

## **WELL AWARE – SUMMER 2017**

July 26th, 2017

The North Bay Regional Health Centre is pleased to provide you with our quarterly e-newsletter update! NBRHC Well Aware is designed to keep you up to date on changes to our services, new initiatives and news that impacts our communities

### **NBRHC Annual Report**

#### **We're pleased to share our 2016-17 Annual Report.**

As in previous years, we are proud to share through our annual report a wide range of interesting stories and facts about some of the amazing work done by our staff, physicians and volunteers every day here at our health centre. Some of the highlights and achievements from the last fiscal year you'll find in the annual report include:

- launching our 2017-2019 Strategic Plan with input from 1550 community members
- balancing our budget through hard work and difficult decisions
- stories that put the patient at the centre of everything we do

We look forward to working with you, our patients, families, partners and communities to be the best in healthcare.

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### **Using Creative Problem Solving For Health Care Transformation**

Can you imagine the next time you are up against a problem in your organization, bringing all the stakeholders together in one room and leaving with a solution that works for everyone?

That's exactly what staff at the North Bay Regional Health Centre (NBRHC) have done. By using creative problem solving, staff are able to take challenging situations and turn them into well-defined problems with an action plan—created by and for the stakeholders—in a short time frame. Amazingly, they are able to do all this while also creating buy-in for staff, improving patient care, patient flow, interdisciplinary teamwork and, in some cases, improving the financial well-being of the hospital.

Paul Heinrich, NBRHC President and CEO says he was first introduced to the idea of creative problem solving from Min Basadur, Founder of *Basadur Applied Creativity*, when Basadur spoke to a class Heinrich was taking at McMaster University. "I thought it was such a simple concept, but so powerful," Heinrich says.

Basadur teaches creativity is a process that includes the following (in this order)—problem finding, fact finding, problem definition, idea finding, evaluation and selection, plan, acceptance and action. Most people want to jump from problem finding (step 1) to action (step 8), but skipping ahead in the process would mean missing out on identifying the cause of the problem before getting to the solution. Heinrich went on to work with Basadur to use creative problem solving at four different organizations—including NBRHC.

Heinrich admits this way of thinking and problem solving can seem too difficult from the outside. “Divergent and convergent thinking can be very challenging for adults,” he says. “We have learned there is a ‘right’ answer for everything. Over time, we have learned to be uncreative.”

It was at NBRHC that Heinrich decided to try a different approach. “Instead of relying on others to help us solve our problems,” Heinrich says, “We thought ‘why not train our own staff with these skills?’” Heinrich liked the idea of tailoring the tools and tactics specific to a health care audience, while also creating the capacity within the organization to use these methods on an ongoing basis.

So they did just that—training dozens of staff at the Health Centre in the theory of creative problem solving, encouraging them to take them back to their areas and teams, adapting them for the specific problems and audiences.

That’s exactly what two members of the organizations’ Quality Team, Karin Dreany and Kristen Vaughan, did when faced with the task of making improvements to the Health Centre’s clinical documentation processes. This complicated problem involved a number of stakeholders across numerous departments. Essentially, a lack of standardization and incomplete charts meant the Health Centre was potentially missing out on important funds to match the true costs of a patient’s stay. There were additional concerns around turnaround times and a backlog for inputting that required substantial staff overtime to keep up.



*Participants at a creative problem solving session at NBRHC.*

Using key elements of creative problem methodology, they tailored the quality improvement to their audience by streamlining the group process from two days to two *hours*. Once they had everyone in the room—including

physicians, frontline administrative and clinical staff, managers and senior leaders—as a group they came up with the top five problems and together brainstormed potential solutions. Subgroups were assigned to each solution, with representatives from physicians, clinical and coding staff on each.

The result? Almost 90% of physicians have adopted the new standardized documentation practices, clinical records has eliminated their overtime, and the turnaround time for chart coding has decreased from 60 days to 23 days. Improved, timely documentation allows the health centre to accurately capture the acuity and treatment of our patients.

Another example of how creative problem solving was used with impressive results is the review of the leave of absence (LOA) process in NBRHC's Regional Specialized Mental Health Programs.

Laurie Wardell, Director, Mental Health, explains how there was an opportunity early last year to review some of the practises with the discharge process, particularly with respect to how LOA's were functioning. "We thought there might be a way we could improve how this was executed to help improve our patient flow, better support our patients in their transition to the community and at the same time strengthen our relationships with some of our community partners."

To accomplish this, as with the Clinical Documentation Project, they needed to get everyone together in one room. This included the psychiatrists, front line staff, health centre leadership and community partners. Groups that weren't able to attend the session in person were able to remotely participate by Ontario Telemedicine Network (OTN).

"Bringing everyone together and having the ability to engage everyone in the process from the very beginning was so important," Wardell says. "Everyone had a voice and was able to understand the problem. The session helped us narrow the scope of work and clearly identify the problem we were trying to solve."

An unexpected benefit was the impact to the relationship with community partners. "They appreciated being involved in the creative problem solving session. It increased their trust in the process and they were able to see for themselves the Health Centre's level of support for these changes," Wardell says.

The group was able to improve wait times by reducing the length of the leave of absences by 55%. Wardell credits the group session to the success the group has had with the process change. "Front line staff were a part of the process identifying and creating the solution to the problem – so they were ready to implement it on the units without anyone else having to create buy-in."

Bringing everyone together in one room is arguably the most important factor in the success these projects have seen. By bringing together everyone who don't think it can be done or should be done, and by engaging them in the problems solving and allowing them to have a voice—good things are accomplished together.

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## Healthcare Leadership Volunteer Program

In June volunteers from the Healthcare Leadership Volunteer Program presented their findings to managers, physicians and senior leaders at the North Bay Regional Health Centre (NBRHC).

Kim McElroy, Manager of the Communications and Volunteer Department says the program is administered collaboratively by the Medical Affairs Department and Volunteer Department at NBRHC. “This is the third year for the program, which encourages local youth to consider a career in healthcare in our community,” McElroy says.

Kristen Vaughan, Quality Coordinator, explains that during the eight-week program, volunteers are given an opportunity to work with local healthcare leaders on real-world projects that support quality patient care. “These volunteers are local youth who are pursuing a career in medicine or healthcare leadership, while also completing undergraduate studies supporting this goal,” Vaughan says.



*NBRHC President and CEO Paul Heinrich (far left) and NBRHC Chief of Staff Dr. Donald Fung (far right) present the five Healthcare Leadership volunteers with certificates of completion.*

This year there were five volunteers assigned to Quality Improvement Projects with a focus on improving the patient experience and process improvement.

The 2017 projects included:

- providing recommendations on the development and implementation of a Friendly Visitor Volunteer Program
- evaluating the impact of Physician Assistants (PA) in the service of Internal Medicine
- increasing awareness of Antibiotic Resistant Organisms (AROs) swab completion
- supporting the development of physician Vocera Collaboration Suite (VCS) application training material
- creating organization wide awareness of the peer support services at NBRHC

We want to thank everyone who helped make this program a success and special thanks to the volunteers for all of their hard work.

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## 2017 Asclepius Awards

In June, the North Bay Regional Health Centre celebrated our 11th annual Physician Recognition Event and 5th annual Asclepius Awards. The awards provided the opportunity to recognize the accomplishments attained by our physicians who give themselves for the betterment of others in our hospital and the community.

Congratulations to all physicians and to the following 2017 award recipients:

**Dr. Joel Carter** for the Community Partner Award, which honours a physician who, during their career, has shown initiative, leadership and involvement in projects that embody the spirit of genuine partnership and benefit the overall community.

**Dr. Inez Jinnah** for the Career Excellence Award, which recognizes a physician who has demonstrated sustained excellence in delivery of clinical care in its broadest sense over the course of their career.

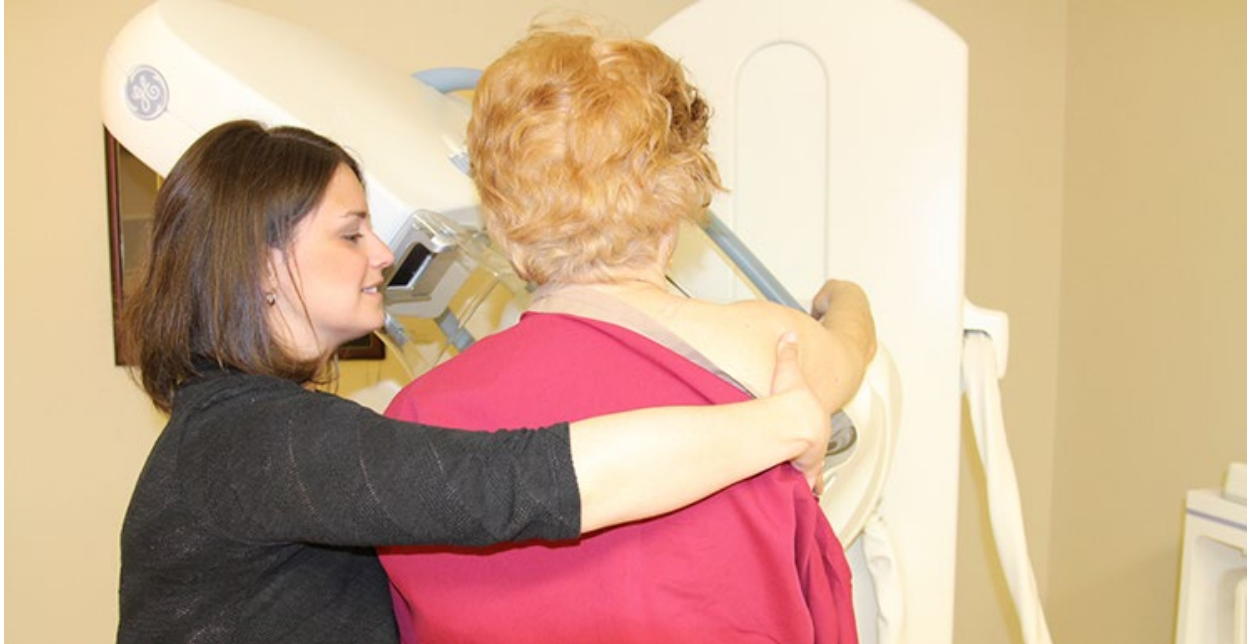
**Dr. Ravinder Singh** for the Innovation Award, which honours a physician who during their career has demonstrated a visionary approach to problem-solving and performance improvement by leading, developing or implementing.

**Dr. Anne Marie McKenna** for the Jean Rochefort Teaching Award, which honours a physician who, during their career has exemplified excellence in teaching future physicians and inspires each of them to learn and grow in their chosen field of medicine.

**Dr. Lukmaan Waja** for the Crystal Heart Award for Philanthropy, which recognizes a physician who supports the health care of their community through philanthropy.

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## Annual breast screening event sees 93 women in one day



After learning a close family member was diagnosed with early stage breast cancer, Sharon Doggett knew it was time to get screened but she admits she was worried. “I heard all these stories about what it could be like, how your breasts get squeezed between plates and you feel alone in the room,” Doggett confesses.

Today Doggett reflects back on her first mammogram experience in the Ontario Breast Screening Program (OBSP) at the North Bay Regional Health Centre (NBRHC) positively. “The volunteers were so warm and welcoming, and answered all my questions,” says Doggett. “The OBSP staff eliminated my fears by explaining what to expect and reassured me throughout the entire process.”

May 3rd was the perfect opportunity for women who had been putting off having a mammogram for all kinds of reasons to make their health a priority, as the NBRHC hosted its annual Mammoth Breast Screening Challenge. *Mammoth* celebrated 10 years of breast screening challenges in the North East. The one-day breast screening event encouraged as many women as possible between the ages of 50 and 74 to check mammogram off their to-do list by booking and completing a mammogram. This large-scale regional campaign helps address common barriers women experience towards regular cancer screening including fear, embarrassment, limited time and lack of awareness.

This year 93 women were screened at the Health Centre in one day!

In Ontario, breast cancer is the most common cancer in women and the second leading cause of cancer deaths in females. The OBSP recommends that women between the ages of 50 to 74 get screened for breast cancer every two years.

“The mammogram is the best screening test for breast cancer. Mammograms can be used to check for breast cancer in women who have no signs or symptoms of the disease, that’s why its important eligible women participate in regular screening” says Natalie Kohlsmith, charge medical radiation technologist at the NBRHC. “Cancer that’s diagnosed at an early stage, before it’s had the chance to spread is more likely to be treated successfully. Most women know having a mammogram is important, they just haven’t made the time.”



Women who were unable to attend Mammothon are encouraged to book a mammogram at another convenient time. For more information and to book an appointment call 705-495-7930.

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### **Did you know the NBRHC has a volunteer recognition award?**

If you had a good experience at the Health Centre because of a volunteer, nominate them for the Volunteer Involvement Award.

This award celebrates the important contribution volunteers make to the organization. It is presented on a bi-annual basis (fall and spring). If you know a volunteer at the Health Centre that deserves recognition, you are encouraged to nominate them by completing the online nomination form at <https://www.surveymonkey.com/r/viaward>