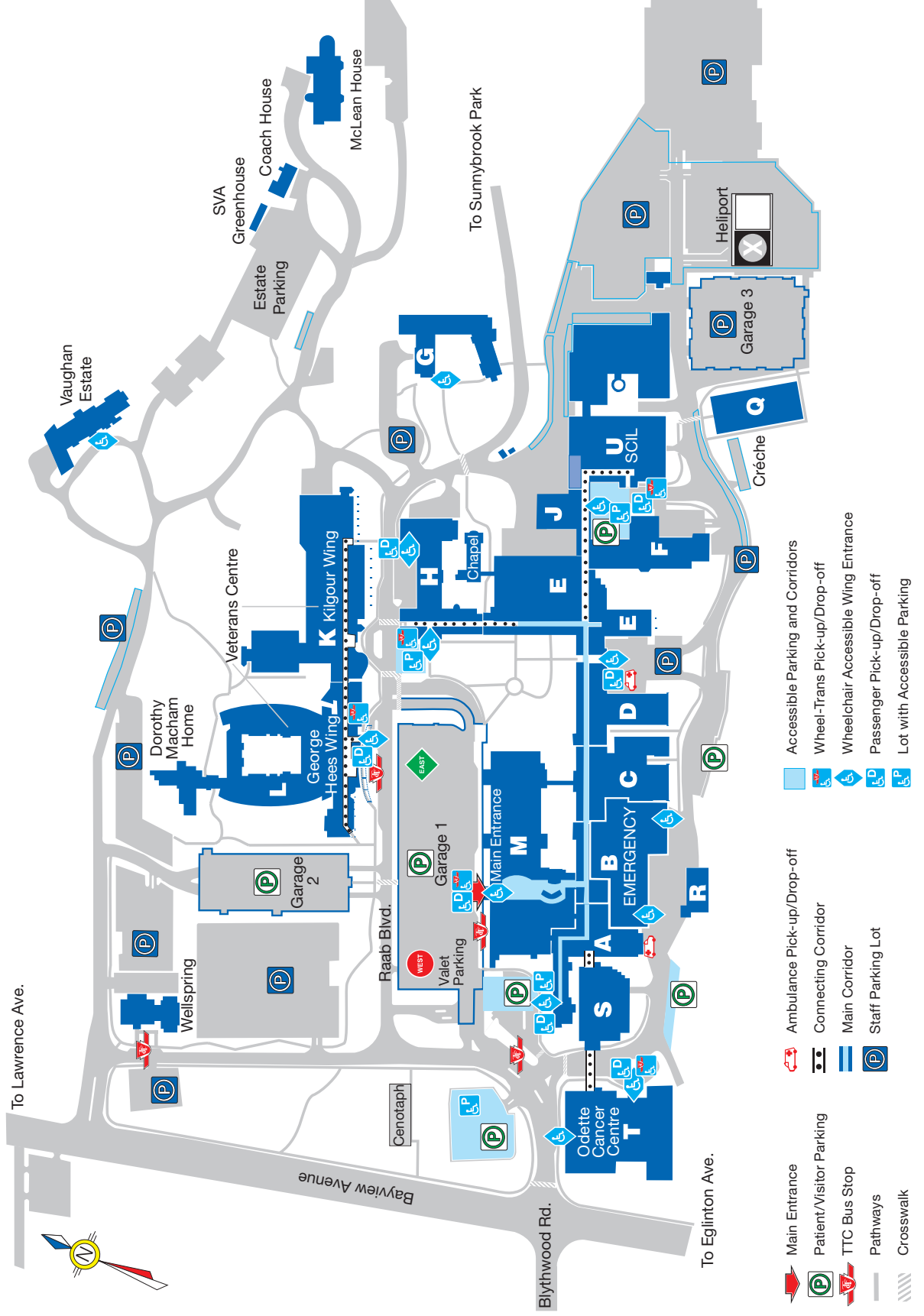
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



My Injuries



Sunnybrook Health Sciences Centre - Bayview Campus



Bayview Campus

2075 Bayview Avenue
Toronto, Ontario M4N 3M5
t: 416.480.6100

Holland Centre

43 Wellesley Street East
Toronto, Ontario M4Y 1H1
t: 416.967.8500

St. John's Rehab

285 Cummer Avenue
Toronto, Ontario M2M 2G1
t: 416.226.6780

www.sunnybrook.ca

