Dialysis Unit ready to move to new Oakville hospital

Oakville Beaver- File Photo

New Oakville hospital

By David Lea

While some Halton Healthcare Services (HHS) staff may be nervous about the upcoming move to the new Oakville Trafalgar Memorial Hospital (OTMH) site, many say they are excited and ready and could begin seeing patients there tomorrow if need be.

Janet Baker, patient care manager of the Oakville Dialysis and Kidney Function Clinic, is looking forward to the new OTMH opening Dec. 13.

Baker, a Milton resident who works in the clinic primarily housed in OTMH, paused from packing boxes to speak with the Oakville Beaver about the move, changes that will occur and how the clinic staff is preparing for it all.
Baker has worked at OTMH for 28 years — 18 of them with the hospital’s renal program.

She served as a staff nurse, helped open the hospital’s pre-dialysis clinic 15 years ago and has been patient care manager for four years.

The unit supports patients, who have some degree of kidney disease, but do not require dialysis. It offers hemodialysis to help those with failing kidneys continue active lives.

She said patients on dialysis typically have to visit the clinic three to five times a week for treatment.

For Baker the average day is a busy one.

“I look at everything on our unit. I look at patient safety. I look at patient schedules. I make sure the staff have everything they need so they can do a good job,” said Baker.

“It’s staffing, budget, patients, aligning everything with corporate, making sure everyone is having a good time and they’re safe. It’s a little bit of everything.”

Baker said she likes the current location of her office because all clinic patients have to walk past it to get to dialysis and this gives her an opportunity speak with them.

“Our dialysis patients, we can know for 10, 15, 20 years. We have a forever relationship with our patients,” she said.

“It is kind of nice for the patients that we have the same staff so they get to know our staff, they trust our staff and they share their stories with us. They talk about their kids, their grandkids, their jobs, their vacations. It is a whole different kind of connection than if it was like an in-patient floor where someone might be admitted for like a month, but then you never see them again.”

While the relationships in the unit are positive, and the staff are dedicated, the current location of the unit is less than ideal.

“We’re in the basement. We always joke about it and we always say it is the lower penthouse,” said Baker.

“When we opened 18 years ago, that’s the space that was available. We grabbed onto a little bit more space and we grew and then we needed to grow more so we got a little bit more space.”

Baker said there are some windows, but they are small and more room is needed.

The unit currently has the capacity to treat 144 chronic patients a day and the demands on the unit are considerable when it is taken into consideration each patient comes a minimum of three times a week and stays for a four hour treatment each time.
“The standards for things like infection control changed over 18 years. Right now, our patients are pretty darn cozy. It is not ideal. A lot of them like to sleep, read, watch TV, but it is not as lovely an environment for them because they are a little bit cozy with each other,” said Baker.

“Not as much room to move about, and from an infection control standpoint, the new hospital is going to be a much better situation.”

In fact, it will see Baker’s unit located on the second floor and feature floor-to-ceiling windows allowing for a view and considerably more natural light.

Baker said there is more space between dialysis patients making for a quieter and calmer experience.

The greater room allows the dialysis patients to be organized into smaller pods for their treatment creating greater privacy.

Options are also available at the new space to provide greater privacy for dialysis patients, who are feeling particularly unwell.

“If, for example, someone is vomiting or something you don’t want to be in the middle of the unit where everyone is looking. If someone is having a really off day, or if they are in pain, then we can put them into a private room that’s also usable for isolation, if we need it,” said Baker.

“Or, if there is a difficult discussion to be had with a physician or staff, they are already in a quiet room and we don’t have to make them wait.”

Given the lack of room at the existing hospital, supply storage has overflowed into the hallways of the unit.

Baker said she is looking forward to the new hospital where the unit will be able to keep these supplies out of sight in a massive supply room.

The new hospital will also see certain units gain access to new technology.

Baker’s unit will get a new fleet of dialysis machines.

She said the patients were included in the selection of these machines, which are quieter and provide a better dialysis, leaving patients feeling considerably better once the day’s treatment is over.

In preparation for the move, six of these new machines have been used at the existing hospital since January, meaning Baker’s staff have had more than enough time to get used to them.

“On opening day, I want the renal assistants and the renal technicians, who look after the machines, to be able to go in there set up and have everything perfect,” said Baker.
“I then want the nurses to be able to go in, know the machine, not have questions, be confident in the care they are providing and I want patients to come in and not see a new machine and go, ‘Oh gosh, what are they doing.’ We’ve worked really hard doing the changes that we’ve wanted to do prior to the move. I think just getting used to our new home is going to be enough of a job.”

While the new hospital will be opening with 24 dialysis stations — the same number as in the existing hospital — this figure is expected to grow about a month after the hospital opens with staffing levels increasing to match.

The new hospital has the capacity to increase that number of dialysis stations to 57, as needed.

Baker said the new facility would also give staff twice the space to support the Kidney Care Clinic, which caters to about 1,000 patients who have some kidney issues, but do not yet require dialysis.

The extra space will allow for better counselling and education sessions for these patients.

In preparation for the big move, Baker has had groups of her staff attending the new hospital to carry out workflow exercises and problem solving scenarios over the past year.

Baker said that because of her patients’ dialysis scheduling her unit would not be moving patients on Dec. 13.

“I’m going to have the benefit of having staff up there on the Sunday making sure our machines are all hooked up and that our equipment has arrived and everything is good to go for Monday morning,” she said.

“What we do have to do is make sure that we have staff available to do any emergent dialysis. If we have patients in the ICU we will probably be doing dialysis on move day in ICU. If there is a new acute we still need to be ready to respond and we will be okay with that.”

The emergency department at the new Oakville hospital opens on Dec. 13 at 6 a.m.

At that same time, the emergency department at the Oakville Trafalgar Memorial Hospital will close.