

**HEARTLAND LINK.....**  
**KEEPING US ALL WELL CONNECTED!!**  
**May 5, 2015**

I hope you have all taken notice of the weekly safety talk items that Janelle Stabler, our Manager of Occupational Health and Safety has been sharing with Heartland staff each Monday. The information is provided in e-mail and written format but is intended to spark discussion amongst various staff teams throughout the organization. Last week's talk was about how to handle water pails and buckets without hurting yourself, something that may seem very straightforward to most of us but think about how heavy these can be and how unstable when the water begins to slosh around. The information provided in the safety talks is presented in an easy to read format with supporting diagrams. I encourage you to read the material and participate in the talks.



The Senior Leadership Team and the Board of Directors are two of the groups that participate in these safety talk discussions. This week the talk led us to a lengthy discussion about why we are still seeing a high rate of injury in the workplace and how people are using the incident reporting process to investigate, figure out what led to an incident, and make changes to prevent these things from happening again. We also talked about the "stop the line" process currently being implemented in the Saskatoon Health Region with plans to replicate it in other regions across the province. I have discussed stop the line here before. In a nutshell, it is a system in which we are expected to be alert to unsafe situations or practices, to identify and report them when we see them, and to literally stop the work and involve our colleagues in the discussion about what needs to be done to eliminate the risk. Only after the risk of someone getting hurt has been controlled and/or eliminated would the work proceed.

Think of an example that illustrates how that process might look in your workplace.

One of the funny sounding concepts that we have been introduced to on our Lean journey is called *poka yoke*. It refers to mechanisms that we put in place to prevent a defect from leading to a mistake. There are many examples of these in our everyday lives. Think about the latches we put on cupboard doors to prevent a child from getting at the harmful cleaning products and chemicals we keep under the sink. Or think about how the connections between our computer cables are designed so they will only fit if we are establishing the right connection.

Why is it important to make every effort to prevent mistakes in the healthcare industry? This statement from a US report is compelling, "More people die each year as a result of medical errors than from motor vehicle accidents (43,458) or breast cancer (42,297) or AIDS (16,516). It is in this context that we discuss *poka yoke*. We wish to increase awareness that fool-proof systems are possible. Common mistakes must be identified and poka yoke systems must be implemented to avoid these costly errors." And in Saskatchewan Healthcare there is a 41% higher incidence of injury than in any other industry!

I am particularly concerned about the high incidence of shoulder and back injuries that are happening in the health region. It is hard to understand why we have actually seen increases in these types of injuries over the past year. If people are using the new equipment that has been provided and following the transfer, lift, and re-positioning guidelines that are required and for which we as highly trained and experienced healthcare workers are considered experts, what is going on? In many of my meetings you have told me that people are choosing to over-ride the mechanisms that are provided to prevent these injuries, including the invitation to stop the line and make a new plan if it looks like a situation is going to hurt you. Some people say we are more prone to injury because we are getting old. Well, I have earned the right at my age to question that wisdom. In fact, it seems logical to me that as we get older we should be paying more attention to risky situations. We should be avoiding or fixing things that will hurt us because we don't bounce back from injury as easily as we used to. When you get hurt at work, it is because a mistake was made. This is not a blaming statement. It is a statement that speaks to the need for us to be sure the mechanisms we have in place to prevent injury are fool-proof.

For Saskatchewan Healthcare alone in 2014, there were over 60,000 days lost due to workplace related injuries. That is equivalent to 240 full-time positions. That is the staffing complement for a small healthcare facility in rural Saskatchewan! To say there is opportunity for improvement would sound like an understatement so what's stopping us? We must keep our focus on reducing injuries and making our workplaces safer.

Our system recognizes the need for a checking or inspection system that occurs before, during or after a specific job. This checking system may be performed by the worker responsible for the specified task, which is known as self-checking, or it may also be performed by another worker, termed as successive-checking. Our Lean teaching puts the emphasis on self-checking. The closer you are to where the error occurred, the greater chance you have of catching it before harm can occur to your self or others. We should all be safety inspectors in our workplace. In this manner, you can identify the quality of your work, recognize the events that lead to mistakes being made, and discover errors more quickly. Mistakes and errors are inherent to human nature and may occur in any type of work environment. It is however, the responsibility of all medical care providers to recognize when these mistakes can occur and to put in place *poka yoke* systems to eliminate their repetition – identify the risk and prevent someone getting hurt. In this fashion, we can progress toward the ultimate goal of eliminating all injuries in the workplace.



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NORTH AMERICAN OCCUPATIONAL  
Safety and Health Week



# Make Safety A Habit

for Your Career



The North American Occupational Safety and Health (NAOSH) Week is an annual, continent wide event which spans three countries; Canada, USA and Mexico. It is intended to highlight the collaborative efforts of employers, workers, and all partners in Occupational Health and Safety to promote injury and illness prevention in the workplace, at home, and in the community. The theme for NAOSH Week 2015 is "Make Safety a Habit – For Your Career".

NAOSH week provides us at Heartland Health Region an excellent opportunity to focus, reinforce, and strengthen our commitment, as an organization, to Occupational Health and Safety. The goal of NAOSH Week is to increase understanding of the benefits of investment in occupational health and safety, raise awareness of the role and contribution of safety and health professionals, and reduce workplace injuries and illness by encouraging new health and safety activities and interest in NAOSH week.

We are always striving to meet those goals and in an effort to highlight safety expectations in our workplace, we are pleased to share an updated version of "Heartland Health Region's Safety Rules". We encourage all employees to become familiar with them and incorporate them all into your daily work practices to optimize your safety while on the job so you can leave work as healthy as when you arrived. Heartland Health Region recognizes that a safe working environment requires the leadership, support and contributions of all individuals; *we are responsible and accountable for our actions*. All workers, contractors, physicians, and volunteers are expected to comply with the Heartland Health Region's Safety Rules, and existing policies/procedures. Please ensure that these Safety Rules are posted in all facilities.

In promotion of NAOSH week, we are pleased to offer each OHC up to \$100 for use as the local OHC would like to promote an event for NAOSH week. CTMs in each site have more details about this opportunity.

For more information on NAOSH week please visit:

<http://www.naosh.org/english/>

[http://www.csse.org/naosh\\_week/naosh\\_week.htm](http://www.csse.org/naosh_week/naosh_week.htm)

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**Heartland Health Region's Safety Rules**

*In Heartland Health Region we recognize a safe working environment requires the leadership, support and contributions of all individuals who work on our behalf. We are all responsible and accountable for our actions therefore all workers, contractors, physicians, and volunteers are expected to comply with the Heartland Health Region's policies and procedures.*

**The following safety rules are excerpts from these various policies:**

1. Protect your own personal health and safety and that of others around you. Be aware of your surroundings at all times, and ask for immediate assistance if you feel that your personal safety or the safety of others is at risk.
2. Report any workplace hazard or incident immediately to your supervisor, including any near misses or incidents that have occurred.
3. Heartland Health Region has a zero tolerance for workplace harassment or bullying. Workers must not initiate or participate in the harassment of another individual. If harassment or bullying in the workplace is witnessed it must be reported to the worker's Supervisor.
4. Compliance with TLR policies and the use of TLR principles of good body mechanics when moving patients/clients/residents or when moving an object. An assessment of the client, object and environment must be conducted prior to any lift or transfer.
5. All employees must wear safe work wear- ensure uniforms and other work wear is kept clean and in good condition. Wear footwear that is appropriate for the hazards in the workplace (e.g. closed toe and heel, good grip, adequate support).
6. All employees are required to follow all existing safety policy and procedures. Working in a healthy and safe manner is a condition of employment.
7. Personal protective equipment (PPE) must be available and worn when required. A pre-use inspection must be completed prior to using personal protective equipment and any defects or problems found must be reported immediately to the Supervisor.
8. Employees must exercise good infection control practices- proper hand hygiene, consistent use of PPE, and ensuring that Infection Control standards and policies are complied with at all times.
9. Prior to using any equipment, tools and materials, a pre use inspection must be performed with any defects, problems or concerns being reported immediately to worker's Supervisor. Appropriate "lockout" procedures must be followed prior to repairs, cleaning or adjustments.
10. All workers must be familiar with Emergency Preparedness Plans for their site including their position specific required duties.
11. Sharps must be disposed of correctly at point of use in a designated bio-hazardous container, that is never overfilled past the "fill line".
12. Scented products are not permitted in the workplace.
13. All workers shall make themselves aware of their workplace's Occupational Health and Safety Board including OHC member names.

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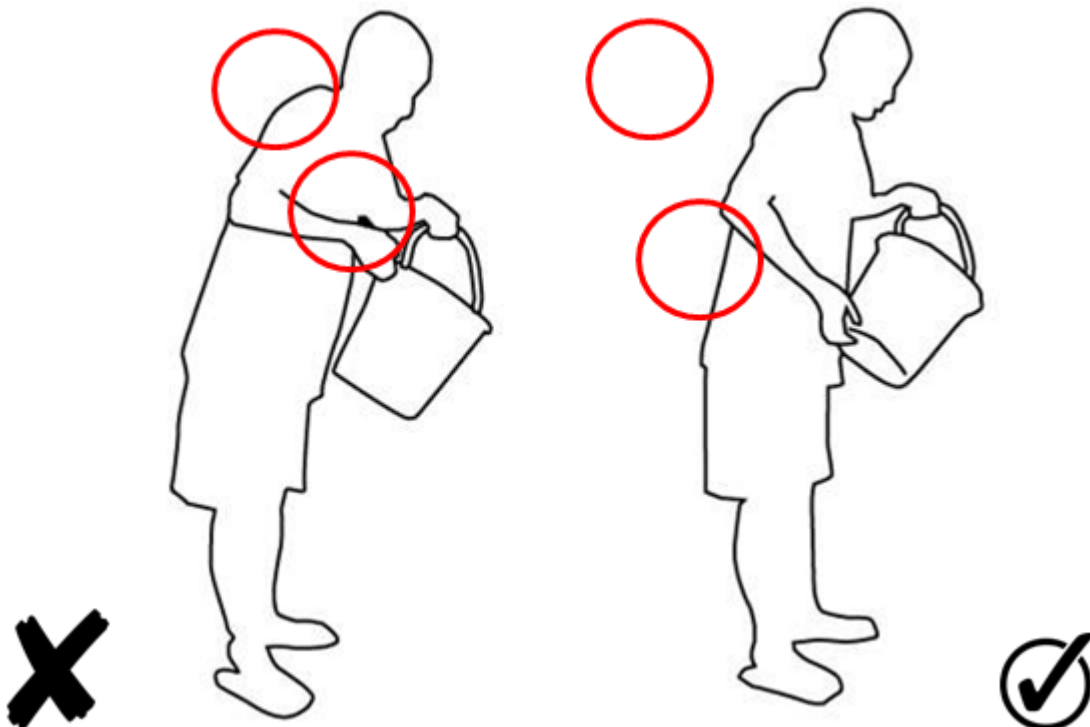
**Environmental Services—Water Pails and Buckets**

The Safety Talk up for discussion over the next two weeks is “Environmental Services: Water Pails & Buckets”. This Safety Talk considers and includes ergonomics and design process.

Lifting and carrying a bucket frequently throughout the day is a strenuous activity and can easily cause accident or injury. Workers required to carry a bucket filled with water may find themselves lifting and carrying the bucket unsteadily in an awkward and uncomfortable body position. Often, the handles to grasp are placed in the center of the bucket, therefore increasing the distance between the arm and the body while carrying it when filled with water. Worker’s waist, shoulder, elbow, forearm, fingers, palms, wrist and lower back are all susceptible to injury while lifting/carrying and moving with a bucket or pail.

It is important to ensure that all employees exercise proper body movement and safe work procedures in order to prevent injuries.

Over the next two weeks please read, review and discuss the Safety Talk on the next couple of pages. Safety Talks are also available on Share Point and the Saskatchewan Association for Safe Workplaces in Health (SASWH) website.



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**Water Pails and Buckets**

Water pails/buckets are heavy and unstable loads. Use proper body movement and safe work procedures to prevent injuries.

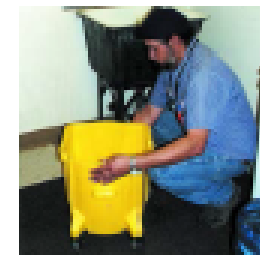
**Filling**

- Use a hose to avoid lifting
- Use a smaller container to top it up if there is no hose
- Fill pail to 1/2 (one-half) or 2/3 (two-thirds) full to reduce the weight



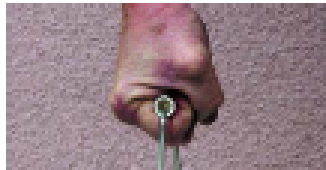
**Lifting**

- Use two hands
- Grasp opposite sides of the rim of the pail to stabilize your body and keep the pail from swinging
- Use grips that allow elbows to remain at or near your sides



**Carrying**

A thin handle on a bucket causes significant contact pressure on the hand with prolonged use.



- Increase the diameter of the handle by adding padding or by attaching a thicker handle – you have greater grip strength and feel less pressure on your hand
- Wear gloves to increase padding around the handle
- Do not overfill the bucket with water/washcloths/sponges
- Distribute weight evenly by dividing the contents equally into 2 buckets



**Tips**

- Alternate hands
- Mark buckets with a 2/3 fill line
- Do not overfill the bucket
- Keep buckets light enough to carry comfortably

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BASKATCHEWAN ASSOCIATION FOR  
**SAFE WORKPLACES**  
IN HEALTH

## Safety Talk

Emptying mop buckets while dumping dirty water involves lifting. Movements include carrying a heavy load, bending at the waist, awkward arm and hand postures.

### Emptying

- Use floor drains if available to reduce the vertical distance of the lift
- Lift the pail from the cart to the edge of the sink, supporting the weight on the sink as you empty it

### No Floor Drain Available

- Use a smaller container to 'bail out' some of the water
- Place a platform in front of the sink and lift the bucket onto the platform – then tilt and lever over the edge of the sink to empty
- Consider emptying into a toilet
- Remove the wringer mechanism and use one hand to tilt the bucket to empty it; avoid lifting the full weight of the bucket; when the drain is protected by a low barrier, use the barrier as a pivot point to lever the bucket to empty it



*Use good body mechanics when emptying buckets into floor sink*



*Rest edge of pail against the sink*

### Tips

- Use the smallest amount of cleaning solution possible
- Use mop buckets with a drain opening
- Use sinks mounted on the ground

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### Safety Talk Discussion

**Be Accountable: Choose safety - work safe - and go home injury free!**

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**The Power of Positive Parenting**



What is the Triple P – Positive Parenting Program?

- An internationally recognized parenting program for every parent
- A parenting program that aims to give parents the skills they need to raise confident, healthy children and to build strong family relationships
- A parenting program that aims to help parents manage misbehavior and prevent problems from occurring in the first place

What are the Principles of the Triple P – Positive Parenting Program?

- Having a safe, interesting environment
- Having a positive learning environment
- Using assertive discipline
- Having realistic expectations
- Taking care of yourself as a parent

What are the child skills that are promoted in the Triple P – Positive Parenting Program?

- Social and Language Skills
- Emotional Skills
- Independence Skills
- Problem Solving Skills

Did you know that the Triple P – Positive Parenting Program is available to be offered in the Heartland Health Region area?

- Group Triple P – an 8 session program is available
- Selected Seminar Triple P – a series of 90 minute presentations is also available
  - Seminars topics can be on:
    - The Power of Positive Parenting
    - Raising confident, competent children
    - Raising resilient children

For more information please contact your local  
Regional ~~KidsFirst~~ Community Developer @ 306.463.1000 ext 314



## HIPA Amended to Address Snooping

Have you ever been tempted to look up a birthdate or access personal health information out of curiosity or because someone asked you to? Have you ever wondered what happened to a patient/client/resident after that person left our care and been tempted to get an update by accessing that person's personal health information. Do you believe that accessing a patient/client/resident's personal health information for your own personal education is an appropriate use?



These types of accesses are considered **snooping** under the Health Information Protection Act (HIPA) and are considered to be privacy breaches. The guiding principle under HIPA that governs us all is “**need to know**” and that need to know must be for the direct benefit of the patient/client/resident.

HIPA has been amended to include snooping and has gone through second reading. Those amendments include fines up to \$50,000, imprisonment up to one year or both. Following are the two clauses that are important to know:

### **The following subsections are added after subsection 64(3):**

“(3.1) An individual who is an employee of or in the service of a trustee or information management service provider and who knowingly discloses or directs another person to disclose personal health information in circumstances that would constitute an offence by the trustee or information management service provider pursuant to this Act is guilty of an offence and is liable on summary conviction to a fine of not more than \$50,000, to imprisonment for not more than one year or to both, whether or not the trustee or information management service provider has been prosecuted or convicted.”

“(3.2) An individual who is an employee of or in the service of a trustee and who willfully accesses or uses or directs another person to access or use personal health information that is not reasonably required by that individual to carry out a purpose authorized pursuant to this Act is guilty of an offence and is liable on summary conviction to a fine of not more than \$50,000, to imprisonment for not more than one year or to both, whether or not the trustee has been prosecuted or convicted.”

For more information, contact Jeanette Abbott, Manger of Quality Improvement, Privacy & Access Officer



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SASWH Conference and Annual General Meeting March 25, 2015  
**Engagement = A Strong Safety Culture**

On March 25, 2015, Leona Anderson; Recruitment and Retention Coordinator/Postings Officer and Executive Assistant for Heartland Health Region, and Janelle Stabber; Manager of Occupational Health and Safety for Heartland Health Region represented Heartland Health Region at the SASWH Conference and Annual General Meeting in Saskatoon. The topic of this year's meeting was "Engagement = A Strong Safety Culture." The opening keynote speaker, a professor from the University of Pennsylvania Dr. Jan K. Wachter made a presentation titled "Safety Management Systems + Human Performance + Engagement + Performance Indicators = Safety Excellence." The participants were presented information collaborated from studies and concrete data statistics that pointed to the fact that employee engagement drives all areas of our measured indicators for improvement, not only in safety and reduced on the job injuries, but reduced sick time, employee retention, improved teamwork and respect in the workplace. The focus for this event showed how we can integrate the Safety Management Systems and behaviors in a positive way to affect employee engagement."

The second keynote speaker Michael Kerr. Kerr is a Hall of Fame motivational speaker, business speaker, trainer and bestselling author. He is a very funny speaker who promotes relevant information and practical ideas in an entertaining and capturing way. He is motivated by humor, and spoke on the topic of "The Way Work OUGHT to be: Creating a Safe, Inspiring Workplace Culture". He focused on three main points throughout his presentation; Culture drives success, communication is key, and do things that are fun! Part of his presentation focused on the following:

- Bring your sense of humor to work!
- What you say is not always as important as to HOW you say it.
- Set an example with what you do and how you do it.
- Take care of each other.
- Your attitude is contagious.

Other topics that were covered throughout the presentations were history of evolution of safety management approaches, Safety Management Systems, performance indicators, traditional behavior based safety programs, frameworks for controlling incidents from Safety Management System and Human Performance Perspectives and organizational barriers. Participants learnt specific roles for safety professionals in a Safety Management System, factors that affect risk and consequence, approaches to overcoming organizational barriers and human error to name a few.

For more information please check out the link below:

<http://www.saswh.ca/index.php/about-us/annual-general-meeting>

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**To the new hires in  
Heartland Health  
Region**

<b>Kindersley Primary Health Services Area</b>	<b>Facility</b>
Boniface Izevbigie- MLA	Kindersley Health Centre
Lorraine Johnson - RN	Kerrobert Health Centre
Jenna Hesla - Recreation Services	Eston Health Centre
Satish Jindal - Recreation Services	Kindersley Health Centre
Kaila Becker - Environmental Services	Kindersley Health Centre
Amy Lucier - Material Management	Kindersley Health Centre
Udith Henedige - CCA	Kindersley Health Centre
Kristyn Rutherford - LPN	Kindersley Health Centre
<b>Outlook Primary Health Services Area</b>	<b>Facility</b>
Lori Law - CCA	Outlook Health Centre
Sony Philip - CCA	Outlook Health Centre
Shaji Joseph - Environmental Services	Outlook Health Centre
Wendy Sanden - RN	Davidson Health Centre
Jasmine Smith - CLXT	Davidson Health Centre
Paul Richmond - Maintenance Services	Dinsmore Health Centre
Kennedi Dietz - CLXT	Outlook Health Centre
Joslyn Follick - CCA	Outlook Health Centre
<b>Rosetown Primary Health Services Area</b>	<b>Facility</b>
Whitney Zylstra - CCA	Elrose Health Centre
Trish Lawson - CCA	Rosetown Health Centre
Chandal Huber - CCA	Kyle Health Centre
<b>Unity Primary Health Services Area</b>	<b>Facility</b>
Chelsea Gieni - Dietician	Unity Health Centre



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### Communication Companion

The COMPANION Program is an activity-based program that utilizes the *intact strength and abilities* of the individual to develop *motivational and meaningful programs* that are *cognitively stimulating* and, in turn, enhances the individual's Quality of Life. It has been successfully implemented for adults and seniors in long term facilities and in homes in the community. The program evolved from a specific focus on stroke patients to include all adults and seniors regardless of the affliction. The Companion is *a new face and a new voice* in the life of the individual and it is this newness in companionship and newness in interests that create the change in attitude, behaviour and interaction. In each case we have observed anticipation of the Companion as a change in demeanor and an enthusiastic response.

The central principle is that cognitive and behavioral changes through preferred-activities and/or motivational projects enhance the *Quality of Life* of the individuals in the home and in the facilities. The responsiveness of the individual to social and environmental factors reduces the reliance on the caregivers and provides a change in interaction. These positive interactions in the community and in facilities are the exemplars of the need for the COMPANION Program.

The Program goes beyond single disciplines and single professional attendance and establishes a multi-disciplinary team that is intrinsically involved in determining and developing the goals and objectives of the program. This Team Approach is instrumental and vital in the pursuit of 'Quality' and even the smallest increments are judged as successful outcomes.

The COMPANION Program is inclusive of all activities and strategies utilized as 'nonpharmacological therapies' with the simple motto; *"What Works for the Individual Generates Motivation and Success and this supports the individual's Quality of Life."*

The Program incorporates a paid Companion to provide *customized communication and interaction programs* for individuals in facilities and in the community when rehabilitation programs are optimized or non-existent and when group-supportive programs provide little interest. The COMPANION approach is personalized and responds to the needs of the individual with *Sensitivity and Dignity*. All strategies for communication are utilized *to generate and enhance communication and interaction* and have been implemented successfully with individuals who are verbal; limited verbal and nonverbal.

The customization of the program is based on *past-experience and activity preferences*; and capitalizes on the *intact capacities and interests* of the individual, thus creating *Meaningful & Motivational* activities and interactions. The outcomes are: *Personal Success and Personal Stories*.

The program goals and objectives are developed upon the information provided by *"Those Who Know the Individual the Best"* - the 'Communication Team' which includes family members, professionals and paraprofessionals. This eliminates the need for formal assessments and proxy reporting on relevant and irrelevant probes. The Companion Profile provides a format for discussion which is *the gathering of information about the individual's abilities and capacities pre-and post-trauma and is non-invasive and not traumatic*.

The idea for such a program was generated in 1999 as a support program for stroke patients and the COMMUNICATION COMPANION Program evolved over the next 5-years. The Program Package was ready for use by the summer of 2004 and funding for the program was made available in December 2004. The first COMPANION Program was initiated on January 12, 2005 and to date 146 programs have been initiated with 126 completed and 20 in progress. 176 programs have been maintained over the 10-year period due to carry-overs from one program year to another. There were 99 participants in this program with 92 individuals living in facilities in the Heartland health Region and 7 conducted in the home of the participant.

Accountability of performance is included within the program design and program formats. The programs are developed as 30-one hour sessions provided 2 or 3 time per-week. Multiple 30-hour programs have been initiated based on the identified need for such continuation. At the end of the program a formal report is prepared which includes the 'Observations and Conclusions' of the Family Members, Supportive Professionals and the Companion. This inclusion allows the consumer to evaluate the merits of the program and comment on changes to the program goals and objectives for the continuation of the program. A recommendation on the discontinuation of the program is made by the *Team* and is based on the achievement of the goals and objectives of the program (changes from social isolation to social interaction) or on the changing or changed physical-medical status of the individual.

#### **For more information or for the complete report contact:**

Subhas C. Maharaj, M.S., L.T.C.L.

Speech-Language-Communication Services

Heartland Health Region

306-882-2672 Ext. 2290

[subhas.maharaj@hrha.sk.ca](mailto:subhas.maharaj@hrha.sk.ca)

# Spring into Wellness Day

Rosetown Civic Centre

Rose Room

Thursday, June 4th

9:30 am—3:30 pm



Open to all Staff



Nutrition  
Having Fun  
Change Day 2015  
Physical Fitness

*Guest Speaker—Shannon McJannet Learning How to Change Your Focus to Positivity*

Register with Jennifer Frerichs by May 26, 2015

Jennifer.frerichs@hrha.sk.ca or call and leave a message 306-882-4111 ext 2304



# Learn While You Earn

## Start Your New Career as a Continuing Care Assistant!

For more information contact:

- ◊ A Heartland Health Region Care Team Manager

OR

Staff Development at 306-882-4111 x 2330



**Learn** with the Great Plains College Continuing Care Assistant (CCA) course while you

**Earn** income with a Heartland Health Region CCA position.

**Gain Training and Employment at the same time!**