



# HEARTLAND LINK.....

## KEEPING US ALL WELL CONNECTED!!

August 16, 2017

### CEO News

I hope your summer is going well! I was away on vacation to British Columbia where the July edition of “The Link” articles on Smoke from Forest Fires and Heat Safety Advice were both very timely and relevant! We have vacationed in Kelowna for the last 25 years; however, this holiday was going to be a bit different than previous. Rather than sitting on the beach at Gyro Park, I would be spending time at “The Beach” at the Sindi Ahluwalie Hawkins Center for the Southern Interior (BC Cancer Agency) where my mother was undergoing radiation therapy.

I wasn't exactly sure how this holiday was going to go. I was unfamiliar with the BC Health System. In Sask. we have been undergoing changes and transformation over the last several years to shift us to a Patient Family Centered Care (PFCC) Model, to meet or exceed client expectations and to improve patient flow and reduce waits. This was going to be different for me – a chance to observe and experience health services from the “other” side ..... from a family member and client's perspective.

I wondered what I would see and what our experience would be? Would I like what I saw?

We entered the new building and were met by a smiling face at reception who had our necessary paperwork already prepared for us in a package. We were then greeted by a friendly elderly man in a purple vest (a volunteer and previous Cancer patient he explained) who showed us to where we needed to go – including how to “self- check –in” on all subsequent visits (by scanning your barcode registration card) and provided an orientation to patient services along the way (a resource library, refreshment cart, washrooms etc.) to the “The Beach” (which was just past “The Park” and “The Orchard” and other scenic named areas). Just being told you are going the beach today vs Treatment Room 1 made you feel more at ease!

The radiation technician met with us in a separate counseling room to explain the treatments, how to prepare and how to properly care for the treated area following. She sat with us and leaned in closely while the info was reviewed and a time for questions was provided.

We then sat in a very serene lounge complete with comfortable leather couches, large windows and diversional activities (puzzles, magazines and adult coloring books) although we didn't need them as there was zero wait times! Even though the center was busy with people coming and going all day the treatments were always on time (if not early!) Volunteers served refreshments from a cart but no time for that – the treatment was complete and it was already time to leave!

The gown you changed into on Day 1 was provided to you to take home with instructions to bring back for all return appointments. I started to multiply the pounds of laundry per client and the number of client visits per year. But in addition to those potential dollar savings we soon came to realize it was actually more convenient, and a timesaver, to be able to change into and out of your gown at home. A colorful shawl overtop and voila, a comfortable and fashionable way to arrive in style!

Over the three week course of treatments I was also able to attend appointments with the Oncologists. The frontline staff had this PFCC piece down pat but what about these busy specialists? Again a very PFCC process! As a family member I was welcomed into the room and introductions and handshakes were exchanged. The appointment start times were scheduled to the minute (i.e. 1:13 or 2:48) however there was no rush. The physicians sat with us (no desks between us) and there was time for questions and input into the treatment plans. Follow-up and next steps were outlined and summarized and carry through happened as planned.

Team work, including weekly conferences, was obvious in this well coordinated, high functioning unit. All of this made for a much more pleasant patient experience! We walked away each day feeling comfortable and confident, that we had been heard, that our questions had been answered, that we were partners in our care and that the team truly had our best interests at heart.

We were in good hands! If this was Trip Advisor, I would definitely be recommending this “Beach” to others! This experience was reaffirming to me. Reaffirming that the plans, targets and outcomes related to becoming truly Patient First and improving Patient Family Centered Care are really what is needed in the health care system. It's what our clients want, need and deserve. We are on the right Journey!

What did you see this summer that demonstrated PFCC? What have you done to advance PFCC in your place of work/practice? If you have a summer holiday story to share please do so.



My daughter Brenae, my mom and me in Kelowna



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## Provincial Transition Update

### TRANSITION TEAM PROJECT UPDATE

*Week of August 14, 2017*

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

### ACTIVITIES UNDERWAY – INDIGENOUS HEALTH ENGAGEMENT SESSIONS:

Over the summer, the Indigenous Health Working Group is engaging Indigenous people, both rural and urban, to help inform the Saskatchewan Health Authority on how to best address the health needs of First Nations and Métis people in a culturally responsive and respectful manner, as recommended by the Advisory Panel on Health System Structure.

Engagement sessions are currently underway to gain feedback and input from First Nations and Métis people on Indigenous Health issues and opportunities.

- The most recent session was an Elders Forum held at Wanuskewin on August 2, where 24 First Nations and Métis Elders from across the province discussed Indigenous issues and opportunities.
- Northern engagement sessions took place in late June in the communities of La Loche, Buffalo Narrows, Ile a la Crosse, Beauval and Green Lake.
- To-date, there have been 19 information and engagement sessions with First Nations and Métis leadership, communities and health directors, including:
  - Prince Albert Grand Council
  - Peter Ballantyne Cree Nation
  - Touchwood Agency
  - File Hills Qu'Appelle Tribal Council
  - Meadow Lake Tribal Council

The Indigenous Health Working Group will continue to organize engagement sessions into the fall months, with the goal to hear what is working well, what could be better and how health services for Indigenous people could be improved in the future.

- The Working Group will compile all of the feedback it receives and share it with the new Saskatchewan Health Authority for consideration.

### MORE INFORMATION:

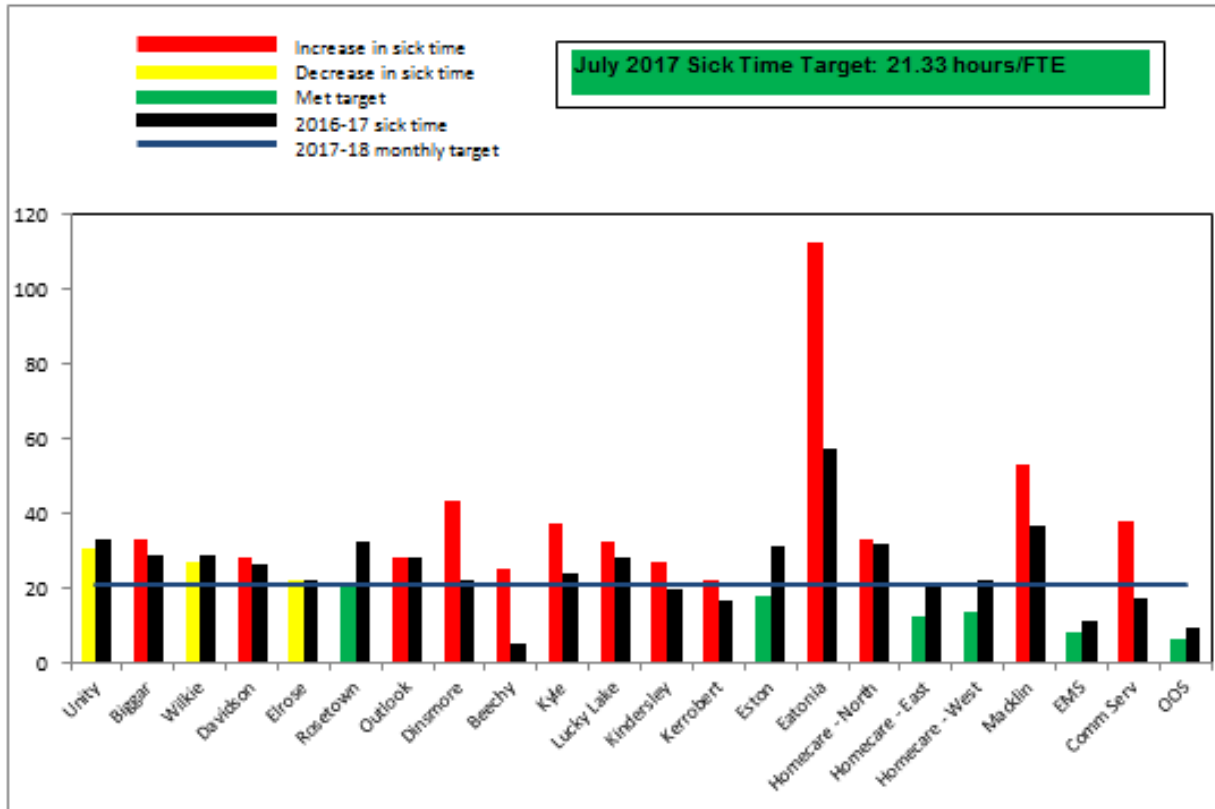
- As work progresses, the transition team is committed to keeping you informed with regular updates.
- Visit [www.saskatchewan.ca/transforming-health](http://www.saskatchewan.ca/transforming-health).



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## 2017-2018 Sick Time Comparisons by Facility/Service – July 2017



The Ministry of Health has indicated reductions are required in the areas of sick time and overtime. Heartland Health Region had its annual budget reduced by a targeted amount with the expectation that the Region will achieve savings in overtime and sick time. Compared to July 2016, overall sick time has increased from 25.67 hours/FTE (36,299.84 reported hours; 28,812.22 paid hours) to 27.57 hours/FTE (39,325.02 reported hours; 30,475.54 paid hours) in July 2017. The Saskatchewan average is 25.76 hours/FTE.

Sites which have reduced their sick time since June of last year and met the target are **green** (Eston). Elrose is displayed in **yellow** as they have shown an overall decrease in sick time from the comparable time last year and still have a ways to go to meet the target. Estonia is displayed in **red** as they have shown an overall increase in sick time.

The Region, along with our Employees and Physicians need to remain diligent in managing this challenge as the ongoing success of our Region, its facilities, and services are dependent on our collective efforts.

If you have a suggestion, comment or concern regarding these issues or believe there is anything Human Resources or others can do to support you in assisting to achieve this very important goal please do not hesitate to come forward.

Our target for the 2017-18 fiscal year is:

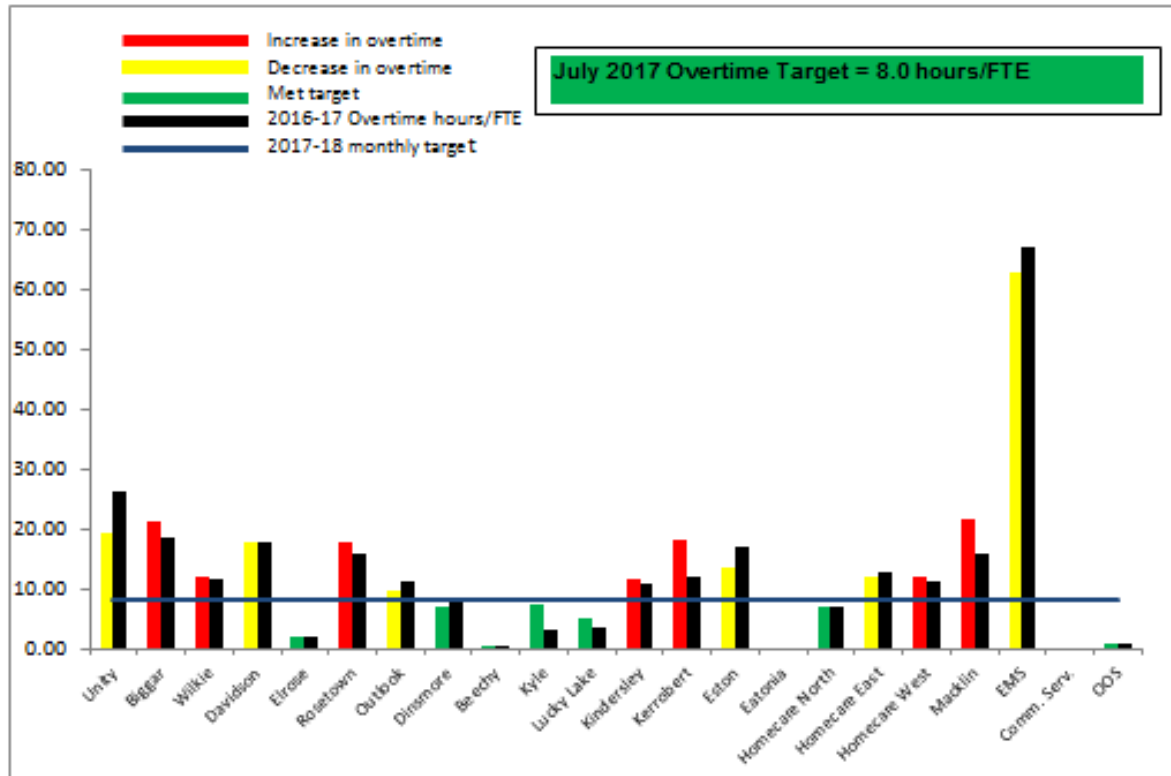
Measure	Annual Target
Sick Time	64.0 hrs/FTE



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## 2016-2017 Overtime Comparisons by Facility – July 2017



The Ministry of Health has indicated reductions are required in the areas of sick time and overtime. Heartland Health Region had its annual budget reduced by a targeted amount with the expectation that the Region will achieve savings in overtime and sick time. In July 2017 there has been an increase in wage driven premiums (overtime, callback, etc.) from 13.97 hours/FTE (15,687.69 hours) in July 2016 to 14.54 hours/FTE (16,069.99 hours) in July 2017. The Saskatchewan average is 13.36 hours/FTE.

Sites which have reduced their overtime since the comparable quarters last year and met the target are **green** (Dinsmore). Unity is displayed in **yellow** – sites that are yellow have shown an overall decrease in overtime from the comparable time last year and still have a ways to go to meet the target. Macklin is displayed in **red** as they have shown an overall increase in overtime.

The Region, along with our Employees, need to commit to addressing this challenge and examining the current way we provide care within our system as the ongoing success of our Region, its facilities, and services are dependent on our collective efforts.

If you have a suggestion, comment or concern regarding these issues or believe there is anything Human Resources or others can do to support you in assisting to achieve this very important goal please do not hesitate to come forward.

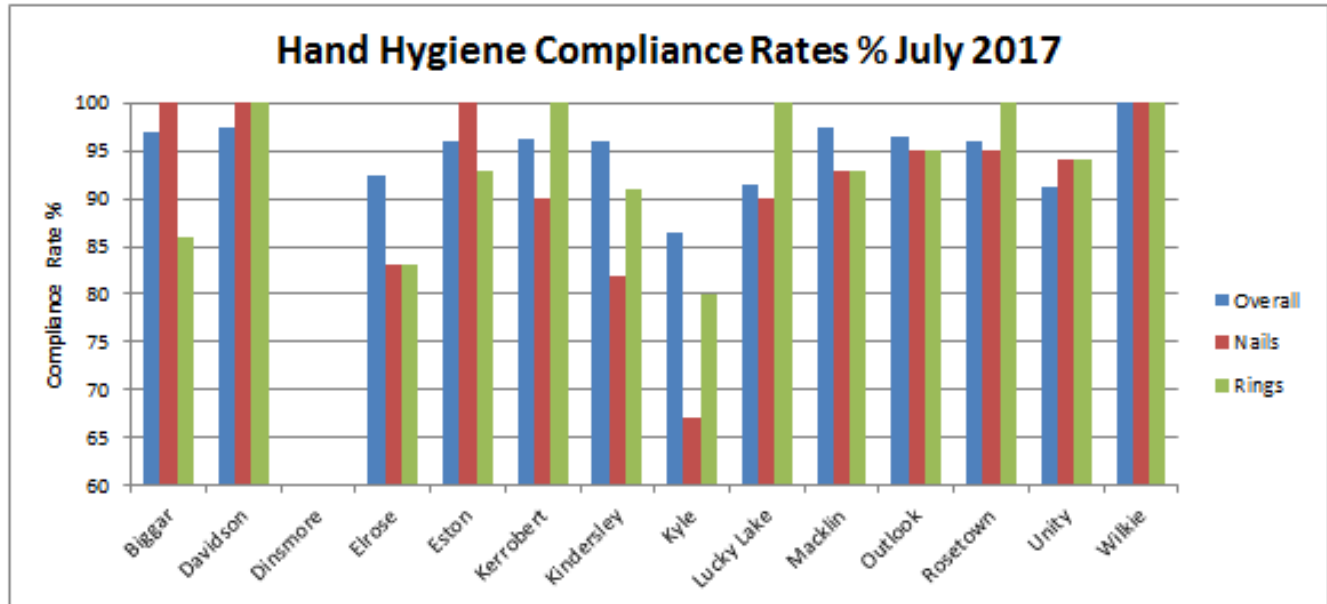
Our target for the 2017-18 fiscal year is:

Measure	Annual Target
Overtime	24.0 hours/FTE



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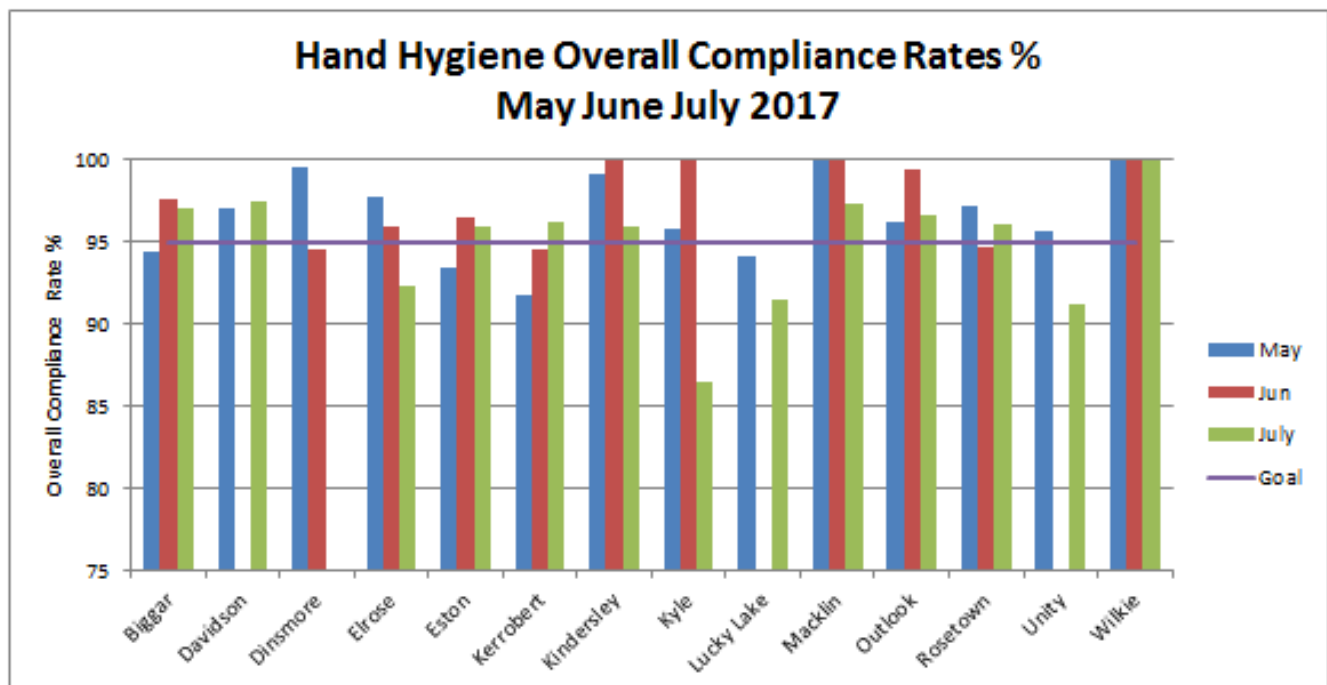
Heartland Health Region Hand Hygiene Compliance Rates



**Regional Average Compliance Rates: May 96.58% June 97.56% July 94.92%**

The top chart shows July 2017 data only- overall compliance rates, compliance with short, clean nails without enhancements, and compliance with no hand jewelry outside of a single smooth band. The bottom chart shows overall compliance rates across the region for the past three months. Heartland's goal is to have an overall compliance rate of 95% and 100% compliance with nails and rings.

Variation in compliance rates can be attributed to internal vs external auditors, many auditors with different auditing practices, as well as small number of audits completed in some sites. The Hawthorne Effect, where people do better when they know they are being watched, is evident in the sites where the auditor is consistent and known to staff.





CANADA 150

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## Patient Safety

### Opioid Pain Medicines Information for Patients and Families

You have been prescribed an opioid pain medicine that is also known as a narcotic. This leaflet reviews some important safety information about opioids.

Patients, family, friends, and caregivers can play an important role in the safe use of these medicines; share this information with them.

With opioids, there is a fine balance between effective pain control and dangerous side effects.

**PAIN CONTROL**

**GOAL**

**DANGEROUS  
SIDE EFFECTS**

Safe balance between pain control and side effects  
requires regular assessment of opioid effect and need

Opioids are intended to improve your pain enough so that you are able to do your day to day activities, but not reduce your pain to zero. Be sure that you understand your plan for pain control and work closely with your doctor if you need opioids for more than 1-2 weeks.

#### Risk of overdose and addiction:

Many people have used opioids without problems. However, serious problems, including overdose and addiction, have happened. It is important to follow the instruction on the prescription and **use the lowest possible dose for the shortest possible time**, and to be aware of signs that you are getting too much opioid.

Avoid alcohol and benzodiazepines.

#### Side effects:

Constipation, nausea, dry mouth, itchiness, sweating, and dizziness can happen often with opioids. Contact your doctor or pharmacist if your side effects are hard to manage.

Your ability to drive or operate machinery may be impaired.

Some people are more sensitive to the side effects of opioids and may need a lower starting dose or more careful monitoring. Talk to your doctor about the **HIGHER RISK** of dangerous side effects if:

- You have certain health conditions, for example:
  - Sleep apnea
  - Lung disease (e.g. COPD or asthma)
  - Kidney or liver problems
- You have never taken opioids before
- You are already taking an opioid or medications for anxiety or to help you sleep
- You have a history of problems with alcohol or other substances
- You have had a bad reaction to an opioid before
- You are age 65 or older

#### Safe keeping:

Never share your opioid medicine with anyone else. Store it securely in your home. Take any unused opioids back to your pharmacy for safe disposal.

#### Ask your Pharmacist if you have any questions.

Other options are available to treat pain.

#### Signs of Overdose

**Stop taking the drug and get immediate medical help if you experience the following:**

- Severe dizziness
- Inability to stay awake
- Hallucinations
- Heavy or unusual snoring
- Slow breathing rate

**Your family member or caregiver needs to call 911 if:**

- You can't speak clearly when you wake up
- They can't wake you up
- Your lips or fingernails are blue or purple
- You are making unusual heavy snoring, gasping, gurgling or snorting sounds while sleeping
- You are not breathing or have no heartbeat

**Never leave a person alone if you are worried about them.**

**Ask about take-home naloxone kits.**

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Institute for Safe Medication Practices Canada  
Institut pour la sécurité des médicaments aux patients du Canada



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## Staff Safety

### The Risk of Musculoskeletal injury in Tasks Associated with Laundry

Healthcare workers can be exposed to repetitive lifting, moving and excessive force when working with laundry. Overtime these movements can lead to musculoskeletal injury. Here are some tips to follow which will help lower the risks and save both you and your coworker's backs & shoulders!

#### When Stripping a Bed

If bedlinen is soiled don PPE & use infection control procedures. Separate any bulk contaminants, pads etc. where possible and roll the remaining linen in a bundle to contain the heaviest soil in the center. Avoid excess agitation & shaking.

#### Limit the Load

In house linen bags should not be filled more than 35lbs or 3/4 full. For K-bro bags 20lbs or 2/3 full is the limit (for comparison - this is about the weight of an average one year old!) This weight restriction will limit the loads placed on the body when lifting. If you wouldn't lift it – don't expect your coworkers to!

#### When Sorting

If you use a table place the soiled linen carts beside the table for sorting. Don't throw laundry bags onto the table. Where possible the sorting table should be placed in the middle of the room to allow sorting from both sides. You can then rotate from one side to another to lesson repetition on just one side.

#### When Loading Machines

Place laundry bins to the side of the washer and/or dryer machine door so there is room to stand directly in front of machine. This will prevent twisting the body and reaching or bending over the laundry bins. Turn using your feet (do not twist at the truck or knees) to grab loads of laundry.

#### When Folding

If you use an adjustable folding table ensure to adjust to the appropriate height for you. Change sizes of laundry pieces and the types of laundry you are folding to provide some rest and variety. Schedule laundry delivery to the wards to break up long periods of standing and folding and rotate the task between coworkers where possible. Take occasional micro-pauses of 10-15 seconds when folding/sorting laundry to stretch/change posture.

#### When Moving Carts

If you use linen cart models that allow for it, ensure that the 2 rear casters are locked into the straight position and push the cart. The front two casters will swivel to allow for steering of the cart. Push rather than pull whenever possible and remember the TLR principle of keeping your elbows close to your body to prevent shoulder strain!



With K-Bro carts stand beside the cart with your elbow bent and use your body and legs to start moving the cart. If two people are moving the cart one can stand beside the cart and direct it with elbow bent and the other person behind the cart pushing. Communication between coworkers is vital!



#### Rotate Tasks

Rotating through the different tasks or duties helps vary postures, reducing exposure to stressful tasks. Vary different tasks such as folding, delivery, pickup and sorting throughout the day.



## Mental Illness in the Workplace: Removing Stigma



Mental illness in the workplace is a reality for most organizations. After all, research shows that **one in five Canadians** will experience a mental health disorder at some point in their lives. Though mental illness is widespread, its stigma often prevents people from seeking help or even talking about it with a co-worker, family member, or friend.

### What is stigma?

Stigma can be associated with any number of health conditions, especially with mental illness. It is the result of negative perceptions and stereotypes, and reflects a lack of understanding. External stigma often involves negative judgements, opinions, comments and assumptions made by others; internal stigma can occur when the person affected with mental illness internalizes these negative messages.

### Removing stigma in the workplace

According to the **Mental Health Commission of Canada**, only 23 per cent of Canadians are likely to feel comfortable discussing a mental condition with their employers. This number revealed in a 2008 **Canadian Medical Association Study** suggests that mental health in the workplace is likely underreported and that many employees are suffering silently and not seeking treatment.

Why remove stigma in the workplace? The Mental Health Commission estimates that nearly a quarter of the Canadian workforce is affected by mental health issues that contribute to absenteeism, low productivity, and turnover. Helping employees improve their mental health and well-being at work is beneficial to the employee, the employee's family, the company and society at large.

### Steps to remove stigma in the workplace

**Educate yourself and your team** – The more you know the less powerful stigma becomes. By educating yourself and your team about what mental illness is (and isn't), you can reduce stigma, discrimination, negative stereotypes, and fear in the workplace. Awareness can help to create a culture of empathy and understanding.

**Speak up** – When you hear someone saying hurtful and/or stigmatizing comments about mental illness or a person with a mental health condition, share some of the information you've learned that may counter those negative perceptions. Remember it is important to use respectful language.

**Raise awareness** – If your organization does not have a comprehensive health and wellness program, you can help raise awareness by starting one. Create workplace policies and programs that promote physical and mental health, and share helpful resources – articles, blogs, local events, support groups – with your co-workers via email, bulletin boards or a company-wide initiative.

**Be a leader** – Start with a commitment to removing stigma. Through open and honest communication with your co-workers about the importance of your commitment, you'll play an important role in the battle to end stigma.





# ENGLISH LANGUAGE TRAINING FOR NEWCOMERS

IMPROVE YOUR ENGLISH LANGUAGE SKILLS AND PARTICIPATION IN YOUR COMMUNITY

Register at one of the following locations for fall classes.

## English Language Training for Newcomers

- Great Plains College: Swift Current - September 12 at 6:30 PM
- Great Plains College: Warman - September 14 at 6:30 PM
- Gravelbourg High School - September 19 at 6:30 PM
- Fronteir High School - September 21 at 6:30 PM
- Great Plains College: Rosetown - September 26 at 6:30 PM
- Bethlehem Lutheran Church: Outlook - September 28 at 6:30 PM

Ongoing registration is available until April 19, 2018.

## Conversation classes only

- Great Plains College: Kindersley - September 20 at 7 PM
- Prelate Community Centre - September 26 at 7 PM
- Great Plains College: Maple Creek - September 27 at 7 PM
- Great Plains College: Biggar - October 4 at 7 PM
- Bethlehem Lutheran Church: Outlook - October 4 at 7 PM
- Great Plains College: Swift Current - October 11 at 7 PM
- Ponteix School - October 11 at 7 PM
- Gull Lake School - October 18 at 7 PM
- Shaunavon High School - October 25 at 7 PM

Ongoing registration is available until March 28, 2018.

Classes are free of charge. Your Canadian visa document and Social Insurance Number (SIN) are required.

For more information, or to register on an alternate date, contact Bula at (306) 778-5477 or (306) 778-5478 or via email at bulag@greatplainscollege.ca. Additional information is also available at greatplainscollege.ca/english-language-training.

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great plains college