



HEARTLAND LINK.....
KEEPING US ALL WELL CONNECTED!!
April 11, 2017

CEO News



Interdisciplinary Rounding (IDR) – Coming to a Bedside near You!

Earlier this year we updated you on Alternate Level of Care (ALC) the first of three hospital based improvement projects from the Provincial Emergency Department Waits and Flow Initiative. In this week's edition we look at Interdisciplinary Rounding at the Bedside (IDR) and its implementation at the Kindersley & District Health Centre.

Have you or someone you know spent time in a hospital? During your stay did you have questions you wanted to ask? Questions left unanswered? Were you unsure of the plan for your care and your progress? Did you wonder what would happen next and when you could go home? If so, you weren't alone and IDR aims to address these concerns and much more!

The Provincial target was that by March 31/17 all adult medicine, surgery and ICU's in tertiary and regional hospitals would be rounding at the bedside as an interdisciplinary team, involving patient and families in the rounds, using one single integrated care plan and identifying ALC patients. All with the intent to minimize delays for transition. The target for our health region was for IDR implementation in our district hospital.

IDR is a process which brings the care providers together at the bedside with the acute patient and family on a daily basis, first thing in the morning, to plan and evaluate the patient's care. There are four main objectives:

1. Updating hospital course and current status of the patient
2. Defining goals and interventions required
3. Quality and safety checks
4. Reviewing plan for the day and stay

The Interdisciplinary team includes the Family Physician, the RN, LPN or Care Aide providing care for the day, Home Care RNs, Occupational Therapist, Physiotherapist, Dieticians, Diabetic Educators and Pharmacy as required specific to the patient's needs. The round is led by the Physician who asks each team member to summarize the patient care from their clinical expertise; including the patient's success, challenges and changes in the past 24 hours. The team is then able to discuss and collaborate together with the patient to set goals for the day and ultimately for safe discharge or transfer.

The patient now knows when to expect the Physician and members of the team and with all members of the team present at once, it reduces the need for the patient to have repeated assessments by multiple providers in a day. The patient also has the opportunity to hear how their care is progressing, to participate in the discussion, to answer questions and most importantly address their questions to the team.

The rounds take only a few minutes and provide a clear plan for the day ahead. With a plan in place team members can easily return during the day to provide the care, therapy or education the patient requires without having to gather information from other team members or ask repetitive questions to the patient.

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Interdisciplinary Rounding (IDR) – Coming to a Bedside near You! (Cont'd from Page 1)

IDR has been found to improve patient, family and staff satisfaction; to decrease the patient's length of stay; to improve patient outcomes and flow, to reduce hospital related illness or injury; increase patient safety and improve interdisciplinary communication and care coordination.

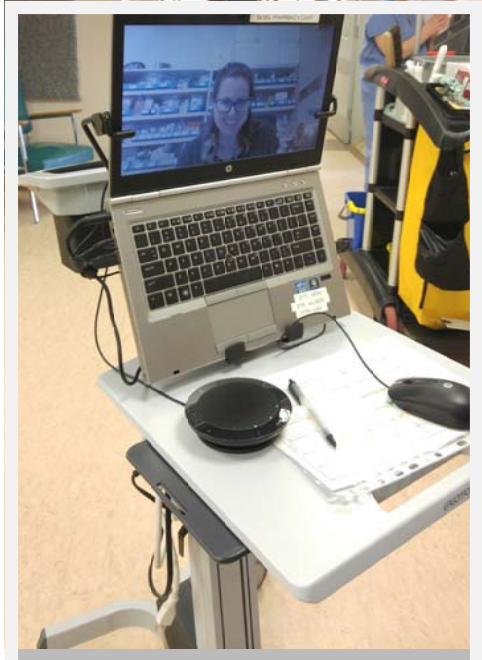
The Kindersley IDR team kicked off in the fall of 2016, familiarizing themselves with the Provincial Initiative, and discussing processes to bring the team members to the bedside. With the support of Clinical Educators the team worked together to create the necessary education for staff on the tools, templates and scripts designed to allow for a smooth IDR to occur.

In January of 2017, the Kindersley team began IDR implementation and have worked diligently over the past few months to learn, modify and grow into the process. Collaborating with IT, the team was able to address some of the barriers common in rural settings, such as attendance for off -site services such as Pharmacy. IT introduced a telemedicine option which allows the offsite Pharmacist, through secured video services, to participate as part of the team and be visible/accessible to the patient via monitor. The team has named the Pharmacy Jabber rolling computer "Sheldon"!

On March 27th a Health Quality Council representative (Glenda Beauchamp) visited the site and joined the Kindersley IDR team to experience first-hand how the process works in rural settings, where service providers provide care within both the hospital and community as well as to multiple sites. She was very impressed with the preparation of the team, the processes in place, the thoroughness and the dedicated participation of all team members!

The supported trial phase of IDR will continue in Kindersley for several more months. Once self-sustainable, the learnings will be shared and the process replicated throughout HHR's acute care sites.

IDR requires co-ordination at a very busy time of the day. The Kindersley IDR team is to be commended on their commitment to the process and to the patients that they serve!



New Provincial Health Authority Update

TRANSITION TEAM WEEKLY PROJECT UPDATE *Week of April 10, 2017*

This weekly update will provide ongoing information related to the project work underway to transition the health system to one single Provincial Health Authority (PHA). On occasion this update will include information about work tied to health system restructuring, but not directly related to the transition team functions. A date for the creation of the new PHA is still to be determined, but is currently anticipated for fall 2017.

GENERAL INFORMATION:

The transition team is continuing work on potential design principles to guide recommendations for the organizational design of the Provincial Health Authority.

- Collaboration has occurred across the health system with RHA CEOs and senior leadership teams, Senior Medical Officers, Quality Improvement teams and Patient and Family Representatives, and the Patient-and Family-Centred Care Guiding Coalition.
- The transition team is now compiling feedback received on design principles and considering it against best practices and standards.
- Once selected, the principles will be used across the work of the transition team, particularly as it considers governance and organizational design.
- Design principles are:
 - A high level description of how the new PHA/health system should operate, look and feel in the future.
 - Guiding statements that focus work on a consistent vision to allow for transformation once PHA is created, reflecting “*better health, better care, better value, better teams.*”
 - A set of evaluation criteria to test alternate design options.

ACTIVITIES UNDERWAY:

- eHealth is holding a team planning day for IT transition task team leads on April 13, and will begin preparing an inventory of all information technology/information management systems and activities across the province.
- Through April and early May, the Corporate Services work stream is holding facilitated sessions with leaders from various corporate and support service lines from across RHAs. These service lines will be sharing current processes and functions to understand the current state across RHAs and to prepare for the future, as well as identifying critical administrative and operational requirements to support day one of operations in a new Provincial Health Authority.

MORE INFORMATION:

- As work progresses, the transition team is committed to keeping you informed with regular updates.
- Visit www.saskatchewan.ca/transforming-health to learn more.

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Client and Family-Centred Care (CFCC)



**ACCREDITATION
CANADA**
Better Quality. Better Health.

What is client and family centred care?

Accreditation defines it as an approach that fosters respectful, compassionate, culturally appropriate and competent care that is responsive to the needs, values, beliefs of clients and their family members. It supports mutually beneficial partnerships between clients, families and health care service providers.

Client- and family-centred care shifts providers from **doing something to or for** the client—where the health care provider’s perspective is dominant—to **doing something with** the client—so the health care provider and the client have a true partnership.

The quality dimensions in the Qmentum accreditation program were revised to reflect a client- and family-centred care approach:


Accreditation Canada Quality Framework

DIMENSION	TAG LINE
 Safety	Keep me safe
 Client-Centred Services	Partner with me and my family in our care
 Worklife	Take care of those who take care of me
 Efficiency	Make the best use of resources
 Appropriateness	Do the right thing to achieve the best results
 Accessibility	Give me timely and equitable services
 Population Focus	Work with my community to anticipate and meet our needs
 Continuity	Coordinate my care across the continuum

Two key terms to know: **In Partnership with clients and families** and **With input from clients and families**

- In **partnership** with the client and family: The team collaborates directly with each individual client and their family to deliver care services. Clients and families are as involved as they wish to be in care delivery. Partnerships with clients and families will be evident during tracers.
- **Input** from clients and families is sought collectively through advisory committees or groups, formal surveys or focus groups, informal day-to-day feedback, client/provider conversations, and concerns. Input can be obtained in a number of ways at various times and is utilized across the organization.


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**Celebrate
lives saved
by vaccines!**

#VaccinesWork

**National Immunization Awareness Week
April 22-29, 2017**



Immunize
Immunisation **Canada**
immunize.ca

National Immunization Awareness Week

April 22 to 29, 2017  **immunize.ca**

As we approach the launch of National Immunization Awareness Week (NIAW), Immunize Canada is pleased to announce the launch of their new website. If it doesn't appear in your browser right away, just try again later – it takes a few days to update everywhere...
<https://immunize.ca/>

Protect Yourself Against Hantavirus

Many people will be starting their spring cleaning in the coming weeks, including cleaning out garages, sheds or tidying up the yard. Before people start cleaning, it is important to take the possibility of catching the Hantavirus into consideration. Dr. Torr, consulting Medical Health Officer for the Heartland Health Region says: "we don't usually see too many cases of the Hantavirus in Saskatchewan". But even though we don't typically see many cases of Hantavirus infection, when we do, it's usually quite serious, and can be fatal.



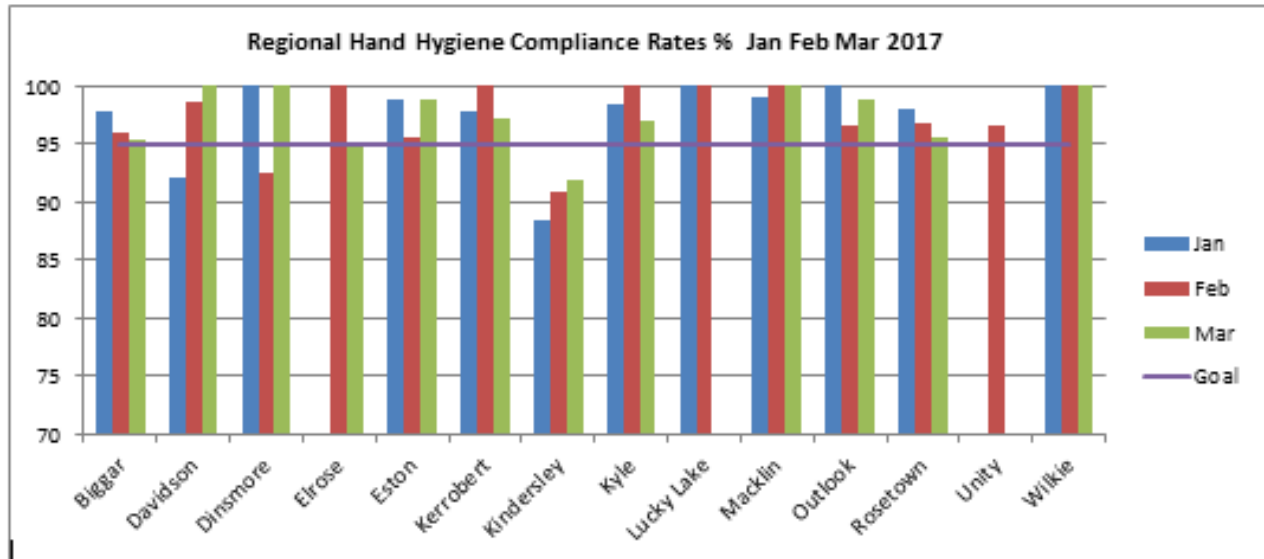
In North America, the Hantavirus can cause a very strong infection in the respiratory system. The virus infection is usually acquired by exposure or contact with air that has been contaminated by virus particles which are shed in the urine, feces and saliva of infected rodents, predominantly deer mice. Deer mice often hibernate over the winter in unused spaces including sheds, garages, piles of wood or even farm equipment that is not being used. The interval between exposure and onset of symptoms for hantavirus infections can range from one to six weeks, but is most common two weeks after exposure.

It is key to take the right safety precautions to prevent getting hantavirus. One has to be very careful when doing spring cleaning, and to take the right measures, especially if you see any mouse droppings. It is recommended that the space you are going to clean gets aired out by opening windows or doors. When cleaning cabins, sheds, granaries and other outside areas that could have mice present, plan for a wet cleaning, instead of dry cleaning. Sweeping with a broom easily kicks up the dust with virus particles into the air which a person can then easily breathe in. Every day masks do NOT prevent the virus particles from getting into your lungs. Special N95 masks that are protective when used properly are available at hardware stores.

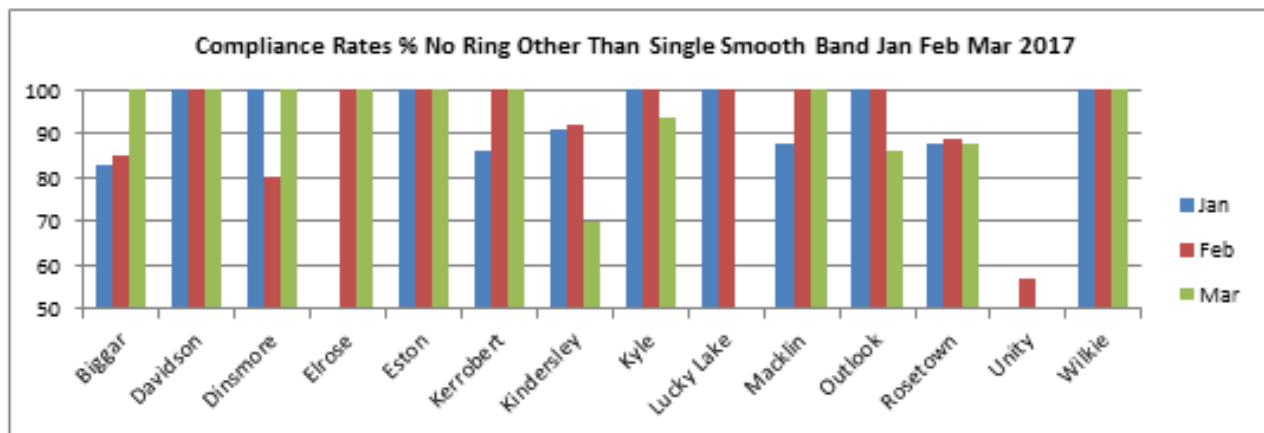
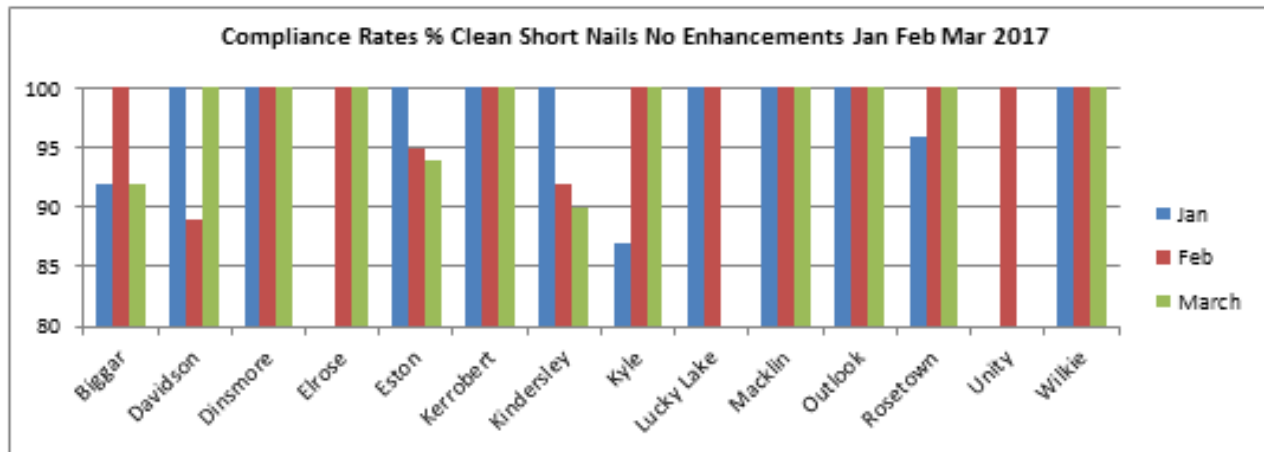
There is no specific medication for the Hantavirus. The virus that causes Hantavirus pulmonary syndrome, which is a respiratory infection, can cause one to get a strong pneumonia which can progress quite rapidly and can be fatal. Symptoms of the Hantavirus include shortness of breath, pain in the chest, cough, difficulty breathing, and muscle aches. If one develops these after possible exposure to deer mice excretions, it is wise to check with their health practitioner.

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Heartland Health Region Hand Hygiene Compliance Rates



Average compliance rates: January 97.57% February 97.40% March 97.50%



Did You Know?

... there is a difference between a Power of Attorney (POA) and a Health Care Proxy?

Power of Attorney (POA)

A power of attorney is a legal document that allows one to give someone else the authority to act on their behalf. One names another person in the document to do certain things for them as their legal representative.

A property attorney can be given the authority to make decisions about property and financial matters. This could include the ability to withdraw money from bank accounts, pay bills and sell or purchase property. It could also include providing for the maintenance or education of one's spouse and/or dependent children. A property attorney cannot make a will for one or change their existing will.

A personal attorney can be given the authority to make decisions about personal affairs. This could include deciding where one should live and what kind of help one needs around the home. A personal attorney cannot be given the power to make health care decisions for a person. This must be done by making a health care directive.

Advance Care Directive

A directive gives your doctor or other health care provider directions about what kind of measures are acceptable to you when you can no longer communicate what you want. When your doctor or other health care provider follows your directive, they have protection from legal action. The law requires that a directive be in writing, and include the client's signature and the date.

Proxy

A proxy is responsible for making health care decisions for you. Your proxy cannot re-assign another person to make decisions about your health care.

In a health care directive, one can name another person as their proxy to make health care decisions for them. The proxy will make decisions for a person when they are not able to make or communicate those decisions themselves and the directive does not address the situation.

The proxy does not need to be a family member. One can choose any person who is at least 18 years old and has the capacity to make health care decisions. A married person who is not yet 18 may be a proxy for their spouse..

One should choose someone you trust as your proxy. Treatment wishes should be discussed clearly and completely with your proxy. If your proxy knows your wishes, they must act according to your wishes. If your proxy does not know your wishes, your proxy must act according to what they believe is in your best interests.

For more information, call your local Home Care Office!

To access information about ethics consultations or to talk to someone about the Heartland Ethics Consultation service, contact the Executive Assistant at the Heartland Corporate Office in Rosetown. 306-882-4111 ext. 2327

Check out the Ethics information on our website! www.hrha.sk.ca

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Making the Link: Digital Multi-Tasking and Stress

It's only 11:30 a.m. You're trying to complete the quarterly sales projection, write a new business plan, and create an agenda for tomorrow's executive meeting. You're working with multiple screens, scanning documents, checking your emails for updates, monitoring Twitter feeds, doing last minute research online while participating in a teleconference with your sales office in Germany. And don't forget about a client or a co-worker calling your office line and your son texting asking what time you'll be home. You're feeling unfocused, exhausted, and stressed! Wasn't technology supposed to make life easier?

Technology has certainly transformed the way we access information and communicate, but it also made multitasking the norm. In theory, being able to do six things at once should make us six times as efficient but in reality it can reduce our productivity by up to 40 percent. It's also stressing us out.

Multi-tasking and the brain

There are some people who excel at multitasking, in fact, their jobs depend on it: air traffic controllers, first responders, and chefs to name a few. But for the rest of us, it's difficult to focus on several things at once – our brains aren't built that way. Just as bouncing between multiple windows and programs can cause a computer to slow down, freeze or crash, repeatedly and rapidly switching our attention from one thing to another can cause our brain to do the same.

Multi-tasking means multi-stress

When we multitask, the continual onslaught of new information and demands can overwhelm our brain, sending it into a "flight or fight" response. Hormones and chemicals are released into the bloodstream to help prepare for a real or perceived threat. The heart pumps harder to increase blood flow to the brain and muscles, sugar levels rise, palms sweat and pupils dilate. We feel anxious and stressed.

While some stress can spark creativity and help us reach last minute deadlines, prolonged stress can lead to many health problems, including gastrointestinal complaints, chronic pain, depression, and sleep issues. Long-term stress has also been shown to play a role in the development of chronic illnesses such as cardiovascular disease and some cancers.

Multi-tasking and millennials

While we're all feeling the effects of digital multitasking, it's Millennials who are perhaps paying the greatest price. The Millennials (those born between 1980 to 2000) are the first truly digital generation. They grew up multitasking and as adults they effortlessly switch between media platforms 27 times an hour. But has a lifetime of digital multitasking hurt them?

There is research to suggest that prolonged multitasking can actually damage developing brains, especially areas controlling cognitive and emotional functions. This may explain why Millennials, as a group, are easily bored and expect their hard work to be quickly recognized and rewarded.

Millennials are also burning out – often before the age of 30. While they may be used to doing several things at once digitally, they are finding they can't do several things at once in life.

Reducing digital stress

So what can we do to safeguard our physical, mental, and emotional well-being? Try the following:

- Check email and voicemail once an hour or twice a day. Set email and voicemail alerts to say you will respond by a certain time.
- Use your online meeting calendar to block off time so you can focus on a priority or challenging task without disruptions.
- Your body and brain need regular breaks to rest and refresh. Taking regular brief breaks actually improves focus – but make sure you're not spending your break checking social media or glued to your smartphone.
- Establish regular technology free times. For example, leave your smartphone behind when out with friends or spend Sunday afternoons offline.

However you do it, managing multi-tasking is worth the effort. You'll be more productive, do better work, and actually complete tasks more quickly. You'll also help reduce your stress. For other ways to cope with our fast-paced digital world, contact your Employee and Family Assistance Program.

Financial Support Services

Plan your financial future with confidence

Convenient, personalized and interactive, Financial Support Services are available to help you and your family understand and solve every day and complex financial concerns. Gain valuable insight and the tools to build a solid financial plan through help with:

- Credit and debt management
- Budgeting
- Bankruptcy
- Financial aspects of separation and divorce
- Financial emergencies
- Retirement planning
- Employment transitions
- Real estate



Support your way

Our Financial Support Services are designed to suit your learning, lifestyle and comfort level. We offer the following options for financial support:

Online Financial Planning Service

This interactive and personalized online program provides financial education and helps you create an action plan for your future. Convenient and secure, you can access the program online anytime, anywhere.

The three-month program begins with an assessment to determine your individual financial situation and a tailored action plan is built from your assessments results. You will use worksheets, calculators and task lists to keep your plan on track.

Financial consultations

Seek professional financial advice through confidential in-person or telephonic consultations. We can help relieve the stress you may have when dealing with financial matters and planning. Our advisors will provide you with answers to your financial questions and recommend a course of action to meet your goals. Should you need more personalized or specific financial advice, you will be referred to a financial advisor who can support you with your unique needs.

Connect with your EFAP provider for confidential support or to learn more.

Create your financial future today with help from your EFAP.

For immediate assistance, contact us at **1.800.387.4765** or visit workhealthlife.com.

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My Migo

Create your own counselling plan with our experts

Meet My Migo: a new counselling program from your Employee and Family Assistance Program (EFAP)! My Migo is designed to help you improve your life by achieving your goals.

My Migo is mobile and flexible to meet your needs

Through the My Migo app, you and a team of EFAP experts will create your personal counselling plan, and engage in ongoing support and check-ins to keep you on track to achieve your goal.

The plan you create will have three phases: awareness, skill building, and integration of new skills into your daily life. You will discover new resources and activities with each phase that have been selected by our experts just for you. Throughout the program, we will check in to see how you're progressing toward your goal, and if there are any adjustments needed.

Let My Migo help you improve

- Emotional wellness: depression, anxiety, self-esteem
- Stress: personal, medical, workplace
- Relationships: communication, conflict, enhancement, separation/divorce
- Work-related concerns: communication, conflict, performance

My Migo is not suitable for individuals experiencing a crisis situation. Please speak to a counsellor immediately by calling our Care Access Centre 24/7.

Let us help



Watch this video to learn more about My Migo

To get started with My Migo, call us today at 1.844.880.9142 to find out if My Migo is the right counselling support for you.



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**Interested in
Mentorship in
Rural
Saskatchewan?**



SHRF
SASKATCHEWAN
HEALTH RESEARCH
FOUNDATION

UNIVERSITY OF SASKATCHEWAN
College of Nursing
USASK.CA/NURSING

**Are you a Registered Nurse, Nurse Practitioner, or
Physician working within Heartland Health Region?**

We want to hear from you!

Why?

Mentorship can be used as a tool to help recruit and retain skilled healthcare professionals to rural environments by supporting new workplace transitions, strengthening community connections, and helping to create a workplace where health professionals can learn and grow!

Who?

Individuals are considered **mentees** if they have been in their position for **less than one year**. **Mentors** are individuals who have been in their current position for **more than one year**. Anyone can be involved in the mentorship program, regardless of skill level!

Want to learn more?

**RSVP to our
1 hr info session:
April 27th @ 3:00pm**

**45 min workshops to be
scheduled once pairs
have been matched!**

Want to get involved?

To register as a mentor or mentee, connect with Noelle Rohatinsky by May 5th.
noelle.rohatinsky@usask.ca

To find out more information about this program and how you can participate contact:
Noelle Rohatinsky, RN, PhD at 306-966-4096 or noelle.rohatinsky@usask.ca
College of Nursing, University of Saskatchewan

This mentorship program is offered in conjunction with Heartland Health Region and Saskatoon Health Region. This research has been approved by the University of Saskatchewan Research Ethics Board [BEH # 15-244; Sept 8, 2015] and the Heartland Health Region [Sept 21, 2015]. This study is funded by SHRF, Establishment Grant.

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Spring Into Action

2K/5K Walk/Run The Rose Trail

Celebrate "National Physiotherapy Month"
by joining us on:

Saturday May 13, 2017

Rosetown Central High School

Registration 9:00 am - 10:00 am
Walk/Run Starts 10:00 am

Open to people of all ages and abilities!!
Pets welcome, on a leash!!

Entry prizes, participation prizes!!

For further information contact your local
Community Therapists at
882-2672 Ext. 2220

