

**HEARTLAND LINK.....**  
**KEEPING US ALL WELL CONNECTED!!**  
*October 11, 2016*

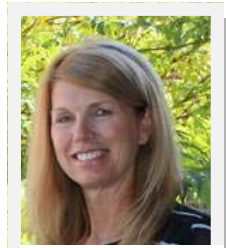
## INTERIM CEO NEWS

I am saddened to inform you of the sudden passing of former Heartland Health Region CEO, Ken Wersch on Friday, October 7th in a motor vehicle accident near



Ken Wersch's first day as CEO in Heartland—July 2005

Drumheller, Alberta. Ken served as CEO of the region from July, 2005 until his retirement in August 2008. Following retirement, Ken and his wife Karen continued to call Rosetown home. Our sincere condolences are extended to Ken's wife, family, friends and former co-workers.



Gayle Riendeau,  
Interim CEO

Last week saw snowfall warnings across much of the region with travel not recommended on many of our highways. This tragic accident is unfortunately a stark reminder of the dangers winter driving can pose. This week's Worker Safety Topic covers common winter driving hazards, how to ensure a vehicle

is ready for cold weather, and tips for driving on icy roads. Please take the time to review the information provided and prepare yourself for winter driving.

The Board, Senior Leadership and staff gathered on September 28<sup>th</sup> to say farewell to Greg Cummings and express our gratitude for his seven years of dedicated service as CEO of the region. Greg's knowledge and passion for Primary Health Care, Patient and Staff Safety and Continuous Quality Improvement as well as his journalistic skills will be missed!

With Greg's relocation to Alberta Health Services I assumed the role of Interim President and CEO of Heartland Health Region effective September 6<sup>th</sup>. Together with the Senior Leadership team (SLT), staff and physicians across the organization we will continue the work underway to achieve our goals as outlined in the Strategic and Operational Plan for 2016-2017.

This is a very challenging time in the health care system and the Region is actively participating in discussions on the issues and identification of the potential solutions. In early September the CEO's and Board Chairs each met with the Saskatchewan Regional Health Authorities (RHA) Review Advisory Panel. The Advisory Panel was appointed by the Minister of Health to review the current Regional Health Authority (RHA) structure and provide options to reduce the number of RHA's in Saskatchewan. The panel will also look at services that could be delivered more efficiently and effectively on a province – wide basis, examine RHA board governance and accountability, and identify ways to enhance measurement of health system performance. The Board and SLT also prepared a joint submission to the Panel. The submission process closed September 26<sup>th</sup> and was open to all staff and the public to participate in. I hope that you were able to take this opportunity to contribute. We will await the Advisory Panel's findings and recommendations and keep you informed.

I hope everyone was able to enjoy some time with family and friends this Thanksgiving weekend. Although the weather was dreary and completion of harvest delayed I was reminded by my daughter as we sat down for Thanksgiving dinner of all that we still do have to be thankful for.... family and good health!

**Gayle Riendeau**

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## Faster Reports and Less Backlog in the Provincial Transcription Service

They may not know it but patients are already seeing the benefits of a provincial transcription service launched only five months ago. How and when medical information makes it into a patient's medical record isn't necessarily visible to the patient but it can be critical to receiving high quality care. When their physician receives timely medical reports about tests and procedures, it means their treatment is more efficient and effective.

"Follow up with patients has significantly improved," says Dr. Lyle Williams, a physician and Senior Medical Officer in Heartland Health Region, among the first three regions to implement the new service. "We are no longer running around looking for information as it is now available in the right place at the right time. Continuity of care is very good and it is great for all providers to be on the same page."



Dr. Lyle Williams

Along with Heartland, Sun Country and Prairie North are on the new provincial transcription service. They are turning medical reports around within 24 hours 45 per cent of the time – an improvement from 22 per cent or less in June. "As a health system, our goal is to transcribe and distribute all acute care reports within 24 hours so that providers have what they need to better care for their patients," said Julie Johnson, director of the provincial transcription service. "I'm happy to report we're making great progress toward that goal!"

The current backlog of reports that have been dictated but not yet transcribed also continues to decrease. At the beginning of August, 2,800 minutes of dictation were waiting to be transcribed within the provincial transcription service. By Sept. 28, the backlog was down to 434 minutes. Another measure is that in July, the oldest dictation in the system was 50 days old; as of Sept. 28, the oldest dictation waiting to be transcribed was six days old.

"The turnaround time is so quick now," added Dr. Ilana Streng-Coetzee. "It's way better for patients."

### Accounting for these gains

Earlier this year, Sun Country, Prairie North and Heartland health regions implemented state-of-the-art voice recognition software called Fluency for Transcription (FFT) to support acute care dictation and transcription work.

FFT allows physicians and other care providers to create electronic audio files of their dictations. These are then reviewed and edited by transcriptionist before being distributed. Every time someone dictates and a transcriptionist makes edits, the technology "learns" that person's speech patterns and the accuracy of dictations improves. The software is gradually being introduced to all health regions in the province.

The technology is a core component of the new provincial transcription service. Other components include the use of a standardized set of provincial templates, the establishment of a provincial pool of acute care transcription work, and the movement of that transcription work across geographic boundaries.

"Being able to move work between the regions means we can balance the workload like never before," said Lorne Shiplack, manager of the provincial transcription service. "If a transcriptionist in one region has time in their schedule, that person can do work for one of the other two regions. That's one of the great things about having all three regions on the same provincial system, with many more regions still to come."

Physicians are now using the voice recognition capabilities of FFT to dictate reports after patient care events. While the software is learning a physician's voice, transcriptionists continue to listen to the playback, type up the recording and make edits as needed. Once a physician's dictations are 80 per cent accurate or better, transcriptionists who have been trained on automatic speech recognized reporting start seeing that physician's dictations show up as text on their screen. Then, they simply edit that text as required. This results in further efficiencies over time.

"Having more transcriptionists available to do acute care work at the provincial level has definitely helped," said Johnson. "Four casual transcriptionists from Regina Qu'Appelle, Prairie North and Kelsey Trail health regions have also been trained on FFT and are able to transcribe discharge summaries for other regions. This approach really puts the needs of patients first."

The team at 3sHealth is working with local transition teams in three more health regions to enable their transition to the provincial transcription service this fall. Cypress Health Region is due to come on to the provincial service on Oct. 24, followed by Saskatoon on Nov. 15 and Prince Albert Parkland on Dec. 5.

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## Working Together to Save Health System Dollars

*Better Together* has a nice ring to it, but it also has a significant impact to the bottom line for Saskatchewan health system. By combining the buying power of health regions and agencies delivering health care across the province, we are realizing enormous savings – in excess of \$90 million in five years, to be precise. Until the province adopted a shared services approach to procurement, individual regions would typically negotiate smaller contracts. Today, the entire system reaps the rewards of working together to purchase products and supplies under provincial, multi-provincial and national purchasing contracts.

One of the tools helping health regions to take full advantage of provincial contracting is the supply chain management software program known as Global Healthcare Exchange (GHX). GHX helps automate and eliminate manual supply chain processes by making them visible. Orders, prices, invoices, etc. are all available electronically and in real time.

The Heartland Health Region implemented GHX several years ago and has seen tangible results since. Heartland coordinator of materials management Geralyn Allen says adding GHX has allowed them to automate and streamline their supply chain operations. “Previously the purchase order had to be emailed or faxed. Now, as soon as you hit ‘post’ for the purchase order, it shows you’re communicating with the vendor.” Allen says having GHX is nice, but the system still has to be managed to realize financial benefits. Allen takes her role as a steward of public health dollars seriously and makes a point to not just accept an invoice as automatically being right. “We have it set up so that even with as little as a five per cent difference in pricing, it won’t let them post it in the system. Instead, that invoice is brought to a supervisor and then there is follow up to understand the pricing difference.”



Some of the Mat Man Team: L-R: Janelle Franko, Catherine Pelton, and Geralyn Allen

With the GHX system in place to help administer provincial contracts, Allen and her Heartland colleagues have been able to realize significant savings. They are able to correct errors such as overcharges for shipping and extras. In one example, they were being charged \$113 in shipping and other extras on an order which was originally only \$85.

“This is proof that setting standards for how defects will be dealt with results in actual financial savings,” say Val Klassen, Director of supply chain management. “In one case, a large laboratory company wasn’t honouring provincial contract pricing. So we just stopped paying them. Every invoice we would snip and copy the contract information from GHX and submit it to them and say we wanted the contract pricing. We had some help from 3sHealth and we were able to get back \$27,329.04. Consider how many medical supplies or services could be paid for with \$27,000, she said.

“Healthcare money is my money too. We need to use it wisely.” We can all learn from the Heartland experience, says Klassen. “Sharing these learnings will help other regions implement the same standards so we can ensure everyone is realizing the benefits and reducing rework which is so important in a publicly funded system.”

## Safety Talk [DRIVE AWAY THE WINTER]

Winter driving is hazardous at the best of times, but slippery roads and reduced traction can make it deadly. With winter storms bearing down on you, it's definitely time to think about preparing for winter driving. In this Safety Talk, we'll learn about common winter driving hazards, how to ensure a vehicle is ready for cold weather, and tips for driving on icy roads.



### What can go wrong?

Driving on slick roads can increase stopping distances and the chance of losing control of your vehicle. Is it any wonder that there are more than 200,000 crashes on average each year due to snowy road conditions?

Besides icy or snowy roads, here are a few other things to take into consideration when driving during the winter:

- **Black ice** happens when transparent ice covers the road. Your vehicle can slip out of control suddenly because the ice is very difficult to see.
- **Blowing snow** causes limited visibility. In this case it can be very difficult to see the road at all.
- **Devil's strip** is the narrow strip of ice and snow which divide lanes of traffic. It can affect traction in unexpected ways.
- **Slush grab** happens when the vehicle's tires track the slush on the shoulder of the road or in the ruts of the road during a lane change.

Always be mindful of the road conditions, drive slowly and steadily, and keep as far away from snow removal equipment as possible.

### How to Protect Yourself

While you can't control the weather, there are actions you can take to be prepared. First, make sure that your vehicle is maintained and equipped for cold weather. Some items to check include:

- radiator anti-freeze levels
- windshield washer fluid
- tire pressure
- chains
- heating and defrosting systems

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**Safety Talk** [DRIVE AWAY THE WINTER]

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Next, have a winter survival kit on hand. You'll be glad you had it in the vehicle should you have to spend a night on the side of the road. Some things you may want to include:

- a) a shovel
- b) sand
- c) road flares
- d) extra warm clothing and footwear
- e) blanket
- f) emergency food
- g) matches and a survival candle in a can

You should also keep road maps, an ice scraper, a snow brush, a flashlight, and first aid kit in the vehicle. Finally, driving in winter requires patience. Keep the following in mind:

- When you first start out, drive slowly and get the feel of the road. Before leaving the parking lot, tap your brakes at a slow speed to see how your vehicle reacts.
- Stopping distances on ice or snow may increase from four to 10 times normal stopping distances, so stay four to six seconds behind vehicles you are following. Take it slow and easy.
- Reduce your speed well before a curve and turn slowly. If you enter a corner or curve at normal highway speed, you may lose control of your vehicle.
- Use your headlights' low beams during a storm because high beams reflect off falling snow.
- Downshift cautiously and conservatively so your drive tires don't break traction.
- Wearing your seatbelt is important at all times, but the increased risk of a mishap on icy roads makes it even more crucial.

**FINAL WORD**

Driving on slick and snowy roads offers plenty of challenges. Be prepared to meet them safely. Use the tips in this Safety Talk to prepare for winter driving.

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**Lean Leader Training**

Heartland Health Region recently had two more staff complete their Lean Leader training. Gayle Riendeau, Interim CEO and Dr. Lyle Williams, Senior Medical Officer completed all the requirements needed to receive their certification. They recently received their certificates in Rosetown. There is a lot involved in becoming a Lean Leader and it takes a big commitment to achieve certification. Congratulations to Heartland's newest Lean Leaders!



Gayle Riendeau receives her certificate from former CEO Greg Cummings



Dr. Williams was unavailable for the photo but he also received his certificate for completion of the training



**Heartland Says Goodbye to Greg Cummings**

Board and Staff gathered on September 27th and 28th to say their final goodbyes to Greg Cummings, CEO. We wish Greg the very best in his new role in Alberta Health Services! He will be missed!



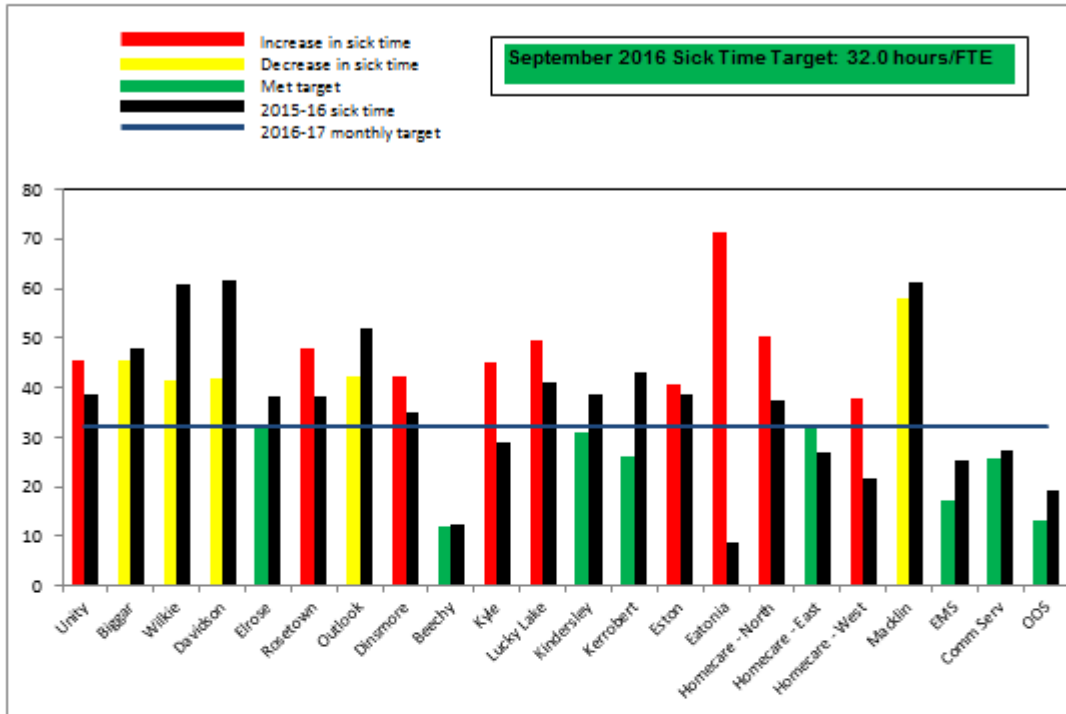
Board Chair Richard Anderson presents Greg with a keepsake of the prairie region



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**2016-2017 Sick Time Comparisons by Facility/Service – September 2016**



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 September 2015, overall sick time has decreased from 41.03 hours/FTE (45,992.93 paid hours) to 38.99 hours/FTE (43,661.45 paid hours) in September 2016. The Saskatchewan average is 38.39 hours/FTE.

Sites which have reduced their sick time since September of last year and met the target are green (Kerrobert). Wilkie 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. Eatonia 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.

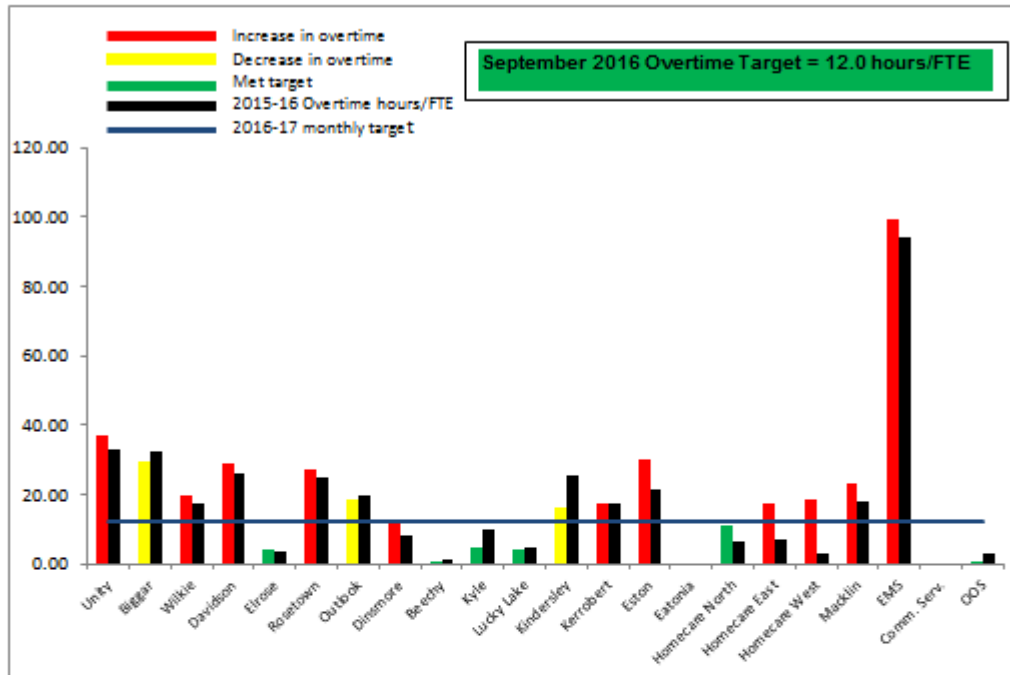
If you have a suggestion, comment or concern regarding these issues or believe there is anything Human Resources or others can do to support you in assisting to achieve this very important goal please do not hesitate to come forward.

**Our target for the 2016-17 fiscal year is:**

Measure	Annual Target
Sick Time	64.0 hrs/FTE

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**2016-2017 Overtime Comparisons by Facility – September 2016**



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 September 2016 there has been an increase in wage driven premiums (overtime, callback, etc.) from 21.57 hours/FTE (24,180.09 hours) in September 2015 to 21.70 hours/FTE (24,299.21 hours) in September 2016. The Saskatchewan average is 19.37 hours/FTE.

Sites which have reduced their overtime since the comparable quarters last year and met the target are green (Kyle). Kindersley 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. Home Care West 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.

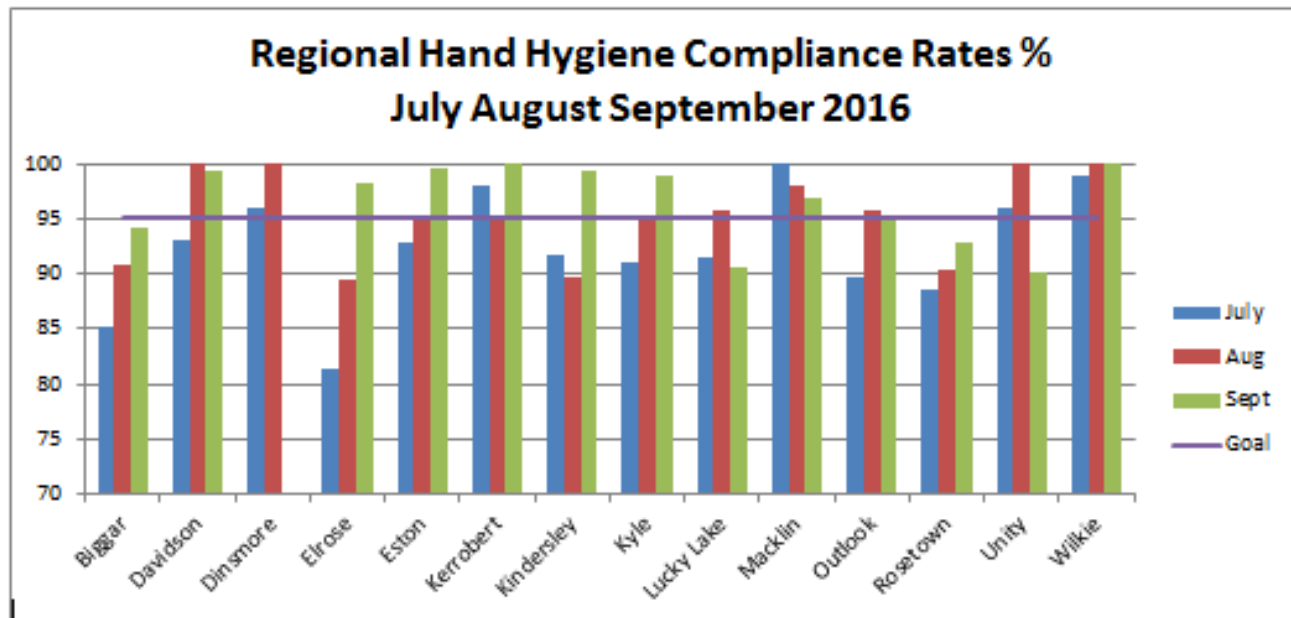
If you have a suggestion, comment or concern regarding these issues or believe there is anything Human Resources or others can do to support you in assisting to achieve this very important goal please do not hesitate to come forward.

**Our target for the 2016-17 fiscal year is:**

Measure	Annual Target
Overtime	24.0 hours/FTE



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Average compliance rates: July – 92.44% August – 95.34% September – 96.52%

**FIVE COMMON MISTAKES:**

***As long as I clean my hands at some point before patient care then that's ok, right?*** Timing is everything. You should clean your hands immediately before touching the client, their belongings, or entering their room. Let them see you do it as well!

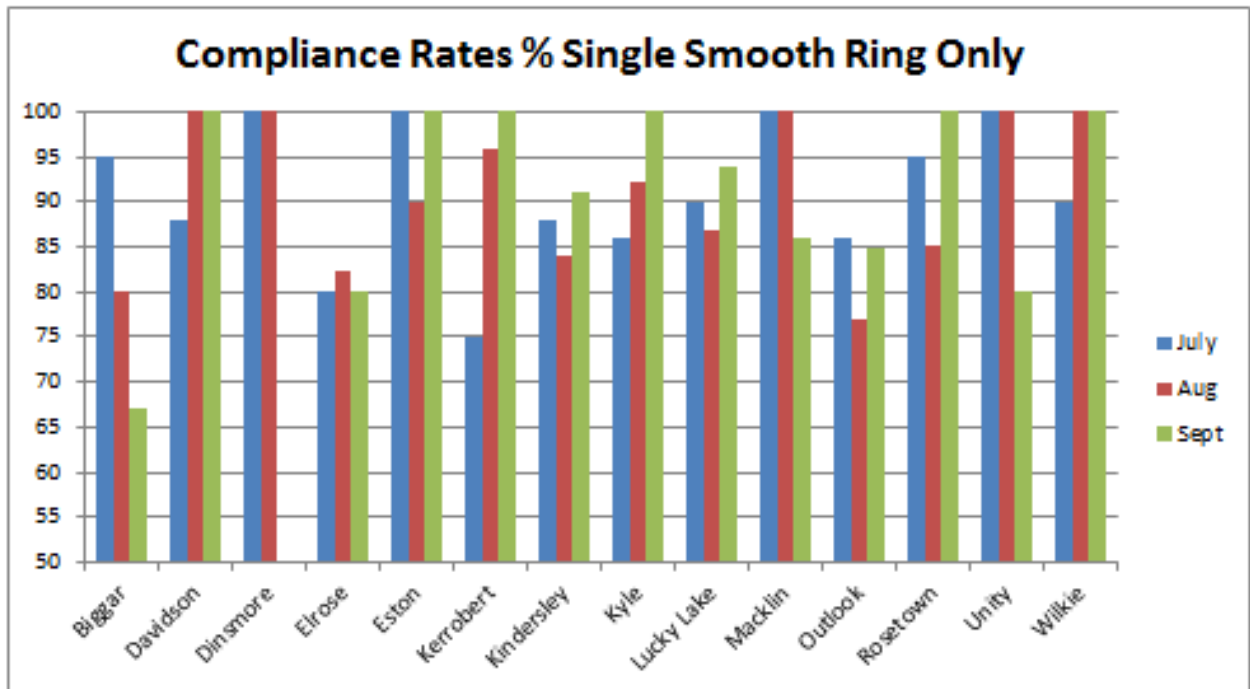
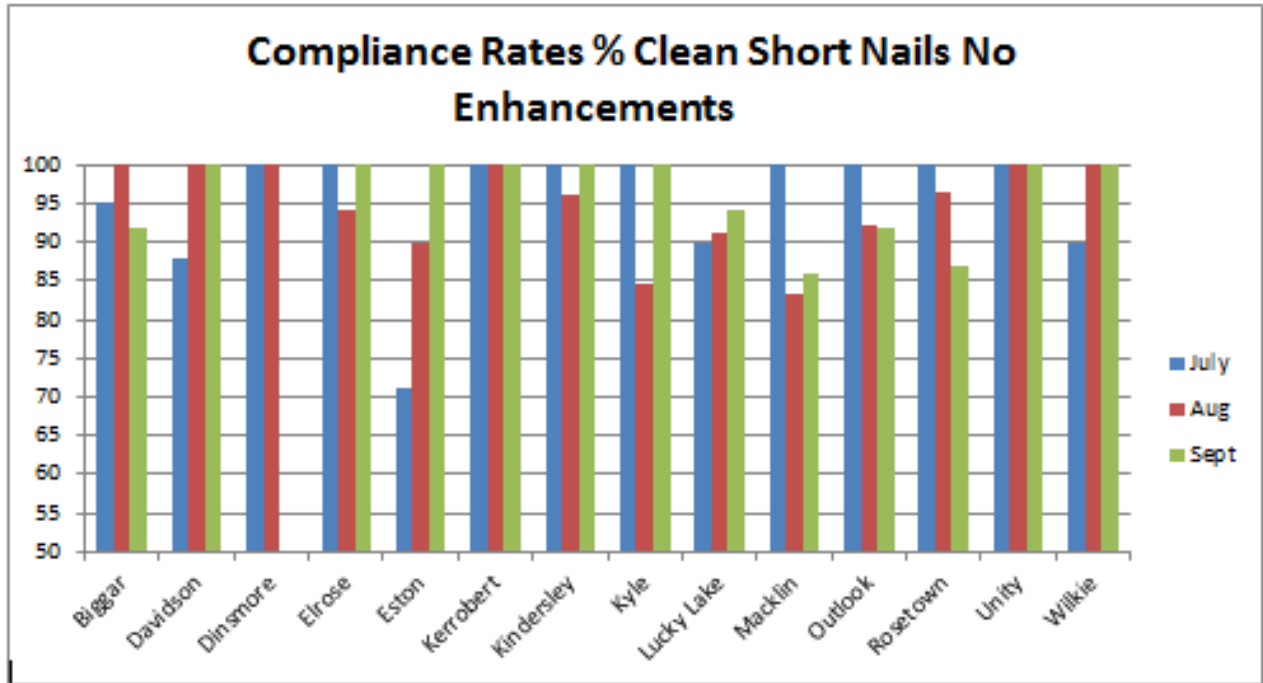
***If I wear gloves, I don't need to clean my hands.*** Gloves are effective, when used properly. If the task requires gloves, be sure to wear them, but always clean your hands BEFORE putting them on and AFTER you take them off.

***If I don't work directly with clients, then I don't have to clean my hands.*** Even non-clinical staff are expected to clean their hands often, especially when entering and exiting the facility.

***Hand sanitizer will dry your hands out more than soap and water.*** Hand sanitizer used on healthy skin causes few skin problems, and does less damage to the lipid layer than soap and water. Sanitizers contain emollients and with regular use, these emollients increase moisture content of hands, thus causing less dryness and irritation.

***Artificial nails and hand jewelry are ok to wear when providing care.*** Artificial nails can harbor more germs than natural nails and germs get caught in jewelry worn on your hands and wrists. This is clearly outlined in our Hand Hygiene Policy IC02-02. **If you are providing client care, please leave your jewelry at home!**

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### **Anxiety Top Issue for Health Care Employees**

Anxiety, personal and relationship issues are the top three reasons health care employees give for accessing the Employee & Family Assistance Program (EFAP).

Vicky Catchuk, Human Resources Coordinator with 3sHealth, says satisfaction with the new EFAP is very high. When asked, 89 per cent of those who have used the program say they'll use it again and 87 per cent said they would recommend it to others. Use of the EFAP has risen to 13.6 per cent province-wide from a 2015 rate of about 7.3 per cent.

Other statistics show that when employees use the program, they report their work attendance improved 38 per cent. Almost 50 per cent say they're better able to cope with the demands of work and 44 per cent report improvement in their relationships with others.

"We're getting positive feedback," says Catchuk. Shepell carefully tracks the access to their services and responds when needed. "For example, they had 86 counsellors in the beginning and they've expanded to 92."

Anxiety or mental health issues seem to be the top reasons people give for accessing the service so having additional counsellors available is important, she says.

In the first quarter of 2016 (April 1 to June 30), counselling services were accessed predominantly for personal/emotional topics like anxiety, depression, grief, and stress. The second highest service accessed is relationship issues including communication/conflict resolution, relationship breakdowns and separation or divorce.

The majority are accessing the services in person or via tele-counselling. Other popular options include e-counselling and video counselling.

Members of the EFAP, including health regions and the cancer agency, receive the quarterly statistics and can drill down to see stats specific to their areas. Catchuk says they can use that information to determine whether they want to offer programs in areas of high need to support employee health.

"Shepell will customize programs to specifically address themes within regions," she says.

To learn more about the Employee and Family Assistance Program, plan members can click on:

<http://www.3shealth.ca/our-work/employee-family-assistance-program>

Professional and confidential support is available 24 hours a day, 7 days a week, 365 day a year.

- Call the Shepell Care Access Centre toll free at **1-844-336-3136**
- **Register on-line** and access services via [workhealthlife.com](http://workhealthlife.com) (Canada only)
- Register and login to E-Counseling via [workhealthlife.com](http://workhealthlife.com) or **My EAP app**
- Use First Chat, instant on-line chat with a counselor, via MyEAP app or [workhealthlife.com](http://workhealthlife.com)
- For crisis situations requiring immediate attention, call 911 or the **Shepell Client Care Access Centre** at 1-844-336-3136.

2016

CANADA SAVINGS BONDS

## PAYROLL SAVINGS PROGRAM

Your chance to save is now

What are you saving for?



FROM 3 OCTOBER TO 1 NOVEMBER 2016  
[csb.gc.ca/employees](http://csb.gc.ca/employees)

Organization ID:

21262

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CANADA SAVINGS BONDS

For more information check out the website:

[csb.gc.ca](http://csb.gc.ca)

## PAYROLL SAVINGS PROGRAM

### The campaign runs from 3 October to 1 November

During the CSB Payroll Savings Program campaign period, participants of the Program can change their contribution amount and new participants can enroll in the Program and start contributing to a Payroll Savings Plan.

CSB Online Services

Register / Login

### LEARN MORE

Want to better understand how your Payroll Savings Plan works? You can get a simple overview of the plan basics in just a few minutes with these videos:



**How Contributions Work in a Payroll Savings Plan**



**How Interest is Calculated**

**More videos!** For step-by-step instructions on how to complete common transactions on CSB Online Services, such as how to change your contributions, short **How-To Videos** are available to help you.

### CSB ONLINE SERVICES

Use CSB Online Services to:

	Change your <b>contribution amount</b> (during campaign)
	<b>Redeem</b> your funds at any time
	Sign up for <b>Direct Deposit</b>
	Change your contact information
	<b>Enroll</b> in the Program (during campaign)

### FAQ

**Q:** "If I want my current contributions to continue, do I need to do anything during the October campaign?"

**A:** You don't need to do a thing. Your existing contributions will automatically continue.

*For a complete explanation of how your contributions automatically go towards the latest CSB series, [watch this video](#).*

### FOR MORE INFORMATION

Visit [csb.gc.ca/employees](http://csb.gc.ca/employees) or contact your Campaign Director.

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## My EAP app

Get the help you need on your mobile device, anytime and anywhere.

Gain immediate, confidential and secure access to your Employee and Family Assistance Program (EFAP) on your mobile device. Available worldwide in three languages and across all major mobile platforms, our My EAP app is your 'always-on' mobile support tool.

### Confidential support 'on the go'

- In-app counselling
- In-app service booking
- Assess your stress, relationship, and finances
- Mobile-friendly versions of your EFAP online programs
- Insightful articles and videos
- Available in English, French, and Spanish
- **NEW** – use your [workhealthlife.com](http://workhealthlife.com) login to access your EFAP online programs under My Activities and view the EFAP services specific to your organization

### Free download and available worldwide

The My EAP app provides unparalleled access for your entire family to EFAP services and support.

If you are in a crisis situation or at risk of harm to yourself or others, the Care Access Centre is available 24/7 for immediate and confidential assistance.



### Connect with us for confidential support or to learn more

With the My EAP app you and your family have another way to access immediate and confidential EFAP support, all in the palm of your hand.

For immediate assistance, contact us at **1.844.336.3136** or visit [workhealthlife.com](http://workhealthlife.com)



Download My EAP app now at your device app store or scan the QR code.



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October 24th, 2016

**KINDERSLEY**

Fischer Lounge

**8:30-12:30**

OR

**1:00—5:00**

**Key Topics:**

- Mistake Proofing
- Flows of Medicine
  - Seven Wastes
- Standard Operations

Coffee will be provided.

Last chance to register is  
October 14th

If you are interested in attending one of the Kaizen Basics Training dates, please submit the Kaizen Basics Registration form to Kaydin Rafuse via interoffice, fax at 306.882.1389 or scan to [Kaydin.rafuse@hrha.sk.ca](mailto:Kaydin.rafuse@hrha.sk.ca)

"Toyota revolutionized our expectations of production processes that once took days or hours to complete are now measured in minutes or seconds. The challenge is to revolutionize our expectations of health care: to design a continuous flow of work for clinicians and a seamless experience of care for patients" - Donald M. Berwick, MD, President and CEO, Institute for Healthcare Improvement

Kaizen

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To make better





## 3sHealth Employee Benefit Plan improvements

- Dental Benefits
- Dependent Life Insurance
- Diabetic Supplies
- Paramedical Services
- Private Duty Nursing
- Smoking Cessation Drugs
- Therapeutic Equipment
- Vision Care
- Hearing
- Extended Health Care

Plan members may direct questions about coverage under the 3sHealth Employee Benefit Plans to a 3sHealth Benefit Services Officer at 1.866.278.2301 or [ebp@3shealth.ca](mailto:ebp@3shealth.ca), or they may visit [www.3shealth.ca](http://www.3shealth.ca) and use Live Chat to communicate with a Benefits Services Officer.