

Carewrite

Carewest news and information for everyone

CALGARY HEALTH TRUST

Craft Cabin gets a make-over

Thanks to the generosity of Carewest donors, Carewest Dr. Vernon Fanning's Craft Cabin has been completely renovated. The newly created space is perfect for letting residents' and clients' creative juices flow.

"Residents and clients are delighted to be in the bright, colourful new space," says Activity Convenor Carla Ergang. "The project is very well-received."

A special thank you is extended to project donors. The Fanning Volunteer Association generously provided \$40,000 toward the renovation. The BRICK donated the appliances for the kitchen and HOBART and Geanel Restaurant Supplies provided the dishwasher at a significant price reduction. The generosity of all who were involved is greatly appreciated. If you haven't already seen the space, it's worth a visit soon.

*Trish Weatherup
Calgary Health Trust*

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Cutting the ribbon at the grand re-opening of the Craft Cabin are (left to right) Trish Weatherup, Calgary Health Trust, Muriel Gilday, President of the Fanning Volunteer Association, and Mark Ewan, Director of Carewest Dr. Vernon Fanning



Carewest

Excellence and Leadership in Specialized Continuing Care

March 14th, 2007



Staff feedback shapes new org structure

Less than three months ago, we started the challenging process of reviewing the current organization structure, which was put in place in January 2005. We asked staff for their thoughts and opinions about the structure through a broadly circulated questionnaire in January and close to 140 staff responded, offering excellent feedback about what they liked, did not like, and how the current structure could be improved.

The importance of conducting this review cannot be underestimated. It has provided us the opportunity to learn how well the current organizational structure is working and to review the structure in the context of new programs and initiatives Carewest has been and is becoming involved in.

Based on staff feedback and what we've heard over the past couple of years, a number of key themes related to the current organizational structure were identified:

- **Communication on the units or at the sites between staff and management is a concern**
- **There is confusion around management roles**
- **There isn't enough clarity around who is accountable for what at each site**
- **There is an imbalance in the span of control across programs**

Armed with this valuable staff feedback, senior management has met frequently over the past two months to discuss options of how we could address these challenges to not only improve employees' experience but also the care we provide residents and clients. The objectives established to guide the discussions around a revised organizational structure were to:

- **Improve communication on the units and within the sites**
- **Have more clearly defined roles and accountabilities for staff**
- **Clearly articulate / designate site leadership responsibilities**
- **Strive to realign / balance portfolios to meet current and future program needs**
- **Minimize impact of any organizational changes on staff**
- **Ensure any organizational change was cost neutral**

After much thought and collaboration, Carewest is nearing finalization of a revised organizational structure that will be communicated to all staff following a half-day management session being planned for mid-April. During this off-site session, Carewest management will be introduced to the structure and learn about how they can better support frontline staff given the reality of today's workforce challenges.

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Staff feedback shapes new org structure

Continued from Page 2.

Major themes of the revised organizational structure

- The work between portfolios will be redistributed to better balance span of control.
- While we remain committed to a program model, there will be the designation of a site manager position for the larger sites that will allow them to better address any site issues or needs.
- The realignment of services / programs will create a “flatter” organization structure and enhance communication.
- There are more clearly defined management roles and responsibilities.
- There is no direct impact on frontline staff.

While we hope the planned changes will help address some of the concerns encountered with the current organizational structure, revising the structure is not an over-arching solution that will satisfy everyone’s needs. However, it should provide clearer role focus, promote accountability and establish more manageable spans of control to better prepare us for future endeavors.

This means that interpersonal relationships, as well as trust and respect, still have to be fostered and gained between frontline staff and management, with open communication remaining a priority.

*Dale Forbes
Executive Director*

Approximately 140 staff responded to a survey about the current org. structure Here’s a sample of what they said:

- It appears that there is no consistent definition of the CSL role or what the CSLs are expected to be accountable for; overlaps with operations leaders.
- It would be helpful to have a better understanding of a position’s role and responsibilities, to support how they fit into a portfolio.
- Staff is still not clear about the role of the leader and director in overall site leadership, since the director is not located on the site full-time.
- It’s confusing about where to go to for site issues, but much clearer for portfolio issues.
- [The portfolios] make sense but cause some confusion – who do we see for what? Our site essentially has two leaders/directors and neither of them are there all the time.
- Too much management.
- Frontline staff remain very unit-focused because that is constant and better understood. Structures outside the immediate unit are not well understood. Have frontline staff ever seen “Refocusing Ourselves” documents – has it been discussed at the unit level to reinforce systems thinking?
- CSLs title is confusing. We always have to explain that role to other health facilities, clients, families, etc. It is helpful to ourselves as a constant reminder of why we are here (i.e. client) but I am not sure that outweighs the confusion it causes for others.
- There should be more of a presence of leaders on units, not just words passed down by supervisor. Managers should be more accountable for their time, work and their required hours. Manager should be more supportive to workers and staff needs.

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Staff feedback shapes new org structure

Continued from page 3.

- It would be easier if there was one leader for each building. I think it is difficult to support programs in a building that you can visit rarely.
- The org chart is top heavy. The fact that staff are not included indicates there is a large separation from administration and hands-on caregivers.
- Hospice doesn't appear to fit within the more community-based SAT programs.
- The Practice Leaders could be very helpful to frontline clinicians if they had some authority to implement change. Right now they are at the priorities of the CSLs and have difficulty influencing change.
- There appears to be considerable overlap between CSL, Leader (clinical), Practice Leaders and Educators. Staff often pose questions related to practice to CSLs or educator, when the appropriate person would be the Practice Leader.
- The CSL hears continual frustrations from the therapy staff regarding the roles and responsibilities of the practice leaders. From a frontline clinical perspective, minimal change to unit service delivery and overall positive impact to unit has yet to occur.
- Where is the communication between CSL and Leader?
- Not enough communication in management.
- Go back to old nomenclature; call a spade a spade.
- Don't know what the portfolio titles mean.
- Communication within programs and portfolios appears fragmented with Education Services often serving as a link. Is this appropriate?
- Think some of the issues exist regardless of the structure not because of it – that leaders need more development to be collaborative, think systemically and be leaders.
- Our portfolio is easy to manage and still very personal. Generally, we know all our customers well, which enables good work.
- The Carewest that exists in 2007 is not the Carewest that most of the supports and business enabling services were developed in. Carewest Leadership has shown exceptional vision, leadership and proved it self to be fearless in committing to the needs of the greater CHR community and following that course. I believe what is occurring is the same thing that occurs in every change process. Belief systems and our internal image of ourselves have not changed to reflect the 'new' frontline reality. We are no longer driving a Volvo which is safe, boxy and predictable. We are in a Ferrari; it is much faster, it handles differently. It requires different steering mechanisms, breaking mechanisms, fuel and, most importantly, seatbelts for safety.
- The other significant funnel effect that must stop is that all kinds of information come to the CSL for distribution to staff, etc. This is inefficient, not very effective way to disseminate information to large groups of staff rotating around the clock in a shift environment. If we created a pass code on the web, we would only have to teach people one new behaviour. Every shift, you would log on to website for new information and, for accountability, a click box would show that it was read. This decreases resources frustrations and is user-friendly. This is embraced in many industries requiring the quick and timely dissemination of information, especially as it pertains to safety.
- CSL inequities in responsibilities and number across units and programs.
- I think most leaders are overwhelmed by their workload and responsibilities. Some units have "team leaders" mainly "Regional Programs" whereas LTC areas are understaffed and lack consistent site support.
- The portfolio span of control is very large and becoming more challenging.
- Need more therapy support. Our manager is so busy managing the nursing crisis that there is little time left for more programming/therapy issues at service delivery.

*Dale Forbes
Executive Director*

? Did you KNOW

Geriatric Mental Health Unit

Did you know... that the Geriatric Mental Health unit at Carewest Glenmore Park helps clients who have a psychiatric disorder that is not primarily associated with dementia?

The 20-bed unit admits clients who are stable both medically and psychiatrically and who will benefit from additional time to improve their independent activities of daily living and life skills. It ascribes to a client-centered, goal-oriented philosophy.

The average length of stay for clients is between 40 and 50 days and in 2005 -2006 the unit averaged between 98 and 100 per cent occupancy.

The unit uses a shared-care model, in which clients have a family physician and a psychiatrist and benefit from weekly team rounds encompassed in a collaborative care model.

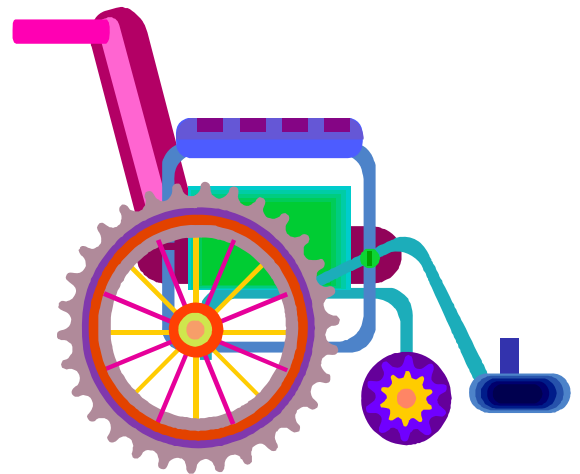
Professional services on the unit include:

- Clinical Nutrition
- Family Medicine
- Psychiatry
- Nursing
- Occupational Therapy
- Pharmacist
- Psychologist
- Physical Therapy
- Clinical Pharmacy
- Recreational Therapy
- Social Work
- Education Services
- Transition Services

Aside from a small number of clients who move into long-term care or acute care, the vast majority (88 per cent) of clients return home after their stay on the Geriatric Mental Health Unit.

*Lynne Koziey
Communications Coordinator*

Carewest Regional Adult Seating Service



10th Anniversary Celebration

**Open House
March 23rd
from 1:00 p.m.**

**Seating Clinic
Lower Main Floor
Carewest Dr. Vernon Fanning
Excellent munchies will be
served!**

230-6980

EDUCATION SERVICES

Just-in-Time Training part of Carewest's Pandemic Influenza Response Plan

In the last issue of *Carewrite*, you read about Carewest's Pandemic Influenza Response Plan. In this issue, we will introduce you to a specific portion of the plan called "Just-in-Time Training."

In the event of a pandemic, many of us will not be able to come to work because we will also be ill. We may have to rely on families and volunteers to help us care for our clients. However, they may require education on-the-spot to so they can safely help with assigned duties.

Just-in-Time training sheets were created to help. These sheets, developed by our Carewest education team, use a combination of photos and text to provide step-by-step instructions for some common tasks such as bathing, skin care, denture care, washing of linens, washing of pots in the kitchen and many other tasks.

For example, a Just-in-Time training sheet could include the following direction: for a client using oxygen, place an oxygen in use sign on the door.



You may view a set of the existing sheets in each Carewest Pandemic Influenza Response Plan binder found on the nursing units and with each leader. The just-in-time training modules were developed in line with the Regional pandemic planning initiatives.

More will be developed as members of our Carewest educational team strive to meet our future needs.

*Irma Tamminen, Leader
Education Services*



ARAMARK Housekeeping Corner

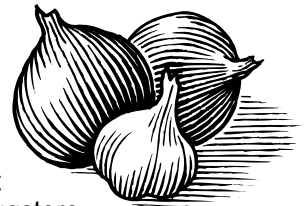
CLEANING TIP

Ceramic tile floors

When cleaning ceramic tile floors, use a simple solution of soap and water. The trick is to use a rubber scraper – the kind they use at gas stations to clean the windows on your car.

*By Ken Longworth
Director of Environmental Services for
ARAMARK, Carewest Housekeeping*

Onions to the rescue 1901 Cold Remedy



For most of us, relief from a chest cold is available from the local drugstore. Back in the "old days" people had to be a little more creative, as we see in this excerpt from the 1901 Farmer's Almanac.

Most persons suffering from a cold of the chest can be greatly relieved by eating boiled or roasted onions. They will be found to be a most excellent remedy for a cough. If they are eaten freely at the outset of a cold, they will help break up what promised, from the severity of the attack, to have been a severe one.

Even if it didn't cure the chest cold, eating onions probably helped prevent the spread of the bug.

Source: www.farmersalmanactv.com

Crocs at work?



Recently, there have been a number of inquiries regarding the appropriateness of clogs or “Crocs” on the units.

Carewest Employee Health and Safety does not support wearing Crocs/clogs because they do not provide the appropriate support and protection for the wearer.

Although Crocs/clogs are not specifically noted in the Carewest dress standards (policy AM-06-02-04), there is a description of acceptable footwear, based on the area where staff work.

- **Direct caregivers** are required to wear proper, clean, sturdy footwear with enclosed heels and toes, low heels and non-skid soles in good repair. At a minimum, proper footwear in the workplace should have a closed heel and toe with good support.
- **Physical Plant Services** staff are required to wear CSA approved protective safety shoes. Protective footwear is designed to protect against foot-related injuries and is required by law in areas where foot hazards are present.

Like every workplace, there are hazards in health-care that can result in foot injuries. Some of the hazards include slipping on a wet floor, dropping equipment on a foot, stepping on a sharp object, crushing toes under a wheelchair or cart and becoming fatigued from prolonged standing on cement/hard flooring.

To help to minimize the risk of injury, there are many things to consider when choosing appropriate footwear. The type of footwear you choose will depend on the job you do and the environment you work in.

When considering Crocs/clogs for work in a healthcare setting, you should ask the following questions:

- Will they protect my heels from being bumped by carts or run over by a wheelchair?
- Do they hold your feet securely so you cannot step out of them?
- Do they provide good foot and heel support?
- Do they provide slip resistance?

If you would like more information on how to choose appropriate footwear, please contact the Carewest Employee Health and Safety Department at 260-5454.

*Shari Moynihan
Employee Health and Safety*

Resources: Carewest Employee Health and Safety
Calgary Health Region OH&S
Information Sheet/2006



from Employee
Health & Safety

EMPLOYEE PROFILE

elizabeth weiler



Carewest employees and volunteers make up a vibrant community with diverse talents and dreams. This month we profile Elizabeth Weiler, Carewest's new Palliative Care Volunteer Coordinator.

Elizabeth Weiler is American but she's probably seen more of Canada in a shorter period of time than most of us – and not necessarily by choice.

Carewest's new Palliative Care Volunteer Coordinator comes to us on the tail end of what has been an adventurous several years.

Five years ago, the native of Washington, D.C. took a break from her undergraduate studies in psychology and traveled to New Zealand. A week after arriving she met a Calgarian, **Dave**, and three months later the couple was married.

When the duo returned to North America, Elizabeth finished university and then moved to Calgary where she worked as a community resource worker for the Developmental Disabilities Resource Centre of Calgary and then as an early intervention therapist for children with autism.

It was shortly after she started that job that she was struck with a condition that left her unable to walk for a year. A specialist at John Hopkins University in her hometown of Washington discovered she had an extremely rare syndrome in which her body fails to circulate sodium, needed for proper blood flow. Once diagnosed and treated – through the ingestion of high levels of sodium – Elizabeth almost instantly regained the use of her legs and returned to Calgary and her life of backcountry skiing and trail running.

But the couple wasn't ready to settle down yet. Elizabeth and her husband moved to Nelson, B.C., where they worked for the local ski resort while Elizabeth toiled away taking pre-requisite courses to for the Masters Degree program in nursing at McGill University.

"I decided I wanted to be a nurse when I was sick. I thought it was such an awesome, helping profession.

I really liked the idea of a direct care," says Elizabeth. "I also loved learning about the human body and medicine."

At the end of August 2006, Elizabeth and her husband loaded up their Honda Civic with all their earthly possessions and drove across the country to Montreal, where Elizabeth attended McGill University.

But another unexpected glitch put a halt to Elizabeth's education.

The two quickly discovered that that they couldn't find work – even as waiters – without speaking fluent French. The couple couldn't afford to live in Montreal without working, so crestfallen, they repacked their Civic and headed back west.

"That was the first time anything big in my life just didn't happen, especially academically," says Elizabeth. "I was really sad, and there were some feelings of failure. It was particularly hard to tell my parents. At the same time, I knew coming back to Calgary was the right thing to do. We tried and it didn't work."

Fresh out of the Civic, the couple has been in Calgary since early January and is thrilled to be back in the mountains again. Elizabeth also sees great opportunities for herself at Carewest.

"I saw this position advertised and was attracted to it immediately," she says.

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Employee Profile: Elizabeth Weiler

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“Volunteering has been a really big part of my life since high school and it’s something that I find fascinating, especially around the idea of what motivates helping behaviour. The fact that this position is in a health care environment fits really beautifully with my career, education and values.”

Elizabeth says her pursuit of higher education won’t end simply because she experienced a setback in Montreal. She hopes to one day apply to the University of Calgary to take its post-degree RN program.

Until then, she’s just happy to be in one place, working at a job in which she finds meaning.

“I’m super excited about my new role here and I can’t wait to meet everyone. I’m really looking forward to working with volunteers and residents.”

*Lynne Koziey
Communications Coordinator*

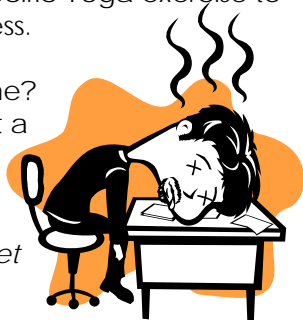
If you know a staff member or volunteer we could profile, please call Lynne at 267-2940 or email her at Lynne.Koziey@calgaryhealthregion.ca with your ideas.

HUMOUR

Top Five Excuses

If you get caught sleeping at your desk

1. They told me at the blood bank this might happen.
2. I wasn't sleeping! I was meditating on the mission statement and envisioning the new org structure.
3. I was testing my keyboard for drool resistance.
4. I was doing a highly specific Yoga exercise to relieve work-related stress.
5. Why did you interrupt me? I had almost figured out a solution to our biggest problem.



Source: www.jokesnjokes.net

CALGARY HEALTH TRUST CALGARY SINGS!

If you're a fan of choral music and you want to be a part of a fabulous event, you'll want to attend **Calgary Sings!**

Calgary Sings! is a special project of the Adult Recreational Choir Society of Calgary (ARCS) that brings together nine of Calgary's finest adult community choirs and ensembles. It's an evening of exceptional musical entertainment not to be missed.



Calgary Sings!
Saturday, April 28th
7:30 pm at Knox United Church

Up2Something with She's Up2something ♪
Calgary Crescendo Choir ♪
The Westwinds Choral Ensemble ♪
On Cue ♪
Rhythm of the Rockies - Sweet Adeleines ♪
The Gospel Girls ♪
Western Hospitality Singers ♪
Calgary Men's Chorus

Special guest host, California 103 radio morning show man, Jonathan Love.

All proceeds will go to the music therapy program at Carewest.

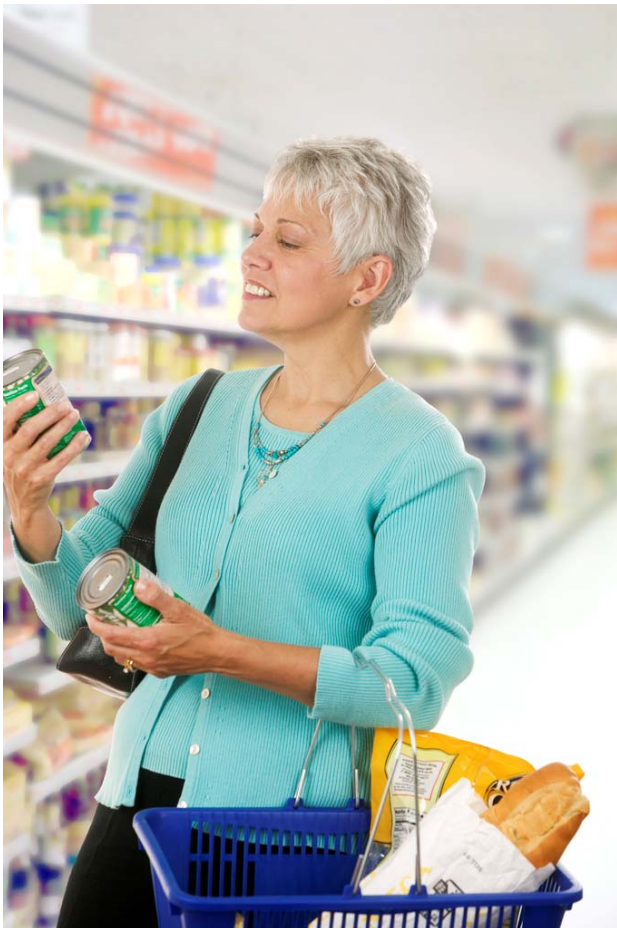
Tickets are \$15 per person and are available at Ticketmaster at 777-0000.

WELLNESS IS... good nutrition

Eating well is important at any age. Proper nutrition allows us to have the energy for daily activities and helps protect us from disease.

We may not eat well because:

- We lack the energy to prepare a balanced meal.
- We don't do enough physical activity to stimulate the appetite.
- Our senses may be decreased and food may not be as appealing without smell or taste.
- Dentures interfere with the enjoyment of food.
- There may be barriers to buying or cooking groceries (e.g., mobility issues).



Eating Well Tips

- Stay as physically active as possible to stimulate your appetite.
- Choose smaller amounts of food and eat more often.
- Add more variety to your diet.
- Try adding herbs and spices to increase the flavour, rather than salt.
- Drink at least six to eight glasses of water a day.
- Increase the amount of fibre you eat by adding more legumes, fresh fruits and vegetables, whole grain bread, nuts and seeds. Take advantage of convenient foods, such as pre-washed salad.
- Buy ready-to-eat frozen meals or cook larger quantities of casseroles, chili and soups. Portion them into smaller amounts and freeze.
- Find a grocery store or community service that will deliver groceries.
- Use your microwave to reheat leftovers or cook vegetables.
- Try some nutritionally balanced drinks.
- If you are alone, turn on some music or the radio or spend time with family/friends.
- Ask for and accept help with meal preparation and/or grocery shopping.
- Keep a supply of nonperishable food items on hand (e.g., canned foods).
- If you have lost your appetite, discuss it with your doctor. It can sometimes be a symptom of illness or a medication side effect.

**For more information, please call
Margaret Usherwood, Health Promotion
Coordinator, Carewest Colonel Belcher at
944-7854**

WAY TO GO, CAREWEST!

United Way campaign a big success

Since 1940, Calgarians have given more than \$400 million to United Way of Calgary and Area supported organizations. Today, it's more than the largest non-government source of funding for human care programs in the city, its a leader in making Calgary a better place for all Calgarians.

The 2006 Annual Campaign was their biggest success ever, raising \$50 million that will be used to make Calgary a truly great city for everyone.

Carewest employees contributed to the 2006 campaign success in a significant way:

- **1587 employees attended 48 special events held across all sites.**
- **20 per cent pledge participation totaled \$34,076, which is a 10 per cent monetary increase over 2005!**

“Even though 2006 was a great success and the campaign goal was met, it wasn't without challenges,” stated Tim Lefavre, Division Manager, Public Sector for United Way Calgary and Area. “Trending shows that donor participation is decreasing; however, the monetary value of donations is increasing.”

This trend is consistent with Carewest's experience, where there was a slight decrease in pledge participation in 2006 and an increase in Community Champions (\$1 per day for 365 days), Community Heroes (\$2 per day for 365 days) and giving at the Leadership level (\$1,000).

It is safe to say that the more knowledgeable one is of United Way-supported organizations and who they assist, the more they give. That being said, there is a concern with the decrease in smaller donations. You might ask, “How can my \$20 make a difference?” It does! You would be surprised how fast donations add up and how far they go.



One way to learn more about our community needs and show you care is to participate in a United Way Day of Caring. This program brings people from throughout the community together and together they make visible and positive changes. Projects are organized year-round and allow agencies to focus more of their resources on front-line services. In addition to helping vulnerable people and letting them know Calgary's citizens and organizations care, the projects build teamwork among volunteers and promote a deeper understanding of community issues.

In 2003, more than 3,800 volunteers contributed 34,000 hours to complete 240 projects.

Mario Hettiarachchi (Staffing), Tara Jackson and Carly Bauer (Human Resources), Angie Eggleston (Education Services) and I participated in a United Way Day of Caring on December 15th. Spectrum Youth and Family Services held a Christmas dinner buffet with entertainment for their clients and we helped them set up and clean up. We all agreed it was time well-spent and a lot of fun.

If you would like to participate in or learn more about the United Way Day of Caring Program, please do not hesitate to contact me at 267-2912 or visit the United Way website at www.calgaryunitedway.org.

*Debbie Chaisson
Executive Secretary*



United Way
of Calgary and Area

BUILDING STRONGER COMMUNITIES



HEALTHY HINT

Avoid salmonella poisoning this Easter

If you plan to eat the Easter eggs you decorate, avoid cracking the egg shells. If the shells crack then bacteria could enter and contaminate the egg inside.

Also, hide eggs in places that are protected from dirt, pets and other bacteria sources and keep hard -cooked eggs chilled in the refrigerator until just before the hunt. The total time for hiding and hunting eggs should be no more than two hours. Then be sure to refrigerate the "found" eggs right away until you eat them.

Eggs found hours later or the next day should be thrown out – not eaten!

Source: www.fsis.usda.gov



Cut this out, fold on the dotted line to create a tent card and place it near your computer.

Why? Because you can make a difference.

By turning off your computer when you don't need it for extended periods (overnight, on the weekend), you save energy and prevent unnecessary carbon dioxide (CO2) from entering the atmosphere. CO2 is a greenhouse gas; too much CO2 causes global temperatures to rise.

I turn off my computer at night.



I'm doing my part to stop global warming

Carewrite schedule

April

Submission deadline: April 11th
Publishing date: April 19th

All submissions are welcome!

MARK YOUR CALENDAR

Upcoming dates

March 17 th	St. Patrick's Day
April 1 st	Palm Sunday
April 3 rd	Jewish Passover
April 6 th	Good Friday
April 8 th	Easter Sunday
April 9 th	Orthodox Easter Sunday