TALK IT UP
VICTORIA

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RVH care from the patient's perspective

*This issue of **Talk It Up Victoria** traces the story of one patient from his initial appointment for a routine check-up through a complicated series of surgeries and into recovery.*

"Patient tracers" are a new trend in health care reporting, and we at RVH thought this would be a meaningful way to show the complex level of care and integrated teamwork provided by your community hospital. We offer our sincere gratitude to Tom and Bev Powell for allowing us to tell their story.

Tom Powell probably couldn't have done a better job of testing the abilities of his community hospital if he'd set out to do it on purpose.

Just before Christmas he began a long and difficult journey through the local health system with a routine colonoscopy. Through the next three months, he would experience a diagnosis of bowel cancer, surgical complications, a serious infection, unbearable pain and near-death.

Tom and his wife, Bev, credit the caring team of RVH for getting them through the ordeal.

"I've got to give credit where credit is due. They're dedicated people and, boy, when you're down and out they really come through," says Tom. "I was given a second chance, really and truly."

"The Town of Renfrew doesn't know how lucky it is and the County of Renfrew doesn't know how lucky it is," he declares.

Bev was pleased that staff were so attentive to her husband's needs. He has a pre-existing back problem, and the biggest factor in a good recovery from bowel surgery is to get up and walking as soon as possible. The Powells discussed this concern during their pre-op appointment, and RVH staff ensured that an air mattress bed was ready to help meet Tom's post-surgical needs.

"They took time to ask lots of questions," he recalls. "I was treated very, very well by every department I went through."

Later, when Tom was placed in isolation because of a multi-resistant septicemia infection, a nurse on duty called Bev to warn her of the need for gowns and masks, and to say: "Don't be frightened."

However, Tom's condition deteriorated quickly, and as he was moved into intensive care there was just cause for fear.

The medical team was doing everything possible to stabilize Tom. Dr. Lance Miller contacted three different hospitals in Ottawa, trying to book an emergency CT.

"All three were struggling with their own backlogs," the surgeon recalls.

As he made every possible attempt to arrange the test, RVH's hallmark for compassion shone through.

"When Ottawa cancelled out, they didn't give up," states Tom. "They did everything they possibly could to see me through it."

Then came the good news—an ambulance was ready to take Tom to Pembroke for an immediate CT scan. The images would determine if there was a perforation of the bowel, an abscess, or a strangulating obstruction.

"When I heard the CT was normal, I knew we were out of the woods," states Dr. Miller.

It would be the turning point toward a long, slow process of healing. A week later, Tom was on his way home.

"That was a pretty good day," he says in his understated way.

"What amazes me is the teamwork!"

— Tom Powell, on the RVH difference

The family physician

Most patients begin their health care journey with a visit to a general practitioner.

Whether you are in the care of a family doctor, a clinic physician or the doctor on call when you arrive at the emergency department, they become the pilot steering you through the system.

In Renfrew, the medical community is a close-knit, collaborative team of professionals. Doctors who provide care at RVH meet and consult with their colleagues on a daily basis. They receive updates from the surgeon continuously. They have regular and cooperative contact with the nursing staff.

The collegiality of the local medical community is a unique phenomenon that regularly draws the praise of visiting first-year medical students and specialists alike.

The fact that Tom Powell refers to Dr. Stephanie Langlois by her first name is a clear indication of the informal and personal connections that are a hallmark of care at RVH.

Surgical precision in the operating room

When Tom was wheeled into the operating room, the RVH surgical team had everything they needed at the ready. Equipment had been prepared and delivered by the Central Sterile Supply unit, the doctors and nurses were scrubbed and ready to see their patient through the necessary procedures.

In charge was Dr. Lance Miller, a 35-year veteran of the RVH operating suite. Assisting was Anaesthetist Dr. Dave Johnson, who has overseen the sedation of hundreds of surgical patients during his 24 years in that role. The surgical nurses working with them make up an experienced team, well-versed in the demands of their roles and comfortable with each other.

They would care for Tom three times over the next few weeks, beginning with his initial diagnostic colonoscopy. That was followed with a double surgical procedure to remove the tumour they found along with a section of the large bowel, and also repair an existing hernia. During Tom's third trip to the OR, the team faced its biggest challenge, literally pulling his intestines out of his belly to sort out the twisted puzzle produced by unavoidable adhesions and folds that developed during the healing process.

"He's been quite a case," comments Dr. Miller.

The surgeon's involvement goes beyond the operating room. While Tom was a patient at RVH, Dr. Miller would assess him two or three times a day, seven days a week. The surgeon was also meeting with Dr. Langlois to provide regular updates on the patient's condition.

After discharge, Dr. Miller's duties were fulfilled when he removed Tom's surgical staples and, together with Dr. Langlois, monitored his post-surgical progress.

The RVH surgical team includes, from left to right, Dr. Dave Johnson, Nurses Lois Thompson, Sadie Smith and Laura Mick and Dr. Lance Miller.

Nursing care at Renfrew Victoria Hospital combines expertise with compassion

Bev can provide more insight than Tom when it comes to the nursing care he received, particularly in the intensive care unit. At that point, he was too sick to appreciate what was happening.

Her nursing background and professional role as the administrator of Quail Creek Retirement Centre gives Bev a knowledgeable perspective on her family's experience.

"I'm thankful he didn't get to Ottawa," she says of the failed attempts to book Tom for a CT, convinced that he would have been admitted there when he required intensive care.

"I wouldn't have been there," she says. "They would have said 'Five minutes and you're out.'"

In contrast, the Powell family were seen as partners in the care Tom received at RVH.

"They included me in the recovery process," Bev says. She was invited to call for an update anytime, day or night. Just knowing she could do that gave her the satisfaction and comfort to get the rest she needed.

Bev gratefully acknowledges that she was also a recipient of care because the RVH approach encompassed the whole family.

"They got me coffee, tea, water. They got me a chair because I didn't want to leave ICU," she recalls, explaining that the nurses there recognized that her presence calmed Tom and played an important part in meeting his needs.

Getting the full picture with diagnostic imaging

Tom does remember the ongoing role of the hospital's diagnostic imaging department in his care.

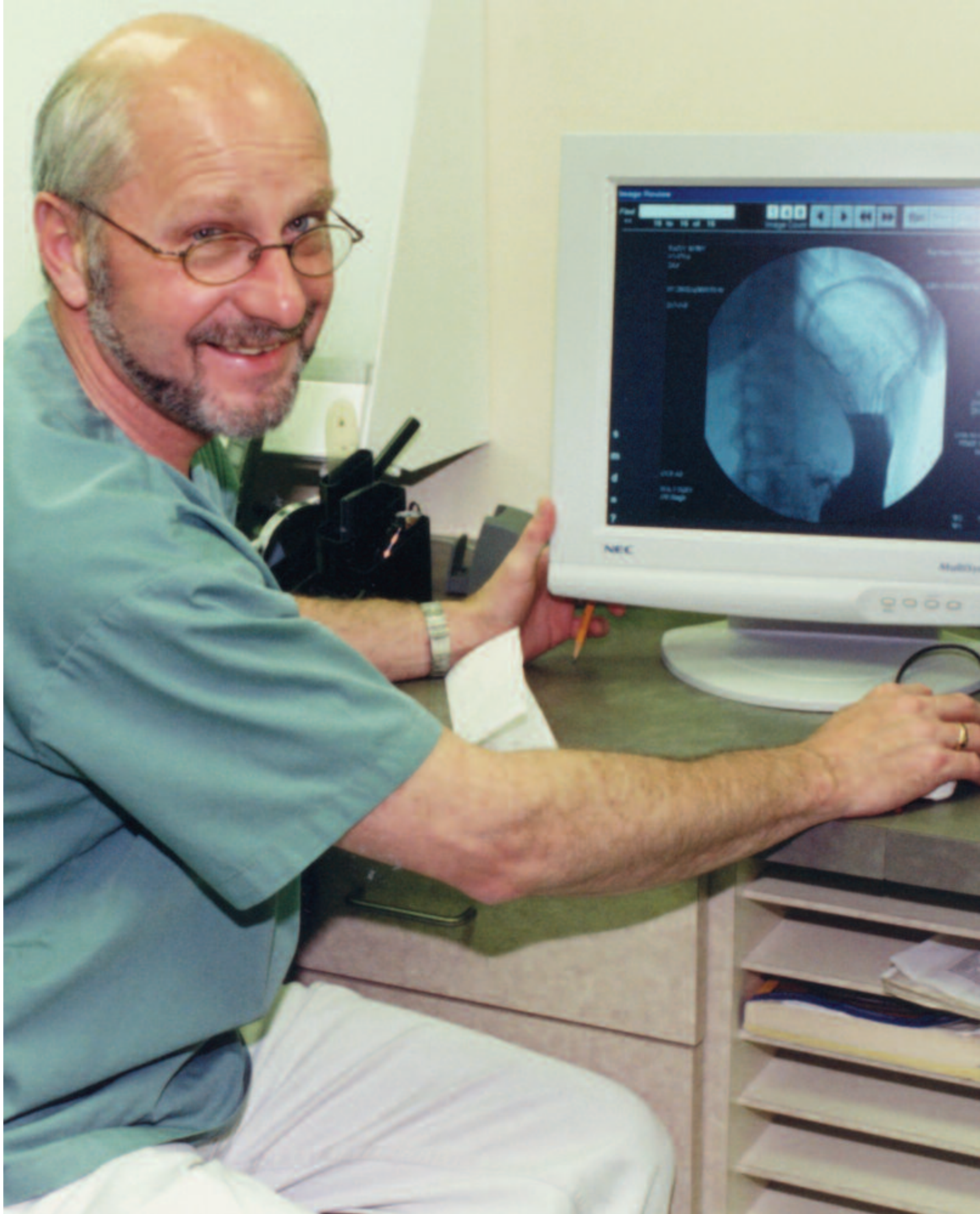
"Every morning you'd go for x-rays," he recalls.

Diagnostic Imaging Lead Hand Phil Crozier (photo, right) explains that the daily images are a routine course of action to monitor a bowel obstruction. X-rays are also often ordered post-surgery to check for perforations or free air in the abdomen. They are also instrumental in positioning a subclavian line, which was used for hyperalimentation (feeding through the vein) for Tom.

The department's role in Tom's care actually began with the pre-surgical ultrasound that could detect any abnormal lesions or masses for the surgical team to address. Crozier explains that an ultrasound provides a more detailed and three-dimensional image than an x-ray. Ultrasound waves also provide "live imaging" to monitor bodily functions, while x-rays can only give static images.

The third procedure routinely offered by the RVH diagnostic imaging team is fluoroscopy, which uses pulsing x-rays to provide a live image.

Tom's pre-surgical electrocardiogram was also done here, and is a standard procedure to ensure that there are no contra-indications for anaesthetic before the patient arrives in the operating room.



The chemistry connection

Staff in the RVH lab were also carefully monitoring Tom's health.

Bloodwork was done pre- and post-surgery on site. Lab Supervisor Len Burger explains that RVH is licensed to provide 53 different tests. By looking at the glucose, electrolyte and chemical levels in the blood, staff can assess how the liver, kidney, heart and other vital organs are functioning.

"Our lab is a core lab setting, providing the information the doctors need to treat in-patient and emergency cases," says Burger.

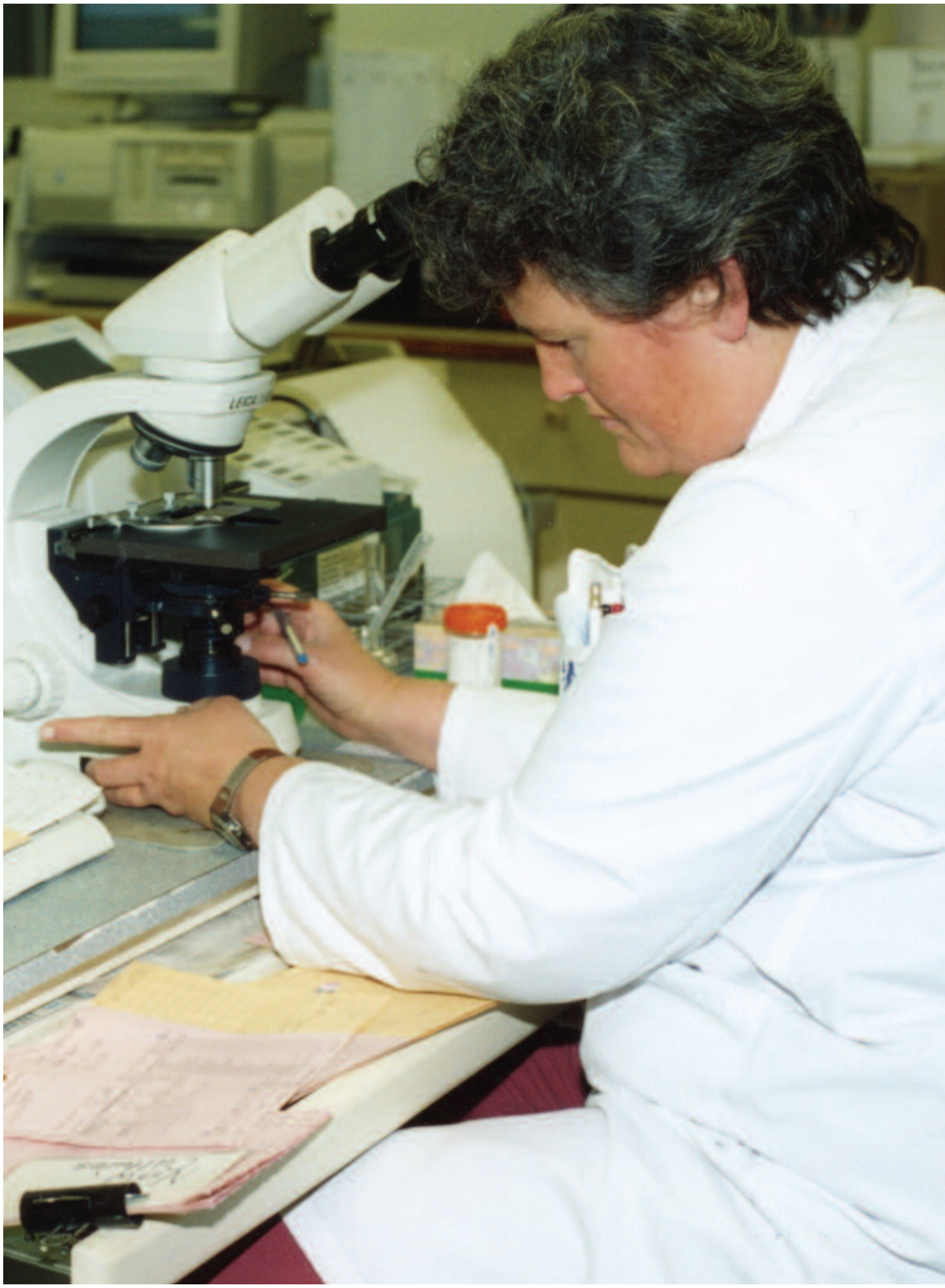
The point of pride at RVH is the turn-around time for those test results. Results are normally in the physicians' hands within one hour of blood being taken.

Burger says the smaller size of the hospital, with a one-room lab, makes the RVH team particularly nimble and responsive.

An electronic link with The Ottawa Hospital lab has also expedited results for samples that are sent out.

"We have the channels to provide the fastest possible turn-around time for any test that's needed," states Burger. "We take pride in that."

RVH depends on the specialized equipment and resources in Ottawa for microbiology work such as the tests to identify infections. Preliminary reports on those tests are usually received within 24 hours, and the final report is available within 48 hours.



Chris Campbell working in the RVH lab.

"When you're in a hospital over time, you really see how they work together."

“When I hear in emergency that they have a patient with a bowel obstruction, all I’m thinking is CT.”

—Dr. Lance Miller

“I’m thankful he didn’t get to Ottawa. I wouldn’t have been there.”

—Bev Powell

“Bigger’s not always better. They knew us at RVH.”

—Tom Powell

The patient’s diary

2008	
October 22	Tom visits his family doctor, who notes that he is approaching the five-year mark for a follow-up colonoscopy to monitor the effects of diverticulitis. Tom has a family history of cancer, and Dr. Stephanie Langlois recommends a full medical examination.
December 19	Tom meets Dr. Lance Miller, the RVH surgeon, to book a date for the colonoscopy.
2009	
January 16	The scheduled scope is postponed when Tom cannot tolerate the prep work.
January 29	The second attempt proceeds and Dr. Miller informs the Powells that he found a tumour, took a biopsy and suspects cancer.
Early February	Bowel surgery at RVH is booked for the end of March and a pre-surgical ultrasound is scheduled for February 20.
Mid-February	Surgery is bumped up to February 24 with a pre-op appointment booked for February 17. The ultrasound appointment is re-booked for February 17.
February 17	Tom progresses through bloodwork, an electrocardiogram and an ultrasound.
February 24	A double surgery is performed, repairing a hernia and resecting the bowel to remove the tumour.
February 28	Tom is recovering well enough to be discharged.
March 2	Severe pain and vomiting result in a return to the RVH emergency department. Tom is met at the door by a concerned nurse who immediately takes blood, settles him in a bed and prepares a stretcher to take him for x-rays.
March 4	Lab tests indicate a multi-resistant strain of infection. Tom is in isolation, receiving aggressive antibiotic treatment.
March 5	Tom is transferred to intensive care and the family is notified that he is near death. An emergency CT scan in Pembroke reveals no abnormalities.
March 10	Tom is back in the RVH operating room, where the surgical team addresses a complex knot of twists, adhesions and folds that have formed in his intestines.
March 17	Tom moves from intensive care to the active care unit.
March 18	Tom is discharged home.
March 20	A check-up with Dr. Miller indicates all is well.
March 21	Tom presents at the RVH emergency department with pleurisy and pneumonia. A second round of antibiotics is prescribed.
March 24	The first half of the surgical staples are removed.
March 30	The remainder of the staples are taken out.
May 22	A 6-month chemotherapy regimen, and the fight to beat cancer, begins.

RENFREW VICTORIA HOSPITAL RVH

Talk it up Victoria: the Renfrew Victoria Hospital newsletter

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CARING for TOMORROW

The Renfrew Victoria Hospital Foundation

CT fund update

We've now raised $500,000 for the RVH CT project. Thank you to all of our generous supporters. If you would like to contribute to the CT fund, please contact the RVH Foundation office:

499 Raglan Street North,
Renfrew, Ontario K7V 1P6

Phone: 613-432-4851, ext. 263

www.rvhfoundation.com

How CT makes the difference

Computerized axial tomography (CT) played a pivotal role in Tom's case.

Dr. Miller required CT images to identify the post-surgical complications that threatened his patient's life.

CT provides a much more detailed and complex view of the body's inner workings.

This fall, RVH will have its own 64-slice CT scanner, providing our community hospital with state-of-the-art technology for general medical practice.

To put its abilities in layman's terms, picture a loaf of bread. Diagnostic imaging technologists can set the CT machine's parameters to make a slice as thick or thin as they want. The images they produce will show them anything to be found within the body in that slice. Those images are also three-dimensional, meaning they can be rotated and viewed from different perspectives.

In Tom's case, CT images of the chest and abdomen eliminated worries about a pulmonary embolus (blood clot in the lung), an undetected tumour in the bowel, a perforation, abscess, strangulating obstruction or pancreatitis.

In-house CT at RVH will add an essential level of support to the surgical program, and to the care provided in the emergency department, dialysis, oncology and general medicine.

"The health care of today and tomorrow depends on this critical diagnostic technology," states RVH CEO Randy Penney. "CT is a fundamental tool required to meet our patients' needs and to secure our future as a health care provider."

There is no provincial funding available for CT projects. RVH must raise the $3 million needed for this service locally. We invite you to make this worthy project your charity of choice.

Thank you to all of the individuals and groups that have supported the RVH CT fund. Because of your support we're breaking new ground at your community hospital.

Make RVH your charity of choice. Please call the RVH Foundation office at 613-432-4851 ext. 263,or visit us online at **www.rvhfoundation.com** to learn more about how you can contribute to the RVH difference.