



## *A Christmas Message From The Pembroke Regional Hospital's Senior Leadership Team*

*As we gather to celebrate this festive season, we can't help but reflect on the incredible work that has been done, the advancements we have made and the care that we have provided to those who need us most.*

*While this past year was not without challenges, each of you did your part in ensuring we were able to rise to the task and overcome each hurdle, whatever it took.*

*We have so much to celebrate – the work that went into our Accreditation journey, your engagement in our strategic planning exercise, your patience and understanding through each phase of every renovation project, and the work so many of you have done to help advance our hospital whether it be preparations for the introduction of Automated Dispensing Units, the adoption of PocketHealth or other technological enhancements.*

*In the true spirit of the holidays, we want to extend our heartfelt gratitude to each and every one of you—our exceptional staff, dedicated physicians, and amazing volunteers. Your commitment to providing exceptional care, especially during challenging times, has not gone unnoticed. Your resilience and dedication embody the true meaning of the season.*

*We look to 2024 with great anticipation as our hospital undergoes a tremendous transformation, not only with the work to implement a new Health Information System, but also as we unveil the final results of many of our construction projects which will not only enhance our workplace but elevate the level of care we provide to our community.*

*So, let's take a moment to revel in the accomplishments of the past year, appreciate the challenges that have made us stronger, and look forward to the promise of a bright and exciting future.*

*Wishing you and your loved ones a joyful holiday season filled with laughter, love, and well-deserved relaxation.*

*Thank you for being the heart and soul of Pembroke Regional Hospital.*

*Merry Christmas,*

*Sabine, Tom, Beth, Scott, Melanie and Brent*



# Today's Take-Aways

## Regional Updates

- Community transmission of COVID-19 and other respiratory illnesses is currently very high in our region as evidenced by outbreaks in health care facilities, Emergency Department visits, and local waste water results.

## Strategic Planning Update

- Work on the development of our new Strategic Plan continues. On November 24th and 25th our Board, Senior Leadership Team and members of the Steering Committee met to hear from a number of key speakers about the future of hospitals and health care and to review all of the feedback we gathered this past fall from internal and external stakeholders, partners and the public at large. Out of this, a number of strong themes were identified and a preliminary draft of some strategic pillars and drivers was created which was reviewed by the Steering Committee earlier today. With additional feedback provided, another draft will be brought forward in January with many more review opportunities to ensure the final document will have meaning and value to all.

## Departmental Updates

### Human Resources

- CUPE Weekend Work: Process Improvement Notification. Please note that there will be an adjustment in the process for offering weekend work to part-time CUPE employees.

Shifts will continue to be offered via the automated shift offer or auto-call in order of seniority to part-time employees qualified and available to perform the work. In addition to receiving the offer, if an employee bids on a shift that would trigger the consecutive weekends premium, the staffing team will reach out to those employees by phone to confirm if they voluntarily accept weekend work at straight time per CUPE local H.01 (c). The staffing office will call everyone who is in consecutive weekend in seniority order until such time an employee agrees to work the shift at straight time, or the shift is awarded to an employee who is not in consecutive weekend.

If the shift is not awarded at straight time, and overtime is consequently approved by the department manager, the shift will be assigned to a part-time employee at overtime, who has already bid on the shift, in order of seniority who is qualified and available to perform the work at overtime.

If you have any questions or concerns, please reach out to Andrea Russell-Pond at extension 6756 or via email [Andrea.Russell-Pond@prh.email](mailto:Andrea.Russell-Pond@prh.email).

### Infection Prevention and Control

- Thank you to the health care teams on Rehab and 3rd Medical for the work they did related to recent COVID-19 outbreaks. Both outbreaks have now been declared as over.

- Flu Vaccinations for Inpatients at PRH: Getting a flu shot is the most effective way to protect yourself against the flu and complications. At PRH, influenza vaccines are available to all admitted patients. To receive an influenza vaccine, a patient requires a physician's order and a completed consent form (available on the PRH intranet). Once an order is received, the pharmacy team will contact the patient's nurse to coordinate vaccine delivery for administration. As respiratory illnesses continue circulating within our community, we encourage all physicians and nursing staff to discuss vaccination opportunities with patients.

- The IPAC department is in the process of creating an education schedule for the new year.

We plan on covering infection control related topics. If your department has a topic, related to infection prevention and control, that they would like to learn more about, please email us at [InfectionControl@prh.email](mailto:InfectionControl@prh.email).

We look forward to providing you with resources to help you and your patients remain safe.

Have a Happy Holiday!! The IPAC Team

# Today's Take-Aways Continued

## Occupational Health and Safety

• Thanks to all those who have taken part in our flu shot and COVID vaccination campaigns. While clinics will no longer be offered, flu shots are still available through Occ Health by calling extension 8200 to book a time. For anyone wishing to receive the COVID vaccination, it continues to be available within the community.

• As part of our continued work to promote the flu shot, a new PRH video has been released today that shares why some of our staff and physicians chose to get a flu shot.

<https://youtu.be/0budkz33aNc>

• Recently, there have been a couple incidents where employees have been splashed in the eyes by bodily fluids. Remember, if it's ooey, gooey and not yours, wear the appropriate PPE and protect yourself.

## Maintenance

• In terms of construction project updates we are happy to share that we now have a confirmed occupancy date of February 5th for the new Day Surgery space. Our tender period for Tower D Phase 2 closes in mid-January and we are moving ahead with some new pricing discussions regarding the Tower C project.

## Information Technology

• The team is working to revamp the Help Desk ticket process in order to alleviate some wait times around ticket completion and prioritization. This should make a noticeable difference going forward.

The department will also be offering some staff training in the early new year around Share Point and One Drive as part of the transition in Office 365.

## District Stroke Centre

• On December 12th, the Champlain Regional Stroke Network's best practice team from The Ottawa Hospital spent the day at PRH meeting with physicians, staff, and the District Stroke Centre team. Together, the group worked on developing the strategic plan for 2024-2027 for the Champlain Stroke Network and identifying quality improvement initiatives across



the continuum of stroke care. This was Dr. Dylan Blacquiere's first "ever" visit to Pembroke and he noted how welcoming everyone was. The team was able to visit the Emergency Department and ICU, the Acute Stroke Unit, our Inpatient Rehabilitation unit and the Stroke Prevention Clinic to see first-hand where our stroke and TIA patients receive exceptional care.

A special thank you to Danielle Rae and Hope Weisenberg who organized a very successful and productive day!

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# Connecting with the CEO - In Case You Missed It

December 1, 2023

*I am thrilled to share some exciting news that will undoubtedly shape the future of our hospital and enhance the quality of care we provide to our patients. After careful consideration and evaluation, our Board of Directors has unanimously approved an investment of up to \$17.3 million in the implementation of the Epic Health Information System (HIS).*

*This investment also requires approval from the Catholic Health Sponsors of Ontario but we do not anticipate any delays in receiving this in the coming weeks.*

*This significant investment underscores our commitment to staying at the forefront of healthcare technology and providing our patients with the best possible care. Epic is a leading Health Information System known for its user-friendly interface, seamless integration, and advanced features that streamline workflows and improve patient outcomes.*

*The implementation of Epic will revolutionize the way we manage patient records, coordinate care, and communicate within our healthcare system. This robust technology will not only enhance the efficiency of our operations but will also empower our health care professionals with real-time, comprehensive patient information, enabling them to make informed decisions for the benefit of our patients.*

*At our Board meeting this week, we heard from Cameron Love, President and CEO of The Ottawa Hospital (TOH) about the benefits of Epic and how partnering with TOH on this investment will open doors for improved regional connectivity as we join a host of Champlain region hospitals including Deep River and District Health, Renfrew Victoria Hospital, The Ottawa Heart Institute, CHEO and TOH who use Epic and share in the care of our patients. By aligning with TOH, we also stand to benefit from standardized clinical best practices, enhanced cybersecurity measures, and other clinical expertise that will ensure a consistently high quality of care across our region.*

*For our patients, Epic will provide a more seamless and coordinated experience, from registration to discharge, enhancing their overall satisfaction with our services. It also features MyChart which will provide patients with real-time access to their medical records, enable them to conveniently schedule appointments, view test results, and receive automated reminders, among other benefits.*

*And our physicians will benefit from Epic's robust clinical decision support tools, which provide evidence-based guidance at the point of care, ultimately improving patient outcomes.*

*As we embark on this transformative journey, I am confident that the investment in Epic will have a profound and positive impact on our ability to deliver high-quality, patient-centered care.*

*Recognizing that change requires support, a significant portion of the investment will be dedicated to a specialized team committed to providing comprehensive support and training throughout the transition. We believe this investment is crucial to ensuring a smooth and successful adoption of the Epic Health Information System.*

*We plan to kick off the formal implementation project with TOH in spring or early summer of 2024, with a targeted go-live date in spring or early summer of 2025. This timeline will allow for a thorough and well-organized transition.*

*I encourage each and every one of you to embrace this change with enthusiasm, as it reflects our collective commitment to providing the best healthcare services to our community. Together, we will leverage the power of Epic to elevate our standards of care and make a lasting impact on the health and well-being of those we serve. This journey will be epic!*



# Connecting with the CEO - In Case You Missed It (Continued)

**December 8, 2023**

*For this week's communication update, I thought I might provide a bit of a "hospital funding 101" overview as hospital funding is often referenced in the news, in budget discussions and at our Board and Committee tables, however the way in which hospitals are funded is quite complex.*

*While all Ontario hospitals are generally funded under the same type of funding model, there are differences in how funding is provided based on hospital "size", with hospitals generally classified as small, medium, large, or specialty.*

*For funding purposes, Pembroke Regional Hospital is considered a medium-sized regional hospital. We are the only medium-sized hospital in our Ottawa Valley Ontario Health Team (OHT) region and Renfrew County.*

*Typically, in terms of provincial funding allocations, "small" hospitals are given a greater portion of their overall budget as base funding, while "medium" and "large" hospitals have a greater portion of their budget tied to volume-based type funding which means that the amount of funding received is directly connected to the number of patients being seen and procedures being done.*

*It should also be noted that the base funding we receive from the Ministry of Health (MOH) is solely for operational expenses which includes staffing, supplies, utilities and minor equipment purchases.*

*While we do receive some Hospital Infrastructure Renewal Funding (HIRF) for upgrade and construction projects each year, in general, our renovation projects, medical equipment purchases, and IT investments such as the Hospital Information System (HIS) are not separately funded by the government.*

*Any large renovation project like our Surgical Project is funded 90% by the Ministry of Health and the hospital is expected to pay the remaining 10% as well as all new equipment and furnishings for the renovated space.*

*For these investments, we rely on community fundraising support through the PRH Auxiliary and the PRH Foundation. We are so grateful for the amazing work they are doing to support these very important projects for us and our community.*

*As part of this overview, I wanted to share with you a break down of this year's budget of approximately \$112 million:*

- About 60% of our budget is base funding from the government.*
- Another 10% is volume-based funding. Receipt of this funding is dependent on us meeting certain minimum volume levels such as Quality Based Procedures (QBPs). QBPs are services such as hip and knee replacements, or pneumonias or heart failures treated during the year at PRH.*
- Just under 20% of our budget comes from outpatient and inpatient revenues. This includes diagnostic imaging which – to a large degree- is funded separately through OHIP fees, revenues related to services provided to federal government employees such as military personnel, and revenues from services provided to non-Ontario residents.*
- The remaining 10% of our budget comes from various other revenue sources which includes fees for semi-private and private accommodations, and parking.*

*These additional resources provide our hospital with some resources to undertake renovations or purchase equipment.*

*As you know from some of our communications, we have an obligation to the government and to the public to be fiscally responsible in terms of our spending and we have a good track record of achieving this. However, we, along with many other hospitals, often face challenges that impact whether we can balance our budget. This year is a particularly challenging year for most hospitals.*

## Connecting with the CEO - In Case You Missed It (Continued)

*In general, about 75% of our budget covers the cost of staff wages and benefits, and physician compensation; 9% is spent on medical supplies, gases, and drugs; and 15% is spent on other supplies and expenses, which includes minor equipment, insurance, and utilities.*

*Despite the complexity of the budget process, I hope this helps explain a bit more about our financial picture. For those interested in learning more specific details, our financial statements are publicly available on the PRH website.*

IT'S THE TIME OF YEAR TO SPREAD CHRISTMAS CHEER  
BUT THOSE HOLIDAY BUGS BRING SICKNESS FEARS  
PREVENT BECOMING ILL THIS HOLIDAY SEASON  
WEAR A MASK AND HAND WASH WITH REASON  
IPAC IS HERE TO EDUCATE YOU  
ON GERMS LIKE CDI, COVID AND EVEN THE FLU!

Happy Holidays  
from the IPAC department  
Available Monday-Friday  
7am-4pm  
ext 7106

# Christmas Spirit At Pembroke Regional Hospital



# Hybrid Health Records

Despite the growing use of electronic health records (EHR), paper medical records continue to be an important aspect of modern healthcare practices. As such, hybrid health records (HHR) is a combination of paper-based and EHR that primarily involves tracking and storing a patient's health records in several formats and places. Usually, HHR combines paper, scanned, and computer records.

Hybrid health records are better fitted for medical institutions and healthcare practices that have a significant number of paper documents and need a transitional model before fully shifting to EHR. At Pembroke Regional we hold approximately two million active paper records in the main Health Records department and millions more inactive records at our offsite location. On a daily basis as an organization, we create, process and manage 6,800 paper health records, of which we scan and make digital 1,300 of these. In addition to the paper and scanned records, we create, process and manage 700 electronic records daily.

As such, HHR serves as a smooth transition from paper-based records to a fully digitized system. At Pembroke Regional our health record is composed of electronic (E.g. dictations, lab and DI), scanned (E.g. MH, ED, Outpatient and Day Surgery visits), and paper (E.g. nurses notes, interdisciplinary notes, inpatient documentation).

In a hybrid environment, we are likely to depend on the printed copies of electronic and possibly scanned information during the course of a patient encounter; this is totally acceptable. This is what we call transitory documents (working copies). We clearly mark these records as copies. This identification is letting us know that this is not the legal master copy. Frequently there are numerous copies of the same record printed for use as working copies. We must keep in mind that using a copy of electronic records has the disadvantage that this may not be the latest, therefore not the most accurate version of this record. These working copies are to be properly shredded after they are used. When a patient is discharged, all of the working copies of records that are printed on the floors are removed from the chart and securely destroyed. This maintains the hybrid health record complete; ensuring that the master copies of the health information is maintained and stored safely and securely in its proper medium.

The state of a hybrid chart environment is a natural occurrence in the journey to an EHR. As we become more proficient and comfortable with EHR's and digital information, we depend less and less on these paper working copies. We are able to read the records on the computer screen. Although process change of this magnitude can often be daunting and fraught with resistance and fear, the benefits of immediately accessible data by multiple providers in multiple locations is so well recognized that all hospitals are moving in this direction.

*Kimberley Haley, Manager Health Records*



## PRH Auxiliary Celebrates The Holidays

The PRH Auxiliary recently held their Executive's Christmas meeting/luncheon at The Oak Door in Pembroke.

Those attending, from left, Pam Etmanski, Harlene Buske, Diana Gagne, Helene Giroux, Betty Brisson, Donna Reilly and Brenda Long.





# CONSTRUCTION CORNER

## Tower A:

- *Cancer Care Project*: The second part of the project regarding the HVAC extension into the old sterile rooms was completed between November 30th and December 4th and the system was commissioned.
- Phase 2 of the *Surgical Day Care Project* is further delayed due to the start up and commissioning of the HVAC system. Relocation of the water and drain lines in the vertical stacks on the 3rd floor south wing is still ongoing. This requires access into the 2nd floor patient rooms ceilings one room at a time. The arms were installed on the booms.
- On the Obstetrics unit, asbestos abatement and plumbing upgrades were completed in the A402 Med Room and in A401 next door. An access control pad was installed on the A442 Nursery door.
- Asbestos abatement was started in the Main Pharmacy A501 due to required plumbing repairs. The air conditioning unit for Pharmacy was also replaced.
- Minor renovations were completed in the ED for the ADU project.
- Benches and a recycling container were purchased and installed on the inclined sidewalk between Tower A and D for accessibility reasons instead of a railing.
- Obsolete way-finding signs were removed in front of the Hospital.

## Tower B:

- The ATM was removed from the ground floor next to the elevators and a new one was installed inside the entrance lobby.

## Tower C:

- The *Main Entrance Ground Floor Renovation Project* will be moving ahead with the general contractor Jumecc.
- The work was completed in creating two additional parking spaces for Caritas (Grey Sisters) in the Tower C parking lot.
- Trees were removed from the side of Tower C and along the fence and lamp posts in the Deacon Street parking lot.

## Tower D:

- The Medical Day Care Phase 2 of the *Cancer Care Project* went out for public tender on November 15th and a site visit was held with the pre-qualified contractors on November 29th. The tender will be closing on January 18th.
- Work started on renovations in the Pembroke Family Medicine Teaching Unit (PFMTU) on the 4th floor where two suites will be converted into exam rooms.
- An ATM was installed inside the entrance lobby.

# Equity | Diversity | Inclusion

## Upcoming Recognition and Celebration Dates

### December

Hanukkah - December 7-15

Christmas - December 25

Boxing Day - December 26

New Year's Eve's - December 31

# LEAN IN

## December 6th Gemba Walk

On December 6th, the Senior Leadership Team participated in a Gemba Walk on the Obstetrics Unit with a chance to see the areas that have been renovated. Members of the hospital's Maintenance team provided an overview of the work that was done and shared some of the lessons learned from renovating an older space. What made this upgrade work unique was the fact that a general contractor was not used and most of the work was completed by the in-house team.

Some highlights of the upgrades included the addition of nitrous oxide to three of the delivery rooms - for a total of eight rooms which now have this comfort measure.

The former nursery was also completely renovated and reduced in size creating a new space for staff to conduct well-baby checks and hearing tests.

HVAC work was also a large part of the project creating better airflow and cooling capabilities on the unit. Overall, the space is now bright, clean and modern.

The Senior Leadership Team celebrated the Maintenance team for their work and commitment to the project and the fact that they were very responsive to the needs of the unit and staff.

## December 13th Gemba Walk

On December 13th, the Senior Leadership Team visited Pharmacy for a Gemba Walk showcasing the new image capture process for medication orders.

An overview of the process was provided as well as a live demonstration of how the new system works. It was explained that a standard work document was created and lots of training by Ayla Dery and the Education team, as well as super users has taken place. The new system uses dedicated mobile phones to take photos of all orders that are sent directly to Pharmacy, eliminating, for the most part, the need for Pharmacy staff to call staff with questions about the information on the orders.

It was explained that a lot of safety measures were put in place regarding phone use and it was noted that one of the challenges of implementing the new process was ensuring that the technology components would be user friendly.

Kudos to the IT team for their work in developing the new process and to all who have adopted it.



# Quality Improvement Plan (QIP) Driver Update

## December 14th Lean Report Out

This morning, approximately 80 staff gathered in the cafeteria for the second Lean Report Out of 2023. Highlighting the success of hospital-wide goals and department specific improvements, today's session focused on the Patient Care Team driver as well an improvement made to help orthopaedic joint replacement patients navigate the process from start to finish.

PRH President and CEO Sabine Mersmann welcomed the group and acknowledged that after spending so many years in crisis management, how inspiring it is to see so many teams embracing quality improvement.



## Patient Care Team Driver

Beth Brownlee, Vice-President of Clinical and Support Services provided an overview of the Patient Care Team driver that has been a hospital priority for the past two years.

The main focus of this driver was to stabilize our workforce through the creation of new Patient Care Team models. Throughout 2022, we introduced new roles on many clinical units, revamped Unit Clerk working hours, re-examined RPN scope of practice, and made changes to master schedules.

Beth noted that tremendous progress has been made on this driver thus far. The number of days that departments work without their full complement of staff has been reduced from an average of over 20 days per month in the summer of 2022 to only one to two days per month for the past several months.

However, the creation of these new models was only the beginning. For the 2023-24 QIP driver, our target for success was to create a collaborative, high-performing patient care team where each member understands their role, optimizes their scope of practice, feels supported, and has efficient workflow processes.

To achieve this, a hospital-wide PDSA (Plan, Do, Study, Act) was initiated and through this process nine countermeasures were identified to help further develop the patient care teams.

Three of these countermeasures were outlined during today's Report Out:

1. Ensure that all RPNs are working to their full scope of practice: Caroline Froment, Erin Van Allen, Ayla Dery and Kerri Timm provided an update on the work of the Education team including two hospital-wide skills days and plans for another in February, the identification of nine RPN champions and unit-specific skill training for all the champions. The team shared that the next steps to support RPN scope of practice will focus on transition in care coaching for situations where there may be patient instability in order to support more collaboration between the RN and RPN role.

2. Standardize the role of Health Care Aides: Heather Macmillan shared that a working group is developing standard work for the Health Care Aide role, evaluating the current schedules and hours of HCA's, and evaluating the HCA skillset to best support the nursing teams. Isaac Anderson, a Health Care Aide on 3rd Medical, shared some of his experience as a HCA. He highlighted the assistance that the HCAs are able to provide to the nurses, how they work collaboratively with every department in the hospital and have an opportunity to connect with and support all the patients on the unit as they are not assigned to specific patients.

3. Increase coaching capacity of informal leaders supporting patient care teams: Brent McIntyre highlighted the foundational belief that everybody at PRH influences culture and that everybody practices leadership regardless of what role you have in the organization.

# Quality Improvement Plan (QIP) Driver Update

## Lean Report Out Summary Continued

During his coaching sessions with many of our informal leaders, Brent focused on establishing psychological safety with their teams – which is the notion that we should all feel safe enough to speak openly and respectfully with our teams even when expressing concerns amongst our teams.

Kelly Malley and Kirsten Doering both took part in these coaching sessions with Brent and shared their experience with the group. They both expressed their sincere appreciation for being offered this opportunity for growth as informal leaders at PRH. They hope to bring the learning from these sessions back to the team to ensure that all voices of the interdisciplinary team have an opportunity to be heard. They will use their learning to influence the culture and morale on their team by leading with positivity and help create an environment of psychological safety where all team members feel comfortable bringing forward improvement ideas as well as challenges knowing their voices will be heard.

Beth Brownlee acknowledged the great work that has been done so far and is looking forward to the future of this driver where we look to support our interdisciplinary teams and our physicians as well.

## Orthopaedic Joint Replacement Roadmap

Joelle Piche and Emily Schultz, both members of the Allied Health team, shared details of a roadmap that has been created in collaboration with the Surgical team. This improvement was initiated through a Lean ticket on the Surgical huddle board. The challenge that was identified was that many patients who undergo joint replacement don't fully understand all the steps in the process and many of them have an expectation of a hospital stay for rehabilitation. This assumption by the patients posed a problem as best practice is for 90% of patients who receive elective joint replacement to be discharge either the same day or next day after surgery.

The teams collaborated to create a visual roadmap for patients outlining the process from physician referral to going home after surgery. This roadmap has been placed in all locations across the patients' journey. The team is also including the roadmap in the patient education package that patients receive prior to surgery.

Thank you to all the presenters today! It was a tremendous success. If you were unable to attend, a recording of the entire presentation is available on The Loop Facebook feed.



## Emergency Preparedness

On December 4th we completed our annual Vulnerable Occupancy Drill (Code Green). This is an annual requirement under the Office of the Fire Marshall. During this drill we are required to demonstrate our capabilities, while being timed, of evacuating patients in the case of a fire.

This year, the drill took place on the Rehab unit. The Pembroke Fire Department was on site observing and timing us. The team did an amazing job, evacuating 10 patients in 12 minutes. The fire department had very positive feedback to the team during the debrief regarding the great communication that took place between all involved.

Successfully completing this drill requires a lot of coordination and preparation, and the team worked very hard to ensure its success. A big thanks goes out to Lisa Keon (Code Captain), Judy Rochon, Danielle Doucette from Rehab who completed the evacuation, and Caroline Froment for providing Med Sled education. Also, a big thanks goes out to our Command Centre participants; Deidra Chartrand, Karen Gauthier, Kelly Malley, Jessi Lee Barney, Amy Jahn, Cassandra Entwistle, and Patty Keon. Collectively you all made this a success!

PRH SUNSHINE GIFT SHOP PRESENTS:

## A Christmas Celebration

Starting Sundays	Christmas Theme Weeks 2023	ENDING the Following Saturday with 30% off
Nov 5	Woodlands & Cardinals	Nov 11
Nov 12	Gnomes & Snowmen	Nov 18
Nov 19	Sports & Plaids	Nov 25
Nov 26	Evergreens & Poinsettias	Dec 2
Dec 3	Glitter & Glow	Dec 9
Dec 10	Angels & Snow	Dec 16
Dec 17	40% off all Merchandise Storewide <b>Exceptions – Cards, Food, TV Rentals and Sale Items</b>	Dec 23

Open Saturdays 10am – 4pm from Nov. 11 – Dec. 23



# THE MURAL CAFE

STAFF APPRECIATION DAY

DECEMBER 22nd

small coffee & muffin \$1.00

THANKS SNOW MUCH for all that YOU DO!




## New Fall/Winter: PRH Clothing



**Softshell Vest - Navy/Black** (Women's/Men's styles)  
\$60 including tax and PRH logo  
• Optional embroidery on the right sleeve \$5 extra

**Long Sleeve Shirts** (Women's and Men's styles)  
\$45 including tax and PRH logo  
• Optional embroidery on the right sleeve \$5 extra

*Spring/Summer items are still available to order as well.*

Please note that all PRH items are sold at cost. As a result, no additional discounts will be applied.





## Guardian Angels



**Abby McEwan**



**Candace Robertson**



**Inpatient/Outpatient Rehab**



**Debbie Brazeau**



**Alisa Volyev**



**Molly Darby**



*Merry Christmas & Happy New Year*

# CELEBRATIONS

To include a special message in this section, email [celebration&recognition@prh.email](mailto:celebration&recognition@prh.email).

- Carolyn Levesque celebrated Ralph Hatem for all of his help and support during the Staff Association's Christmas Dinner and Dance.
- Sarah Selle celebrated Lauren Theberge for doing a wonderful job on the standard work for the Form 110 and the fact that she's always willing to pitch in and help.
- Brent McIntyre celebrated Caroline Froment for her contributions at various meetings. Brent said she actively listens and always adds value with her discussions and she has a wonderful openness to learning more.
- Erin Van Allen was celebrated by Dr. Haney and Dr. Lavigne. They both expressed their utmost appreciation for her hard work, knowledge and support that she provide with the OR mock codes.
- While at a meeting in Ottawa with representatives from other hospitals across the Champlain health region, a gentleman unrelated to the event overheard that the attendees at this event were all from hospitals and asked if Pembroke Regional Hospital was there. He took the time to come in to speak with me because he wanted to share with me his patient experience when he came to Pembroke from Ottawa for an MRI. He spoke highly of all of the staff that he encountered every step of the way while at PRH for this diagnostic test. He explained that he was incredibly nervous at the time, and everyone made his experience one of the best! Thank you to all staff in Diagnostic Imaging for making a difference for this patient! *Beth Brownlee*
- The OR team participated in a mock code on malignant hyperthermia. This is a potentially-life threatening situation that is most likely to occur in the OR setting. This mock exercise allowed the team to recognize the symptoms, activate the code response, and bring the appropriate life-saving treatments into the room. Special thanks to Dr. Lavigne for coordinating and planning.





# PRH CHRISTMAS SPIRIT WEEK 2023

## It's Time To Have A Little Holiday Fun

Send selfies/team photos to [pr@prh.email](mailto:pr@prh.email) or  
schedule a photo by calling extension 6165



**December 11 - Holiday Sweater Day**

**December 12 - Door Decorating Day**

**December 13 - Christmas Character Day**

**(Dress as Buddy the Elf, Santa, Rudolph, Frosty Etc.)**

**December 14 - Red and Green Day**

**December 15 - Christmas Accessory Day**



## Winter Driving Tips From The Co-Operators

Snow. Slush. Sleet. Expect to face all that and more, as you navigate frosty winter roads. Whether you're a veteran of winter highway driving, or facing slick conditions for the first time, these winter driving essentials can stack the odds in your favour and help you reach your destination safely.

### Winter driving tip #1 – Prepare your vehicle

- Install winter tires. They can provide up to 50% more traction than all-seasons.
- Carry an extra jug of windshield washer fluid (with de-icer in the -40 C range) to prepare for long trips.
- Replace old wiper blades that leave streaks to improve visibility.
- Carry a scraper, a lightweight shovel and an emergency kit.
- Schedule a pre-winter tune-up to check that your battery, brakes and other essential systems are ready for winter highway driving.

### Winter driving tip #2 – Plan your route

- Check weather and road conditions before you drive – in extreme conditions, the safest course of action is to delay or postpone your trip.
- Give yourself more time than usual in case conditions worsen.
- Choose main roads that are plowed and salted over less-travelled scenic routes.

### Winter driving tip #3 – Adjust your technique

- You should accelerate smoothly, maintain steady pressure on the gas pedal, and brake gently and early to avoid skids. Remember to adjust your speed to road conditions.
- See and be seen. Clear snow and ice from car windows and surfaces to ensure a clear view.
- Turn off cruise control, if it's wet, icy or snowy. You won't feel your wheels lose traction with your foot off the gas pedal.

**We're here to help.**

Connect with us today at 1-800-387-1963 to talk about your home insurance needs.