



# e-connect

*Our Vision: Healthiest people, healthiest communities, exceptional service.*

## EXTRA helps Region customize clinical information system

Saskatoon Health Region is embarking upon an ambitious transformation program that will use technology as a change agent. The goal of the program is to implement an electronic health record (EHR) to improve patient access, safety and outcomes—a key component of the Region’s strategic plan.

Deploying an EHR is a complex undertaking. One of the many initiatives in its support is implementation of a clinical information system – Sunrise Clinical Manager (SCM).

Evidence demonstrates that clinical information systems have the potential to transform care delivery. If well-designed and adopted by clinicians, the systems improve workflow, patient safety and outcomes, and contribute to health system efficiencies.

Lori Chartier, Director, Clinical Transformation and E-Health, is the Region’s lead on this initiative. It’s her job to ensure that the design process for the SCM is structured to respect clinicians and their workflows, and allow them to lead the design process.

“This is so much more than just installing a system. We need to create as well as support changes in practice. Clinicians need to think about SCM as fundamental to clinical practice rather than an add-on to their work. They need to feel ownership of the system, not look at it as something we did to them. Most

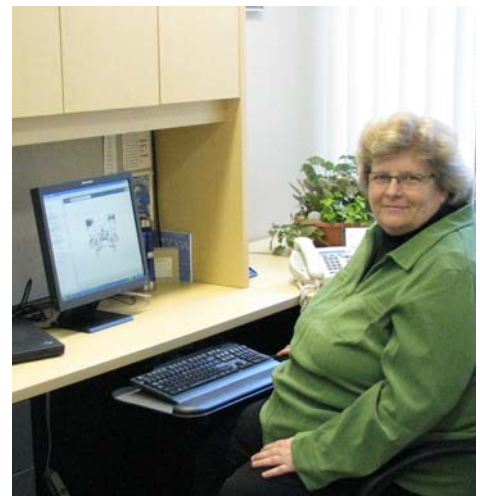
importantly, they need to see the clinical information system as something that can actually improve their work and have a positive impact on patient care,” she says.

Chartier’s work is supported by her participation in the Canadian Health Services Research Foundation (CHSRF) EXTRA Fellows program. [EXTRA](#) is an acronym for Executive Training for Research Application (see website for details).

Last year EXTRA participant criteria were expanded to include team participation. “Almost half of this year’s participants are members of a team. These are individuals already committed to the concept of interdisciplinary collaboration, and it adds a wonderful sense of collegiality to the group discussions,” she says.

Chartier will complete the two-year EXTRA fellowship in early 2010. She is currently collecting data and reviewing literature to inform the direction of her project. She says “What I am hoping for at the end of my project is to design a process that so tightly integrates system design and clinician workflow that clinicians won’t be able to imagine doing their work any other way”.

The EXTRA Fellows program has provided the tools for Chartier to bring this project to fruition. Two mentors — one academic and the other an organizational decision maker — provide regular guidance and support. The two-week



***Lori Chartier, Director, Clinical Transformation and E-Health, is working with clinicians in the Region to customize a clinical information system.***

residency session at the beginning of the program set a solid foundation for her project work.

“It’s been a tremendous learning opportunity. The faculty are amazing and the focus on evidence-based decision making has directly affected how I carry out my job,” says Chartier.

Chartier is one of several Regional employees benefiting from the EXTRA program. If you are interested in the benefits of EXTRA or just want to find out more about the program visit [CHSRF’s website](#), but hurry, the next EXTRA application deadline is **March 3, 2009**.

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## Commissioner to begin hearing patient stories

The new year will bring new opportunities for Saskatchewan people to share their experiences with the provincial health system.

Saskatchewan's Patient First review, led by commissioner Tony Dagnone, will begin hearing from Saskatchewan residents this month. Dagnone will be seeking insight into what is working well in the system as well as areas in which patients do not feel their needs were put first.

"We want to hear from patients, family, and friends advocating on behalf of patients," Dagnone said. "It's just as important to know what strengths need to be protected as to know what weaknesses need to be addressed."

**Patient First** is an independent review of the Saskatchewan health care system, commissioned by the Government of Saskatchewan for the purpose of enhancing patient-centred care at all levels of the system. Reviewers will also be working with consulting firm Deloitte Inc. to examine administrative aspects of health care and identify opportunities for greater efficiency and effectiveness within the regional health authorities, their affiliates and the Saskatchewan Association of Health Organizations.

Tony Dagnone and experienced consultants from KPMG, will visit numerous communities throughout Saskatchewan, gathering information

and suggestions through focus groups, small-group discussions, and one-on-one conversations with patients in health care facilities.

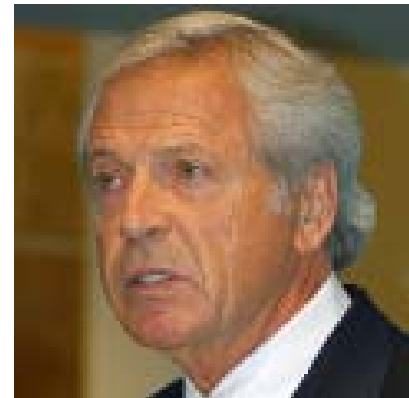
Focus group members will be invited to participate based on a cross-section of age and backgrounds so that each group represents numerous perspectives.

In the meantime, all Saskatchewan residents can provide their stories and ideas on the review's website, [www.patientfirstreview.ca](http://www.patientfirstreview.ca). The website will feature patient stories, information updates, and an interactive guide that can be completed and submitted by anyone in the province with an interest in health care. For those without convenient access to the Internet, hard copies of the guide can be obtained by calling the Patient First toll-free line at 1-866-281-6355.

"We hope every person in the province will feel free to share their thoughts so we can arrive at the best possible solutions," Dagnone said.

"Outcomes are a critical measure of a health system's effectiveness, but so are health care processes and the experiences of the patient. We're looking forward to hearing the perspectives and insights of the people for whom the system exists."

After gathering feedback through the patients' eyes, reviewers will consult with leaders and decision-makers in the



*Tony Dagnone is commissioner for Saskatchewan's Patient First review.*

health system as well as care providers and health professionals. A public survey will also be conducted to gather responses from Saskatchewan people regarding the proposed solutions.

"We're looking to optimize the performance of the health system for the benefit of patients and taxpayers alike," Dagnone said.

Call 1-866-281-6355 for more information about the review.

Dagnone will provide his report to the Minister of Health by summer of this year.

## ***e-connect: Telling our Stories***

### ***What is e-connect?***

- **E-connect is Saskatoon Health Region's employee newsletter. E-connect publishes articles related to SHR's strategic directions.**
- **E-connect is e-mailed to all SHR e-mail users and is posted on SHR's external website.**
- **Please visit InfoNet to view our updated submission guidelines, new online submission form and new photograph consent form.**

### ***How can we help you?***

If you would like to:

- **add** your e-mail address to our distribution list,
- **submit** a news idea or article to e-connect, or
- **pass on** feedback or ask a question

Please e-mail:

[econnect@saskatoonhealthregion.ca](mailto:econnect@saskatoonhealthregion.ca)

## Happy New Year

Best wishes to all for health and happiness in 2009. I hope that the holiday season, despite the frigid weather, was a time for warm moments with family and friends.

The year ahead for Saskatoon Health Region promises to be both exciting and challenging. We will build upon our successes from 2008 in achieving our plans and our vision of healthiest people, healthiest communities, exceptional service. I'd like to share with you some of the things we will focus on in the coming months.

Increasingly, we understand that exceptional service is focused on the patients and families we serve. This means we need to better understand their needs and expectations, and redesign the way we deliver our care and services accordingly. Understanding the needs and expectations of patients and families involves creating ways for those voices to be heard. We will benefit from information obtained through the Patient First Review, which is now underway under the leadership of Commissioner Tony Dagnone.

Through ongoing feedback from hospital, long term care residents and home care clients, our regional Client and Family Centred Care Steering Committee, the new Family Council in maternal child, and other consultations including public opinion surveying, we will receive important information from our patients and families about what we do well and where we need to improve.

For many patients, exceptional service means reducing the amount of time they wait for care. In the year ahead we will continue to improve patient flow and reduce the time that patients wait for surgery, diagnostic services, access to long term care and

many other hospital and community services.

You'll be hearing more about Lean Design in the coming months, as we build upon the early success we have had in applying Lean Design principles to improve patient flow in the lab and selected other services. Part of Lean Design involves better understanding the complex processes we currently use to deliver care and identifying how these processes can be streamlined. Sometimes this means radically rethinking how work is done, changing who does what, and optimizing technology. We will need to build capacity to apply Lean Design by educating many more staff on this quality improvement methodology.

Some of the biggest changes we will continue to make to achieve a more sustainable integrated health system relate to service alignment. This month we will undertake very large changes in where some of our hospital services are located.

But service alignment is not just about moving around services. It is about improving the safety, efficiency and effectiveness of our care. Currently we have large variations in how care is provided, depending on the location. This means that how long patients stay in hospital and even the outcomes of that care vary considerably. Important and challenging work being undertaken by our care teams involves examining these variations, identifying best practices, and standardizing how we deliver care to achieve the best outcomes for our patients. This work will be extremely important throughout 2009.

In the year ahead we will continue to make patient safety a very big priority. In particular, we will focus on



medication safety and infection control, two areas where our 2007 accreditation survey confirmed we are not fully compliant with national standards. We need to take more seriously some of the required organizational practices (ROPs) such as medication reconciliation upon admission, at points of transfer and upon discharge. We need to develop a zero tolerance for lack of verification processes (such as surgical timeouts and appropriate labelling of lab specimens). Peoples' lives depend upon us to do this well, every patient, every time.

None of this work can be done unless we are able to recruit and retain highly skilled, dedicated and engaged staff. We will continue to strive to recruit and retain the best people. We will also strive to provide a safe, warm and caring workplace, where every person understands how he or she contributes, puts our Values in Action every day, and feels valued. That will be a particular focus of my work in 2009. My New Year's resolution to all is to work with you and for you, to create an organization that we can all be proud of and that we can demonstrate is truly exceptional.

*Maura Davies*

## *Spark of Life* transforms relationships

Sherbrooke Community Centre has recently discovered a program called the *Spark of Life*, founded by Jane Verity of Dementia Care Australia. We really believe it is going to help improve the quality of life for all of us—but especially those who are confused due to a dementia of one type or another.

This approach teaches us that we can touch the spirits and reconnect with those who have almost become lost to us due to diseases like Alzheimer's. It shows us how to reach out gently, with love, with enthusiasm and with non-judgemental attitudes.

We know that the approach of caregivers to residents has a great impact on the responses we get from people who are confused. We can approach in a way that causes people to retreat and withdraw, or we can approach in proven ways that result in them staying connected and engaged.

*Spark of Life* focuses on the latter, reduces "problem behaviours" and thus helps us to reduce the use of drugs primarily used to sedate people. We can lessen the need for a confused individual to respond in an aggressive manner by using empathy and trying to understand their 'new normal.'

Some of the techniques of the *Spark of Life* program are to help people always succeed, build their self esteem and show genuine affection and caring. We need shift our position as caregivers to acknowledge that we are confused about a person's behaviour, and that we must work harder to understand it.

In the paradigm that is prevalent in North America, we spend most of our time trying to have people behave "normally," rather than adjusting our perspective to experience a new normal in which the confused person may find themselves. We have so much to learn and do.

I am very excited about the possibilities presented by the ***Spark of Life*** and look forward to embracing this approach, as it is consistent with our focus on love and

kindness and creating a community of affection. We will keep you posted on our journey down this exciting path. In the meantime, let's take every opportunity to help each community member succeed and search for the pleasurable moments that make a *life worth living*.

- Submitted by Cheryl George, Leader of Education, Sherbrooke Community Centre



*Resident Mary Fox and recreation therapist Susan Hayward have a little fun together in the Sherbrooke Community Centre garden.*



Judy Giles and Maxine Cebuliak

Recipients of **2008** *Philanthropy Award*

Judy Giles and Maxine Cebuliak have been volunteering their time for a number of years, leading the staff campaign for the Centre of Care (Breast Health Centre). Not only did they organize a successful fundraising campaign raising \$250,000 from fellow staff, but they continue to invest their time and energy into future fundraising events for the Centre of Care. The dedication they have is phenomenal. Their fundraising had a direct impact in the purchase of specialized medical equipment for breast health care. Patients are not the only ones affected by the generosity of this duo – staff have been recruited as well to volunteer at events outside of work hours.

*Nominated by Randy Kershaw on behalf of the team at Saskatoon City Hospital Foundation.*

## Good verbal hygiene contributes to positive workplace

You've heard of personal hygiene and oral hygiene. Have you heard about verbal hygiene?

One way to think of the conversation we engage in every day is to think of it as a narrative, with themes.

A major theme in my own narrative this summer has been that I'm "busy and tired". If you listened to me, you might wonder if that was the whole picture, or if there were other narratives I could relate.

Lots of different themes can be told in our narrative. We tell and hear narratives of optimism and hope, as well as narratives of hurts and blame. There are narratives of trust and mistrust, and narratives about attitudes such as "I can" or "I can't". Some narratives give the impression that the world is a great place

to be; others that the world seems to be out to get us. I could multiply examples of the kinds of narratives that we tell.

All of these themes do have some basis in real life. This raises some interesting questions.

Which narrative do I tell first and most often, and why? Does this reflect how my life actually is, or am I in a habit of painting reality one way or another? Am I fair to myself in the way I present myself through my conversation?

What do I emphasize too much? Or not enough?

How do I feel when I tell one kind of story versus another? How do I choose which kind of story I will tell? And finally, what effect does my speech have on others?

It is important because our words have power, whether we want them to or not. They can cause pain and hurt. But they can also reaffirm, praise and empower. They can help others find their ability to do their best. What I say can even influence how I think of myself and my own abilities.

Verbal hygiene occurs when my speech reflects reality, and when it communicates what I want it to. And perhaps most especially, verbal hygiene occurs when my story, like the Christmas story, brings joy to the world, and peace to people of good will.

- submitted by Brian Zimmer, Director of Mission. Previously printed in St. Pauls Hospital Staff Newsletter, *The LifeLine*, December 2008



Darren Karle, Vito Giocoli, Shane Hitchings and Stacy Anweiler

Recipients of **2008** *Teamwork Award*



This team of Security Services officers consistently exceed expectations and take on new tasks and challenges. Their quick thinking and decisive actions have demonstrated commitment to the safety of patients, visitors and staff. The team's cooperative efforts were highlighted in an incident where a patient in the psychiatric observation room was given an injection and stopped breathing. All four officers were present and worked together administering CPR until health care personnel took over.

Nominated by Grant Sommerfeld and Doug Penner

## Region's medication safety concerns extend to OTCs

We've all done it – taken an over-the-counter (OTC) medication for a cough and the sniffles, a headache or a mild fever. According to Dr. Jeff Taylor, professor in the College of Pharmacy and Nutrition at the University of Saskatchewan, most of us do a pretty good job of using OTCs appropriately.

Taylor gave a presentation at a recent Medication Safety Forum put on by the Region's Medication Use Quality Committee attended by more than 120 front line care providers from across the Region.

According to Taylor, three-quarters of Canadians will have used an OTC within the last six months. He believes that most people use OTCs safely because we've grown up with them. Taylor says, "We use our symptoms and our previous experience with similar symptoms to help us decide what OTC to take. We have a repertoire of self-medication skills based on our life experience. While signs are positive, it's important to remember, though, that experience in using OTCs doesn't necessarily make us experts in their use," he says.

Taylor is therefore also concerned with what he calls the de-medicinization of OTCs, and wonders whether we in the western world overuse them. "Have Tylenol™ and Benlyn™ simply become another group of consumer goods? Do we make low-level decisions to use OTC using criteria similar to how we would choose what breakfast cereal to buy?" he asks.

It's an important distinction, says Taylor, because despite their convenience and availability, OTCs are still drugs. "This means that the public needs to make 'high-level', thoughtful decisions about using them," says Taylor. "While they're fairly safe, OTC's are not risk-free."

He suggests that health literacy is key to properly using OTC medicines. People comparison-shop, comparing products based on symptoms treated and active ingredients. They hopefully read what's written on the outside of OTC packaging, but few read all the information on the insert.

Taylor encourages people to be actively involved in their own health care and treatment. "Do your research, but

make sure you choose trustworthy sources of information – for example, the Saskatchewan [HealthLine](#) website. Constantly assess your use of OTCs. If a symptom continues after a week of using the OTC, visit your family doctor to determine a diagnosis and appropriate treatment. If it's a recurring symptom, you and your physician may need to revisit the diagnosis."

Taylor's final caution is about combining OTCs with more than one active ingredient. He says "When you're using more than one OTC, make sure you're not doubling up on some ingredients – especially if you're giving these OTCs to children. It's very easy to do." He cites cold products (with many containing analgesics) and concurrent use of a fever medicine as potentially problematic.

The event was sponsored by Pharmaceutical Partners of Canada Inc., Boehringer Ingelheim, Sanofi-Aventis Canada Inc., Sandoz, Healthmark Ltd., Astellas Pharma Canada Inc., Janseen-Ortho Inc., and Amgen. Their funding supported the provision of great food from Mulberry's for lunch and nutrition breaks.

## Submit your project as Quality Poster or Award

Saskatoon Health Region staff and physicians work hard to identify, implement and evaluate quality improvement projects throughout the Region.

That's something that Saskatoon Health Region wants to acknowledge and celebrate at the Quality and Safety Summit to be held March 4 at TCU Place in Saskatoon.

There are two ways for teams to share their quality improvement work. Teams in the first stages of a quality journey can submit a poster to the **Poster Fair** to be held during the **Quality and Safety Summit**. All posters will be accepted for display.

Teams of three or more persons who have completed a quality improvement initiative that has achieved sustained measurable outcomes and resulted in positive changes can submit their work for a **Quality Award**.

The Saskatoon Health Region **Quality Awards** are modeled on the 3M Health Care Quality Team Award which is a national award presented annually at the Canadian College of Health Services Executives conference. View the [3M Health Care Quality Award application / criteria](#) before you make your submission.

Submissions for the Region's Quality Awards will be evaluated on the following

seven-category framework:

- Aim statement
- Alignment with Saskatoon Health Region strategic plan
- Team leadership
- Measurement and Results
- Plan-Do-Study-Act Cycles/ process improvement
- Outcomes
- Storyboard

The deadline for submission to both the Quality Award or the Poster Fair is January 30, 2009.

For more information, please contact Darlene Spence at 655-4088 or Deb Leek at **655-4152**.

## City Hospital launches centennial celebration

In 1909, Saskatoon was a small but growing temperance colony with an ambitious goal: build a hospital to meet the needs of its rising population. Almost 100 years later, some things have changed, but others remain the same.

Saskatoon has changed tremendously; its population has grown from mere hundreds of people into a city of more than 200,000. Saskatoon

City Hospital (SCH) however carries on, now one of the Saskatoon Health Region care centres that offers exceptional care to the people it serves.

To celebrate SCH's 100<sup>th</sup> birthday, volunteers and staff have put together a series of events for all to enjoy (see dates in sidebar). The Hospital's birthday celebrations will officially begin on January 14 in the City Hospital's atrium, with a short program and a birthday cake.

The theme for SCH's 100<sup>th</sup> birthday is *Back to the Future – looking back on our past to move ahead into the future.* Come to the kick off on January 14<sup>th</sup> to find out more about the celebrations, or visit the SCH 100<sup>th</sup> Anniversary InfoNet site for more information.



**January 14:** Kick-off and cake cutting

**February 12:** Chocolate fantasy and desserts

**March 11:** Fashion show, vintage hats

**April 24:** Anniversary Gala at the Western Development Museum

**May 13:** Sundae bar

**June 10:** Jazz performers

**September 9:** Staff BBQ

**October 15:** SCH Foundation Pancake Breakfast

**November:** "Year in Review," a display of 2009 birthday activities

**December:** Christmas Tea



Judith Wright and Terry Dunlop

Recipients of **2008** *Teamwork Award*



In 2004, line lists were used to manually report outbreaks in long-term care facilities. A partnership was formed with Parkridge, Stensrud and Sunnyside to pilot test a database that supported coordinated monitoring, tracking of outbreaks and generated graphs and summary reports.

Judith Wright, Terry Dunlop and Wayne Harms demonstrated innovation and initiative in developing the database. They saw an opportunity for a system improvement to reduce adverse events, engaged stakeholders in the development and redesigned the program several times in response to feedback from users. When all the remaining long-term care facilities came on board in 2007, on-site training was provided to designated staff at each facility.

*Nominated by Karen Grauer, Cristina Ugolini, Brenda Brown; Public Health – Disease Control*

## Thriving in the 'four-generation' workplace

Can a 20 year-old and a 62 year-old thrive together in the same workplace?

If leaders and employees understand what makes up a great workplace then *The Four Generations – One Workplace* program says they, and other generations, can work positively together.

Given the demographic challenges facing society, including an aging population and changing labour force, it is essential that the SHR attract, retain and engage staff of all ages by building positive workplaces.

Because of their experiences different generations see the world differently. Those perspectives can be the source of division or of strength.

The experiences of older workers shared in a mutually respectful and positive manner can support younger staff as they integrate into their new environment. Younger workers bring new knowledge that can lead to improvements in practice.

Offered through People Strategies, *Four Generations – One Workplace: Recruiting Retaining and Leading the Changing Workforce* explores the worldview, potential conflicts between, and contributions of each of the four generations found in SHR workplaces. The generations discussed are:

- Pre-boomers (born before 1942)
- Boomers (born 1943-1966)
- Gen X (born 1967-1977)
- Gen Y (born since 1977)

Rene Roy, Workforce Planning Consultant with People Strategies, says, "This workshop is part of a program that encourages people to explore a type of diversity, which like gender or culture, has the potential to strengthen our workplaces and people's working lives.

And if not addressed those differences can lead to division as the result of generational misunderstanding."

Research shows that over the last 20 years or more a "values shift" has taken place in North American workplaces. With each new generation those values have strengthened to become expectations – for people of all generations.

Based upon the work of Dr. John Izzo, this workshop shows that by focusing on those values – specifically, people's desire for partnership, community, being able to support a noble cause, trust, personal growth and learning and balance – positive workplaces and relationships can be supported. Everyone in the organization – senior leaders, managers and staff – can play a role in building a great workplace by living and promoting those values.

This program provides a forum for people to consider these values, which are also reflected in the Region's values of respect, compassion, excellence, stewardship and collaboration.

"Since its launch in late 2006, we've had more than 1,200 employees participate in this program," says Roy. "It links wonderfully with new programming, *Contagious Kindness* and the *Values in Action*, which are based in our organization's vision and values."

If you are interested in exploring ways to bridge generations the *Four Generations – One Workplace* is open to all staff. To learn more about living and working in a work world with four generations, visit the [People Strategies](#) pages on the InfoNet to find out when you can take a *Four Generations – One Workplace* session.

- submitted by Workforce Planning

Pre-Boomers have a 'Command' approach	Baby Boomers have a 'Collaborative' approach
<ul style="list-style-type: none"> <li>• Bring wisdom, stability and experience</li> <li>• Respect authority</li> <li>• Take a formal approach</li> <li>• Believe that work ethic is more important than education</li> <li>• Follow the chain of command</li> <li>• Loyal to their organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Strong work ethic, career-focused and achievement-oriented</li> <li>• Feel "too busy," want more leisure</li> <li>• Want to return to the ideals of youth and make a difference</li> <li>• Have respect for authority</li> <li>• Often feel let down by their organizations</li> <li>• Use a more informal approach</li> </ul>
Generation Y has an 'Entrepreneurial' approach	Generation X also has an 'Entrepreneurial' approach
<ul style="list-style-type: none"> <li>• Want community, embrace diversity</li> <li>• Are outspoken</li> <li>• Highly technologically oriented</li> <li>• Believe choice is most important value, personal life more important than work</li> <li>• Are averse to rules, like to work independently</li> <li>• Look for socially responsible organizations to join</li> <li>• Want work and personal lives to be ONE</li> </ul>	<ul style="list-style-type: none"> <li>• Are highly educated, interested in growing skills, and seek life - work balance</li> <li>• Expect to be treated with respect, opinions asked for and valued</li> <li>• Independent, despise being micromanaged</li> <li>• Tend to rely on selves rather than trust organizations</li> <li>• Have little use for hierarchy, formality</li> <li>• Want to be challenged on the job and make a difference</li> <li>• Expect fun, value community at work</li> </ul>