



Spirit of Mamawetan

Newsletter

Together in Wellness

Spring 2014

A Message from the CEO



Daily Visual Management: Seeing what we are doing

Across the Health Region facilities numerous departments have started putting up visibility walls. Most departments now have at least some basic information about their department and measures that they are using to demonstrate the positive work they are doing.

When I talk with staff about these visibility walls I still get a lot of questions and concerns that can be summed up in the question, "Why are we doing this?"

A basic response would be, "What you cannot see, you cannot manage." This is a quote that has been used a lot in Lean education, but still needs to be better understood to be meaningful.

The more detailed response requires us to look at what we hope to gain by visually documenting some aspects of the work that we do. By having our information on a visibility wall we want to demonstrate that we understand our business and the improvement activities that will allow us to provide better service to patients or customers. We also want to identify errors and make corrections as quickly as possible once we recognize them.

An example from our Long Term Care team helps demonstrate the usefulness of daily visual management. In the Fall of 2013, Katie O'Brien, the Long Term Care Coordinator and her team in La Ronge knew that one of the residents was experiencing falls multiple times a week. This put resident at risk of harm or injury and staff in a position where they always needed to be watching. The team decided to start documenting the frequency of falls, noting the times and locations as appropriate, and posting these for review. A pattern became apparent that demonstrated that the majority of falls came when there were long breaks in the resident using the toilet. By knowing that the falls were likely resulting from a resident trying to get to the toilet, the staff could change the frequency of toileting. This resulted in a high of fourteen falls by this resident in one month, to a low of one fall two months later.

The LTC team continues to monitor falls in their department for all of their residents. They document the falls in a bar chart each week to determine the changes in frequency and locations of falls. By seeing the fluctuations, the team is able to have ongoing conversations about recent falls and how they can make changes to address residents who are at risk.

This improvement activity can be done by any department, but requires that teams be focussed on the service they want to provide, are documenting a measure of the improvement they want to see or error they want to reduce, and are having the frequent—often daily—discussions about how they can address concerns as they arise.

The deliberate and visual approach to improvement is a new thing for most of us. It will take time and commitment to act on other improvement areas through daily visual management. The actions of teams like the Long Term Care team using visual management techniques are essential to us continuing to make meaningful change to benefit patients across our region.

5S Continues!

Having a clean, orderly workplace is a foundational feature of all Lean organizations. 5S is a proven method for ensuring the workplace is always neat, clean, safe, and predictable by empowering each individual to own, improve, and sustain a world-class environment.

But how do we do it?

A Kaizen Tool: The Spaghetti Diagram

What is a spaghetti diagram?

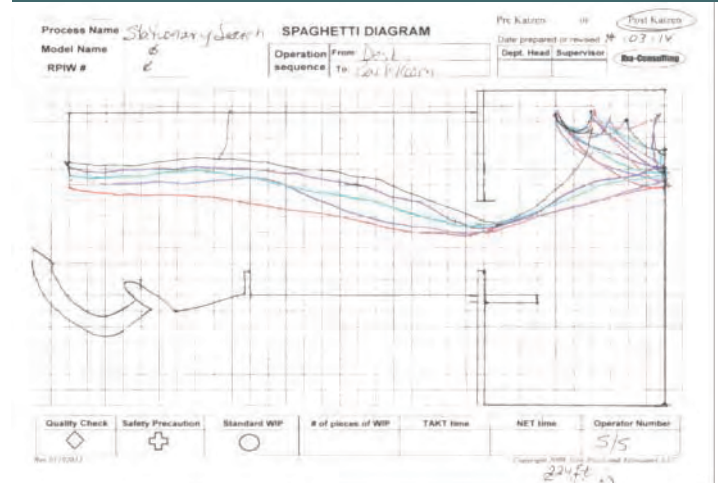
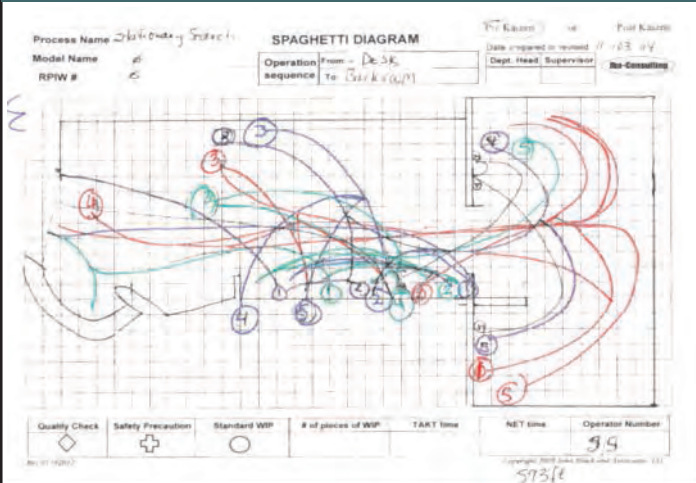
- A diagram that exposes inefficient layouts and identify large distances travelled between key steps.
- A simple mapping tool for 'Lean Process Improvement.' It gives you a useful visual overview of the geography of the process.

What is the benefit?

- It helps identify waste that is often not even recognized as such, like walking to and from a printer that is located too far from the people using it.
- It helps us determine the physical flow and distance that information and people travel to process work.
- The spaghetti diagram can very often help you see waste that you didn't realize existed.

Pictured below: Before a 5S event, six participants were timed to pick up 5 random items. Their paths were traced to outline steps taken and time.

Pictured below: After a 5S event, six participants were timed to pick up 5 random items. Their paths were traced to outline steps taken and time.



A spaghetti diagram can be used to trace the path of a process, either of a person's movement to complete a process, the movement of material through the process, or to track the movement of information as it moves through any process. Tracing the path of an employee, material or information through a work area highlights any inefficiencies in the current process. This spaghetti diagram can then be used to reconfigure work area layouts or re-examine the flow of information to find more efficient ways of completing the tasks required to get the job done.

YOU AND YOUR MEDICATION HELP US KEEP YOU SAFE!

For your safety, every time you go to the clinic, the emergency room, or the hospital, please bring *all* your medications in their *original* pill bottles or packages, including:

- Prescriptions
- Over-the-counter drugs, such as Tylenol® or Advil®
- Herbal remedies and vitamins

If you keep a list, make sure it is up-to-date. Tell the doctor or nurse how often you take each of your medicines, and remember...**the wrong combination can be dangerous!**

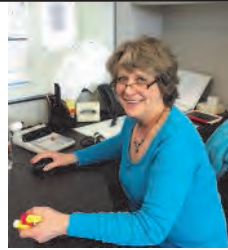
TO RENEW, REPLACE OR UPDATE YOUR HEALTH CARD

Contact the Health Registration Branch

Ph: 1-800-667-7551

Email: change@ehealthsask.ca

Please Remember: Your Government ID or Health Care Card is required when requesting health services.



Let's Meet a Member of our Team

Katherine Dreger

In 2006 Katherine was standing in a long line at an ice cream shop where she had a chance encounter with a regional employee. Little did she know the conversation would lead to what has become 8 years of employment with the region.

Katherine loves a challenge! During her time here, she has worked in housekeeping, health records, LRHC front reception and most recently as a finance assistant.

Katherine is a wealth of information and is always willing to help where needed.

Looking back over the years...Katherine now says it was the best ice cream cone ever!

Lean Activity: Reception 5S Event



Picture of a pre 5S event in the reception area at the La Ronge Health Centre.

Issues identified by staff pre-5S included:

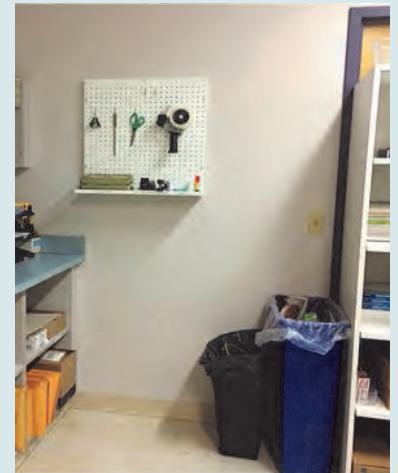
- Items stored in multiple areas.
- People "dumping stuff."
- Unclear where to return items in the copy room.
- Clutter with excess stock.
- No work area beside photocopiers.
- Unnecessary foot traffic and noise beside reception desk.

5S is a Lean strategy for "organizing the workplace to minimize the waste of time." It allows for staff to ensure that everything has a place and that a plan exists to ensure that supplies and equipment are where they need to be when they are needed. It uses the five steps of the 5S process to achieve this:

- **Sorting:** separating unnecessary supplies from those that are needed.
- **Simplifying:** creating a space for everything.
- **Sweeping:** setting up the space so that visually and physically you can "sweep" it to know that everything is correct and available.
- **Standardizing:** documenting the changes that were made.
- **Self-discipline:** Following through by audits to ensure the area stays the way it was intended.

The benefits of our most recent 5S event in the reception area:

- Unbudgeted savings of \$9,488 (inventory).
- Reduction in parts travelled (items moving from one location to another location) of 369 feet!
- Reduction in walking distance in all areas.



The same area post 5S event.

Issues Resolved post-5S included:

- Items stored in easy to find, centralized locations.
- Clearly marked, designated areas for items to help with item return.
- Stock required identified, and excess stock removed.
- Work area moved to be beside photocopiers, away from reception desk.

Heart and Stroke Big Bike Ride is Coming Soon!

On June 2nd, La Ronge's own Wheezing Wheelers will take to the streets to raise money for the Heart and Stroke Foundation's Big Bike Ride. Individual team members will be raising funds for this ride, and group fundraising events will take place throughout the community.



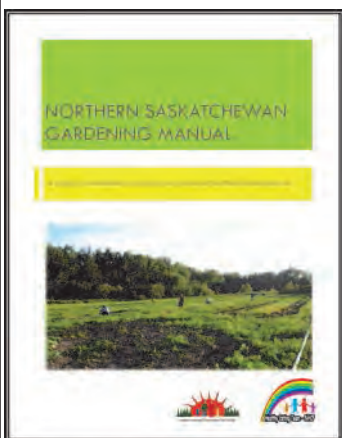
Mark your calendars for the following events:

- On May 7th there will be a bake sale at the La Ronge Health Centre.
- On May 24th the Wheezing Wheelers will be holding a fundraising bargeque in the Co-op parking lot. Keep an eye on the MCRHealth Facebook page or @MCR_Health for information updates!
- On May 30th at 5:30, the Elks will host a TGIF!

These are great opportunities to support such a worthwhile cause. Keep an eye on the MCRHealth Facebook page or @MCR_Health on Twitter for information updates!

Northern Gardening

Do you want to learn more about gardening or how to overcome the challenges of gardening in a northern climate? The Healthy Eating Team



recently developed a practical gardening 'how-to' guide for people living in Northern Saskatchewan. It is meant to encourage people to grow gardens, connect with nature and feed you and your family wholesome, tasty produce.

For more information, please visit: <http://www.nhpc.ca/>

Accreditation

Did you know: In this accreditation cycle, the organization is focusing on a total of 17 sets of standards?

These include:

Governance (Board)	Long Term Care Services
Community Based Mental Health Services	Medication Management
Community Health Services	Medicine Services
Diagnostic Imaging Services	Obstetrics Services
Emergency Department	Public Health Services
Emergency Medical Services	Reprocessing and Sterilization
Home Care Services	Substance Abuse and Problem Gambling
Infection Prevention and Control	Telehealth
Leadership	

Standard sections are chosen early in the cycle in consultation with Accreditation Canada. The rule of thumb is that if we provide a service and Accreditation Canada has a corresponding set of standards, we adopt and utilize the standards for the next accreditation cycle. Some standard sections such as Leadership, Infection Prevention and Control and Reprocessing and Sterilization are mandatory. Other support services such as maintenance, housekeeping, clerical, food services, finance, human resources, etc do not have standalone standards, but rather are connected broadly through teamwork with all clinical programs and specifically within standards such as Infection Prevention and Control and Leadership.

In late 2013, staff across the organization were asked to complete questionnaires for these standards.

With the Onsite Accreditation survey scheduled for September 28, 2013 - October 3, 2014, team leads are now very busy working with their staff and teams reviewing the results of their department's self-assessment questionnaires and addressing areas that were flagged as gaps. This work is very important in ensuring that we meet best practice standards for quality and safety.

If you are not sure which team(s) apply to you, how Accreditation impacts you or for more information about accreditation, speak to your supervisor or contact Cindy Greuel.



Training in Action: La Ronge EMS participated in a paramedic upgrade to the most current national occupation competency profile. In this picture La Ronge Health Centre staff "lend a hand."

La Ronge Medical Clinic Shows Lean in Action

The Lean philosophy is successfully being implemented in all Saskatchewan health regions. Lean provides the tools to examine our processes to determine what will add value in the eyes of the patients we serve. Patients in the Mamawetan Churchill River Health Region are seeing the benefits by becoming closely involved and adding their voice to Lean improvement efforts.

The La Ronge Medical Clinic took the initiative to find a way to better serve their patients. Many patients were indicating that long waits for booked appointment slots, inability to access staff by phone to book appointments, and the length of time waiting to see physicians once they were at the clinic were seen as detrimental to their experience in accessing medical care. To help in improving this, clinic staff, with support from the Health Region, developed a value stream map—a tool that helps to document, analyze, and improve the flow of patients, providers, and information—to see how the flow of patients through the clinic occurs. The map demonstrated the current state of the clinic processes for moving patients from presentation at the clinic to the point of discharge after seeing the physician or other care provider. The physicians and staff of the LRMC looked at the value stream map and determined where improvements could help the flow. To help in understanding the issues, the La Ronge Medical Clinic surveyed patients for one week to see where they would like service improvements to be made. The combination of the patients' feedback, and the staff review of the value stream map, identified a number of areas for improvement.

One key area identified was the appointment booking for walk-in appointments. The system in use required patients to call and book an appointment for same day services prior to presenting at the medical clinic. Patients found that the process was onerous and time-consuming, frequently leaving them frustrated by the delays to accessing care. The survey highlighted a desire from patients for reduced wait times, and a true drop-in clinic. The La Ronge Medical clinic staff decided this was something they could change immediately. Patients are now able to attend without calling, any time during afternoon clinic hours.

Since making this change the clinic has experienced an overall decrease where patients pre-book appointments in anticipation of illness, meaning an overall drop in clients. The incidents of patients not showing up for pre-booked appointments at the clinic has been significantly reduced, and the clinic staff believes there has also been a reduction of wait time on the phone for patients who require appointment bookings due to the decrease of calls. Patients now get timely care when needed, and have less of a process to follow in order to be seen.

At 12 months in, the medical clinic is on the edge of a transformation of primary care services and without the Value Stream Map, it would have been a longer and more difficult journey. The value stream map has supported the clinic in focusing the attention of improvements on the experience of patients, and the changes that should be made that provide the biggest benefit to these patients. Ongoing analysis using a future state map and looking at the balance of workload between providers will allow for more improvements that we hope will continue to improve the experience and access for patients.

As an update to the future direction of the clinic, David Watts, Executive Director of Integrated Health stated that, "On July 1, 2014, the La Ronge Medical Clinic will be moving to a new model of primary health care. The new 'pod' system will group physicians, case managers, and medical office assistants into small teams. The aim of the new system is to offer patient and family centred care, same day appointments with the team of your choice, consistent high quality medical services, and enhanced point-of-access services." Lean is a set of operating philosophies and methods that help create maximum value for patients by reducing waste, including the waste of time waiting for service. It is often referred to as a learning and management system. Everyone including; clinicians, administrators, support staff, provincial agencies, patients and family members, have a role in identifying opportunities to make care safer and better.

The Health Region Says Goodbye to Dr. David Stoll

Dr. David Stoll came to our health region as a resident in 2005, acting as Physician and Senior Medical Officer for the health region and Northern Medical Services. Dr. Stoll is a member of the Senior Management team for Mamawetan Churchill River Health Region, and participates in committees including the Provincial Surgical Services Initiative, the Stroke Pathway Initiative, and acts as chairman of the Senior Medical Officers Council. He has given a loud voice to a health region with a small population.

On a daily basis, Dr. Stoll exhibits enthusiasm, motivation, and a desire to improve patient care. Patients come first for him. He has always been a team player and has fostered inclusion as a primary goal. His bubbly character and great sense of humour, makes him a joy to work with. Dr. Stoll always has a warm smile waiting for patients and staff.

He has had a significant impact on improving care for patients with addictions. The work he initiated with the local methadone program and coordinating the HIV clinical care at the LRMC will have a lasting benefit for the community. Dr. Stoll has been a powerful voice for harm reduction in our community and in a wider field.

As a regular face in the emergency department, Dr. Stoll is seen as a caring, compassionate, calm and competent physician. Dr. Stoll always makes time for community and colleagues. No matter how busy he is, he always makes time.

As a region, we were proud when he reached heights of fame by appearing in advertisements for the Provincial Surgical Initiative, and we are grateful for the leadership that we have benefitted from. CEO, Andrew McLetchie commented, "It's been a pleasure working with Dr. Stoll over the years, and he will be greatly missed by patients, staff and the management of the health region. We wish his family all the best in the future in his new adventure in British Columbia."



The Spirit of Mamawetan *Awards Gala*

A celebration of the many successes in
our region at our first annual event.

Community Driven Long Term Care Committee is Well on Their Way!

The Mamawetan Churchill River Long Term Care Committee is pleased to announce that Mr. Earl Cook has been elected the Chairman. Mr. Cook brings a variety of experience to the group having served in a variety of health and educational fields. The remaining positions will be filled in upcoming meetings.

The Committee continues to meet monthly to address the issues surrounding long term care in our region, and potential fundraising strategies to achieve their goals.

MCRHR has acted as a support and source of information for this committee. If you are interested in becoming involved with this committee, please contact Elaine Byblow, Director of Communications, at 306-425-4812.

MCRHR would like to thank the many volunteers who take the time to assist us and improve the lives of many of our clients. Without you, it would not be the same!





A Patients Story

By *dianne hallberg*

Mental Health Social Worker and Manager of Creighton Community Health Services

I want to thank Andy McLetchie for suggesting I attend the Enhancing Patient Care Conference in The Pas, Manitoba on April 11, 2014. I attended the conference and walked away with hope. Regina Holliday's message of patient access to medical records, for transparency, and clarity, for the all patient's when talking with the doctors, was inspirational. She calls for patient engagement and inspires each of us to include the client's voice in their healing journey. Needless to say, I am grateful that I was given the opportunity to hear her message, and to hear how Manitoba Health Region is also working to be inclusive of the patient and hear their voice.

Coming from a Mental Health perspective it was great to hear her message. For many years I have dreamt of having clients engaged in their healing and Holliday shared how this is starting to change in the U.S. She is bringing the "patients voice" back into health care system and inspired me to remember this. Her message first is for us as caregivers to **listen**; if we do nothing else, that would be fine. She backed this up as she shared how when her husband was near his death, and she ran the gamut of inadequate health care services. She spoke with a doctor who was well respected in the health care community. When she finished telling him what was going on, he was the first person who was honest with her, and told her that her husband was dying, and for her to be with him during this time. She spoke of how he actually listened and didn't sugar coat things which was what she needed as it gave her the strength to focus on her husband's death.

Regina Holliday advocates for client access to their medical records, she requested her husband's medical records and didn't receive them. Instead another doctor requested the medical records and asked her to be his courier; he received them in an hour, whereas she waited months and still didn't have her copy. In the U.S. patients pay 7 cents per page for a copy of their medical record, and then they must complete paperwork, and wait until Medical Records can complete the transaction. However, when the doctor requested the medical record it was free for him, and available for pick up within an hour. We could learn from this.

The other thing she encourages is for the community to partner with hospitals, when designing. Having the community engaged is how to keep the barrier down. During break out groups we spoke of how the community and the hospitals are now separate. We highlighted the importance of bringing children's choirs back during the holidays to sing for patients. especially in Long Term Care. We discussed bringing patients back to sit on committees in the hospital as a key to success. I think Community Advisory Networks is a great way of doing this, but ask what more can we do? It is one thing to sit, is another to become a movement where change occurs.

On my drive home from the conference I thought of what a patient's story would look like as they leave the health center. How would they write their narrative of their health care experience? What would they want to take with them to feel better? How can I help to make their health care experience better?

I remembered a youth I spoke with a few years ago in the ER from one of the outlying communities. We met a few times that day, and as I completed a suicide risk assessment, I brought our words together and created a short poem of their suicide experience. It was so inspirational for both of us, and from their hurt they took away hope, and I took away a real life connection and a better understanding of life in our northern communities. That client gave me permission to share the poem. I think about the creation of memory books for kids, which reinforced for me the thought that patient story books are possible, and maybe they are the way of the future.

Suicide

Hiding in a bottle
Thinking I am worthless
Thought about dying
In a moment of hurt and pain
I carelessly swallowed those pills
I had a taste of hell
It was black
I came back

I am a woman of worth
I am a saucy weirdo
I like to see people happy
I like to give out advice and help people
I like to make people feel like they are worth
everything
I love kids
I have a lot of friends I treat with respect
I like to play video games
I like sad music
I love them

**I won't try something stupid
like suicide again.**