

FOCUS

WRHA Launches Hand Hygiene Campaign to Protect Patients and Decrease Outbreaks

Staff reminded that keeping hands clean is a professional standard

The Winnipeg Health Region has launched an aggressive four-point campaign to remind all health-care providers to reduce the risk of infections and outbreaks among patients and residents by regularly cleaning their hands either with an alcohol-based rub or soap and water.

“Twenty years ago, hospital-acquired infections were the eleventh leading cause of death in Canada,” WRHA President & CEO Arlene Wilgosh said. “Now they are number four, surpassed only by cancer, heart disease and stroke. This is a serious ongoing issue that poses a real and very significant risk to those we care for. Something new has to be done to address it.”

The campaign has four components:

Ongoing auditing and reporting – The Region will continue to audit proper hand hygiene audits on a quarterly basis and will post audit results online;



Dana Erickson (left) and Arlene Wilgosh launch regional hand hygiene campaign at HSC on May 6

Professional requirements – All healthcare providers will be reminded that proper hand hygiene is a required standard of practice;

Consequences – Any staff member who routinely fails to meet this standard of practice will go through a progressive discipline process; and

Patient, resident & client involvement – All patients, residents and clients have a right to receive their care in a safe environment. They and family members will be informed that they have the right to ensure their

healthcare providers practice proper hand hygiene by asking them if they have cleaned their hands.

The Region has contacted and met with representatives of the regulatory colleges that represent healthcare professionals and sought their input and cooperation into this undertaking.

Accreditation Canada has also been made aware of the Region’s ongoing efforts in this area. Proper hand hygiene is a required organizational practice of Accreditation Canada. Accreditation

by this national organization is now legally required in Manitoba as a result of the latest amendments to the RHA Act.

The health region’s public awareness campaign was launched on National Clean Your Hands Day, May 6.

Hand hygiene audit results will be posted each quarter online at wrha.mb.ca (search for Hand Hygiene Compliance). Results are broken down by site and by group (i.e., physicians, nurses, HCAs). – *from a WRHA news release*

Inside this issue

A message from Dana Erickson about Deficit Management at HSC

Learn more about:

- Staff Wellness at HSC
- Staff news and events
- Featured LEAN project
- Volunteer recognition
- Isabel M. Stewart, internationally celebrated graduate of our former School of Nursing

This could be the best 20 minutes you spend in June.

Aon Hewitt’s Employee Opinion Survey is coming to Health Sciences Centre in June 2013. This is your opportunity to help make HSC a better workplace. Ask your manager for details.



Health Sciences Centre
Winnipeg

National Clean Your Hands Day

May 6, 2013

On Monday May 6, staff raised hand hygiene awareness by handing out reminder stickers and by encouraging each other to wash our hands.



CORRECTION:

The Parkade notice on page 2 of Focus issue April 19, 2013 (Vol 20:4) had an incorrect listing for the Parking Office. The **Parking Office phone number is 7-2715**. We apologize for any inconvenience.

Deficit Management at HSC

HSC Strategic Plan (4Ps and a D):

- Patient Access
- Patient Engagement
- Patient Flow
- Patient Safety
- Deficit Management

I've shared the "4Ps" of HSC's strategic plan over the last few months. Today I'd like to introduce the "D": Deficit Management.

On May 1, WRHA Chief Financial Officer Glenn McLennan presented a fiscal overview to all hospital and program leaders in the city. I was not expecting good news – it seems all we hear is "doom and gloom" when it comes to the financial challenges everywhere in health care, HSC included. So when Mr. McLennan shared the region had a 2012/13 year-end surplus of about \$2.5 million, it was welcome and somewhat surprising news.

Encouraging results

What can we take away from this news? I think overall the Region has managed its money well. This includes HSC and we should generally be pleased with our performance despite a deficit of \$19 million on an annual operating budget of about \$450 million. This is a big number and a significant deficit that needs our collective attention. We know a good portion is driven by increases in volumes (e.g. increased patient days, patient visits) and supply costs (e.g. drugs, medical gases, implantable devices) for which funding has not been provided. But we also know we need to keep our belts tight, and tighten even more as we move into 2013/14.

Realistic forecast demands realistic response

Included in the fiscal overview presentation was a preliminary forecasted Regional deficit of about \$11 million for 2013/14. From experience, this is also somewhat surprising. In the past, preliminary forecasts have been much higher and accompanied by phrases like, "this will be the toughest year ever." It was a refreshing and courageous move to present a "realistic" forecast. I think the right way to respond is to make a realistic effort to help that forecast get better.

We need to contribute to the Region's financial management. The margin between a very modest \$2.5 million Regional surplus and a deficit on an overall budget of \$2.2 billion is not much – about 0.1%. HSC alone can tip the Region into a deficit if we don't keep a focus on deficit management.

Our goals for managing deficit

Deficit management at HSC is therefore one of the priority areas in our strategic plan (4Ps and a D) into the foreseeable future. Each program and department at HSC was asked to include specific deficit management goals in their 2013/14 operating plans. HSC will also continue to participate actively in Region-wide initiatives to find ways to use our resources as efficiently as possible without compromising our core responsibilities for patient care.



It is important for all of us at HSC to practice sound financial stewardship. Let's spend money wisely. Let's recognize what spending benefits our patients most. Being responsible and accountable for how we spend is putting Patients First.

A handwritten signature in black ink.

Dana Erickson
Chief Operating Officer

There's Always Room for Improvement

These HSC staff responded to the call to keep patients safe by making hand hygiene a priority



CDU/SCDU Meets Challenge

An initial hand hygiene audit showed staff they needed to address their overall compliance. The results provided good data to work with. "Based on the audit results," recounts manager Angie Wieler, "we determined a course of action, with education being the key component."

Their response has been to meet this challenge head on. Audit results are now posted in staff conference and break rooms. Initiatives include a nurse representative trained to observe and champion hand hygiene for colleagues to provide immediate feedback while they're working, and hand hygiene review and education every day during report. "The staff take this challenge seriously and have worked very hard together," adds Angie. "And the latest audit results show that our hard work is paying off."

(Pictured: some of the staff at SCDU)



NICU Focuses on Technique

"Our staff are very committed to patient safety. If we don't wash our hands, babies could die," Dr. Michael Narvey plainly states. "Our observations showed that all staff are very conscientious about when to wash their hands. However, we found room to improve our technique." So an interdisciplinary group formed a Hand Hygiene Team.

The team prepared a guide for handwashing techniques to help staff save their hands from drying out due to frequent handwashing and rolled it out with an educational "blitz" through the unit. As well, timers were installed at the handwash stations to assist busy staff to keep track of duration. Concurrent with this roll-out, central line infection rates declined significantly. NICU staff continue to look for ways to improve patient safety.

(Pictured: Doris Sawatsky-Dickson, Kori Kagan, and Michael Narvey)

All HHANDs on Deck in Surgery Program

Hand Hygiene and New Directions Committee (HHAND) was established in May 2012. They meet on the first Thursday of each month. The membership comes from all units within the Surgery program and draws from all levels of patient care: Unit Clerks, Nursing Assistants, Unit Assistants, Equipment Specialists, Infection Control Practitioner, Licensed Practical Nursing, General Duty Registered Nursing, Clinical Resource Nurses, Nursing Educators, Director.

Their mandate:

- To improve Hand Hygiene compliance within the Surgery program.
- To ensure sustainable auditing practices within the Surgery program.
- To increase awareness of infection control practices.
- To increase staff engagement in the auditing and improvement process.
- To increase the knowledge base of all staff in hand hygiene and infection control practices.

(Pictured: HHANDS Committee)



What is your team doing to meet the hand hygiene challenge? Let us know at focus@hsc.mb.ca

25th Annual Volunteer Recognition & Awards Dinner

HSC volunteers are ordinary people demonstrating extraordinary acts of dedication and caring. Volunteers donate the valuable gifts of their time, talent and energy to:

- Enhance patient comfort
- Provide compassionate support for families
- Raise funds for cutting-edge technology and programs
- Provide culturally appropriate support
- Engage the community in healthcare

This past year, their deeds of kindness and compassion have made life better for patients, visitors, and staff in more than two hundred areas throughout HSC. We salute the contributions and commitment of these outstanding individuals.

As part of our “thanks” to HSC volunteers, we were pleased to host the 25th Annual Volunteer Recognition and Awards Dinner on Thursday April 25 at the Delta Hotel. Nearly 450 volunteers, guests and staff enjoyed an evening of celebration, including excellent entertainment courtesy of Gordon Bell VOX choir, Sisler’s Most Wanted dance troupe, pianist Stephanie Rozbacher, and guitarist Sylvia Hur.

Among the honourees were Betty Laschuk, for 20 years of service, along with Eileen Doig and Elaine Latter, for 25 years of service. What incredible achievements! We were also pleased to recognize our Leaders in Service Excellence for their exceptional commitment to HSC: Colleen Chau, Kevin Culliford, Vy Doan, Delores Dueck, Bob Goluch, Phat Huynh, Esther Okewumi, Patricia Ordonez, Ricky Sidhu, Jacqueline St. Hilaire, Claire Unruh, Lida Vuong. These volunteers exemplify the spirit, commitment and enthusiasm for which HSC volunteers are known. We are proud to have them on our volunteer team!

In addition, this evening presented us with the opportunity to highlight the Volunteer Enterprises Scholarship Winners. Volunteer Enterprises awards three \$500 scholarships to HSC volunteers returning to post secondary studies. This year over 41 volunteers applied. While this made the decision difficult, it was a pleasure to review so many worthy candidates. The following volunteers were

awarded scholarships: Taylor Jamieson, Elysia Lam, Celina Wang.

To all our volunteers – we are grateful each day for your hard work and dedication, which has not gone unnoticed. You make a difference each and every time you reach out a hand to help. You help HSC put Patients First.

Thank you!



Focalize: HSC Staff Wellness



Jennifer Lumb, Manager, talks about Staff Wellness at HSC

What does your team do?

We provide wellness services and programs to HSC staff.

How many people are on your team?

We have four staff members.

How long has your department existed at HSC?

About seven years.

What does a typical day look like?

There is no typical day, which is what makes every day an adventure! You'll find us putting out Farmers' Market signs, welcoming people to fitness classes, and sharing wellness program details at New Staff Orientation.

We might be hosting a TRX class at the

Fitness Centre courtesy of David Unger, promoting a spin class (look for Leigh-ann there), or encouraging people to try our Rainbow Room relaxation services, championed by Suzanne Lagasse. And of course, we spend time each day connecting with HSC staff and learning about their individual wellness.

What are some challenges you face and how does the team address these challenges?

Often, our biggest challenge is getting the word out on what we offer, and helping turn "interest" into "action". We try to get out and talk to people as much as possible. We have a page on HSC Home intranet (hschome.hsc.mb.ca/wellness), and regularly share information through Focus and General Notices.

We also use e-mail, as well as HSC's Facebook page and Twitter account to try to connect with all HSC staff. Our team has some very exciting plans for increasing awareness about wellness opportunities at HSC, so watch for some changes over the coming months.

What changes would you like to see in your area?

Our change rooms are scheduled to be "spruced up" over the summer. We're all really looking forward to that. Additionally, this summer work will take place to set up a dedicated area for our Farmers' Market on McDermot Avenue. We're excited to watch that take shape.

How does your team relate to the rest of HSC?

We believe that by providing all HSC staff with opportunities to improve their personal wellness, embrace healthy stress-relief activities, and achieve better work/life balance, we can positively influence the care they provide to our patients.

We are here to support and contribute to a positive work environment, and encourage health and wellness in all HSC staff.

How does your team put "Patients First"?

We believe that by serving the wellness needs of our staff we help empower them to feel well and strong at work and at home and this increases their capacity to care for those around them, including their patients.

HSC STAFF BBQ Wednesday, June 5!

Volunteers are needed for the HSC Staff BBQ on Wednesday June 5. Shifts are one hour in length starting at 10:00 a.m. Come out and have fun with your co-workers and get involved. Please contact Susan Goertzen at 7-3303 or sgoertzen@hsc.mb.ca

Food Court Patio Now Open

Yes, it's truly spring! Enjoy it first hand at 24-hour Food Court patio (Green Owl Zone, Level 2), now open! It's a beautiful space, where patients, families, volunteers and staff can enjoy a meal or snack in the fresh air.





A SNAPSHOT OF OUR HISTORY

1888 Building Boom: Nurses' Home

In 1887, in celebration of the Golden Jubilee of the reign of Queen Victoria, money was given to various causes and institutions. There had been discussion in the papers about how the Winnipeg General Hospital was planning on using their share of the Jubilee Funds and the minutes from May 1887 refer to the funds being used to pay off debt and any surplus to go into the contemplated extension of the facilities. (Winnipeg General Hospital Board minutes p. 196) In the 1888 Annual Report it is noted that "The new buildings which the Directors have seen fit to erect are now completed, furnished and fully equipped to do the work for which they were constructed." (Winnipeg General Hospital Annual Report p. 17) These buildings were an operating theatre, a Nurses' Home, and a Maternity building.

Nurses' Residence

After the School of Nursing opened in 1887 the Board of Directors recognized "There [was] [...] lack of room for the proper lodging of the nursing staff employed by the Hospital. It [was] not right for those who [had] such important and careful work to perform, to be obliged to be crowded into small sleeping rooms, some of which [were], by necessity in the basement of the main building". (School of Nursing history book p.16)

In fact, prior to the construction of this building, the nurses had been scattered about in wards and the basement. The board went on to say that "Nurses should not be compelled to sleep in the atmosphere in which their work is carried on [and] it [was] proposed [that the Winnipeg General Hospital would] provide proper accommodation in this respect. There [was] also to be a cheerful room in which the nurses [could] spend their time when off duty" (School of Nursing history book p.16)

At the 24th February 1888 Board meeting the plans, specifications and estimates for the building for nurses were submitted, considered and

approved. Tenders were to be called for in bulk and a separate description of work was to be submitted. (Winnipeg General Hospital Board minutes p.243)

In March 1888 final Tenders were approved and work awarded:

- Kelly Brothers – excavation, drainage, stone and brick work and plastering \$3,700
- L.G. Latimer – Carpenter work \$2,890
- J.H. Ashdown – Tin work \$78
- C & W Playton – Plumbing & Heating \$1,527
- Madell & Robinson – Painting and Glazing \$339

"The architect's estimate was \$9,096, the real cost of the building [was thought to be] about \$8,000 as there [was to] be sufficient boiler power supplied to heat either the building for the operating theatre and dispensary, or the isolated wards [where] the heating [was] far from satisfactory owing to the great distance from the steam boilers." (Winnipeg General Hospital Board minutes p.251)

Detached from the main building, but connected by corridor on

the basement floor, the 40ft square building of stone and brick (some of which is said to have come from Upper Fort Garry) was three storeys high and accommodated 22 nurses. The boilers in the house also heated the isolated wards and Board Room, and improved the hot water supply to the wards and bathrooms. (Winnipeg General Hospital Annual Report p.7)

In the Annual Report it was noted that "The lodging of the nurses in their new building has given more room for patients in the main building" (Winnipeg General Hospital Annual Report p.6) and the hospital was able to increase the private wards by 6, making 10 in all." (Winnipeg General Hospital Annual Report p.17)

The Women's Hospital Aid Society raised money for furniture for the School of Nursing and a committee of nurses was formed to raise money for a piano. The school now had comfortable bedrooms and a dining room in the basement with its own kitchen attached. However, there were still no classrooms and lectures had to be held either in the sitting room or the dining room.

The final cost for the 1888 Nurses' Residence was \$9,362.90.

This is the second in a series of three articles about the 1888 building boom. Pictured above left: Winnipeg General Hospital, 1888 (left to right, Maternity building, Nurses' Home and Administration building including Operating Theatre). Above right: Nurses' Residence, 1889.

Look for an article about the Maternity building in the July issue of Focus. For more information about the history of HSC contact the HSC Archivist at 7-1170 or hscarchives@hsc.mb.ca

Educator, Author, Activist, Nurse

Isabel M. Stewart began her career in Manitoba

This year marks the 50th anniversary of the death of Isabel Maitland Stewart, founder of the Winnipeg General Hospital's Nursing Alumni Association and one of Canada's most renowned healthcare workers. Born in Ontario in 1878, she spent many of her early years receiving her education in Manitoba. She would later go on to have a huge impact on how nurses are educated. The Isabel M. Stewart building, HSC's former School of Nursing before 1993, was named after her at the alumni's insistence.

Graduating in 1902 from WGH's Training School for Nurses, Isabel worked in Winnipeg for six years as a private duty nurse before moving to New York and enrolling at Columbia University. Between 1909 and 1913, she earned her Bachelor of Science, Master of Arts and a diploma in hospital economics. In 1925, she became a full professor at Columbia's Teaching College, a position she held for the next 22 years. During that time, she also became chair of the Education Committee of the United States National League of Nursing (NLN).

In her capacity as a teacher and a member of the NLN, Isabel wrote the first standardized curriculum for nursing education, placing particular emphasis on research-oriented and humanitarian nursing. Between 1937 and 1941, she founded the Association of Collegiate Schools of Nursing to create consistent teaching standards across Canada and the U.S. Meanwhile, her comprehensive curriculum guide received international acclaim and was translated for schools world over, leading to her appointment as chair of the Education Committee for the International Council of Nurses from 1925 to 1947. In turn, this led to her being given the name "Miss Curriculum" by her students and colleagues.

As well as being a renowned educator, Isabel demonstrated strong leadership

skills during both World Wars, advocating on behalf of war nurses to make sure they received all the necessary training and preparation for combat situations. She developed criteria that directly influenced the creation of several military nurse training camps, and led to the foundation of the Nursing Council for National Defense and the Cadet Nurse Corps. Her work helped expand the field of nursing even during the Great Depression, when college enrollment had dropped significantly.

Isabel was a prolific writer, having co-authored two books, as well as penned over 120 articles in the *American Journal of Nursing* and the *WGH Nurses' Alumni Journal*. For her contributions, she was presented with the Mary Adelaide Nutting Award for excellent writing and research by an experienced scholar in the field of nursing.

Isabel was fiercely devoted to her family, many of whom referred to her as either "Tibbie" or "Aunt Tib." From 1911 to 1953, she lived with her sister Elizabeth Jean, along with her brother-in-law and two nephews. In that time she traveled extensively, for work but also to visit relatives in Scotland, from where the Stewart family originated.

As an early feminist and strong advocate of women in the workplace, Isabel never thought it practical to try balancing marriage with a career, saying that anyone could get married but a career in nursing was a "calling." In fact, she is remembered as having chafed at her sister's decision to incorporate the word "obey" in to her wedding vows.

Isabel was well-loved by her family, who were very supportive of her work. Said her elder brother Dr. David Stewart, the founder and medical superintendent of the Tuberculosis Sanatorium in Morden, Manitoba, "I

can scarcely remember just how the family got itself properly managed before she came along. Very early recollections show her as the organizer and thinker-up-in-general of schemes."

Although she retired in 1947, Isabel remained active in the NLN for the rest of her life. During this time, she was one of the first to receive Finland's "Pro Benignate Humana" Medal for outstanding humanitarian service. She also received three honorary doctorates from Columbia, Western Reserve University and the University of Manitoba, as well as the Florence Nightingale Medal – the highest international honour a nurse can achieve.

Isabel passed away suddenly from a heart attack on October 5, 1963, and was posthumously made an honorary member of the Canadian Nurses Association. She will always be remembered with love by her family, and admired for her vast contributions to the field of nursing, particularly as a promoter of compassionate care. In 1929, she wrote in the *Nursing Education Bulletin*, "The real essence of nursing lies not in the mechanical details, but in the creative imagination, sensitive spirit and intelligent understanding lying back of the techniques and skills."

To learn more about Isabel Stewart, please attend the Nurses' Alumni Association's Annual Jubilee Memorial Lecture at Canad Inn Polo Park on Thursday, May 30 at 10:30 a.m. Isabel's grandniece, Elizabeth Dawson, who is also a celebrated nurse and former Dean of Health Sciences at MacEwan University in Edmonton, will be presenting, "The Legacy of Isabel Maitland Stewart – Who Was That Woman?"

Information provided by the U of M Faculty of Nurses and Nursing Education Alumni Association, and Elizabeth (Liz) Stewart.

Elizabeth Dawson – Passionate and Provocative Grandniece of Isabel M. Stewart to speak at Nurses' Alumni Gathering

Elizabeth (Liz) Dawson, grandniece of Isabel M. Stewart, will speak at the annual Nurses' Alumni Association's Annual Jubilee Memorial Lecture on May 30, presenting "The Legacy of Isabel Maitland Stewart – Who Was That Woman?"

Throughout her career as a nurse and former Dean of Health Sciences at MacEwan University in Edmonton, Liz has built on the legacy of her "Aunt Tib" by helping to improve health and wellness, and by promoting nursing as both a profession and a calling. Liz believes that, "Through education, the profession of nursing moves from being task-oriented to thinking and problem-solving."

While serving as Dean, she questioned whether sensitivity in nursing is innate or can be learned. Citing the importance of this trait for nurses, Liz asks, "If we can't teach it, should sensitivity be one of the things we screen for during selection for nursing students?"

And through her pioneering work,

Liz helped establish Occupational Health Nursing as the first specialty recognized by the Canadian Nursing Association. She developed standards and a competency profile that became the basis for a one-year certificate program for occupational health nursing. This work led to Liz becoming involved with improving occupational health in both national and international settings.

"It's rewarding to feel that the work is successful and to be able to try new things," Liz says.

Liz is modest when asked about recognition of her work. "I received a Meritorious Service Award from the Occupational Medical Association of Canada. It was very meaningful to be recognized by physicians for contributions to the field. Although the award was presented to me personally, I accepted it on behalf of all nurses."

An active retirement includes volunteering as a hospice caregiver for those facing end of life.

"It was important for me to challenge myself. I was not very comfortable being with someone who is dying," says Liz. "I participated in an intensive hospice orientation program and have been volunteering since. It's amazing to be involved with people at the final stage of life."

Liz Dawson is passionate about nursing and not afraid to challenge herself and others.

Our discussion ended with her provocative response to a question about where nursing is heading as a profession:

"Caring is the foundation of nursing, no matter what the technological advancements. Much of the hands-on care is now being delivered by LPNs and healthcare aides. Are we re-defining nursing? It is good that we require a baccalaureate degree to become a nurse. However, I wonder – have we professionalized ourselves out of caring?"

– Ed.

National Clean Your Hands Day May 6, 2013



Effective Communication Reduces Workplace Violence and Supports A Safer Workplace for Nurses

In May we have National Mental Health Week, International Nursing Day, and Nursing Week. One thing that affects the personal and professional lives of nurses, including their physical and mental health, is being a victim of workplace violence.

In 2005, one in six nurses reported having been bullied in the past year, (MacDonald, P. (2006). Bullying in the workplace. *Practice Nurse*, 32(10), 1-4.) and three in ten nurses who provide direct care said that they had been physically assaulted by a patient in the previous year. (Canadian Institute for Health Information, Statistics Canada & Health Canada, 2006. *Findings from the 2005 national survey of the work and health of nurses*. Ottawa: Statistics Canada)

So how do we effectively address workplace violence to make Health Sciences Centre (HSC) a safer place to work? The cornerstone to making any organization safer is communication; this does not mean just verbal communication between two people but all types of communication at all levels of the organization.

Communication needs to happen at 8 levels:

1. Communications to the larger public

- Signage throughout HSC informs everyone of the need for respect and personal safety.

2. Policies, guidelines, and safe work procedures

- Written communication developed by WRHA, HSC and individual programs. Examples: Respectful Workplace, Workplace Safety and Health, Code White and Working Alone policies
- OESH Respectful Workplace Program

3. Leadership communication

- Making safety from workplace violence a priority
- Providing education opportunities for staff to improve their skills in early identification and managing workplace violence

4. Between departments

- Seeking out methods to improve communication.
- Acknowledging that all departments are equal and each have a role to play in providing safe quality care
- Remembering that one department can't stand alone

5. Multidisciplinary teams

- Team members are brought together in a department/program because they each have a role to play that complements the other; we must collaborate to provide safe quality care

- A guiding principle of Collaborative Care is: “effective communication, mutual respect, and trust are required for true team collaboration, and must occur both within and between teams.”

www.wrha.mb.ca/collaborate

- Real or perceived positions of power can stall/prevent communication and increase the potential for workplace violence to occur.

6. Nurse to Nurse

- Bullying or lateral violence is another type of workplace violence
- This type of violence will continue to occur and thrive as long as it is tolerated and we turn a blind eye
- Nurses must speak up against bullying

7. Communication with patients and their families

- We must be consistent and respectful in our communication with patients and their families
- We must follow through with what we have communicated
- This communication must be from the healthcare (multidisciplinary) team and the organization, it cannot be a lone voice

8. Communication with yourself

- What are you telling yourself?
- Do you have a defeatist attitude? Are you telling yourself there is no hope, no use, no one cares, nothing will change, or this is the norm for my job?

What is your responsibility? It is to speak up, and be heard. Remember that not communicating (speaking up) is communicating. If you do not speak up that says it is okay to abuse you that you are not important, and no one will be held accountable for their actions.

As nurses we are lifelong learners it is our responsibility to be continuously learning and growing. We must educate ourselves about policies, guidelines, and safe work procedures. We must seek out opportunities to learn: effective communication skills, de-escalation techniques, conflict resolution, setting appropriate boundaries, and behaviour management.

Nurses must become part of the solution and not part of the problem. We must take part in communication at every opportunity and at all levels.

Safety is Everyone's Responsibility.

– Dawn Bollman, RPN, BScMH
Chair, Workplace Violence Advisory Committee



National Clean Your Hands Day May 6, 2013

Katherine and Marcia use the new foam hand sanitizer dispensers.

Construction Update

2nd Central Energy Plant, Bannatyne Avenue

The Plant is a work in progress. Major equipment (chillers, pumps, cooling towers and generators) are in place.

Large piping (30in) and main power switchgear and transformers are in final installation. Cooling systems should be operational in time for testing late this summer.



Pictured above:
Looking up
from the inside
of the new
cooling tower
on the roof of
the plant



At left: some of
the large piping

First Nations Language Interpretation – Extended Evening Hours

Aboriginal Health Programs – Health Services is extending their operational hours to provide First Nations language interpretation during weekday evenings from 4:30 to 9:00 p.m. To access AHP–Health Services, call the Central Intake Line at 1-877-940-8880.

AHP–Health Services' other areas such as discharge planning, spiritual and cultural care and patient advocacy will continue to operate during the day. The extended hours will provide access to Interpreter/Resource Workers to assist Emergency and evening staff in communicating with Aboriginal patients who have limited English or a complete language barrier.

AHP–Health Services has offices at Health Sciences Centre, Seven Oaks General Hospital, St. Boniface Hospital and Grace Hospital and also has a mobile team. Evening Interpreter/Resource Workers will be available to all sites.

To learn more about Aboriginal Health Programs call 204-940-8881 or visit www.wrha.mb.ca/aboriginalhealth.

When should you refer a patient to AHP – Health Services?

- At any time: AHP–Health Services will assess the patient and determine if they are in need of its services
- When a patient has partial or full language barrier
- When a patient is a complex discharge
- When patient/family requests an advocate
- When patient/family requests ceremonies or traditional medicines
- When patient/family could benefit from additional support
- When patient has identified as Aboriginal



Annual Critical Care Conference a Success

HSC Critical Care Education Committee presented The Critical Eye: Focus on Drugs and Beyond. This annual conference for critical care workers was held on April 22. Participants enjoyed a full day featuring expert speakers from Winnipeg Police Service, University of Manitoba and WRHA/HSC. Topics ranged in scope from medical and street drugs to family presence in the ICU.

Congratulations to the organizers Anna Martin, Colleen Sacrey, Cheryl Lange, Cathy Ferguson, Maurita Kiesman, Sarah Gilchrist, Rhonda Thorkelsson.

Focus On: Carla Thompson, Speech Language Pathologist, Child Health



What's your favorite?

Color: Purple

Book or Movie:
Bourne Identity

Food or Restaurant: Bellissimo

Words: Faith and Hope

Place: The cottage

What type of work do you do at HSC?

Many SLPs in our department are part of interdisciplinary teams. This approach provides better coordination of care for patients.

I'm part of the cranio-facial team and we work with children, from birth to adolescence, who have speech difficulties due to cleft lip and palate.

We work with many of our patients over a longer term and get to know them and their families quite well.

How long have you worked at HSC?

Nine and a half years.

What led to your current role?

I always wanted to work with children and I'm fascinated by speech and language.

Where did you learn to do what you do at HSC?

Initially I studied linguistics and communication disorders at the University of Manitoba. From there I went to University of North Dakota to obtain my undergraduate degree and Master's degree in Speech Language Pathology. It took six years in total.

While doing my undergraduate work, I also worked at a daycare. This was a wonderful environment for me to learn about typical child speech and language development

– which became an excellent reference point for working with kids who have challenges.

I've also continued learning at work. The University of Manitoba Health Sciences Library has been helpful. The librarians are great! They've searched for journal articles and other resources.

Another important learning resource are the SLPs I work with every day at HSC. I learn a lot from my coworkers.

What do you enjoy about your work?

I love working with the kids! I enjoy being part of the Speech Language Pathology and Audiology department and the opportunity to learn from other professionals in the hospital.

Describe some of the changes you've seen in your work over the years.

A few years ago we changed service delivery to better manage waiting lists and worked to make services more accessible in the community. Incorporating parents in the treatment plans has helped a lot.

Parents are directly involved in their child's care. Incorporating parents as part of the treatment plan makes for faster speech and language improvements in their children.

What are some challenges you face in your work?

As we cut down our waiting list, we have been able to increase our capacity. As we

take on more patients, we again face the challenge of managing a waiting list.

What advice would you give to a new HSC employee?

Remember to take care of your own physical and mental health first. If you don't, it will affect everything in your life and you can't be a good employee, or spouse, or parent.

Who is the wisest person you know?

My parents.

What's the best advice you've ever received?

Don't stress or worry about things you can't control.

Do you have a memorable experience from your work?

Sometimes parents come back with their grown-up kids. The kids often don't remember coming to speech therapy, but the parents do. It's the most rewarding feeling when I see how our former patients have grown and developed, and how appreciative the parents are for the service they received here.

How do you put patients first?

In everything we do we continually look for ways to make services more accessible for families and we try to make things work for each family situation. Families are part of the team and we work with them to provide the best care possible.

May is Speech & Hearing Month Speak Well. Hear Well. Live Well.
Learn more at speechandhearing.ca

Support Transplant Manitoba—Gift of Life at Unique Event

May 30 – Timeraiser

Like art? Like volunteering? Donate your time and take home a piece of local art at this year's Timeraiser event.

Timeraiser is like speed-dating with a twist. Throughout the evening, meet with different agencies and match your skills to their needs. Once you have made your matches you are eligible to bid on artwork. The twist is rather than bid money, you bid volunteer hours. Transplant Manitoba – Gift of Life program has been selected this year as one of the agencies bidders can work with.

Come out on May 30 for this unique event!

Info/tickets at www.timeraiser.ca/winnipeg.html

Goals:

- Raise 4,000 volunteer hours
- Invest \$10,000 in the careers of artists
- Connect 200 people to causes they care about
- Support 20 nonprofit organizations

HSC Foundation Presents

Bringing Hope to Life 2013 Canadian Rock Show!

Thursday May 23, 2013

Join us for a night of rock and roll! Featuring Winnipeg rockers *The Carpet Frogs*, with opening performances by *Blue Martini Band*.

The show takes place on May 23 at the Pony Corral Downtown. Tickets are only \$20 and there are a limited number available so get yours today! Rush seating. Doors open at 5:00 p.m.

Tickets are available at all Pony Corral locations or at the HSC Foundation offices, 820 Sherbrook Street.

We hope to see you there!

Have you signed up yet?

Dr. Faisal Siddiqui of HSC says there is a desperate need for donated organs in Manitoba and one of the easiest ways to tackle this challenge is for Manitobans to register on SignUpForLife.ca.

“Many families don't even know that their loved one wanted to donate as part of their gift,” he said. “Registering your intent to donate online means that your donation decision never gets worn out, lost, or left behind, as many of the paper donor cards do. Adding your name to the registry is very important, but letting your friends and family know your decision is also a key step to ensuring your wishes are carried out if you are able to donate.”

For more information, visit www.signupforlife.ca



**ABSOLUTE
FINAL DEADLINE:
MIDNIGHT, MAY 30**



**1-866-246-4723
HSCHomeLottery.com**

MGCC-1822RF

A Patient's Experience: Meet Mr. Larry Jones

Mr. Jones is a 65-year-old husband, father and grandfather. He has been married to Mrs. Jones for 45 years and they have raised two children – Sam and Henry who are both married with their own children. Mr. Jones was a firefighter before he retired. He now enjoys spending more time on his favorite hobbies which include skiing, tennis, running, and, of course, being with his beloved grandchildren.

Sad News...

Mr. Jones became quite sick and so Mrs. Jones took him to the emergency department where he was diagnosed with pneumonia requiring IV antibiotics. He was admitted to a medical floor. This was the first time Mr. Jones had ever been in hospital and his whole family was quite concerned, visiting almost every day.

In Hospital His Family Noticed...

- Mr. Jones was not eating well.
- He was extremely weak, sleeping most of the time and not wanting to get out of bed.
- The staff would encourage Mr. Jones to get up for walks and sit in the chair but he was reluctant and eventually the staff gave up asking because he was capable of understanding and was making his own decisions.
- The unit was extremely busy. There was an overflow of patients which resulted in poor staff ratios. Because Mr. Jones never called for anything he was not getting turned as often as should be.
- The staff ordered Mr. Jones a pressure redistribution mattress but unfortunately there wasn't one available and due to the high level of acuity on the unit no one followed up.
- Mr. Jones began to complain of pain all over his body including his heels however his heels were not assessed as it was a generalized complaint and it was assumed to be a fever symptom so he was given Tylenol for pain relief.

One Week Later...

One week into Mr. Jones' admission his wife noticed that his right heel was very red. When she called for the nurse she was told that it was the start of pressure sores resulting from Mr. Jones' prolonged bed rest. Nothing further was done about it as the nurse told Mrs. Jones that her husband was young and should be going home soon so she shouldn't worry about it.

A Few Days Later...

A few days went by and although Mr. Jones' condition improved his heel did not! The reddened heel progressed

into a stage III pressure ulcer. This complicated Mr. Jones' admission by extending his hospital stay, and upon discharge he required homecare for dressing changes for many weeks to come.

Long Term Outcome...

Mr. Jones' pneumonia had cleared up and he felt ready to get back to his life. However, this was not possible as the heel ulcer he developed in hospital negatively impacted his quality of life by causing pain, reducing mobility, and restricting his ability to do the things he loved for many weeks after his discharge.

Facts

Pressure Ulcers are preventable!

National Pressure Ulcer Advisory Council identifies simple preventative strategies such as:

- Identifying patients who are at risk using the Braden scale on admission and reassess at least every 24 hours or sooner if the patient's condition changes;
- Regular skin assessments;
- Proper nutrition and adequate hydration;
- Frequent mobilization or turns if decreased mobility;
- Using devices approved by OT or PT such as cushions, offloading boots, and pressure redistribution mattresses;
- Engaging patients and families in pressure ulcer prevention education.

At HSC we put Patients First, believing that it is every patient's right and every healthcare team member's responsibility to provide the best and safest care possible. Patient safety is one of HSC's goals, encouraging us all to make a positive impact on our patients' care by making patient safety a priority!

In support of Accreditation Canada's Required Organizational Practice for Pressure Ulcer Prevention, HSC has developed a pressure ulcer prevention program. Please refer to Policy #80.120.506 "Pressure Ulcers: Prevention and Treatment Practice Guidelines".

— from the *Quality, Patient Safety & Decision Support Department*

Lean Training at HSC

Featured: The 2 ECG Project

Since 2008 the Patient Safety & Quality team has invited staff to participate in Lean Training to promote our Patients First culture by providing staff with practical tools to improve patient care, reduce waste, increase collaboration between staff, and use knowledge of resident experts. Each month we will feature a Lean Training project.

Karen Thronson, Clinical Nurse Specialist, and **Vanessa Davis**, Clinical Resource Nurse, teamed up to improve the competence and confidence of their co-workers. Both nurses recognized that nurses typically have basic ECG monitoring skills, however they lack refined skills and confidence in stressful situations. "Nurses who practice safely and confidently are happy. We all want to do the best we can," Vanessa stated when describing the project.

Nursing staff on GH4/GH7 rotate frequently through the high observation area. With continuous shift changes and turnover of staff, nurses were unable to effectively learn and apply their ECG monitoring skills if they were working in that area only once every month.

According to a survey conducted by the pair, 20% of GH4/GH7 nurses that responded considered leaving their job because of their lack of confidence related to ECG monitoring. Karen assured us, "These are smart capable nurses, but there just wasn't enough opportunity to develop confidence."

The pair created a structured learning environment with hands-on experience in which 20 nurses were selected to participate. At the beginning of the program, selected nurses were given an initial assessment of their knowledge and confidence prior to the training session. From there, nurses participated in a week-long training course which consisted of two separate learning areas and a half-day hands on training day. The group then was sent back to work for a six-month trial period where they were observed applying their recently acquired/improved skillset for ECG monitoring. At the end of the trial period the cohort is to be reevaluated to determine any change in confidence and competence.

In addition to the training course, scheduling of nurses for ECG-monitored patients was reevaluated to ensure that nurses with proper skills were given adequate shifts in those areas. Allocating skilled nurses to monitor these patients eliminated continual turnover and improved patient care in the area.

Karen and Vanessa have had a busy year participating in the initiative as well as presenting their project at the Canadian Cardiovascular Congress in Toronto, Ontario, in October 2012. Their first cohort of 21 volunteers participated in the week-long training session in November 2012 with the six-month reevaluation set for the end of May 2013.

Congratulations to this team for their exciting initiative that helps HSC nurses put Patients First.

Upcoming Sessions: September 2013, December 2013, February 2014. If you would like to participate in Process Improvement Training please contact Patient Safety & Quality at psandqnews@hsc.mb.ca or 7-4383.

Staff News

• Shannon Olfert, Mary Driedger

Congratulations to these HSC staff who were recognized by the Canadian Association of Registered Nurses (CRNM). The Professional Nursing Awards were presented at a ceremony on May 6. Shannon received the Rising Star Award and Mary was honoured with an Award of Excellence for Clinical Nursing Practice.

• Ken Kollinger

Ken has been appointed Regional Director, Capital Planning, effective May 6, 2013. He has worked in the healthcare sector for over 10 years, most recently as Project Director, WRHA Capital Planning. He has extensive expertise in leading complex major health capital projects and strategic master plan initiatives within WRHA and the Department of Health.

• Diane Kuz

Diane has accepted the permanent position of Manager of Financial Reporting for HSC effective May 1, 2013. She has been with WRHA since 2005 – most recently as Acting Director of Accounting Operations for two years and Acting Manager of Financial Reporting for HSC for the past six months. Diane's knowledge and experience has been and will continue to be an enormous benefit.

• HSC Nursing Excellence Awards

The following awards were presented on May 9 at a reception in the Pedway Cafe.

- | | |
|--|--|
| • Nettie Brown
Endowment Fund
Gold Awards
Michele Couture
Janna Van Wallegghem | • Program - Medicine
Jeannie Alarilla
Ogechi Asagwara
Tamelynn Hofer
Olivia Chu Huynh
Kenzie King
Loressa Klassen
Virginia Munsters
Charlene Richter |
| • Robert H. Jones
Scholarship
Chantal Chaput
Monica Kalar | • Program - Rehab/
Geriatrics
Randy Koropas |
| • Special Achievement
Award
Nicole Kirouac | • Program - Renal Health
Eva Hawrylak
Judith Kinch |
| • Program - Child Health
Shirley Penner
Colleen Siderius
Catherine Urbanik
Karen Wachnian
Stephen Zacharias | • Program - Surgery
Denielle Gelinias
Tina Rutledge |
| • Program - Critical Care
Sally Johnson
Colleen Sacrey | • Program -
Women's Health
Fatima Gurney
Rose Lee |
| • Program - Emergency
Sheila Anthony | |

Celebrating Aboriginal Cultures in the Region!

Aboriginal Awareness Week, June 17-21

The Winnipeg Health Region is gearing up to celebrate Aboriginal Awareness Week June 17-21. From performances to teachings and cultural exhibits, staff, patients and their families will have opportunity to experience events happening at sites throughout the Region.

“We are very excited about the opportunity to celebrate such diverse cultures through events at our facilities,” says WRHA CEO Arlene Wilgosh. “The Region is dedicated to raising awareness and understanding of Aboriginal cultures as part of our efforts to ensure culturally appropriate services and environments.”

Summer Solstice Ceremonies are happening throughout the week at several Winnipeg Health Region locations. Visit www.wrha.mb.ca for more information on events happening in the region and community.

National Aboriginal Day at HSC Friday, June 21

Brodie Atrium, Buhler Atrium, Rotunda Gallery

HSC and Section of First Nations, Métis and Inuit Health will hold our annual celebration, beginning at 8:00 a.m. with a Pipe Ceremony in the Buhler Atrium.

The day will include jigging, drum songs, traditional teachings, tee-pee set up and a feast in the Brodie Atrium. A ceremony marking the 7th anniversary of the Ann Thomas Building will take place in the 700 William Avenue Rotunda Gallery.



Fashionable Celebrations for National Medical Laboratory Week

Lab staff were dressed to the nines, modeling the latest lab coat fashions at an event in celebration of National Medical Laboratory Week (April 28–May 4). From Freddy Krueger to the Cat in the Hat, all labs were well represented with spirit and pride. Congratulations to Pathology whose rap helped to clinch fashion show supremacy!

THE 27TH ANNUAL

Teddy Bears' Picnic

SUNDAY, MAY 26, 2013
ASSINIBOINE PARK, 9AM TO 5PM

<p>Dr. Goodbear Clinic Get your stuffy their checkup! Sponsored by Great-West Life <small>Member of CIBC</small> <small>SPONSORS COMMITMENT TOGETHER™</small></p>	<p>Mainstage See all the fantastic bearertainment! Sponsored by BT BREAKFAST TELEVISION</p>
<p>Activity Tents Includes: Paw Prints Bear Eye Care Teach Your Bear Bears on BT Teddy's Healthy Habits</p>	<p>Entertainers Featuring: 5 Times Fun Freaky Green Beazles Seanster and the Monsters Hinode Taiko and more!</p>

Come see it all and you and your stuffy will have a ball!
goodbear.mb.ca



The Children's Hospital Foundation of Manitoba

Retirements



Debra Glenn-Molina
Medical Technologist,
Hematology

Debra is retiring after 29 years of service at HSC. Her retirement tea will be held Thursday, May 22 in MS473 Boardroom, from 2:30 to 4:00 p.m.



Karen Gilchrist
Registered Nurse,
Women's Operating Room

Karen is retiring after 32 years of service at HSC. Her retirement tea will be held on Thursday, May 23 in WT561 (Elinor Black Room) from 2:00 to 4:00 p.m.



Marlise Forsyth
Registered Nurse,
Child and Adolescent
Mental Health

Marlise is retiring after 41 years of service at HSC. Her retirement tea will be held on Thursday, May 30 in PX107 (PsychHealth) from 1:00 to 3:00 p.m.

Sherrin Markiewich
Administrative Assistant
IV, Child Health

Sherrin is retiring after 30 years of service. Her retirement tea will be held Thursday May 30 in CH208D (Children's) from 2:30 to 4:30 p.m.



Susan Penziwol
Senior X-Ray Technologist,
Angiography

Susan is retiring after 32+ years of service at HSC. Her retirement tea will be held on Friday, June 14 in GH181 from 1:00 to 3:00 p.m.

Health Sciences Centre Spiritual Health Services together with University of Winnipeg Faculty of Theology present

Spiritual Diversity: Hope & Healing

Thursdays, September 12 to November 28, 2013
Deadline for application is July 31, 2013

Spiritual Diversity: Supervised Practicum

Thursdays, January 9 to March 27, 2014
Deadline for application is November 22, 2013

Class size is limited. Early application is recommended.

These courses are a part of the spiritual health care education program based on the principles of diversity and inclusivity. Take courses individually or take both.

This program, for healthcare professionals, students, and interested spiritual seekers is facilitated by Spiritual Health Specialists.

For information and an application package call HSC Spiritual Health Services: 204-787-3884 or UWinnipeg Faculty of Theology: 204-786-9857

Chris Morgan
General Duty X-ray
Technologist, Adult
Radiology

Chris is retiring after 29 years of service at HSC. A retirement tea will be held Thursday, May 30 in RR241A (Managers Resource Room) from 1:30 to 3:30 p.m.

Winnipeg Critical Care Nursing Education Program (WCCNEP) – APPLY NOW!

Application Deadline is June 20, 2013
Starts on Monday, September 9, 2013

For more information, call Suzanne at 204-787-4988.

Send us your story ideas, photos and feedback!
Please send your submissions to: focus@hsc.mb.ca
(All submissions are subject to editing for length and content.)
For more HSC news visit HSC Home.



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

HSC is an operating division of the WRHA