NO ONE Dies Alone
VOLUNTEER PROGRAM IN THE REGION PROVIDES COMPANIONSHIP DURING FINAL HOURS

No one is born alone, and in the best of circumstances, no one dies alone. Yet from time to time, patients in hospitals or residents in long-term care centres have neither family nor close friends to be with them as they near the end of their life.

The Winnipeg Health Region’s No One Dies Alone (NODA) program provides the reassuring presence of a volunteer companion to dying patients who would otherwise be alone. It originated from a hospital in Eugene, Oregon, and has since spread around the world. In the Winnipeg Health Region, Grace Hospital, Deer Lodge Centre and Seven Oaks General Hospital participate.

Half of the 16 volunteers at Seven Oaks General Hospital (SOGH) are drawn from hospital staff in non-clinical areas, along with a few long-term volunteers from the public. Since the program started in the spring, volunteers have sat for four patient vigils – the term for staying with someone during their final hours.

“NODA fits in with our mission to put the patient first,” says Dawn Chapman Shoup, NODA coordinator at SOGH. “We are providing our patients with the ultimate gift of dignity.”

So what kind of person volunteers to spend time with someone who is about to pass away? A number of the SOGH volunteers may appear surprising, says Chapman Shoup.

“We have a protective services officer and a utility person among our volunteers. Our staff is touched that these big guys are taking time to hold hands with dying patients,” she says. “Some volunteer because they come from a large family, and can’t imagine anyone being alone at the end of life, while others are alone themselves. They all want to make a difference, and they do.”

The NODA program is for patients who are expected to die within 24 to 72 hours, and do not have family or friends to sit with them.

“You might ask ‘what can I possibly offer a patient as a maintenance employee?’” says SOGH staff volunteer Joe Lesko. “The answer is that I can offer my time, to assist in eliminating the loneliness and sadness of a dying patient by providing much needed emotional care and compassion, allowing them to pass on with dignity.”

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Back to school isn’t just for the kids

It’s back to school time, and it isn’t just for the kids. As a worker in the Winnipeg Health Region, you have access to classes to expand your knowledge as well. Available at your fingertips, is a variety of workshops. They are provided by Organization & Staff Development (OSD), Computer Training Solutions (CTSS) and Clinical Education and they’re accessible through the OSD website for staff in hospitals, personal care homes, clinics, and community locations.

The classes offer practical tips to expand your skill set and cover a wide range of areas such as wound care, Microsoft Excel, conflict resolution and cultural awareness. The classes are designed to suit a variety of learning styles and incorporate different teaching techniques to make the lessons engaging and memorable.

“Staff have the opportunity to grow within their role, to take steps forward and improve how they work,” says Kim Warner, Director of Organization & Staff Development.

Participants are acquiring skills that can be applied in various situations both at work and at home through many of the courses offered by OSD.

For example the Interpersonal Conflict Resolution course helps participants better understand the dynamics of conflict. People are individuals and as such, handle situations in different ways. Participants get a chance to explore their individual style of responding to conflict by analyzing real-life scenarios and then learn specific and practical communication skills and tools to use in the future.

Another course growing in popularity is Accountability in Action. Participants learn how to rethink the way they respond to challenges, difficulties and problems to create greater accountability and success at work and in life.

“Sometimes misunderstandings, disagreements, and unmet expectations get in the way of doing your best at work,” explains Lisa Bircham, OSD Consultant. “These courses are a fun and informative way to learn new and effective techniques to deal with difficulties that may arise.”

Staff working in the Winnipeg Health Region can tap into many other educational opportunities to expand their specific skill set, like the Wound Care classes which are offered to those who interact with and visit patients. By learning to better identify and treat wounds quickly they are less likely to worsen.

With over 30 classes offered and more coming, the opportunity for development is growing. New to the roster is a workshop on Change Management, looking at how to help staff deal with change in the workplace – available to managers or to staff with manager permission.

With the long list of courses available, your learning opportunities don’t stop. Signing up is easy through the web, and by phone in some cases. You can check out the list of courses by logging onto www.wrha.mb.ca/osd or by calling OSD at 787-1582.
NEW POLICY outlines business relationships with vendors and suppliers

INDUSTRY RELATIONSHIP POLICY TAKES EFFECT THIS MONTH

Have you purchased, or been involved in the purchase of a product or service on behalf of the health region? Each day, thousands of dollars are exchanged with industry throughout the province in order to provide health care. With over 200 health service facilities and programs, 28,000 staff, and annual operating budget of nearly $2.1 billion, the Winnipeg Health Region is a significant contributor to the economy of Manitoba. That is one reason why it is very important for the region to have sound policies regarding its business relationships.

The new WRHA Industry Relationship Policy takes effect September 2010. This policy provides a set of guiding principles for all WRHA representatives (staff, physicians, management, executive, and members of the Board of Directors) who deal with vendors. The policy applies not only to clinical suppliers from the pharmaceutical and medical device industries but also to non-clinical vendors such as accounting & law firms and I/T, office supply and construction companies, or anyone seeking to do or already doing business with the Region.

The Industry Relationship Policy was developed over the past year with input from an advisory committee and extensive staff consultation. A primary objective of this policy is to promote a standard of conduct that preserves and enhances public confidence in the integrity, objectivity and impartiality of WRHA clinical and business activities.

“The intent of the Industry Relationship policy has always been to provide guidance and principles to help manage our relationships with industry,” says Dave Rubel, Director, Internal Audit. “By removing vendor influence and potential biases with vendors, we’re trying to minimize the risk that decisions are made on anything other than merit.”

The Industry Relationship Policy will increase transparency and accountability within the organization. It is first of its kind amongst regional health authorities or institutions within Canada, and follows suit with other leading health care organizations in the United States.

The development of the policy is also pursuant to the University of Manitoba Faculty of Medicine Policy on industry relationships implemented in 2009.

The regional Conflict of Interest policy has also been updated to align with the new Industry Relationship policy.

Here is some of what you can expect from the Industry Relationship Policy. Please refer to this policy and the related Conflict of Interest policy on Insite or the WRHA website for complete details:

- Staff and physicians working in the Winnipeg Health Region cannot accept personal gifts from vendors, regardless of the nature or value of the gift.
- Site access by vendors needs to be arranged through an appropriate WRHA representative for designated purposes depending on whether access is for patient care or non-patient care areas.
- Drug samples can be used in ambulatory and emergency department settings under certain conditions. The use of samples that have been rejected by the national Common Drug Review may be prohibited.
- Travel sponsored by industry for staff will only be allowed under specific circumstances.
- Off-site industry-sponsored events that are legitimate educational, training or learning opportunities can be attended by staff once appropriate approval is obtained.
- Staff and physicians working in the Winnipeg Health Region are required to fill out a Conflict of Interest declaration if they have an outside relationship with a vendor that can result in a conflict of interest situation.

It is important for all WRHA staff, physicians, and other representatives who deal with vendors to read and understand the Industry Relationship and Conflict of Interest policies. View them online at: home.wrha.mb.ca/corp/policy. If you have questions about the policies or how it applies to you in a situation, please read the Frequently Asked Questions posted with the Industry Relationship Policy on Insite and speak to your supervisor or manager.

More information about the policy will be communicated via Health Care Connection, Insite, and the Health Connections Winnipeg e-bulletin.
What are these bold statements we often see posted on walls in hospital corridors, community offices or personal care homes. We pass by them on our way to our unit or workplace, maybe taking a quick glance and reading a line or two. But what do they mean, what purpose do they have for us, and why should we bother with them? Perhaps I can share some insight on the significance of these statements.

There are 28,000 people working in various roles, programs and facilities through the health region, with a broad range of duties and responsibilities. In some way we all provide care to different people at different places, and are joined together by working within the same Health Region. While our physical location and roles may be different, the common denominators of what we do involve our Vision, Mission, Values and our Commitments.

Our Vision is easy to understand, it is the vision of the future we want to create: healthy people living in vibrant communities, with care available for everyone.

What it means is that together, we help deliver accessible care to sustain healthy individuals. These are the necessary building blocks toward creating healthy, active individuals in our communities.

Our Mission outlines our statement of purpose and business (what we do and why we’re here). As our mission states, we’re here to coordinate and deliver safe and caring services for people’s overall health and well-being.

Our Values guide our actions at work, as we serve others and each other. We believe that each person is entitled to care provided with dignity and respect, and we will treat each other and our partners in health-care with dignity and respect.

Our Commitments focus on how we will deliver care. The three benchmarks; innovation, excellence and stewardship will guide us.

These are promises that we are making to ourselves, to one another and to the public.

Based on the foundation of our Vision, Mission and Values, and through input from staff and the community, our Strategic Directions have been developed. These will help set the course of operations for the Region over the next five years. It will also serve as a compass for your department, facility, unit, or program, to align its course for the future. Whatever you do and wherever you work in the Region, your efforts should be in line with these guiding directions so that we are all working on the same page towards common goals.

I encourage you to cut out this copy of our new Vision, Mission and Values and place it somewhere that’s easy to view as a reference, as inspiration or as a reminder of what we’re all here for, and what we, all 28,000 people working in the region, are striving for.

Arlene Wilgosh
President & CEO, Winnipeg Health Region

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Our Strategic Directions

We are the six strategic directions that will serve as our guide in determining priorities and actions for the Winnipeg Health Region over the next five years.

1. Enhance Patient Experience – Enhance patient experience and outcomes by listening more carefully to patients and considering their needs when designing and delivering services.

2. Improve Quality and Integration – Improve access to quality and safe care through improved integration of services and the use of evidence informed practice.

3. Foster Public Engagement – Work with the community to improve its health and wellbeing by forging partnerships and collaborating with those we serve.

4. Support a Positive Work Environment – Enhance quality care by fostering a work environment where staff are valued, supported and accountable, and who reflect the diverse nature of our community.

5. Advanced Research and Education – Work with stakeholders to enhance academic performance through the development of an academic health sciences network where education and research activities are better aligned and integrated.

6. Build Sustainability – Balance the provision of healthcare services within the available resources to ensure a sustainable healthcare system.
Breaking the Golden Rule

Creating a Respectful Workplace

A sk people what respect is, and more often than not they’ll say respect is about treating others the way you want to be treated.

But is that how respect is perceived in the workplace?

“I had a supervisor who always referred to me as ‘young lady,’” shares Sarah, a business professional in her late twenties who works in the Winnipeg Health Region. “It really offended me, especially since I happen to look very young for my age.”

After talking to her supervisor, Sarah learned that her supervisor used ‘young lady’ as a term of endearment and respect. “He was quite embarrassed that he offended me; that wasn’t his intent.”

Respect in the workplace follows the platinum rule: treat others the way they want to be treated. But how can we know how others want to be treated?

The new Respectful Workplace Procedures Manual helps each of us know our rights and responsibilities, as well as to understand how to deal with disrespectful behaviour when it happens. The Winnipeg Health Region is committed to developing a culture of health and safety for all staff, as well as to developing the procedures that support and encourage a healthy and safe work environment. That’s why the Winnipeg Health Region has a Respectful Workplace Policy.

It’s also why a campaign is being launched to raise awareness about how respect is expected amongst everyone. Along with posters in facilities throughout the region, an online component will help educate staff and encourage discussion about what a respectful workplace involves.

For example, what may seem like an inoffensive comment or remark to me may hurt you. The bottom line is that each of us has the right to feel safe and comfortable at work, free of harassment, discrimination, violence, prejudice, bullying, abuse and any other type of behaviour that would make someone feel uncomfortable.

“To have respect in the workplace, there needs to be good communication,” says Eric Barnaby, Director of Human Resources for Corporate and Community Services for the Winnipeg Health Region. “When colleagues deal with and address these issues quickly, it generally results in a much better outcome than when they are left to brew and further escalate.”

Barnaby, echoing the guidelines in the Manual, encourages staff to approach each other first by initiating a one-on-one discussion when disrespectful behaviour occurs. Quite often, this first step of addressing an issue solves the problem.

Keep in mind that the informal banter one colleague may welcome and enjoy, may not be welcomed by another. In a respectful workplace, the colleague who curses like a sailor refrains from doing so in the company of someone who finds that type of language offensive.

Being able to read whether your actions are wanted or unwanted, can help you make sure you aren’t offending your coworkers.

Whether or not someone intended to offend isn’t the issue. How the experience was received is the key factor.

“It’s all in how people interpret what was said. It may not have been the intention, but that’s what was heard or felt,” says Conne Newman, Director of Human Resources for the Victoria Hospital.

A good rule of thumb: “If it doesn’t feel right, it’s probably not right,” says Newman. “You don’t have to like everyone you work with. You just have to act professionally and be respectful.”

Respect at work makes sure that each of us can focus on doing what we’re here to do: our jobs. And at the end of the day, people who feel respected are more likely to stay at their job, which helps us to retain our most valuable asset: our people.
Examples of Disrespectful Behaviour:
- Any act of violence in the workplace.
- Leering at a co-worker.
- Ignoring a co-worker.
- Rolling your eyes when you’re talking to someone.
- Bullying others in the workplace.
- Gossiping about co-workers.
- Making racist, religious or sexist jokes.
- Abuse of authority.
- Any other behaviour or actions that make you or others feel uncomfortable, offended, discriminated against, or harassed.

Know Your Rights and Responsibilities
Read the Respectful Workplace Policy and download a copy of the Respectful Workplace Procedures Manual: www.wrha.mb.ca/professionals/respectfulworkplace

Have a Question or Concern About Respect in the Workplace?
It's your right to talk to your manager, your site's Workplace Health and Safety Committee, the Regional Occupational and Environmental Safety and Health department, or your site's Human Resources representative.

Get the Shot, Not the Flu!
Getting immunized is an important personal and patient safety issue. As a healthcare worker, you can spread influenza to patients, possibly leading to influenza-related illness and death. You could also spread it to co-workers, and when health-care workers get sick with influenza, the result is absenteeism and disruption of care. Protect yourself and others by getting your influenza vaccine, and encouraging your co-workers to do the same. This year’s staff immunization clinics run in various locations from October 12 -29. A list of the clinics is available at home.wrha.mb.ca on Insite. If you are unable to attend a scheduled influenza clinic, call Occupational & Environmental Safety & Health (OESH) at 940-8386 to book an appointment.

Catch the WAVE September/October
In this issue of Wave, find out how two programs in the Winnipeg Health Region are helping Manitoba’s elderly maintain their independence for as long as possible. Also, learn more about a valuable resource for children with asthma.

Read Wave online at www.wrha.mb.ca/wave or pick up a copy at McNally Robinson Booksellers or a health care facility near you.
Dr. David Robinson is a rheumatologist who spends his time seeing patients in clinic or in hospital, researching and teaching, and the variety is what keeps him interested. Before finishing medical school 15 years ago, he was considering either a full time lab career or a career as a family physician. In rheumatology, Dr. Robinson finds the blend of work is a perfect fit. It allows him to interact with those who have arthritis and do research to better understand the condition. It’s his part in helping the 4 million Canadians who currently suffer from arthritis.

So what do rheumatologists do?

They see patients who are having difficulties with their bones and muscles – usually stiffness and soreness in joints, muscles and bones throughout the body. They assess the symptoms and determine whether the patient has arthritis or an autoimmune condition such as lupus or rheumatoid arthritis, where the immune system attacks cells and tissues in the body.

“A common case is a person who gets a swollen and stiff wrist one day. The next day, the other one swells, and a couple of weeks later, the knee and then the ankle follow suit,” says Dr. Robinson. It’s at that point that the family doctor refers the person to the Arthritis Centre at the Health Sciences Centre’s Rehabilitation Clinic, where six rheumatologists, three nurses, and booking clerks work to see approximately 3,000 patients per year. Once diagnosed as arthritis or an autoimmune condition, the rheumatologist works with the patient to find comfort in their daily lives. Treatment is a combination of education, medication, and physical therapy.

“Patients need to understand when and how they can move,” says Dr. Robinson. For this reason, education plays a big role upon diagnosis. It also means that rheumatologists work with physiotherapists and occupational therapists to achieve patient comfort.

Many people over the age of 65 have osteoarthritis, a condition caused by wear and tear of the joints and muscles in the body. But, in fact, those aren’t the most common patients for Dr. Robinson and his colleagues. Perhaps surprisingly, two thirds of people suffering from arthritis are under 65. They generally have an autoimmune condition, such as rheumatoid arthritis, and make up the bulk of the cases seen by rheumatologists.

One of Dr. Robinson’s patients, Krystal, was diagnosed with rheumatoid arthritis at the age of five. At 26 years old, she has already had one hip replaced and the other will follow suit in a few months. For Krystal, like many patients, a relationship with a rheumatologist can last a long time.
BFF
Best Friend Forever

In recognition of World Heart Day (September 26) and Cholesterol Education month, we’re decoding acronyms from our Cardiac Sciences program and matters of the heart.

**MANITOBA EHEALTH CONFERENCE**

“Connected: Information to Action”

On Tuesday, October 26, 2010, discover how eHealth will affect the health care of today and tomorrow and how will it affect the way you provide care, or support health services.

The second annual Manitoba eHealth conference will help answer some of these questions, and highlight the progress and successes of eHealth initiatives throughout the Winnipeg Health Region and Manitoba.

Keynote speaker, Dr. Kathryn Hannah, will deliver a clinician’s view on the evolution and progress in health information and information and communication technologies. She will also talk about the potential future and eHealth contributions towards a high quality and sustainable health care system. Dr. Hannah has over 30 years’ experience in information management in health environments.

Dr. Hannah will also moderate a panel discussion on “how can we pick up the pace to implement solutions?” featuring Lori Lamont, WRHA Chief Nursing Officer; Shelley Lipon, Canada Health Infoway; Dr. Luis Oppenheimer, WRHA and Tom Fogg, Manitoba eHealth.

Other speakers will share their knowledge and experiences building and launching information systems within the health care sector. The conference is focusing on four tracks: innovation, hospital care, primary care and community care. Find out more about Emergency Department Information System (EDIS) and the Admission, Discharge, Transfer (ADT) system, electronic medical records, pharmacy systems and more.

**Last year’s event was sold out so register early.** Visit http://www.manitoba-ehealth.ca/conf2010.html for more information and to register.
Deer Lodge has trained volunteers who sit in four to eight hour shifts, says Pat Ferris, a spiritual care coordinator at Deer Lodge Centre.

“The volunteer may sit and hold hands, play music on a CD player or read to the person. Mostly, they just try to be there for the person in their final moments,” says Ferris, adding there are many reasons why the program will be called upon. For example, many older people have outlived their family and friends. Their family may live in another part of the country and cannot make it to their loved one’s bedside in time. Their family may not feel comfortable being with them when they die, or the family may be estranged. It takes a special person to sit at the bedside of a dying person.

Rae Patts is among the 30 people trained at Deer Lodge in the NODA program.

“I feel this is my calling. I often get there when the person is non-responsive, but I always assume they can hear me,” Patts says, adding she has sat vigil for close to a dozen times, at Deer Lodge and Riverview Health Centre. “I read to them, play music, and look for signs their breathing or colour has changed. Volunteers don’t do anything medical, so we alert the nursing staff when the end is near.”

Patts says she feels emotional after the person has died, especially if it’s someone she has known for a while. But the program has debriefing and counseling built in, so volunteers can talk about their grief and other experiences. Because while no one should die alone, no one should grieve alone either.