Innovative role for physiotherapists aimed at freeing surgeons to see new orthopaedic patients

BY MARIE SANDERSON

The Holland Orthopaedic and Arthritic Centre is responding to the government’s call to reduce wait times for hip and knee joint replacements and increase surgical volumes, by engaging advanced practice physiotherapists to screen patients prior to the surgical consult and to conduct postoperative follow-up assessments.

The new model of care has extended the scope of physiotherapists and represents a shift in traditional roles in order to meet the high demand for hip and knee replacement surgery. In preparation for their expanded role, physiotherapists shadow surgeons and receive specialized training based on a residency model.

The goal is to maximize the surgeon’s skill-set in the outpatient clinic and reduce the time spent by surgeons in providing routine surgical follow-up. In the new role, Advanced Practice Physiotherapists screen referrals to the centre in order to facilitate a focused surgical consult for appropriate patients. “The screening function of the Advanced Practice Physiotherapists ensures that surgeons are not spending time assessing patients that don’t actually need or want surgery,” says Susan Robarts, the centre’s first Advanced Practice Physiotherapist that began working in the new role in November 2005. “In addition, it provides an ideal opportunity to educate patients on treatment options and how to manage their symptoms. You can imagine how frustrating it must be to wait and wait for a surgical consultation only to be told you don’t need surgery and then be sent away.”

Advanced practice physiotherapists have also been trained to provide the follow-up assessments that are conducted three times in the first year and every two years onward and provide telephone support for patients.

“This initiative translates into an immediate impact on service delivery program-wide,” says Dr. Jeffrey Gollish, Medical Director at the Holland Centre. “The development of the Advanced Practice Physiotherapist role responds to our need to reduce wait times and increase surgical volumes, with the long term goal of allowing surgeons to devote a larger proportion of their time to seeing new patients and to surgery. It’s an absolute necessity to develop roles like this in light of the growing numbers of patients requiring hip and knee replacements.”

Patient satisfaction was a significant consideration when the new model was evaluated. “The comfort level of patients was foremost in our minds,” says Deborah Kennedy, Manager of Program Development for Hip and Knee Replacement at the Holland Centre. “After surgery, patients have a lot of questions at their follow up visits because they know the surgeons are very busy. These questions can be answered effectively by an experienced physiotherapist.”

(continued on page 3)

Making an IMPACT: Improving research awareness levels in the ICU

BY MELANIE LEPPER

Intensive Care Unit (ICU) research is sometimes invisible to patients’ families. Knowing this, a team of Sunnybrook’s critical care practitioners initiated a study concerning the Implementation of a Research Awareness Program in the Critical Care Unit (the IMPACT Study) to assist in providing family members of ICU patients with information about the hospital’s ongoing Critical Care Unit research.

Led by advanced practice nurse Craig Dale, the multidisciplinary group conducting the study includes Dr. Rob Fowler; Dr. Neilli Adhikari; Ruxandra Pinto, PhD; Selena Barnes, RN; Alex Kiss, PhD and A. Robinson. “I was approaching family members of patients with clinical research opportunities and they were surprised to learn that there was research going on in the ICU. That’s how I knew there was a problem,” says Dale.

The team designed a survey to measure research awareness levels among family members and staff and it was distributed before and after the introduction of new ICU research information materials.

The findings from the survey indicate that while the staff is aware of the amount of research occurring in the ICU, they are interested in learning more. “We found that publishing work in journals may not be the best way to communicate to staff members,” says Dale.

(continued on page 4)
Sunnybrook scientist joins ranks of Tier I Canada research chairholders

Dr. Jack Tu has been awarded a prestigious Tier 1 Canada Research Chair, the most prestigious career award the federal government bestows upon researchers working in Canada.

Dr. Tu, a senior scientist at Sunnybrook Research Institute, professor at the University of Toronto and physician at Sunnybrook Health Sciences Centre, is one of the top scientists in the world studying cardiovascular outcomes. The Chair in Health Services Research will enable him to expand his innovative research program that seeks to improve access to quality cardiac and stroke care for all Canadians.

“Jack’s scientific acumen and leadership in the areas of cardiovascular outcomes stands at the leading edge of research in this area, not just nationally, but internationally. He is truly meritorious of this award,” said Dr. Michael Julius, Vice-President of Research at Sunnybrook Health Sciences Centre. “Researchers like Jack Tu enable Sunnybrook Research Institute to fulfill its vision of achieving discovery and its translation into the clinic to set best practices.”

Working with colleagues from across Canada and around the world, Dr. Tu, who is cross-appointed as a senior scientist to the Institute for Clinical Evaluative Sciences, has developed quality indicators and report cards that enable health care providers to measure health care quality and identify opportunities for improvement. He also studies new technologies for the treatment of heart disease and advises policy makers on which new technologies are most beneficial and thus should be funded by the health care system.

His research program, Improving Access to Quality of Heart and Stroke Care in Canada Through Health Services Research and Knowledge Transfer, is a seven-year plan for new, multidisciplinary and innovative research activities. The initiatives build upon the themes of quality indicators, health care report cards and performance improvement for cardiac/stroke care, regional variation, real-world effectiveness of new cardiac technologies, international comparisons of health care systems, and balancing research and privacy objectives. Dr. Tu’s research career over the past five years has been supported by a Tier 2 Canada Research Chair, which was awarded in 2001.

“I am very grateful that the nomination from Sunnybrook and the University of Toronto for a Tier 1 Canada Research Chair was successful, and I am very excited about the opportunity to continue my research career at these two world-class institutions”, said Dr. Tu. “The Canada Research Chairs program is an excellent initiative that provides clinician-researchers such as myself the opportunity to compete successfully on the world stage with the top researchers in the United States and other countries.”

The Canada Research Chairs Program stands at the centre of a national strategy to make Canada one of the world’s top five countries for research and development. In 2000, the Government of Canada created a new permanent program to establish 2000 Canada Research Chairs—in universities across the country by 2008. The Canada Research Chairs Program invests $300 million a year to attract and retain some of the world’s most accomplished and promising minds. Chairholders advance the frontiers of knowledge in their fields, not only through their own work, but also by teaching and supervising students and coordinating the work of other researchers.

Leaps and bounds

Robert Nam sprints forward in a bid to improve the course for prostate cancer testing

BY LAURA PRATT

Dr. Robert Nam is in a race. It’s an important race, and an extremely invigorating one. What’s more, it’s a contest for which he feels nothing but confidence. “We’re 100 per cent hopeful,” he says of his chances of finishing at the front of the pack. “It’s very realistic.”

Indeed, this associate scientist at Sunnybrook Research Institute and urologic oncologist at Sunnybrook Health Sciences Centre has barely broken a sweat.

His is a pursuit of the gene that will allow researchers to predict more accurately who is most at risk for developing prostate cancer. Technology is powering forward the chase with a just-fine-year-old bio-tech system that allows researchers to analyze hundreds of thousands of genes where conventional PCR methods (polymerase chain reaction, a biochemistry and molecular biology technique for enzymatically replicating DNA without using a living organism, allows a small amount of DNA to be amplified exponentially) once facilitated the study of a single gene at a time. The old way was labour intensive, says Nam, and tedious. Now every last gene can be scrutinized, from chromosome one through chromosome 22.

Identifying the prostate cancer gene

This work was made official last January, when Nam, who is also an assistant professor in the department of surgery at the University of Toronto, was awarded $700,000—the second-highest amount awarded in that competition by the Canadian Institutes of Health Research operating grants competition. The project—which began in April and will span three years—is to do genome-wide association studies for prostate cancer genetics. While some putative prostate cancer genes have been found, consistency and validation are lacking, and none yet in clinical use. Nam and his team will analyze blood samples on gene chips for genetic mutations, right across the genome. It is expensive work—about $1,000 a sample—but very detailed and precise. All told, Nam will look at the tissues of some 600 patients, drawing extensively on the University of Toronto’s impressive repository of over 3,000 DNA samples from prostate cancer patients, created by Dr. Nam.

“The human genome project is complete, which means many genes, and mutations of genes, have been described,” says Nam. “And because we know what the human genome is, we can look at changes in prostate cancer patients to see what’s different. That’s exciting.”

This work dovetails nicely with Nam’s other recent occupation: research to evaluate a new prostate cancer screening instrument called a nomogram.

A nomogram is a statistical model that evaluates a person’s risk for disease—in this case, prostate cancer—based on a range of factors, including age, family history and race, along with a rectal exam and the standard prostate-specific antigen (PSA) test. The problem with the latter, says Nam, is its imprecision. “We have learned that there are many things that can falsely elevate PSA,” he says, “and that there are many cancers that [a PSA test] can miss.” For example, both benign prostatic hypertrophy, which is a benign growth of the prostate gland; and prostatitis, an inflammation of the prostate gland, can raise PSA levels. Indeed, PSA testing—which has been in widespread use for the last decade—has clocked such an alarming record of false negatives (25 per cent) and false positives (50 per cent) that, says Nam, it is simply not acceptable for reliable application.

Just the same, it’s the only prostate-cancer testing method currently on offer. “No one,” says Nam, “has been able to replace it.” Until—perhaps—now.

Sunnybrook gears up to go totally smoke-free

Sunnybrook Health Sciences Centre is committed to providing the safest and healthiest environment possible. As of April 1, 2007, Sunnybrook Health Sciences Centre will be declared entirely smoke-free.

A smoke-free Sunnybrook policy has been developed and will be available this month.

Beginning the week of January 22, you will see posters around the hospital indicating that the hospital is going forward with an initiative to be a totally smoke-free environment. This will correspond with National Non-Smoking Week. As we get closer to April 1, permanent signage will appear and patient notification letters will be available as part of the pre-admission process.

In order to support staff who wish to learn more about quitting smoking, Occupational Health Services will be offering smoking cessation sessions beginning this month at both the Sunnybrook and Holland campuses. Please see the events section for more information.

For more information on National Non-Smoking week, visit: http://www.nnsww.ca/about.html

If you have a question about the smoke-free environment at Sunnybrook, please send an e-mail to: safety.communication@sunnybrook.ca.
Leaps and bounds (continued from page 3)

Adding to the screening toolbox

The National Cancer Institute of Canada grant—awarded in May 2006—dedicates $460,000 to Nam’s research to develop a new screening tool for prostate cancer that has better accuracy than PSA alone. The grant is for three years. The study started in July 2006. The nomogram method was developed by Dr. Michael Kattan, who is chair of Quantitative Health Sciences at the Cleveland Clinic, in the 1990s. Today, there are nomograms in use for various clinical applications, including prediction of the likelihood of other cancers developing, their recurrence and their response to treatment. Nam is working in collaboration with Kattan in this research, which is multi-institutional in its scope, including six institutes across Canada (one each in Vancouver, London, Montreal and Halifax, and two in Toronto: Sunnybrook and the University Health Network).

“Ts highly innovative for prostate cancers,” says Nam, because we’ve had nothing for the last 10 years.”

This research, coupled with the genetic findings of his biomarker program study, will, says Nam, create a scenario in which doctors will be able to predict who is at risk for developing prostate cancer with 100% accuracy. In the next three years, he declares, the world will benefit from the combination of this groundbreaking work and men everywhere will be spared the damage of falsely declared diagnoses, the discomfort of unnecessary biopsies and the despair of not assuredly knowing the condition of their prostates.

“What excites me is the ability to help the increasing proportion of men who are aging and who will be able to have their prostate cancer cured because it was identified early, thanks to our nomogram and genetics assessment.”

And so the race continues.

But the winner’s circle should be reserved, Nam believes, for only those with the purest of motivation. “Everybody’s trying to find the next biomarker to make them millionaires,” he says. “They don’t realize that we have all the information we need in front of us already.”

Making an IMPACT (continued from page 1)

As for family members, the team was not surprised to find that there is a low level of awareness concerning ICU research activity. To improve upon this situation, Dale and his team distributed their new information resources, created before the study began. Using feedback from staff in nearby hospitals and the Sunnybrook community liaison committee, the team created three information tools for use in and around the Critical Care Unit. New posters and pamphlets titled the “Critical Care Research Guide” outline the different types of research, as well as the options available to those approached for consent. The third information piece is a large white board in the entrance to the Critical Care Unit that lists the clinical trials currently taking place within the ICU.

“The goal was to provide a basic understanding of the environment and types of research that may not come through in a typical research consent form,” says Dale. The resources were so well-liked that a few other University of Toronto hospitals are using them for their own ICUs.

A poster describing the research, its methods and results won first place at the Toronto Critical Care Medical Symposium (TCCMS) in October.

So what’s next? Dale says it is increasingly important to learn more about the families’ experiences in the ICU.

“Many times, the ICU is a merging place for patients, families and clinicians, in this hospital in particular,” Dale says. “As families most often cannot make decisions for themselves, what do they actually need to support the family upholds a very important role. Fortunately, the family may also be experiencing high levels of stress alongside their informational needs. We need to explore the different ways we can support these families, perhaps on a more personal level.”

A special concert for veterans

It was standing room only in Warrior’s Hall on December 21st when international recording artist and Irish tenor, John McDermott (above left) and renowned Canadian actor Paul Gross (above right with Dorothy Ferguson, Operations Director Aging & Veterans Care) paid tribute to veterans in a pre-Christmas concert. McDermott, a champion of veteran causes, entertained with memorable wartime songs such as Danny Boy and other holiday favours. Paul Gross gave an update on “Passchendaele,” a feature film he has written and will be directing (the battle of Passchendaele is considered by many to be a defining moment in Canada’s military identity). Above centre, McDermott and Gross pose with First World War veterans Dwight Wilson, 105 (l) and Lloyd Celmett, 107 (r).

It was standing room only in Warrior’s Hall on December 21st when international recording artist and Irish tenor, John McDermott (above left) and renowned Canadian actor Paul Gross (above right with Dorothy Ferguson, Operations Director Aging & Veterans Care) paid tribute to veterans in a pre-Christmas concert. McDermott, a champion of veteran causes, entertained with memorable wartime songs such as Danny Boy and other holiday favours. Paul Gross gave an update on “Passchendaele,” a feature film he has written and will be directing (the battle of Passchendaele is considered by many to be a defining moment in Canada’s military identity). Above centre, McDermott and Gross pose with First World War veterans Dwight Wilson, 105 (l) and Lloyd Celmett, 107 (r).

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Calendar

January 24th
Aging & Veterans Care kicks off 2007 with “Team Approach to Managing Chronic Pain,” a special initiative aimed at reducing chronic pain for residents in long-term care. The official launch will take place in Warriors’ Hall at 11:00 a.m. The poster display will take place in the K wing ground flooroyer from Wednesday, January 24 to Wednesday, January 31. You’re invited to drop by to see how each discipline can help reduce persistent pain experienced by residents.

January 29th
Patient Safety Leadership Award • Call for Applications. The Patient Safety Leadership Award is an annual award that recognizes and honors the work of individuals or clinical teams who demonstrate their commitment to making Sunnybrook the safest hospital in Canada. These awards have been made possible by a generous donation from the family of Dr. Brian Feldman.

All clinical and support services staff who work on a regular part time or full time basis at Sunnybrook Health Sciences Centre are eligible. We strongly encourage applications from teams.

The purpose of the Patient Safety Leadership Award is to recognize and reward individual staff or clinical teams for their commitment to improving patient safety.

Applications must be submitted to Guna Budrevics by Monday January 29, 2007 at 1000 hrs. Late applications will not be accepted. If you have any questions about the nomination process/forms, please send an e-mail to guna.budrevics@sunnybrook.ca or call 416.480.6100 ext. 5918.

February 14th
Sunnybrook staff, family and friends are invited to attend a Raptors game at the Air Canada Centre at 7 p.m. for exciting Courtside seats for an upcoming Raptors game. For more ticket information contact kevin Williams at kevin.williams@sunnybrook.ca or leave a message for Brent Kitson at 416.480.4560.

Pilates winter session begins in February. Pilates is unique – it systematically exercises all muscle groups, the weak and the strong, by lengthening and strengthening to re sculpt your body. Classes will be held on Mondays in D506 (Sunnybrook campus) from 5 - 6 p.m. from February 19th – April 23rd. Certified Pilates instructor Petra Baethmann will lead the class. The 10 week session costs $100 + gst. Registration and payment deadline: February 14th. Space is limited, so please contact Karen Wichert by e-mail at karen.wichert@sunnybrook.ca.
Introducing Spiritual & Religious Care: Pastoral Care receives a new name

BY SALLY FUR

As the new name implies, Sunnybrook’s Spiritual and Religious Care team (formerly ‘pastoral services’) is here for everyone. “The recent name change is important for several reasons,” says Pam McCarroll, professional leader and residency supervisor.

One of the reasons behind the name change was that it more appropriately reflects the diverse population that Sunnybrook serves. The former name had explicitly Judeo-Christian and religious roots and thus did not truly represent the diversity of work and multi-faith approach that is provided.

There is a clear distinction between the practice of Spiritual and Religious Care, Sunnybrook’s team offers both. “While there is a growing number of people from multiple religious traditions within the GTA, there is also a growing number of Canadians describe themselves as ‘spiritual but not religious’ – which means that they are not connected with a particular religious institution but are concerned with things that are spiritual,” McCarroll explains. “We seek to serve everyone.”

The new name also more accurately represents a holistic healthcare model that includes care for the spirit as an integral part of overall well-being. In fact, there is an increase in research that supports the importance of spirituality to well being across all of the health professions.

Sunnybrook has thousands of dedicated employees who go above and beyond their role each and every day and personify the hospital values of excellence, collaboration, accountability, respect and empowerment. You know who they are and this is your chance to honor their hard work and dedication.

Named in honour of former Board of Directors member, Mr. Paul Bertin, for his significant contribution and years of service, the Bertin Award for Excellence in Customer Service recognizes 5 non-clinical staff (i.e. administration, clerical, technical, service and support) who work on a regular part-time or full-time basis at Sunnybrook and demonstrate a commitment to excellent customer service in their daily work with patients, families, and colleagues.

The Bertin Award gives patients, patients’ family members and/or staff an opportunity to nominate an individual who is a role model to others, has a special love for what they do and is generous beyond their means. Taking customer service to the next level, it is their generosity, willingness to help, and attention to detail that set them apart.

Nominate an individual who:

- makes special efforts, beyond the usual requirements of their role
- approaches customers and colleagues with dignity and respect
- contributes to a fair and inviting workplace by demonstrating the values of Sunnybrook: excellence, collaboration, accountability, respect and empowerment in their daily interactions and work
- demonstrates exceptional commitment to helping others including patients, families and colleagues

Nomination forms are available at the Human Resources department reception desk, the Sunnybrook intranet and at www.sunnybrook.ca.

The closing date for nominations is February 6, 2007.

When all of the submissions have been collected a multidisciplinary selection panel will review all nominations to select the award recipients. Successful recipients will be honoured and presented an award at a reception in March.

A new annual award at Sunnybrook: The Bertin Award for Excellence in Customer Service

At Sunnybrook, we have chaplains who are trained spiritual care professionals who fully participate in the healthcare team and play a vital role representing Sunnybrook’s commitment to quality patient centered care. Chaplains offer a wealth of support and crisis interventions. They provide guidance and solid ethical judgment through challenging times of crisis, meditation and prayer, links to other community base supports and resources, multi-faith and diversity discussion, end-of-life and bereavement counseling. As well, we have chaplains who are religious care professionals from different religious traditions who provide spiritual care from within their particular religious tradition.

Sunnybrook offers four places for patients, family and staff to enjoy quiet reflection, prayer, meditation, worship or reading: the Main/ Veterans chapel, a Synagogue/Jewish chapel, a Muslim Prayer room, and the Roman Catholic Blessed Sacrament Chapel. There are also regularly scheduled religious services offered in each space. Recently, the team initiated monthly Spiritual & Religious Care rounds offered in Harrison Hall EG21 for health professionals to explore issues of spirituality, religion, and health.

TSRCC contributes to unique guide for lung cancer patients

BY NATALIE CHUNG-SAYERS

The Jenkin foyer of the Toronto Sunnybrook Regional Cancer Centre (TSRCC) was the host venue for the national launch of A Patient’s Guide to Lung Cancer, an information booklet produced by Lung Cancer Canada, with TSRCC contributors Dr. Yee Ung, radiation oncologist and lung site leader, Dr. Sunil Verma, medical oncologist and director, post graduate medical oncology education, and Magdalene Winterhoff, oncology social worker, and contributor Dr. Michael Johnston, Thoracic Surgeon at University Health Network.

“This is an important event for patients in helping them access comprehensive, easy-to-understand information about lung cancer,” says Dr. Ung, a director at Lung Cancer Canada.

Dr. Ung together with Mr. Ralph Gouda, who lost his wife to lung cancer, and Magdalene Winterhoff, are the founding members of Lung Cancer Canada, a charitable organization aimed at increasing awareness about the disease and increasing support and educational resources for patients, caregivers and healthcare professionals.

The first of its kind available in Canada, A Patient’s Guide to Lung Cancer was developed in direct response to the needs of lung cancer patients, caregivers and healthcare professionals. The guide provides information on the causes, types and stages of lung cancer, how the disease is diagnosed and treatment options, and includes a comprehensive glossary of key medical terms, helpful diagrams and an area for a personalized medical diary. Copies of the guide will be made available from Lung Cancer Canada for patients who want to learn more about the condition.

For more information, visit www.lungcancercanada.ca

A recent satisfaction survey to evaluate the new model of care found patient satisfaction to be very high. In comparing the physiotherapist-lead clinics to those lead by surgeons, there was no difference in the mean satisfaction scores.

“From assessing my mobility and movement during three visits after my surgery, to fielding my detailed questions on exercise, my experience with the new model of care has been very positive,” says patient Donna Yates, who had a total knee replacement in May 2006. “My concerns about whether what I was going through was the ‘normal experience’ were always answered, and the physiotherapist also helped me to develop an exercise program. I felt relaxed asking detailed questions that I felt the surgeons may not have the time to answer.”

The Holland Centre is one of the largest hip and knee joint replacement centres in Canada, performing over 2000 procedures annually. It is the first government-designated Hip and Knee Centre of Excellence in Canada.

Chronic pain campaign

BY SALLY FUR

Aging & Veterans Care is kicking off 2007 with “Team Approach to Managing Chronic Pain”, a special initiative aimed at reducing chronic pain for residents in long-term care. The official launch will take place in Warriors’ Hall at 11:00 a.m. on Wednesday, January 24. There will be a brief ceremony and refreshments will follow and a poster display will be held that day. Improving pain levels for residents has been a quality improvement initiative and main focus for all professionals working in A&V.

The launch features a display of posters describing pain-relieving strategies from each of the following disciplines: nursing, physicians, pharmacy, physical therapy, occupational therapy, clinical nutrition, chaplaincy, speech-language pathology and audiometry, social work, and recreation and creative arts therapies. The poster display will take place in the K wing ground floor foyer from Wednesday, January 24 to Wednesday, January 31. Drop by to see how each discipline can help reduce persistent pain experienced by residents. Copies of a new Team Approach to Managing Chronic Pain booklet created to provide information for residents and their families will be available to view.

A form to facilitate pain discussions at rounds, a pain assessment questionnaire for nursing assessments and observations, a guide for nursing documentation in the chart, and a chronic pain management algorithm are a few of the key support materials that have also been developed by the project team.