

MONTHLY REPORT TO THE FOUNDATION & FRIENDS OF THE GLENROSE REHABILITATION HOSPITAL (GRH)

.....
January 2019



Above: Glenrose Staff and Guests say farewell to Isabel Henderson, Senior Operating Officer

Far Left: Friends of Glenrose President, Judith Krupp, attends Lieutenant Governor's New Years Day Levee

Left: Glenrose Reflection & Renewal Centre covered as a special feature on Global TV's Health Matters Segment

"Once you set aside the acute phases or crises that mark injury or disease, much of modern health care is indeed rehabilitation in one form or another." ~ Dr. David Naylor, Former President, University of Toronto (2005 - 2013)

GLENROSE NEWS

LEADER IN PROVIDING SPECIALIZED TERTIARY REHABILITATION ACROSS THE LIFESPAN

Model of Physician Care Coverage on Pediatric Rehabilitation Unit 201

On February 1st five community pediatricians will join physiatry and neurodevelopmental specialists in providing care to our patients on Unit 201. A review of our medical care model a number of years ago recommended that, in order to ensure optimal care for our patients and in keeping with other hospital-based pediatric inpatient units, the most responsible physician (MRP or admitting physician) on Unit 201 should be a primary care pediatrician. After many years of effort and negotiation, a group of community pediatricians have agreed to provide MRP services for our patients. This change is an opportunity to provide the highest level of both medical and rehabilitative care to our patients. Planning is underway to welcome these community pediatricians to the Glenrose hospital and to support their integration into unit routines. We look forward to this opportunity to better serve our pediatric patients.



The Costs of Untreated Hearing Loss

Over the past few years, research has shown that untreated hearing loss in older adults is associated with social isolation, depression, falls, dementia, and a lower quality of life. This is a significant number of people, considering that up to 46% of people between the ages of 45 - 87 have hearing loss. Now new research by John's Hopkins University (<https://www.sciencedaily.com/releases/2018/11/181108142334.htm>) is showing that older adults with untreated hearing loss also have higher health care costs. Their study showed that compared to older adults without untreated hearing loss, those with untreated hearing loss had healthcare costs that were on average 46% higher. Two years after initial diagnosis of the hearing loss costs were 26% higher for the untreated hearing loss and rose to 46% after 10 years of untreated hearing loss. These patients with untreated hearing loss also had about 50% more hospital stays, a 44% higher chance of readmission within 30 days of a hospital stay, 17% more likely to have an emergency department visit and had 52 more outpatient visits. It is unclear if these results are related to comorbidities associated with hearing loss or the fact that these people may have poorer patient-provider communication which may result in misunderstandings, poor follow through of recommendations and less participation in the development of a treatment plan.



GRH Nursing Professional Practice (NPP) Retreat

In December the Glenrose Rehabilitation Hospital held an education retreat for our GRH Nurse Practitioners. Georgia Davis, Manager of Nursing Professional Practice led her team on topics of discussion which included: Locating Yourself: a key to conscious leadership, Review of 2018 and Identifying Areas of Focus and Goals for 2019, Team Building Activity, Review of GRH and Nursing Strategic Plans, Connect Care, CoACT, PPA Model, Med Calculation Exam, New Hire Process, Dress Code and Mentor/Preceptorship to name a few. The retreat was a resounding success.



STRONG PARTNER WITH PATIENTS & COMMUNITY IN SUPPORTING PATIENT-GUIDED CARE

CoACT Collaborative Care

CoACT Collaborative Care is a service delivery approach whereby Interprofessional teams work in partnership with patients and their families to achieve the best outcomes. Specifically aimed at the inpatient units and traditionally with a strong focus for nursing, many of the process elements are already in place at the Glenrose, (e.g., white boards, quality boards, and the use of NOD (Name, Occupation & Duty) are three that have been fully implemented). Collaborative Care Design has been implemented in over 200 units at 55 sites across Alberta Health Services and the Glenrose is excited to start this work in 2019. As we continue to prepare for inpatient Connect Care implementation in the Fall of 2020, we will see all of our care documentation move to an electronic platform. The complete suite of process elements will enable our teams to communicate and collaborate more at the point of care ensuring patient and family involvement. The CoACT Project Team for AHS will come to our site and complete the Collaborative Care Assessment on all nine of our inpatients units inclusive of Pediatric Rehabilitation Unit 201, Specialized Geriatrics and Adults. We will then review what we are already doing well and look for opportunities for workflow and process improvements across our interdisciplinary teams.



A GREAT PLACE TO WORK, TEACH & LEARN

Susan Muirhead - Longtime Glenrose Staff Passes Away

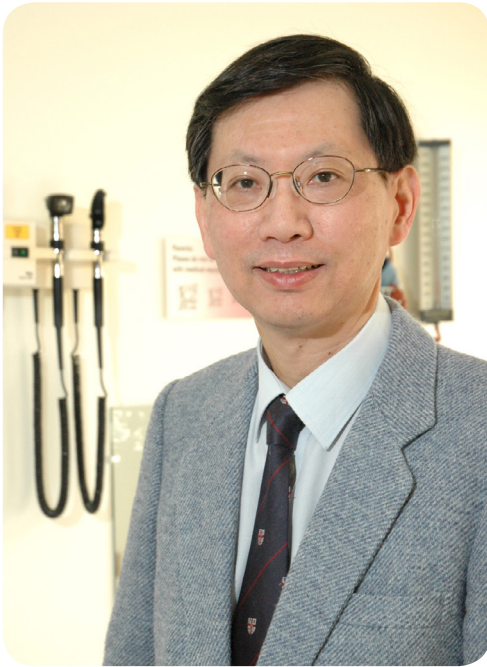
On January 9, 2019 Susan Muirhead, longtime Glenrose staff member and highly regarded Canadian Rehabilitation leader, passed away. Susan completed her Bachelor of Physical Therapy degree from the University of Alberta and her Masters of Science in Health Administration from Central Michigan University. She enjoyed a rich and varied career in the rehabilitation arena, working in multiple settings including acute care, community health, continuing care and the private sector. Susan held leadership positions at the University of Alberta Hospital and at the Glenrose Rehabilitation Hospital (Director, Adult Rehabilitation) and participated in multiple senior level committees, both locally and nationally.

Early in her career, she was the University of Alberta Alumni Council representative for the Faculty of Rehabilitation Medicine and for over 10 years she participated on the CIHI National Advisory Committee to develop a national minimum data set for inpatient rehabilitation outcomes. Susan was involved in two prestigious team awards: a REACH Award from Capital Health (Edmonton, AB) and a 3M Health Care Quality Team Award from the Canadian College of Health Leaders (Halifax, NS). Most recently, Susan established a project management consultancy in Nanaimo, providing services to healthcare clients in Western Canada. Susan was an avid sports enthusiast, committed to marathon running (she competed in the New York and Boston Marathons), hiking (she climbed Mt. Kilimanjaro) and ocean kayaking on Canada's west coast. Susan's brilliant sense of humour, her "can-do" attitude, her capacity to tackle complex projects, her caring demeanour and her engaging personality will be missed by her many Glenrose colleagues.



One of Susan's last requests was that instead of sending flowers she preferred donations to an animal charity. Her family has set up a BC SPCA page in her honour.

http://support.sPCA.bc.ca/site/TR/Memorial/General?px=2222023&pg=personal&fr_id=2000



Pediatric Physician and Leader Retires from GRH Leadership Roles

For 39 years Dr. Man-Joe Watt has cared for children, youth, and families in his position as Associate Director of Rehabilitation (Pediatrics) of the Glenrose Rehabilitation Hospital. On December 30, 2018 Dr. Watt retired from his administrative positions in Pediatrics including Medical Director of Unit 201, Medical Director of Physical Medicine and Orthopedic Treatment Clinic as well as Medical Director of Pediatric Upper Extremity clinic. In addition, Dr. Watt will be stepping down from his position as Medical Director of the Syncrude Centre for Motion and Balance.

He shared that when first hired at the Glenrose his job description was "to establish a world class pediatric rehabilitation program in Alberta". He has undoubtedly accomplished this goal, and much more, ensuring a foundation for lasting excellence in pediatric rehabilitation care for Alberta's families.

We extend our thanks to Dr. Watt for his leadership and collaboration with our many Glenrose teams, and for providing such superb expert care to his many patients and their families. Dr. Watt will continue his full-time practice as a consulting Pediatric Physiatrist at the Glenrose.



Jacqueline Futoransky

Specialized Geriatrics Staff Update

Jacqueline Futoransky has joined the Specialized Geriatric Division as temporary Patient Care Manager for Geriatric Assessment Units 3D and 4C. Jacqueline brings a wealth of experience to this role from her previous roles in geriatrics, clinical education and in stroke rehabilitation.

Jackie Sperling will be taking on the Patient Care Manager, Geriatric Psychiatry portfolio which includes Geriatric Psychiatry Unit 3C and Cognitive Behavioural Unit 4D, START Psychiatry Day Hospital and Geriatric Outpatients and Urodynamics. Special thanks to Jackie for handling the entire Geriatric portfolio for these past several months. Please welcome both to their new roles!



Jackie Sperling

Pediatric Rehabilitation Unit 201 Staff Update

We are pleased to announce that Christine Gillen is the successful candidate for the Patient Care Manager position for Unit 201, Pediatric Ambulatory Nursing and the Administrative Support for Pediatrics. Christine has a considerable amount of experience in management and is certified in PROSCi change management. She has held positions as Unit Manager for ENT, Ophthalmology and Surgery Clinics at the Stollery Children's Hospital. In the past year, Christine accepted a temporary position with AHS Clinical Quality and Safety to increase her knowledge in the area of quality and safety. She is currently the Clinical Safety Leader for the Glenrose Rehabilitation Hospital. Please join us in welcoming Christine to our team.



Stroke Program Staff Update

We are pleased to announce that Kim Neigel has accepted the temporary position as Patient Care Manager of our GRH Stroke Program. Kim has worked in Alberta Health Services since 2004 as a staff nurse, clinical nurse educator and for the past three years has held the position of Unit Manager supporting the Renal Program at the University of Alberta Hospital and most recently programs within the Kaye Edmonton Clinic including the Stroke Clinic. Along with her clinical background in Nephrology, she brings clinical experience from Internal Medicine, Cardiology and Neurology. Please join us in welcoming Kim to the Glenrose team.

Friends of Glenrose – Corner Store Hero

What a find the Friends had when Wally came to the hospital to volunteer. Wally embodies altruism through his continuous dedication and hard work as a volunteer. When he's not busy stocking shelves, he's making popcorn thus his nickname the "popcorn guy". For just a dollar, you get a warm smile from Wally and a freshly popped bag of popcorn. Wally started as a volunteer in 2015 after selling his farm in Millet. Together with his wife Bonnie they have four children and eight grandchildren.



Kudos to Glenrose Rehabilitation Hospital Staff

'My husband, Dick, and I have been attached to the Glenrose now for about 15 years due to his Parkinson's Disease. The Movement Disorder Clinic was and still is a life saver for us in so many ways. We were involved in many of their programs and Dick participated in a lengthy research study as well. We made many friends amongst patients and staff alike, some of which we are still in contact with today. One of the programs that Dick participated in was a physiotherapy class run out of the Glenrose twice a week. After each class, many of the group would meet in the cafeteria for a coffee and a visit before going our separate ways. That led to some of us meeting weekly at the Albert's restaurant at Bonnie Doon Mall for a couple of years. After 5 years Dick became wheelchair-bound eventually leading to placement in a long term care facility. However, we still rely on the Glenrose for dental appointments and the dental clinic is outstanding, from the staff to the great care. It's great for accommodating Dick's wheelchair and his disabilities. I would also like to mention how wonderful the Glenrose was for making a customized wheelchair for Dick's specific needs. It has made a huge positive difference for him. One final thing, despite seeing the steady decline in Dick's health and abilities, the staff still offered us hope and helped us to deal with our day to day challenges. We were so honored for Dick to be picked to get rehab in the CAREN unit. What amazing technology to watch and I'm so impressed we have that here in Edmonton at the Glenrose. Overall, the Glenrose is a wonderful institution providing excellent care to those who have the misfortune of needing it. But a great building filled with great staff makes the journey easier to travel.'
Reprinted in part from correspondence received from Mrs. Beverley Thomson

Farewell Senior Operating Officer – GRH

On January 10th a Retirement Celebration was held for Isabel Henderson, Senior Operating Officer, Glenrose Rehabilitation Hospital. Approximately 400 guests joined to wish farewell and give best wishes to Isabel. Emcees were Jim Raso and Vickie Buttar who were amazing! Dr. Verna Yiu, President & CEO – AHS, Deb Gordon, Vice President & COO-Northern Alberta, Dr. Nan Schuurmans, Facility Medical Director – GRH, Rick Vogel, Board Chair, GRH Foundation and Judith Krupp, President, Friends of Glenrose, thanked Isabel for her 14 years as Senior Operating Officer of the Glenrose and acknowledged her 30 years of service to Alberta Health Services.

Everyone in attendance was surprised when our GRH Managers and Supervisors rose from their seats and performed a flash mob dance promoting #EndPJPParalysis, a project dear to Isabel's heart. A donation was made to the Social Work Program to provide clothing to underprivileged patients to get them up, out of bed, and get moving.

GRH Prosthetics & Orthotics presented Isabel with a specialized miniature orthotic brace as a keepsake. Friends of Glenrose President, Judith Krupp, supported the event with beautiful flower arrangements and chocolates for each guest. The GRH School gifted Isabel with a framed painting created by the school children.

Isabel has been a tremendous leader, mentor, and promoter of the Glenrose. Isabel, we wish you all the best as you move from the Glenrose into your new part-time role as Executive Director, Northern Operations at Seventh Street Plaza.



Glenrose Strategic Plan Since You Asked...

More than 900 staff and 50 physicians provided input into the GRH 2018-23 Strategic Plan. The vast majority made it clear that the plan can't end up on a shelf until it's time for the next strategic plan. They asked how will the Strategic Plan be kept current and on the table? As part of the effort to make sure that happens, we'll be presenting a series of interviews with front-line staff, leaders, and physicians over the next few months where they weigh in on exactly those issues. Here's the next installment, an interview with Justin Lewicke, Motion Analyst, Syncrude Centre for Motion and Balance.



1. Does the Strategic Plan reflect the areas that need to be our focus over the next five years?

Yes, the GRH Mission in particular is right on point; it's what we should always come back to in everything we do. We do need to be wary of buzzwords and jargon, especially when it's difficult to really understand what they mean in our context. An example is "patient-guided care". It would be helpful to have clarity regarding what this really means in its application, including what is the role of the family. How literal is the concept of the patient guiding their care? The Guiding Principles are somewhat too brief to really understand their meaning. Brevity can be helpful but it's important to have enough detail to know how they are applied in our work. In terms of additional topics that could be included, the concept of sustainability is important, including as it applies to the environment, financial status, and professional expertise. These pieces speak to the long term view of how GRH functions and the work we do.

2. How can we keep the Strategic Plan current as issues evolve over its five year duration?

Overall the plan is pretty well set up. If the mission is well-developed, and reflects our core purpose, then the foundation of the plan should stay constant. It's integral to who we are, and we need to stay loyal to that. Beyond that, we need to be flexible in how we view the broader community and our multiple partners. We need to be open to new connections and whatever is coming next, to be accepting of new things.

3. What are the key elements of the Strategic Plan that you see as priorities for us to address in the "shorter" term?

We need to consider the impact of new initiatives on staff, and be very aware of how these can affect day-to-day work. There have been a number of times when new processes have been implemented, but they haven't replaced a similar existing process so now there are two running simultaneously. An example is eClinician. Now there are two places where emails and schedules have to be monitored as we have added another communication layer. Sometimes what looks good at the vision stage has unintended consequences when implemented.

4. Which of the four Strategic Directions resonates most with you?

From my perspective it's the fourth one – A Leader in Research and Innovation. This one resonates both from a personal and a business perspective. We don't seem to have the same priority around "business" opportunities at GRH as we did some years ago. It would be helpful to have more clarity regarding what's considered to be "business" at GRH, and what innovation really means. Do we want to be the innovators who are creating the new technology or clinical procedure? If we're not at the creating edge do we want to be at the "bleeding" edge, where we are a first implementer of the new creation? Or is our focus to be an early adopter, but not in the first wave? Each has a different level of risk, so we're really talking about how risk tolerant are we. Many factors figure into this discussion, and perhaps we're talking about a combination of levels, but it's helpful if we know what we're striving for regarding how we position ourselves as innovators.

5. How can we best keep staff, physicians, and patients/family members engaged with the Strategic Plan so it continues to guide our work?

I think the most important thing is to keep it simple. And to walk the walk – documents may be released but our actions may not follow. We need to be succinct and clear about how we are addressing the priorities laid out in the plan. No buzz words. We do need to be aware of newsletter and email overload; communicating in a manner that works for staff is a very hard undertaking.



A LEADER IN RESEARCH & INNOVATION

Spinal Cord Injury Treatment Centre and Society (SCITCS): Enhancing the Lives of People with Spinal Cord Injury

The Spinal Cord Injury Treatment Centre and Society (SCITCS) is celebrating over 30 years of creating opportunities for people with a spinal cord injury (SCI) and others. SCITCS is managed by a volunteer board and sustained by a dedicated group of volunteers who are committed to improving the quality of life of people with a SCI. Their motto, Never Say... "Never", remains the driving force behind their organization.

Over the decades, SCITCS has supported newly injured patients with SCI and their families in numerous ways. They host a monthly pizza night on Unit 3B at the Glenrose Rehabilitation Hospital, providing new patients with their best-selling book *Daring To Live*, a SCITCS Never Say... "Never" T-shirt, and a reacher. A SCITCS board member also visits patients with SCI on a weekly basis to provide support and education. These meaningful connections have assisted patients and their families through their rehabilitation journey. Most recently, they hosted a Christmas pizza party that was very well attended by patients and their families, and presented the SCI Program with a new light weight carbon fiber wheelchair for patients to trial.

Established in April 1987, SCITCS has been promoting and supporting applied research; they were fundamental in bringing state-of-the-art technology such as the ReWalk and Functional Electrical Stimulation (FES) devices to Northern Alberta. FES applies small electrical pulses to paralyzed muscles to restore or improve their function and is commonly used for exercise, but also to assist with breathing, grasping, transferring, standing and walking. SCITCS has provided FES bikes to hospitals and community fitness facilities to allow people with paralysis from neurological injury access to this technology. SCITCS is also a strong proponent of continuing education, and over the years they have sponsored various educational opportunities for patients, families, and clinicians all in the effort to enhance the quality of life for people with SCI.



On behalf of the Glenrose Rehabilitation Hospital Senior Management Team, Physicians, Staff and Volunteers we wish to extend SCITCS our gratitude for their everlasting passion and commitment to research, education, and support in SCI.

GLENROSE EVENTS

Connect Care Updates

On January 15th a Connect Care Professional Practice Rounds was held for staff to improve their understanding of the Connect Care implementation plan for the Glenrose, identify options for assessing computer literacy related to Connect Care and to develop an understanding of how equipment needs will be assessed for the Glenrose.

In addition a Get READY, Get SET, Come CONNECT session was held on January 17th to share information with GRH Outpatient Clinics/Programs/Services that use eCLINICIAN who will go live with Connect Care on November 4, 2019. Staff heard from AHS leaders and learned about how the GRH is getting ready for this change.



From January 14 – 18, 2019 an Assessment of Connect Care Ambulatory Computer Equipment and Non-Medical Devices occurred. The assessment involved inventorying existing computers, printers and peripheral equipment such as scanners and label printers. A plan was created for type and placement of new equipment to support Connect Care based on design fundamentals, scenarios and EPIC recommendations.

Art Unveiling – Journey of Courage
Artist ~ Giselle Denis, Acrylic (2018)

Donated by Martin & Peggi Ferguson-Pell, donors and artists were honored at the official unveiling of the “Journey of Courage” at a special ceremony on December 19, 2018.

“Journey of Courage” was created during the 2018 Courage Gala, where guests were delighted with a start to finish live painting by performance painter Giselle Denis. In this piece, Giselle has placed seven dominant trees and seven dominant flowers in the painting to represent the seven patients who were profiled at the Gala in their journey to recovery.



Glenrose Reflection and Renewal Centre

The Glenrose Rehabilitation Hospital Foundation (GRHF) engaged Global TV to have our GRH Reflection and Renewal Centre covered as a special feature and it appeared on Su-Ling Goh's Health Matters Segment. Please check it out! The feature starts about 2 minutes into the clip. Our sincere thanks to all who were involved in the design and construction of this special space where patients, caregivers, and staff can reflect and be renewed. <https://globalnews.ca/video/rd/1422565955620/?jwsourc=cl>



New Year's Day Levee at Government House

On January 1st Friends of Glenrose President and retired naval officer, Judith Krupp, was greeted by Her Honour, The Honourable Lois Mitchell, CM, AOE, Lieutenant Governor of Alberta and Honorary Patron of the Glenrose Hospital when she attended the Lieutenant Governor's New Years Day Levee.



GLENROSE UPCOMING EVENTS



GLENROSE
REHABILITATION • HOSPITAL
FOUNDATION

Your Support Can Make A Difference
To donate scan the QR code square above with your smart device or click here to visit the Glenrose Foundation website.



Become a Glenrose volunteer
Scan the QR code square above with your smart device or click here to email volunteer resources

For more information contact:

Isabel Henderson
Senior Operating Officer, GRH
Email: Isabel.Henderson@ahs.ca