

Spirit of Mamawetan

Volume 2, Issue 1

Together in Wellness

January 31, 2009



The Patient First Review wants to hear how Saskatchewan residents feel about the way health care services are delivered. Health care providers will be consulted in a future phase of the review, but, as individuals, you are also recipients of health care services. You can provide your feedback by going on-line: www.patientfirstreview.ca



Wayne McDonald & Wilson Chea of KPMG were in La Ronge to hear from a focus group of community members. Plans are for the Review to travel to Sandy Bay in February.

A look back, a look ahead

by Kathy Chisholm, CEO



Greetings to all and best wishes for a healthy, happy and peaceful 2009.

I wanted to take this opportunity in the first edition of the newsletter in 2009 to connect with you and reflect on the past year as we look forward to the year ahead. As Linda Mikolayenko and I were talking about the content for this brief submission, we started talking about change – how it is ever present and how we respond to it. I recalled how I first came to the north and started working at La Ronge Hospital located on the main street in town looking over the lake. This led to us taking a walk down to the acute

care ward where pictures of staff from the "old hospital" are displayed. She was somewhat startled to see the young face captured in that picture.

Taking a look at that picture led me to consider all the changes I, myself, have seen in healthcare over some 30 years in the north. Thirty years ago, a handful of staff delivered community health programming such as children's dental services, public health and environmental health. Home Care did not exist, except through public health nurses and community health workers. The face of acute care was different then, too. Many more children were hospitalized as a result of infections and disease related to the lack of water and sewer systems. Today, we see many more people hospitalized with chronic diseases, often related to lifestyle issues such as diet, physical inactivity and smoking.

While many changes have occurred in 30 years, many changes have occurred just in this past year alone. In reflecting on the past year one can't help but immediately be pulled to the "A" word – Accreditation. For many of us in the past, accreditation was a team activity that pulled evidence of practice together and then the team met with surveyors and demonstrated how accreditation requirements had been met.

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Smiles for Santa

Patricia Skalicky used the "colour accent" feature on the camera to capture the spirit of the Christmas Tea held at the La Ronge Health Centre in December.

Sharing this special moment with Santa are: (l-r) David and Luke Sampson, Bella Todd, Kim Christiansen, Brenda Mishak Beckman and Jennifer Radloff.



CEO message (continued from page 1)

Very few of us, if any, were prepared for the survey that we underwent in June of 2008. A shockwave went through **our organization as we came to realize that we didn't quite** have it made in meeting national standards and best practice in all the service we delivered. That shockwave was the first element required in creating change – that of establishing a sense of urgency. That sense of urgency has spurred us on to make tremendous strides in ensuring we are providing the best service possible to all clients, patients or residents that avail themselves of our service.

We are creating change. Here are some examples. We are refining the process of transfer of information on clients as they move from one service to another, ensuring new care providers have current, comprehensive information on our clients as we transfer service to them. Policy development that will support best practice across services such as the emergency department and acute care services is underway. Best practices in infection control and patient safety are being implemented. Streamlining and standardizing assessments on admissions to programs is underway to ensure appropriate, safe patient care is provided each and every time.

We all respond to change differently. Some of us embrace it and get caught up in the excitement of creating something new. Some of us are reluctantly pulled along, still looking back and asking what was wrong with the way things were. Some of us dabble on the edges, steadfastly keeping the ship moving forward, while also contributing thoughtful commentary to proposed change that simply makes it more workable and achievable. All of these reactions are legitimate.

One thing is for sure, though. We will come out of this accreditation journey with better service for our clients, patients and residents. For ourselves, we will have pride in knowing we are providing the best service possible, grounded in best practice. And the journey will not end at February 27th, the last date to enter data and evidence of our work into the Accreditation Canada portal for this leg of the journey. There will be new routes for us to follow in the coming months and years to maintain our Accreditation status. New required organizational practices are already out for 2009, and we are already working on some of them. I promise though that the Accreditation journey in those coming months and years will be at a more measured pace. We have our direction, we know our destination and we have the right tools – the people within this organization and our commitment to work together in wellness to promote, enhance and maintain the quality of life for those to whom we provide services.

We must not lose sight of the fact that while accreditation work was happening all around us and with us, the ongoing work of the organization continued. During this time we continued to provide services, meet reporting requirements, develop operational plans for the coming fiscal year and access opportunities to grow and learn through a vast number of training initiatives held here in

the region, or accessed through travel to other communities.

In 2009, we can look forward to the results from the Patient First Review. I urge you and your friends and family to connect to the Patient First Review website, www.patientfirstreview.ca, to see what is happening with this review, what they are learning, and to also participate via the online surveys in order to have your voice heard about the health system in this province.

In 2009, you will also hear about “quality” as our health region, together with all other health regions in the province, work with the Health Quality Council to continually improve the health system in our respective regions and in the province. This work will align with and complement that which we are already doing through our accreditation process.

For ourselves, we will have pride in knowing we are providing the best service possible, grounded in best practice.

- Kathy Chisholm

The Mamawetan Churchill River Health Region Health Promotion Team will be bringing forward an opportunity for each of us individually to participate in our own personal health assessment. This is very exciting and I encourage you to participate in the process as it unfolds. As an organization, we will be looking for ideas on how we can support employees to be healthy, and how we can have fun doing it.

I am excited about these opportunities ahead. Health care is dynamic and ever changing. Let us reaffirm our commitment to work together in wellness to ensure the clients, patients and residents who come to us for service receive the best possible service, reflective of our vision and values of working as a team in an environment of respect, trust, competence and accountability providing compassionate care that considers the whole person and their families in responding to their needs.

Thank you for your commitment to and your provision of the best possible service. I look forward to working with each of you as we strive for excellence in health.



Above is a close-up of a 1977 photo of La Ronge Hospital staff. Can you identify which one is now the CEO? And do you recognize any other youthful faces of staff who are still employed by the region?

Employee & Family Assistance Program



EFAP Counsellor Eunice Cachene

"Helping people find their own answers and growing and building self-identity." That is what Eunice Cachene likes most about her job. Eunice is a counsellor with PPC (Professional Psychologists and Counsellors), based in Saskatoon. You can find out more about her by checking out her profile on the website: www.peopleproblems.ca

Eunice holds regular office hours in La Ronge each month. Staff and their families in La Ronge, Pinehouse and Weyakwin may contact her to make an appointment by calling 1-888-425-7721 or her cell at 306-220-2246.

The next sessions will be Monday, February 23, from noon to 8:00 p.m. and Tuesday, February 24, from 8:00 a.m. to 1:00 p.m.

To maintain confidentiality, all counselling sessions are held off-site at a private office located at Watt Agencies on La Ronge Avenue.

Confidentiality is very important for Aldene Campbell. Aldene is a counsellor with the Flin Flon and District Assessment and Referral Service. **"We are funded by the employer," says Aldene. She and her colleague, Carol Craig, are located at 18 North Avenue in Flon Flon.** Employees and their families in Creighton and Sandy Bay can contact them by calling 204-687-4865.

This program is available because the region recognizes that, from time to time, people need formal support to resolve personal issues. For more information on EFAP, employees can refer to policy ER-011.

Learning a new model

Submitted by Dave and Pam



In early January, Mental Health and Addictions staff had the privilege of participating in a workshop facilitated by Dr. Scott Miller of the Institute for the Study of Therapeutic Change in Chicago. Dr. Miller introduced a **relatively new model of therapy, "the contextual model", which essentially relies on practiced-based evidence as opposed to "the medical model",** which is an evidence-based practice model. This model of therapy emphasizes benefit over need, aiming to restore real-life functioning **in the client's life. Once a person can re-think the traditional processes of therapy, this model is quite simple, with the process being based on relationship, engagement, and outcome.**

Dr. Miller and his associates have developed a simple rating scale, which the Mental Health and Addictions team plans to begin utilizing in the near future. Overall, it was an enlightening workshop, filled with a lot of humour, making the learning experience very enjoyable.

Some of the participants in the workshop, which was funded by a retention grant:
Seated (l-r): Valerian Nefedow, Dave MacDonald, Dan Chegus, Dr. Scott Miller
Standing (l-r): Sharyn Swann, Pam Martin, Gordon Hill, Wendy Aheneke, Evelyn McDonald, Harry Ohrn, dianne hallberg, Ivy Bell, Caroline Ohrn, Denise Legebokoff, Wayne Kuffner, Don Caisse, Caroline Ratt-Misonpas, Joan Olsen, Alison Ballentyne, Robert Fortman

Accreditation Canada workshops



Sam Kearans shared her expertise with health region staff at two workshops in December: Patient Safety and Understanding Indicators. Sam is a health consultant from Dresden, Ontario, representing Accreditation Canada. The workshops, held in La Ronge, were made available to sites via Telehealth.

She is pictured above at her laptop, while Cindy Greuel (left) and Jan Senik look on.

Welcome new employees

In January, three new casual employees joined the health region. Casual employees are very important members of the health care team, helping to ensure the best service delivery. Welcome to:

Louis Corkery, Public Health Inspector, Population Health Unit
Deberah Durocher, Environmental Services Worker, La Ronge
Farrah Olson, Licensed Practical Nurse, Sandy Bay Health Centre



Keeping fit can be fun! Ashlie O'Grady, Youth Health Promotion Worker, tilts her body left and right to head the soccer balls flying at her during a trial Wii Fit session at the La Ronge Health Centre.



A framework for ethical decision making

Submitted by Josie Searson on behalf of the Ethics Committee

As a developing ethics committee, we are presently researching and reviewing various decision-making frameworks. These tools can guide us through a process in addressing ethical issues within our health region.

The following model is comprised of five key sections. A framework such as this one will enable us to gather relevant and important information as we interact and collaborate with all stakeholders at all levels in the process of resolving ethical dilemmas.

1. Collect information and identify the problem.

While you gather information, be open to alternative interpretations of events. Within bounds of patient and institutional confidentiality, make sure that you have the perspectives of patients and families, as well as health care providers and administrators. Consider the context of decision-making in view of clinical issues, patient's preferences, quality of life/death, and contextual features.

2. Specify alternatives or options.

What process will ensure that everyone involved understands the reasons for the decision or outcome? Take into account good or bad consequences not just for yourself, your profession, organization or patients, but for all affected persons.

3. Use your ethical resources or principles to identify morally significant factors in each alternative.

Use ethically informed sources such as policies and other source materials, professional norms such as institutional policies, legal precedents, and wisdom from your religious or cultural traditions.

4. Propose and test possible resolutions and weigh the options.

Are you and the other decision makers still comfortable with your options? If you do not have a consensus, revisit the process. Consider your choice/s critically: which factors would have to change to get you to alter your decision.

5. Make your choices. Justify and evaluate the final decision and accept responsibility for your choice/s.

Choose the option with the best balance of values and outcomes. Make a plan to carry out the decision, to communicate it and document it clearly. The object is to make a good choice with the information available, not to make a perfect choice.

This summarized framework is to be used as a guide, rather than a "recipe". Ethical decision-making is a process, best done in a caring and compassionate environment.

Michael McDonald, UBC