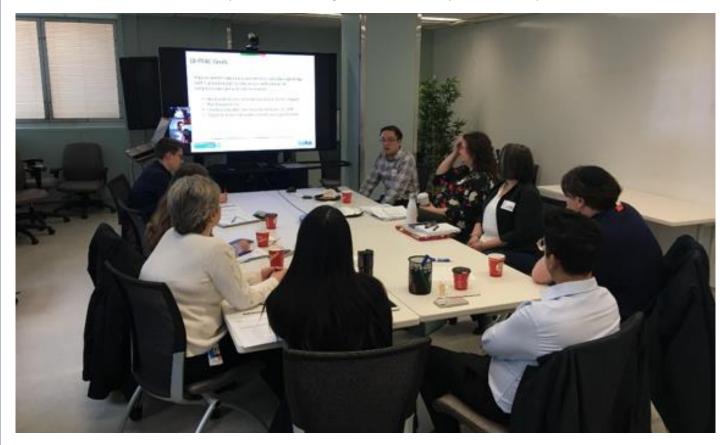




Editor: Zoran Bojic, MHSc, PMP, CSSBB, CLA, ASQ-CMQOE

Diagnostic Imaging Patient and Family Advisory Committee (DI PFAC)

DI PFAC has been officially launched!! The mandate of the Committee is to enhance child and family-centered care, safety and communication across all areas of the department by fostering meaningful partnership between families and staff. DI PFAC functions in alignment with the strategic directions of the Hospital and is grounded in the values of excellence, compassion, integrity, collaboration, and innovation. It is expected that DI PFAC will bring the patient and family perspectives about healthcare experiences in DI, enable understanding of the issues, promote best practices, and make recommendations for improvement aiming to enhance the experience of all patients and families.



Come Fly with MRI!!



The future is here. No, not flying cars or hover boards (yet...!), but the recent advances in computer science have led to a breakthrough in virtual reality (VR). VR is known by many as a "gamer's game" and has been used extensively in the military and aviation simulation. But does VR have a use as well in health care? Absolutely. An exciting research study is currently underway at SickKids, to evaluate the use of VR to reduce anxiety for children who are to undergo MRI. The study is entitled "VR simulation of MRI scan for children to screen / condition candidates for scanning without general anaesthesia" and is spearheaded by DI physicians Dr. Hillel Maresky, Dr. Jennifer Stimec and Dr. Andrea Doria. General anesthesia is not only uncomfortable for the child to undergo and for the parent to witness, but moreover the wait list for MRI with general anesthesia is three to four times as long as without. Not to mention the cost to the health care system, and dare it not be mentioned that general anesthesia is not without its own health risk... Still, when a diagnostic MRI is indicated, and the child is not able to lay still due to the young age or due to developmental delays, general anesthesia is often required.

The aim of this creative project is to maximize the child's chances of undergoing MRI without general anesthesia as early as age three. The hope is that this will reduce the number of general anesthesia sedations by screening their ability and by preparing the child to assess and to augment the child's capability to lay still. In the VR module called "Emma Rye" (copyright VRAL Corp., 2019) the child is immersed in a vivid virtual environment that exactly replicates a real MRI suite, from the moving MRI couch to the buzzing MRI sounds. The child is met by a "radiant fairy" called Emma Rye, who floats above the child's head and encourages the child to lay still. Using an artificial intelligence algorithm, the fairy provides vital biofeedback to the child, by assessing child's movements as well as heart rate. "Come fly with Emma Rye" the child is instructed, as the fairy reassures the child that everything will be OK, in an elegant and realistic fairyland way. When the child is still, the fairy is able to collect pixie dust in her basket; but when the child moves, this pixie dust falls out and the fairy will remind the child to "lay still as a log."

Dr. Mike Aquino, formerly of SickKids and now of Cleveland Clinic enthusiastically exclaimed "this needs to be in every children's hospital around the world." The current study is generously funded and backed by Diagnostic Imaging at SickKids, is in conjunction with the University of Toronto and is sponsored by NVIDIA and VRAL Corp. So far, the feedback has been... well, magical! Children and parents alike have been encouraged by this VR simulation. Albert Aziza has made it possible so that any child who is scheduled for MRI — can now opt to come 45 minutes earlier than scheduled — and experience their own virtual fairy tale at SickKids. An emphatic kudos in order for Wayne Lee, Zoran Bojic and Dr. Manohar Shroff — for identifying the potential of virtual reality to enhance the patient experience — and to ensure that SickKids remains the trailblazer in innovation and medical research. SickKids is officially the first hospital in the world to now routinely offer this unique VR experience to children.

So what are the next steps for VR and Healthcare? Dr. Maresky, a Pediatric Imaging fellow at SickKids and VR researcher, says "the sky is the limit. It's not just flying fairies and MRI simulation, but ultimately my vision is to get the *entire hospital to hop in this hover board* and to realize that VR can allow children and families to see their own bodies, understand their own illnesses, become an active part in the education process — and can allow surgeons to plan for complicated surgical procedures — all in VR."

KidsGoGreen's Waste Campaign





Green team members Olga Carpio, Clinical Research Project Assistant, DI, and Corinne Hildebrandt, RN, 7C, decided to raise awareness about disposable coffee cups and how to properly dispose of waste

Dispose of your coffee cup properly or, better yet, use a mug! It's becoming a movement at SickKids!



KidsGoGreen's first waste campaign of 2019 tackled one of the biggest waste offenders – disposable coffee cups. Many people are surprised to learn that most of the material from disposable cups cannot be reused or recycled – and that is a bad thing because we kind of love our coffee here at SickKids! Disposing of non-recyclable material in a recycling bin will contaminate materials that are being properly recycled. When cross-contamination occurs, all items in that bin end up in landfill, further increasing our environmental footprint. During the campaign, green team members Corinne Hildebrandt, Registered Nurse, 7C, and Olga Carpio, Clinical Research Project Assistant, Atrium X-Ray, decided to raise awareness in their areas about disposable coffee cups and how to properly dispose of waste. "Coffee cups are something that many staff, families and visitors use. They are an easy way to start the conversation about what we are wasting because it is something almost everyone does; they can see the negative impact their daily routine is having on the environment," says Corinne.

Corinne and Olga spoke with their colleagues and shared posters showing proper recycling and waste disposable practices at SickKids — they sent an email to staff or posted them in kitchenettes or information boards. The monthlong campaign had an impact, with both noticing a small improvement in coffee cup recycling behaviours in their areas (yes, that did involve auditing the garbage and recycling intermittently!), but acknowledge there is still some work to do. One of the side benefits of the campaign was a general increase in awareness about recycling. Olga was often approached by her colleagues with other waste questions, such as what to do with organics (answer below!). Worrying what to do with your coffee cup isn't an issue when you bring your own mug to work. You'll even save yourself a few cents on the price of coffee at all the shops at SickKids, which quickly adds up. The coffee mug movement has found some followers among the Centre for Global Child Health team, who've joined the "Mugment"! Starting in April, a number of heavily used lunch rooms will be updated with recycling centres that will have current how-to posters. In addition, laminated recycling posters for paper and plastic/cans/glass are available from KidsGoGreen and can be placed over any existing bins inside work areas. For more information or request posters, please contact kids.gogreen@sickkids.ca.

What to do with organics?



Please dispose of your food waste into the compost / organics lot in the recycling centres located in The Terrace Cafe and Tim Hortons area. Food waste accepted includes:

- Fruits and vegetable scraps
- Meat, fish, bones
- Pasta, bread, cereal
- Dairy products, egg shells
- Coffee grounds, filters, tea bags
- Candies, cookies, cake



Greener Hospital. Healthier Children. A Better World.



SickKids

Cup trays

· Single use creamers/milk

Green

SickKids Chopped-Inspired Event

SickKids Chopped-Inspired Event is a fierce cooking challenge celebrating healthy eating, and it pits teams against each other to prepare a delicious meal based on mystery ingredients. Teams have 30 minutes to prepare a masterpiece, which must include the three mystery box items to be revealed at the event. Three celebrity judges decide which team created a master piece worthy of winning it all!





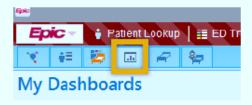


How to access your Upgrade Guide

As of April 15, 2019, you will be able to get a preview of Epic v2018 through our playground environment. In order to help you navigate through playground, we have created a step-by-step guide based on your role. Use the steps below to find your guide!

Try It Out

Click on your Learning Home Dashboard in your live Epic environment.

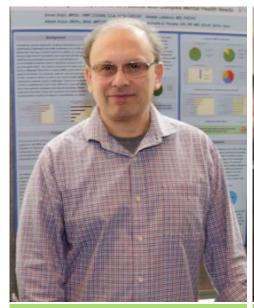


2. You will see a message broadcast with details on how to get to the playground environment and you will be provided with a link to the upgrade guide.



Once you have completed your exercise on playground, click on the "acknowledge" button to acknowledge that you have reviewed and completed the exercises from your upgrade guide in playground.

Self Guided Tour: Inpatient Nurses







Connie Krajewski



Krystyna Ruta

Thank you very much for your















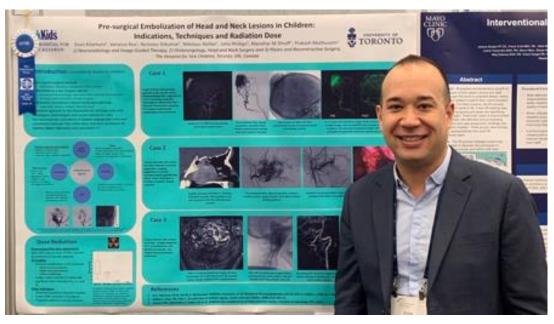
Upcoming Research Design Week





Pre-Surgical Embolization of Head and Neck Lesions in Children: Indications, Techniques and Radiation Dose

Evan Kitamura, Vanessa Rea, Nicholas Shkumat, Nikolaus Wolter, John Phillips, Manohar M Shroff, Prakash Muthusami



The Best Educational Poster

2019 Association of Vascular and Interventional Radiographers (AVIR) International Conference in Austin held in conjunction with Society of Interventional Radiology (SIR)

Lean & Six Sigma World Conference 2019

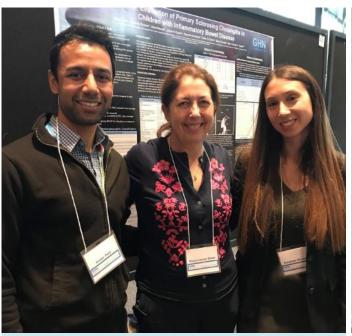




Human Factors in Error-Proofing Healthcare

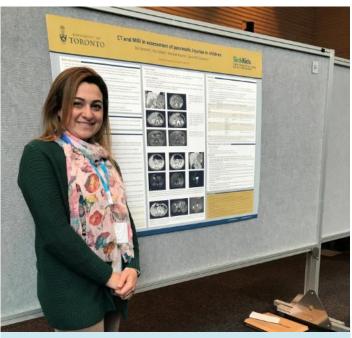
Zoran Bojic, MHSc, PMP, CSSBB, CLA, ASQ-CMQOE

Gastroenterology, Hepatology and Nutrition Research Day 2019



MRCP in Primary Sclerosing Cholangitis in Children with Inflammatory Bowel Disease

Kedar Patil, Alaa N. Alsharief, Jehan Al-Rayahi, Amanda Ricciuto, Afsaneh Amirabadi, Peter Church, Binita Kamath, Mary-Louise Greer



CT and MR Imaging of Pancreatic Trauma in Children Ala' Ibrahim, Michael Aquino, Govind Chavhan



Correlation of MRE Interpretation Using Consensus Recommendations with Video Capsule Endoscopy in Pediatric IBD

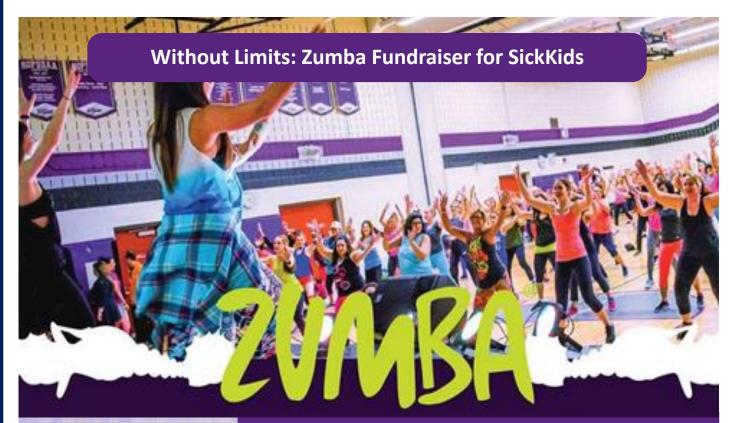
Joseph Yang, Ghufran Al-Hashmi, Catharine Walsh, Juan Putra, Iram Siddiqui, Denise Castro, Mary-Louise Greer



Project Horizon

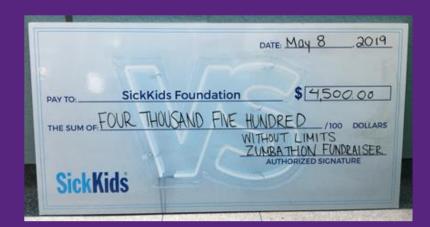
Project Horizon is our campus redevelopment project. Why are we building a new SickKids? We're trying to transform the way we deliver care. Ultimately, we want to:

- > Build an inspired hospital of the future that will enable us to provide the best possible care for the growing population, and increasingly complex cases.
- > Transform patient and family experiences by working diligently with patients, their families and hospital staff to design our new space.
- > Enable the delivery of cutting edge care by creating the best spaces for healthcare technology advancement.





Organizer Marija Bojic, RN



Peer Review Performance

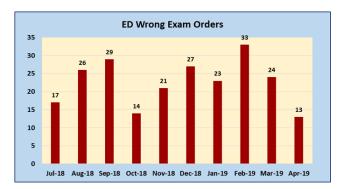


SickKids

ED Changed Orders – Wrong Exam Orders



Situation



Background

Reliable information derived from valid, specific, complete and accurate data is a critical to sound decision making, patient safety and continuous quality improvement.

Assessment

Completed data analysis of the change reasons indicated that there were still a number of cases classified as "IMG WRONG EXAM" instead of "IMG PER PROTOCOL".

Recommendation

If we are making change from a STN to a Nasopharynx or vice versa please use "IMG PER PROTOCOL".

If we are making change from a full US abdomen to a limited abdomen or vice versa use "IMG PER PROTOCOL".

If a 2 view abdomen is ordered for constipation, change the order as "IMG PER PROTOCOL" and then "Within scope of practice". This would not be classified as "IMG WRONG EXAM".

If we are making change from a chest to an abdomen or something completely different this would be "IMG WRONG EXAM".

If wrong side is ordered use "IMG WRONG SIDE ORDERED" not "IMG WRONG EXAM".

Safety Reporting

Safety Reporting System Upgrade: Improvements caringsafely

(Tip Sheets & Videos located under Safety reporting website)

File Submission Tracker

All staff now have the option to track the progress of events they have submitted.



Task Management (See Video/Tip Sheet)

Under the Task management tab file managers will now be able to track all tasks, including those that are incomplete or overdue.



Create Personal Views

(See Video/Tip Sheet)

File managers can create personal views in the Info Center, the Alert Notification Management and the Task Management tab.

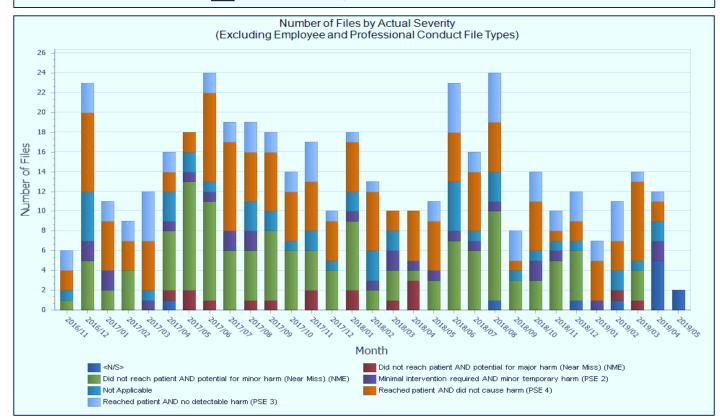
Analytic Report Centre

Easier to find reports, create and manage reports and track report templates.

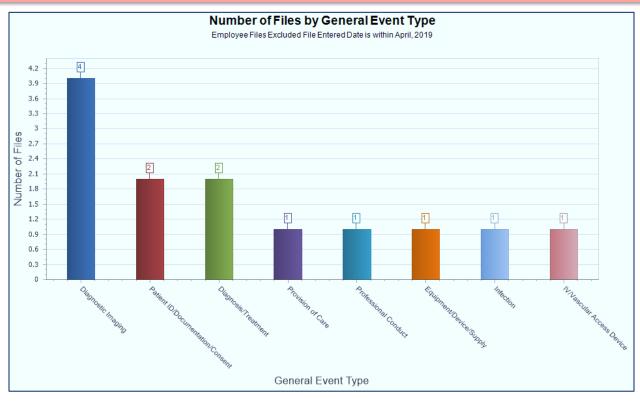


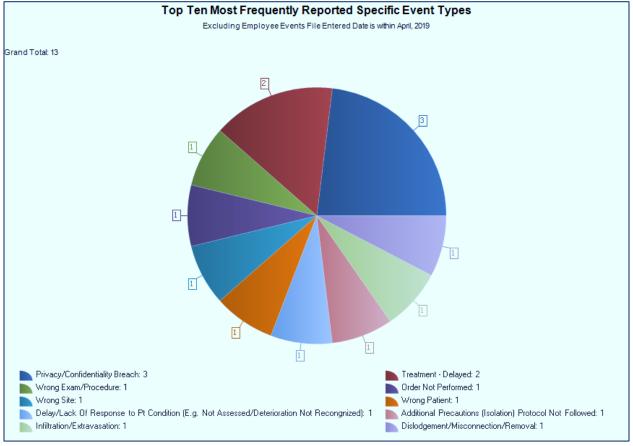
Dashboard Options

Unit specific reporting dashboards.



Safety Reporting





Error Prevention Tool of the Month

Help yourself and your colleagues stay safe using

Cross Check & Coach



"I haven't done this in a while could you please double check my work?"



"Thanks for reminding me to use the standard handover tool for shift change."



"Can I confirm that this test is planned for 1300?"

ASK QUESTIONS AND WELCOME BEING ASKED QUESTIONS



caringsafely

Safety Story: Ministry of Labour Orders for PPE

SUMMARY OF EVENTS

- Three staff were observed using PPE incorrectly by a Ministry of Labour inspector.
- SickKids received 'orders' related to training and use of PPE.
- There will be future random inspections.

WHY DID THIS EVENT HAPPEN?

- PPE use has been a past issue and will be a focus during all MOL inspections at SickKids.
- PPE was available. Errors in PPE choices & donning order were made. Hand hygiene was not performed as required.
- Supervision was questioned because some of the employees observed were from other departments.

The stories presented above are examples of staff safety events occurring in hospitals across the country. As a learning organization, telling these stories is intended to generate dialogue among frontline caregivers who may be able to prevent a similar occurrence. For internal use only.

HOW CAN WE PREVENT THIS?

- Standardize knowledge, skill and expectations.
- Mindful observance of isolation signs and related PPE.
- Optimize ongoing training, practice, and supervision.
- 200% accountability. Help others be safe by reminding and coaching.

HOW CAN WE SUPPORT THE CULTURE OF SAFETY?

- Use STAR Stop, Think, Act and Review before donning or doffing PPE.
- Use ARCC if you observe unsafe practice Ask a question, Request a change, Voice a Concern, Chain of Command
- Leader rounding and 5:1 feedback check in with staff to discuss any PPE safety concerns. Reinforce correct use and coach incorrect use.

Healthier Children. A Better World.

