



Spirit of Mamawetan

Newsletter

Together in Wellness

Winter 2014

A Message from the CEO



I am frequently asked about why I am supportive of Lean by staff and members of the public. In order to best answer this I need to look back over the twenty years I have been involved with health care.

When I started out as a nursing student in the early 1990's, I heard a lot about a crisis in the health care system and its unsustainability if we did not do things differently. During the time that I worked as a Registered Nurse it was unclear what this crisis really meant to me and my colleagues other than the likelihood that less money would be available to deliver services in the future. My role as an RN seemed to be far away from any meaningful action when addressing these systemic issues in health care. As I moved into a management position in 2004, I was intrigued by what I could potentially do in this role. What I found, was that it was very difficult to address change as a manager. Staff did their work well; they cared for patients and clients, but often felt that the financial and service delivery issues were the problems of their manager to address. I will readily admit that in my early years as a manager I was not terribly effective in driving significant change, but simply supported staff in continuing with the status quo of services.

When I came to Mamawetan Churchill River Health Region, I started learning about Lean. The Province was beginning to take tentative steps which they later formalized into the Saskatchewan Health Care Management System. This model for change struck me as a positive way of making changes that was very different to the approaches that I had used before. The model placed the patient as the central customer of the health system and focused on providing value to them. It also recognized that the staff closest to the point of care to our customers are best situated to see where this value can be achieved, not the manager.

As a Health Region we are in the very early stages of a long-term process to refocus our model on how we can better meet the needs of patients. Each department will be working on actions that potentially will bring about better value for patients and their families. Some of these actions will be about improving safety for patients and staff, some departments will remove or improve paperwork or processes that serve little to no purpose, and others will look at how we can best utilize the mix of skills that staff in a department have to better meet the needs of patients.

In order for these processes to be successful there are significant changes that need to be made. Perhaps the most significant is for the managers, directors, and me to adjust our approach to providing support to more readily allow staff to identify and address the areas where we are not providing value to patients. In order to do this each department will be developing Daily Visual Management walls and have daily or weekly meetings to look at the processes that are used and to identify and measure the actions for improvement that are agreed on.

When I look back over the twenty years I have worked in health care, I wish many of these processes had been in place when I was a nursing student. I think that the issues I saw as a nurse and as a young manager, but felt unable to address, could have been effectively managed to the benefit of our patients through using the skills of staff. This is why I am excited and passionate about the development of Lean in MCR.

Better

better health • better care • better value • better teams

What is 5S?

Having a clean, orderly workplace is a foundational feature of all Lean organizations. 5S is a proven method for ensuring the workplace is always neat, clean, safe, and predictable by empowering each individual to own, improve, and sustain a world-class environment.

1. **S**ort—Separate the necessary from the unnecessary items in the work area and eliminate unsafe conditions or materials.
2. **S**implify—Create a place for everything and have everything in its place.
3. **S**weep—Maintain the work area by visually assessing and cleaning it as needed each day.
4. **S**tandardize—Agree upon standards for maintaining the space.
5. **S**elf-discipline—Check if standards are, or are not, being followed. If not, discuss why that may be and come up with solutions and/or improvements for getting back on track.

Benefits of 5S

- Promotes teamwork by building a shared sense of pride among staff.
- Improves safety by minimizing bending, lifting, and twisting, and by removing hazards.
- Reduces staff frustration and saves time by making it easier to find necessary items = more timely response to patients' needs and more time to spend with them.
- Makes it easier for existing and new staff to function in the space.
- Frees-up space and reduces costs by having only necessary inventory.



Putting Patients First
Transforming Health Care through Lean

*Continuously improving the care experience of patients,
families, and providers.*

speakUP!
Your opinion influences change
Your feedback shapes workplace improvement
Your voice provides direction

employee engagement
survey

February 6 - 28, 2014
Have your say. Take the survey.
<https://mygatewayonline.com>
For more information, talk to your supervisor.

Aon Hewitt

If you prefer to complete your survey using a printed questionnaire, please see your manager.



Santa was happy to pose with some of the participants of the Christmas Sweater Contest at this year's Christmas Tea. Congratulations goes out to Jody Wilson, winner of the first annual Christmas Sweater Contest!

Let's Meet a Member of our Team... Victor Dufresne!



Vic works in the Nutrition and Food Services Department at La Ronge Health Centre.

While Vic spends his time as a food service worker in the kitchen and cafeteria, he loves to cook and help out in any other areas of need as they arise.

He always has a smile on his face and is willing to lend a helping hand. In his signature red shoes, you will find Vic chatting with patrons in the cafeteria, cracking jokes with coworkers or lending a helping hand to patients. Vic is the type of person who will always step up when there is work to be done or a shift to be filled. Thank you Vic for your hard work and dedicated service in our region!

For your safety, every time you go to the clinic, the emergency room, or the hospital, please bring *all* your medications in their *original* pill bottles or packages, including:

- Prescriptions
- Over-the-counter drugs, such as Tylenol® or Advil®
- Herbal remedies and vitamins

If you keep a list, make sure it is up-to-date. Tell the doctor or nurse how often you take each of your medicines, and remember...**the wrong combination can be dangerous!**



Working together
in wellness
for safer care.
www.mcrhealth.ca

TO RENEW, REPLACE OR UPDATE HEALTH CARD

Contact the Health Registration Branch

Mail: 100-1942 Hamilton Street
Regina, SK S4P 4W2

Ph: 1-800-667-7551

Email: hcrenewal@health.gov.sk.ca

Please Remember: Your Government ID or Health Care Card is required when requesting health services.



5S In Action



Picture of a pre 5S event in the Unit Clerk area at the La Ronge Health Centre.

Issues identified by staff pre-5S included:

- Numerous interruptions- multiple staff accessing fax machine and other documents within the work area.
- Work area is not functional, area cluttered and disorganized, glass barrier poses a challenge when speaking with patients and families, only one access point, which is a safety issue.

A total of seven 5S campaigns have been held in the region. Completed areas include the Public Health storage room, wound care room, Population Health storage room, Information Technology, Maintenance work shop, Recreation storage areas, and the Unit Clerk desk in the emergency area.

The staff feedback resulting from these campaigns is positive: There is less clutter, it's more organized, and it's easier to do our work. During the project staff worked together, and made decisions together. The teamwork was awesome! What a relief to get rid of clutter, and now there is more space to work!

Other benefits of regional 5S events include:

- Unbudgeted savings of \$4300.00 (inventory).
- Reduction in parts travelled (items moving from one location to another location) of 265 feet.
- Found space of 124 square feet in two campaigns alone!
- Reduction in walking distance in all areas.

If you are interested in holding a 5S Campaign in your area, please speak to your Manager or Director. 5S events are planned through our Kaizen Promotion Office.



The same area post 5S event.

Issues Resolved post-5S included:

- Moving non-essential items to drawers (reducing clutter).
- Positioning filing cabinet to enhance flow for providers.
- Working area and fax machine ergonomically arranged.
- Bulletin board hung
- Area to be renovated to enhance communication between patients and provider.

Family Medicine Resident Awards for Scholarly Achievement



Drs. Jeffrey Irvine and Stephanie Young, two of the family medicine residents based with the University of Saskatchewan's northern residency program in LaRonge, were recognized with the Family Medicine Resident Award for Scholarly Achievement award at the recent College of Family Medicine Forum in Vancouver.

This award was for getting first place in the family medicine residency research program in Saskatchewan. All residents from the Regina, Saskatoon, Prince Albert, Swift Current and LaRonge participate. Jeff and Steph's project reviewed the testing patterns and effectiveness for various age, gender and risk groups for chlamydia infections – the most common sexually transmitted infection in Canada and in northern Saskatchewan. Their results were shared with the La Ronge Medical Clinic and some staff of MCR – some recommendations have been incorporated already. They were also invited to present their results and recommendations to the Saskatchewan Working Group for the provincial STI Strategy.

Masters of Public Health Practicum Project Poster Day Award

Sameer Bajaj, who worked with the Population Health Unit over the summer for his practicum experience for his Masters in Public Health was awarded first place at the MPH



poster day at the University of Saskatchewan's School of Public Health. His project was to help develop an orientation approach to public health for primary care nurses, physicians, and other public health staff. Sameer has presented his project to some primary care providers, some physicians and some senior management through a webinar in August, and his work will be utilized to develop an ongoing web-based orientation program for public health and population health in northern Saskatchewan.

Flu Fact: Did you know...

Beyond vaccination, people can help protect themselves against influenza through frequent hand washing, coughing and sneezing into their sleeve, cleaning surfaces often and staying at home when sick.

Accreditation Update

During the months of November, December and January, staff were asked to complete online accreditation self-assessment questionnaires and instrument surveys. This is an opportunity to gather information from employees across the organization as to what they feel we are doing well, as well as areas they have identified as challenging or needing improvement. Surveys and instruments covered multiple topics including service provision, best practices, communication, work-life balance and patient safety. Feedback from these surveys and tools are tabulated by Accreditation Canada and rolled into reports and "Roadmaps." Accreditation "Roadmaps" are pathways to improvement. They show us where we are and where we need to improve to meet national standards of excellence in health care service and delivery. The roadmaps then serve as tools to help us prioritize the areas requiring additional work. Over the next few months teams will be working on areas identified for improvement in preparation of the onsite survey in 2014.

The Onsite Accreditation survey is scheduled for September 28, 2013 - October 3, 2014. During this time, we will have five surveyors in the region touring facilities and meeting with staff, patients, families, community partners, the board, etc. Surveyors will be looking for evidence of quality improvement. The onsite survey is part of a four year accreditation cycle and is used to validate that MCRHR is meeting accreditation standards.

The benefits of achieving accreditation status include a focus on safety for patients and providers, strengthening of interdisciplinary team effectiveness, decreased variances in practices which contribute to better patient outcomes and improved collaboration and communication.

Our Community Makes a Difference!



Thank you to the many who have supported MCRHR through donations both monetary and in kind. We could never do what we do without you!

Our Lean Journey

The Saskatchewan Ministry of Health took a new direction in its efforts to streamline services and improve the overall patient experience. The Lean philosophy is successfully being implemented in all Saskatchewan health regions, and the Mamawetan Churchill River Health Region is well on its way to seeing its benefits. The following guide will help you better understand the Lean process and the direction that MCRHR is taking in the future:

What is Lean?

Lean is a set of operating philosophies and methods that help create maximum value for patients by reducing waste including the waste of time waiting for service. It is often referred to as a learning and management system.

What does Lean Do?

Lean eliminates “wastes” or lack of efficiency in processes, such as patients waiting, duplicating tests or multiple forms requiring the same information, or staff time spent searching for supplies.

Lean eliminates defects – which include errors such as harm to patients – and opportunities for defects that could lead to patient (and staff) harm or dissatisfaction.

Lean removes activity that doesn’t add value as perceived by our patients; and, applied correctly. It is not about cutting jobs. That said, Lean is based on the premise that we can continuously improve health care without adding more money, staff, space, or inventory.

Lean is about creating a system where everyone, including; clinicians, administrators, support staff, provincial agencies, patients and family members, understand they have a role in identifying opportunities to make care safer and better, and that leadership’s role is to remove barriers to improvement.

Why are we using Lean? What is the need for change?

Our current system does not work nearly as well as it could or needs to. We know from a variety of sources (Patient First Review, CIHI reports, patient experience surveying, and performance metrics on Quality Insight), that we are not serving patients as well as we should. While we have been on an improvement journey in this province for more than 10 years, our system is still not as safe as it must be. Staff believe they are working as hard as they can and many are optimistic that working differently will result in better care. Historical increases in health budgets have not yielded dramatically better care. Clearly, our old top-down approach, where we depended on our leaders for all the answers, is not working. Lean engages and empowers team members to bring forward and implement solutions that result in better patient care. Lean provides the tools to examine our processes to determine what adds value in the eyes of the patients we serve.

What will this mean for me?

Patients, family members: Patients and families are closely involved in Lean improvement efforts. Health regions are inviting them to add their important voice and perspective to improvement efforts, in particular during Rapid Process Improvement Workshops (RPIWs). We believe Saskatchewan is the first health system that is involving patients and family members in every Rapid Process Improvement Workshop and 3P.

Frontline staff and physicians: Frontline staff and physicians have a key role to play in identifying and fixing broken processes. They know the systems and processes best. Managers are regularly engaging frontline staff in conversations about how to improve care processes to improve things for patients. Once new processes have been created through improvement events, staff then use them to identify further opportunities for further improvements.

Managers: Managers are learning how to lead in a different way. In a Lean system, managers and leaders are no longer the only problem solvers, but rather have a critical role to play in removing barriers so that frontline staff can implement the solutions they identify. Supervisors are going to where the work is done and the care is delivered, to ask questions, to listen, and to observe.

Saskatchewan is the first jurisdiction in the world to apply Lean at a provincial scale, across a variety of health care settings. We are committed, as a system, to using Lean methodology to ensure the care we deliver is compassionate, and patient and family centred, with no harm to patients and no waiting.

Notes from Mamawetan Churchill River Health Region Ethics Committee

Introduction to Ethics:

Ethics is the application of guiding values, principles and standards that healthcare providers, teams and organizations use to determine how things ought to be done and what the right decision might be. Generally, ethical questions arise when “the right thing to do” is not clear or when people disagree about what is best for a person who requires care or what the best course of action is.

Ethics Consultation Request Process

There are several ways in which you can get in touch with the Ethics Committee. Staff of the MCRHR Health Region can complete an Ethics Consultation Request form or contact an Ethics Committee member or 306 425-4823 or email quality@merrha.sk.ca.

Patients and families can call 306 425-4823, toll free 1 866 431-2422 or email quality@merrha.sk.ca.

How can the Ethics Committee help in Ethics Consultation?

The Ethics Committee is a consultative & advisory body and does not make decisions regarding a person’s care or the organization’s policies, but rather it helps patients, families, and health care professionals identify, understand and resolve complex decisions regarding difficult health care ethics questions.

Who can refer for a consultation?

The Ethics Committee will accept referrals from physicians, staff, volunteers, families and patients.

What results can be expected?

All consultations are confidential and are bound by the same policies and procedures as other patient and organizational records. The Ethics Committee role is advisory only.

Final decisions regarding a health related issue lies with the patient (or legal representative) and the doctor involved.

The Mamawetan Churchill River Long Term Care Committee

The MCR Long Term Care Committee has been meeting monthly to address the issues surrounding long term care in our region. The first public Long Term Care meeting took place on October 16, 2013 to seek the input of the community, and generate interest in a publicly driven grass-roots committee to forward the process of both advocacy and fundraising as public objectives to increase the number of long-term care beds in our Region. Since the initial meeting, the committee formulated plans to address various issues in order to advance the project.

The 2009 Croft Report figures estimate the cost of a new facility containing 48 beds at approximately \$16 million, a figure that is likely closer to \$20 million if building was to start today. On November 18, 2013, there were 45 people on the Long Term Care waiting list for La Ronge Health Centre, four of which were on the Acute Care Ward. Projections for future needs and associated costs have yet to be determined.

MCRHR has acted as a support and source of information for this committee. The First public Long Term Care meeting took place on October 16, 2013, with the group meeting monthly. If you are interested in becoming involved with this committee, please contact Elaine Byblow, Director of Communications, at 306-425-4812.

The Spirit of Mamawetan Awards (SOMA)



Be sure to set aside May 10th to attend the health regions first annual SOMA event, where we will recognize excellence and initiative in the workplace. There will be a variety of categories where staff, patients and managers can nominate an individual or team for outstanding service or service that goes above and beyond what we normally see in the workplace. The gala event will include dinner and presentations followed by a dance.

There is still room on the SOMA committee for any employees in the region who are interested. Please Email Elaine Byblow for further details.

Children of Alcoholics

By Valerian Nefedow

Supervisor: Addictions Programs. Sandy Bay



Many of us who were raised in homes where alcohol or other drugs were abused, we learned some basic rules:

Don't talk

Don't trust

Don't feel

Adults who survived growing up where an alcoholic/drug abuser was part of everyday life may continue to experience problems unless they get some help and make changes in their lives.

Adult Children of Alcoholics need to accept that their parent(s) alcohol abuse has affected their childhood, and this has affected their adult years. Many adults continue to carry on the, "Don't Talk, Don't Feel, Don't Trust" rules, and "deny" that they lived in a war zone. Others may say that they lived in a home where chaos was the norm, and they may say that they were not affected. This last statement is not always true – most of us who lived with an alcoholic parent(s) were affected and we have some common characteristics:

Fear of losing Control

Adult Children of Alcoholics (ACOA) try to control their feelings and behavior, and they try to control the feelings and behavior of others. They only do this to protect themselves from getting hurt, for what happened when they were growing up. Today they are afraid that if they are not in control, and that their lives will get worse. When they are unable to control the situation, they become anxious and uncomfortable, and will do whatever they can to gain control. If they control the situation they cannot get hurt – spiritually, physically, emotionally, and mentally.

Fear of feelings

When we were kids, the safest way not to get hurt was to bury our feelings and not show them. We, ACOA's, have carried this into our adult years, where we do not express our feelings and continue to bury our feelings of anger, and sadness. We fear all intense (deep and passionate) feelings, even the good ones such as joy and happiness.

Overdeveloped sense of responsibility

ACOA's are supersensitive to the needs of others. Our self-esteem comes from how others see us. We have a compulsive need to "be perfect". We "have" to fix everyone's problems, we have to hurt for others, we have to work extra hard so others can "recognize" us as being worthy of being recognized. An ACOA meets you on the street and greets you with "Hi, how am I?"

Guilt feelings

When ACOA's stand up for themselves and their rights – they feel guilty. The needs of others are more important than their "own needs." It is easier to sacrifice our needs so we can be "responsible."

Inability to relax

Having fun is stressful for ACOA's, especially if others are watching. Our child inside is scared of being criticised, yelled at, called hurtful names. That child within controls what we can and cannot do, how much fun we are allowed to have, all so we do not get hurt. For ACOA's this is survival.

Self-criticism

ACOA's have low self-esteem, regardless of good they are at what they do. We grew up with, "You're not good enough," and that program is still running in our heads. We judge ourselves without mercy. We are really good at beating ourselves up... heck; I can whip myself and switch hands without missing a stroke. In my next article, I will add a few more ACOA characteristics. If you want to know more about Adult Children of Alcoholics, please contact us at the Sandy Bay Outpatient Center.

Each and every day, when you get up, look in the mirror and say to yourself:

I accept my self as I am.

Ekosi

MCRHR respects the uniqueness of our staff's opinions and encourage them to write articles from their perspective.