



From: ONE OF OUR MEMBERS TO HIS MANAGER

Hi, ,

Here are some of the incidents that happened yesterday during my hours at the adult ground floor exception table at the Glen:

1-First, I was trained to be a team player at the sorting table. My first day I start alone AND at the exception table. From what I understood, a nurse should be at this table. I admit I felt a bit overwhelmed.

I was told that I was not to leave my post. I wasn't to let people wander randomly around the hospital (he had to know exactly where they were going). Call the head nurse if you have any questions.

2-Security (who did the triage) systematically sent me all the patients and it was not clear to me if I had to confirm with each department if they had an appointment before letting them go. Several times I called the nurse's station and there was no answer. I stopped the confirmation calls after a while and let those who had an appointment paper from the hospital go through.

3-A doctor (I forget his name) in charge of infections came to see us and told us:

a) No items (e.g. bags, purses) of visitors were to be put on the triage tables. There was an incident of this kind that had just occurred. Unfortunately, no cleaning wipes were provided to us to clean up.

b) She also notes that there is a lack of distance fencing for employees at the exception table. Most people do not actually see the line of tape gummed up on the floor. They get too close to us. It's a security risk for us.

c) Finally, she notes that the control point at the elevator exit seems to be problematic because there is only 1 table wide (not 2) and the required distance between the employee and visitors is too short. But a second table in this small corridor from the adult ground floor to the Glen would probably create a bottleneck. Conclusion, it's not optimal there either.

4-No hospital phone (Spectralink) was provided to us. I am being asked to use my personal phone. At one point, a visitor comes to pick up his mother and he doesn't

know where to go. I make a few calls for him with the list I was provided: ENT, surgery, recovery room. One of the nurses (on the phone) ends up getting impatient and says "put the gentleman on". I was using my personal phone ... I put it on speaker, he couldn't hear well (the main entrance is noisy) so I approached my phone way over the limit. No wipes were provided to clean my phone.

5-A pregnant woman came in to make an appointment for an ultrasound. She told me there was no answer when she called the birth centre so she came in person. I called, but there was no answer for me either. I called the head nurse to see if I would let her through. She told me to send her home and call to make her appointment. I explained the phone situation to her and she told me to let her through if he didn't have any symptoms.

6-I saw a patient come in, he had gone to get food at an outside restaurant (not in the Glen) and was coming back with his meal in a bag . I let him pass but it seemed to me to be a non-optimal practice in a context of anti-bacteriological restriction.

7-A driver came to pick up a body at the morgue. He requests access to this section. I don't know who to call or where it is (nor can I leave my post). I ask Garda employees if they know where to go. They all say no. I ask the driver if he knows where the MUHC morgue is. He says, "Yes, maybe". I ask a Garda employee to go with him. The Garda guard comes back with the driver after 5 minutes. He doesn't have the access key he needs to access this section. He calls his supervisor. Driver gets impatient, finds the time long. Threatens to leave without the body if it's too long. He's told to meet the other guard downstairs.

8-A taxi driver comes to carry a lady to her appointment. She is in a wheelchair. The driver was expecting someone from the hospital to carry her upstairs. I tell him that I can't leave my post (there are other people behind him waiting to speak at the exception table too). The driver gets impatient and goes reluctantly to carry/roll the lady into the unit.

9-Told me to write the names of employees who were showing symptoms on a list (after telling them to go home). The list in question is on the exception table but I don't see this step described anywhere in the algorithm. It seems to me, however, that it is important information for follow-up. Are these lists used or not?

10-Many patients and visitors come in and out of the hospital during the day (smoking, walking ...etc). There were many complaints about the cumbersome process of re-entering the hospital. I guess the turnover of triage staff means that the same questions are asked of the same people. One patient almost came to blows with a security guard. He had to call for backup. The patient was violent. Maybe something could be done to speed up the process for patients (e.g., show us their hospital wristbands)?
Here's

OUR MEMBER'S SIGNATURE