Tips to help keep your PDA from being a pain

1. Maintain good posture for the wrists, thumbs and neck, (“turtle-necking” is a neck issue for those who look down frequently).
2. Shop around – consider your device's weight and size (where possible, opt for lighter and smaller)
   Note: too small is not always better – it can contribute to awkward positions of the hand when using it. It is really about a good fit relative to the size of the hand.
3. When it hurts, stop
4. Keep text messages short
5. Return only urgent emails. Respond to other emails from your computer
6. Use key shortcuts (cut, paste, etc.) and abbreviations
7. Monitor the time you spend on your PDA, smart phone or other handheld device
8. Take breaks to stretch and shake out your hands. Take a short break from using your device every 3-5 minutes.
9. Alternate among using your thumb, index finger and a stylus, if available
10. Pay attention to your grip or how you are holding your device: keep wrists upright and straight
11. Avoid typing for more than three minutes without a break
12. Opt to check emails and text messages only four times per day
13. Try not to rush and type fast. Use a normal speed of motion.

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Avoiding the scourge of “BlackBerry Thumb”

Those who managed to avoid a repetitive strain injury while playing Space Invaders for hours on end in their parents’ basements during the 1980s aren’t quite out of the woods just yet. A new risk has moved to the fore, trading on the promise of better organization and increased productivity: the overuse of personal digital assistants (PDAs) and other handheld electronic devices.

Dubbed in some media reports as “BlackBerry Thumb” or “texters’ thumb,” the phenomena isn't new. Go back to the advent of electronic games, and you’ll find references to “Nintendonitis” and “Gamers’ thumb.” No matter what you choose to call it, however, the injury mechanism is much the same: musculoskeletal strain caused by repetitive movements, poor posture and the placement of the thumbs into positions for which they weren’t designed. Reported health issues may include osteoarthritis, DeQuervain’s tenosynovitis (a tendinosis of the sheath or tunnel that surrounds two tendons that control movement of the thumb), and Tension Neck Syndrome, among others.
An Aboriginal Perspective for End-of-Life Care Providers

What individuals need to achieve wellness may vary, not only from person, but from culture to culture. For a health-care provider it’s often about the body – blood pressure, infection, disease. For Aboriginal cultures wellness is holistic – spiritual, emotional and social, as well as physical. Bridging these views is not easy, but the Winnipeg Health Region is trying to change that by offering cultural education for staff to help them better meet their patients’ needs.

The Region’s Aboriginal Health Programs (AHP) developed the Palliative Care: Aboriginal Perspectives on End of Life workshop in conjunction with the WRHA Palliative Care Program and University of Manitoba.

“Aboriginal Health Programs saw a need for health-care providers to better understand the sensitive nature of end of life for Aboriginal people and their families,” explains Kim Gray, Human Resource Specialist with AHP.

The one-day workshop aims to give health-care providers the information they need to feel more comfortable and culturally competent when providing end of life care for Aboriginal patients. This, in turn, could create a better experience for patients.

“If we don’t pay attention to the cultural needs, we are at risk of leaving a family and the community with huge issues – bad memories about the death of their loved one,” says Palliative Care physician Dr. Mulder. “A whole community is affected when a loved one dies.”

She explains the entire health-care team, from health-care aides to physicians, needs to be educated. “It’s important for them to understand the sacred space they are walking into.”

In what Elder Margaret Lavallee, Aboriginal Cultural Specialist at University of Manitoba’s Centre for Aboriginal Health Education, says is “breaking new ground in our system in Manitoba,” the workshop has been accredited through both The Royal College of Physicians and Surgeons of Canada and College of Family Physicians of Canada, offering added incentive for physicians to attend.

Elder Lavallee, Gray, and Dr. Mulder helped develop the workshop’s curriculum alongside a committee. The day explores Aboriginal perspectives on death and dying and looks at what makes a ‘good’ death or alternatively a ‘bad’ death. Lavallee says challenges can be numerous for some Aboriginal families faced with an end-of-life situation. Traditionally, many want to be home for their death, surrounded by their family and community. Often this is not possible, and it contributes to the stress of an already complex situation. Some patients may need...
Several hundred staff at Parkview Place and Pembina Place personal care homes participated in Phase 1 of a pilot project funded by Health Canada: Promoting the Awareness of Elder Abuse in Long-Term Care.

The pilot, which started in January 2011, will end in mid 2012. Information is presented in four modules – understanding and recognizing elder abuse, learning the law, interventions and strategies and healthy work environment – which provide staff with a new level of awareness in preventing and identifying elder abuse.

To emphasize the role every person plays in person-centred care, along with health providers, kitchen, maintenance, receptionists and housekeeping staff also participated in the pilot.

Elder abuse does happen. Raising awareness at the front-line staff level is the first step, and has prompted self-reflection and discussion. Learning that neglect is considered a type of abuse was the biggest surprise to staff over the course of the PEACE pilot program.

Creating a culture where we can stop in the moment, take judgement out of the equation and identify behaviour that has raised concern by asking, “Is everything okay? Can I help?” requires a foundation of respect and trust.

Phase 2, which will start late winter/early spring 2012, will introduce educators in the Region’s personal care homes to the four modules.

Workshop committee members include:

Kim Gray, Margaret Lavallee, Dr. Janice Mulder, Dr. Tim Hiebert (Physician, Palliative Care), Lori Embleton (Program Director, Palliative Care), Brenda Roland (Patient Advocate, Aboriginal Health Programs) and Jason Binkley (Education and Training Coordinator, Aboriginal Health Programs).

to have ceremonies and space for several family members and friends.

Health-care providers can help make the situation more comfortable for patients and their families by gaining a deeper understanding of what the family might need.

In Winnipeg, a large percentage of the patient population is Aboriginal and Lavallee says that with an increasing number of Aboriginal people getting back in touch with traditional life, this education is necessary.

Workshops are being offered four times a year, however, registration is limited. To find out more or to sign up for the workshop visit www.wrha.mb.ca/aboriginalhealth.

The next issue of Inspire will be out March/April 2012. Inspire is distributed to over 100 sites within the Winnipeg Health Region. Do you have a story idea? Email it to inspire@wrha.mb.ca or call Mike at 926-7867. Inspire is published by the Communications and Public Affairs Department of the Winnipeg Regional Health Authority. It keeps staff in the know about what’s happening in the Region and important issues they need on their radar. If you would like a copy of Inspire, e-mail your name and address to inspire@wrha.mb.ca.

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BEST PRACTICE

• The project was jointly facilitated by the Canadian Nurses Association and the Registered Nurses Association of Ontario.
• PEACE stands for Prevention of Elder Abuse Centres of Excellence.
• The Winnipeg Health Region represented two out of the 10 pilot sites across Canada.

Learn about elder abuse Bookmark these sites:

Elder Abuse Learning Modules:
http://www.aissystems.com/wrhaeLearn/elder_abuse/

The Ontario Network for the Prevention of Elder Abuse (Public Service Announcements) http://www.onpea.org/english/trainingtools/videos.html

!Inspire! • Jan-Feb 2012 3
LEAN

A LEAN perspective looks at maximizing resources and reducing waste.

DO YOU HAVE ACRONYMS OR SHORTHAND YOUR WORKPLACE USES THAT MAKES OTHER PEOPLE SHAKE THEIR HEAD? SHORTHAND ON CHARTS THAT MAKES YOU SCRATCH YOUR HEAD? SEND THEM TO US, AND WE MAY FEATURE THEM IN AN UPCOMING ISSUE.

E-MAIL TO inspire@wrha.mb.ca

LEAN by the numbers

2 – 10 days an RIE takes
15 mins/day saved by handlers ordering and shelving supplies in one area
39 hours saved for handlers over a year in one area
$3,700 W1 RIE savings
4,000 inventory points within the Region
$12,000 S1 RIE savings

Other benefits

After an RIE, other benefits include:

- inventory is unboxed, strategically laid out and easier to find
- the right amount of supplies are ordered based on what the unit needs
- supplies aren’t being kept beyond their expiration date
The team at Concordia Hospital scheduled for a Rapid Improvement Event (RIE) using an organization tool called 5S were initially sceptical.

The goals? Assess the unit’s supply area. Improve efficiency and reduce waste. People from S1 who worked directly with the supplies or ordered them—a health care aide, nurse, CNS and materials management—participated in the event facilitated by the Project Management Office.

“This is not cleaning up. This is creating a system,” says Frank Krupka, Regional Director, Project Management Office. “Often people get so busy they don’t see the whole picture.”

People were asked to find six things while being timed. It put things into perspective. If it took 10 minutes to find a catheter, imagine how much longer that would take for a float. The initial scepticism dissolved when they discovered an RIE doesn’t tell you how to improve things. They needed to decide—as a team—how to improve things.

“People were asked to find six things while being timed. It put things into perspective. If it took 10 minutes to find a catheter, imagine how much longer that would take for a float. The initial scepticism dissolved when they discovered an RIE doesn’t tell you how to improve things. They needed to decide—as a team—how to improve things.”

— Mike Carlow, Material Manager at Concordia Hospital

Rhonda Heintz, CNS, agrees and notes it improved working relationships. “We were the ones making decisions. We got our hands dirty and got in there conferring with the rest of the team to make sure everybody agreed about what we were using and what we could get rid of.”

From where supplies are kept to the type of shelving needed and what colour to paint the walls, staff had a say. Because park signs? staff were engaged in a collaborative process, they have taken ownership of the space.

W1 has done a 5S RIE. Up next are E1 and N1. After each RIE, Concordia Hospital’s ability grows with these process improvement tools. With future RIEs, they can look at facilitating with project management offering support.

“It’s about capacity building,” says Krupka. “When the project is over, a cycle of continuous improvement has begun.”

The best benefit of taking less time to search for supplies? Linda Mumtaz, Program Director Patient Care Services for Family Medicine, Oncology, Pharmacy and Lab says, “There’s more time to spend with patients at bedside. Time saved means more time for patient care.”

What is Kanban?

Kanban is a Japanese term that means “card signal”. Simply put, a card triggers an action. When a bin is empty, the pink card is placed in the to order box. The person who orders supplies knows to include that item when ordering.

When W1 did their RIE, they added pictures to their cards. A unit’s innovation can make things more efficient, reduce waste and improve patient care and safety.
"The dynamics of working with medical students are unique when teaching in high-pressure environments," acknowledges Beth Beaupre, Executive Director of the Region’s Joint Medical Staff Division. “There is an overlap of scope that requires awareness of, and respect for, what each member brings to the team. Being respectful isn’t just a nice idea. It lies at the heart of Collaborative Care and helps build a healthier workplace that can contribute to better health outcomes.”

A disrespectful learning and working environment can result in loss of productivity, compassion fatigue, time-consuming investigations and complaints. But perhaps its highest cost is the potential loss of skilled, talented people – many of whom find other places to work when their learning or work environments are unhealthy and disrespectful.

**But I didn’t mean it that way**

Where does tough love and constructive criticism cross the line into disrespectful or even abusive behaviour? The answer lies in how a person interprets the interaction or experience.

Yes, health care can be a high-pressure environment where decisions need to be made quickly. But it’s precisely those situations where it’s important to remember that shouting, swearing or belittling are not ways to encourage collaborative patient care.

**Communication is in the details**

Up to 93 per cent of communication is non-verbal. So if you’re focused on what you’re saying instead of how you’re saying it, you could be seen as disrespectful. The words you choose may be overshadowed by your voice’s volume or pitch and your body language (especially your facial expressions). Factors such as age, gender or culture may also impact the way you communicate (or how your communication is interpreted). A liberal dose of compassion, combined with a greater effort to be mindful of these factors helps contribute to healthier communication.

The Region’s Guiding Principles on Collaborative Care include students and learning environments. Visit [www.wrha.mb.ca/collaborate](http://www.wrha.mb.ca/collaborate) for tips, tools and resources.

Read the Region’s respectful workplace policy at: [http://www.wrha.mb.ca/professionals/respectfulworkplace/index.php](http://www.wrha.mb.ca/professionals/respectfulworkplace/index.php)

Beat the post-holiday blahs

After making it through the blur of holiday events, get togethers and stress of December, you may be finding January’s pace challengingly boring in comparison.

Add to it the fact that the days are short, nights are long and dark and the weather’s cold. If you have a serious case of the blahs and want to hibernate, you’re not alone.

Health experts suggest you start with self reflection. “Look at how are you doing in all aspects of your life,” suggests Marion Cooper, Manager, Mental Health Promotion in the Region. “That can be a starting point: focusing on what works. You can then take action in the areas you’d like to change.”

What can you do to beat those post holiday blahs?

1. Simplify. Life is busy. Figure out where you can make things easier for yourself, and then do it.
2. Organize. Clearing the clutter can help you be more efficient and comfortable.
3. Set priorities. That will make decision-making easier when you know what’s most important to you.
4. Reflect on your own well-being. There may be positive changes you can implement today that can help improve the quality of your life.
5. Do something you enjoy. Having fun regularly can not only make you feel better, it can also make you healthier.

Visit http://www.ppc.sas.upenn.edu/publications.htm for reading on positive psychology.

Please Address This!
Check your address and keep your pay statements coming

Within the new year, Health Sciences Centre and the Winnipeg Health Region will be changing the way you receive your pay statement. Staff at HSC and WRHA Corporate and Community Health Services will transition to receiving pay information in an electronic format. Once the changeover begins, there will be a period of time where your pay statements will be mailed to your home.

To ensure your pay statements are delivered correctly, please check the address printed on your pay statement for the February 23rd deposit date. If it is not the correct address, fill out an Employee Master Data Change Form, located on the wrha.mb.ca website in the “For Regional Staff” section. (The form is also available on Insite and hschome, the HSC intranet site.) Return the form by fax (# on the form) or drop it off at the payroll office at 60 Pearl St.

Please be sure to do this as soon as possible. And any time in the future when your personal information changes – i.e. name, address, emergency contact, etc. – be sure to update your records again.

Watch for new information about electronic pay statements in the spring.

CPR winner

Congratulations to Paula Petch, who won a Heart & Stroke CPR Anytime™ Family & Friends™ kit. Her answer to the reason she needs to know CPR? For her children, to save their lives. Congrats, Paula!
Andrew Dolhy, a Certified Professional Ergonomist with the WRHA-funded MFL Occupational Health Centre, says that while a direct link between use of these devices and injury has yet to be confirmed, it’s in everyone’s best interests to use handheld electronic devices in moderation and with caution.

“We don’t have 20 years of research into the issue, but preliminary studies and surveys seem to indicate that injuries could be happening not only in the workplace, but with students and others who frequently use these devices. A casual user who employs these devices for less than two hours a day or less than 45 minutes at a time may not experience any issues, but those who exceed those timeframes should be wary.

“Texting-related injuries don’t happen overnight. Rather, they tend to get worse over time. The key is early recognition. Heavy users should be asking their health care provider about any ache or pain that doesn’t seem normal. The earlier a problem is detected, the easier it is to address.”

Unfortunately, some users are hesitant to report problems, Andrew says.

“Unlike an athlete who will often stop training when an injury presents itself, people experiencing pain from the use of handheld devices tend to see it as trivial. They go to work and try to battle through it.” By the time they seek medical advice, the problem is much harder to treat.

“For heavy users, pain or aching may be the most important message they receive. It’s a signal for them to use their handheld devices with more care.”

If stress is stressing you out...

Then you’re not alone. An average of one million people in the US are absent from work on a typical day because of stress-related disorders. As much as 80 per cent of all disease and illness is initiated and aggravated by stress. Stress is responsible for 60 to 80 per cent of accidents on the job.

That’s the bad news. The good news is there are things you can do to reduce stress and its impact on your life. Check out this book, which offers practical tips for removing stress and improving your health and wellness.

Rx: Laughter

How to use humour with your patients

Laughter has a reputation for being a strong medicine without the potential of side effects. It:
- helps reduce stress, pain and conflict
- relaxes the body
- boosts the immune system
- triggers the release of endorphins, which can even reduce pain
- reduces stress, anxiety and fear
- enhances resilience

If your prescription for your patients is laughter, keep these tips in mind:
- assess a patient’s appreciation of humour
- timing…avoid using humour during a crisis, when a person is emotional or trying to communicate something important
- avoid sarcasm and humour that ridicules, degrades, or excludes
- be sensitive to a patient’s “humour allergies”

Laughter is also good for your health…a laughter break can help you reduce stress and improve your overall creativity and productivity.

Consider this: http://www.youtube.com/watch?v=2Z4m41njxkY