

POINTS OF INTEREST:

A SPECIAL NEW BABY IS BORN—

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RIBBON CUTTING AT A NEW CLINIC – Sun Country Health Region’s newest Primary Health Clinic was officially opened in September when two cabinet ministers gave it the thumbs up. A ribbon-cutting ceremony was held at the Carlyle Primary Health Clinic in Carlyle to celebrate the site’s operation. From left to right, front row: Cal Tant, CEO of Sun Country Health Region; Lorretta Walker, Receptionist for the Clinic; Wendy Gordon, Receptionist; Liette Hrabia, Receptionist; Dr. Catharina Meyer; Health Minister Don McMorris; Dan D’Autremont, Minister of Government Services, Minister responsible for the Saskatchewan Liquor and Gaming Authority (SLGA), and Information Technology Office (ITO). Back row, left to right, are Wendy Gordon, Receptionist; Jeannie Daku, Nurse Practitioner; Dr. Don Van Wyk; Sharon Bauche, Member of the Board of Sun Country Regional Health Authority; Gale Pryznyk, Regional Director, Primary Health and Rehabilitation, Sun Country Health Region.

Primary health site opens in Carlyle

Sun Country Regional Health Authority member Sharon Bauche told the audience at the official opening of the Arcola/Carlyle Primary Health Team in September that the board supports the principles of Primary Health. “We also support the goal to provide primary health team services to every resident (within a 30 minute travel time),” she said.

“The development of Primary health care will help our residents in five ways,” she said. It will help them stay healthy longer, manage chronic condi-

tions, treat acute medical illness, promote healthier living and access the best health provider for the job, she said. “Reaching the goal can be difficult in a rural region because of the challenges in finding and keeping trained professionals, despite the fact primary health care may be even more important in rural areas where people sometimes travel long distances for health services, said Mrs. Bauche. “We’ve seen considerable success in recent years.” The Arcola/Carlyle team has

been functioning at the Carlyle site for several months and is growing with the addition of a new doctor.

“We hope to expand this team to Arcola in the near future. We have a satellite team working in the Lampman/Midale areas and we also have developed a proposal for a new team in Estevan,” she noted.

“By the end of this fiscal year, we hope nearly 40 per cent of the residents of Sun Country Health Region should have access to services from a designated primary health team,” she said.



Workplace Wellness Program— Sun Country Health Region’s Fitness Coordinator Corrie Schultz takes her Active 8 Program for employees to facilities all over the Region. “It’s so great because all of the equipment needed is small, portable and inexpensive,” says Corrie. It’s exercise for people without a big, expensive gym. Employees in these pictures are from Mainprize Manor in Midale. Top picture, from left to right, Beryl De-Bruyne, Janice Sjostrand, Terry Hauglum. Bottom picture, left to right, Debbie Hockey, Linda McKenzie, Corrie Schultz.



Kelly Beattie

In Partnership Aboriginal Awareness Training

Aboriginal Awareness Training is a four (4) hour session. The goal is to create awareness and understanding of partnership agreements, the Representative Workforce Strategy and to prepare a welcoming workplace for Aboriginal peoples through education and training.

The next session for Aboriginal Awareness training will be:

October 15 – Oxbow Health Centre – 1230 – 1630

October 16 – Weyburn – 0800 – 1200 & 1300 – 1700

November 19 – Weyburn – 0800 – 1200 & 1300 – 1700

To register talk to your Manager or contact Kelly Beattie, Aboriginal Services Coordinator, by email kbeattie@schr.sk.ca no later than one week in advance of the session.

Tell us what you think about Employee Recognition!

The Employee Recognition Program for Sun Country Health Region was developed to provide an opportunity to consistently recognize the contributions of staff and physicians by presenting keepsakes of appreciation for length of service and/ or retirement.

We want to evaluate and improve upon what has been established and explore other opportunities for other forms of recognition for staff.

We need your help to determine if the established program continues to serve that purpose, and to determine other forms of recognition the staff want to have incorporated into the program.

We are seeking your feedback. We would like to hear from you.

Please take a few minutes to answer these questions. Thank you for your participation.

1) How important is Employee Recognition to you?

Rate: Very Important

Slightly Important

Not Important

2) What other forms of Recognition would you like to see incorporated into the Employee Recognition Program?

3) Do you like the Teas/Barbecues which are held for 5, 10, 15 years of service?

What changes/improvements would you like?

4) Long Service Awards Event (20 years, 25 years, 30, 35, 40, etc.)

Do you like the format of the Long Service Award Event? (i.e. Supper, Awards, Entertainment).

Is entertainment important for this event?

Is a meal important for this event?

What do you like about this event?

What do you not like about this event?

What changes/improvements would you suggest?

6) Awards - Gifts of Appreciation

Do you like the current gifts presented?

If your answer is no, please circle the kind of item below and/or provide suggestions for other items.

Please circle the kind of item you would prefer for each category of service, or suggest another item.

10 years of service -- barbecue items,

15 years of service – barbecue items, facial,

20 years of service – picture, yard ornaments, clock, travel items,

25 years of service – picture, yard ornaments, clock,

30 years of service - picture, yard ornaments, watch,

35 years of service – picture, yard ornaments, watch,

Can you recommend a local artist who might be willing to provide work in quantity?

7) Would you be willing to serve a year on the committee to organize future events?

OPTIONAL: Your name _____
Telephone Number _____

Please fax this response to Joanne Helmer at 842-8738 or email to jhelmer@schr.sk.ca

Give thanks: give blood

This October, Canadian Blood Services' is inviting you and your colleagues to show your "thanks" for your good health by giving blood and helping others regain their health.

For the month of October, patients in hospitals all across Canada will require blood donations from over 93,000 donors, and our current forecast indicates that we will not meet

this target without more help. In our region, that means we need 11,000 to attend our clinics this month.

There is a heightened need for donors in the week leading up to and following Thanksgiving. As well, appointment bookings are currently lower than required, so there are many opportunities at a blood donor clinic near you.

Remember, critically ill patients and their families depend on the generosity of blood donors to help ensure they receive the life-saving treatments they need.

Please call 1 888 2 DONATE (1 888 236-6283) to book your appointment to donate blood. Clinic and donor eligibility information is also available at www.blood.ca.

Do's and don'ts in the exercise game

Brought to you by
Sun Country
Health Region
Therapies Department

Do you feel like you've tried everything to get your kids moving and the more you push the less motivated they seem? Don't fret, you're not alone!

The following are some helpful hints from Don Zabloski who writes an Active Kids column for the "Running Room" magazine and who's articles can be accessed via the following link:
<http://www.runningroom.com/hm/inside.php?id=2996>

Do:

Promote self-determination – help them take responsibility and a sense of ownership for their health and what they are doing for it. Give encouragement – specific feedback is good when your kids are

learning new skills

Promote fun and excitement! It's to be expected that fun activities will be better received and participated in.

Help your kids set personal standards as opposed to comparative standards; make sure they celebrate their very own successes. Try to help them understand that many media images are unrealistic, help them to appreciate what they have and are able to do.

Participate with your kids. Make it a FUN and family activity that they can look forward to for multiple reasons, including the fact that it is fun and it's quality time spent with their family.

Don't:

Make support contingent on performance. Let them know that you support their effort to be healthy and active, try to take the emphasis off the score, or time. Just celebrate the activity itself.

Rely on extrinsic rewards, otherwise known as treats and bribes. Teach your children that the real prize is good health and fitness, a healthy body weight, and the ability to be active for years to come.

Don't use exercise as a form of punishment. There is no better way to turn your kids away from being active as adults than to foster a negative relationship with exercise when they are young.



Some of the staff of Estevan Regional Nursing Home gather for a picture. From left to right, standing in the back rows, are Vanessa Cote, Jean Tisdale, Quinn Christiansen, Elva Wanner and Steve Neilson. In the second row, left to right, are: Shelly Kapell, Stacey Holtz, Colleen Sovdi, Laurie Dyck, Bibiana Weichart, Mary Horrocks, Gail Yunick, Jan Dunbar. In the front row, kneeling, are: Theresa Lasko, Jeannine Gauthier, Rondee Sjodin and Adeline Vanin.

Editor's note: We found this comment in the Estevan Mercury, August 20, 2008, written by Reporter Norm Park. "I was visiting at the Estevan Regional Nursing Home the other day and enjoyed a little afternoon program and guess what . . . not one ringing cell phone interruption among the guest! OK, I caught a couple of the seniors with their heads down . . . probably text messaging, or napping maybe. Wasn't sure. What a wonderful staff they have at ERNH. They and their residents surely do deserve new digs that will reflect our current enriched status as the main economic engine in Saskatchewan."



The newest baby - Don Sealy, supervisor of the Therapeutic Animal Park near Tatagwa View Long Term Care Centre in Weyburn, shows off the brand new llama born at the park in early September. Don named the little one Koko. Llamas are domesticated, long-haired South American animals, similar to camels. The two llamas are owned by Al Thompkins, who helps Don at the park.

The facts speak for Telehealth

Imagine seeing a specialist in your home community, at the hospital or health centre, using Telehealth Technology. Your doctor appears on the screen and can see and hear you perfectly. With a little help from the Coordinator and a hand-held camera, the doctor can see whatever he requires. Your prescriptions are sent to your local pharmacy, your lab work arranged in your local health centre and your next appointment arranged. All this and you never even started the car!

A May 2008, a provincial survey on Patient Satisfaction documented Telehealth's reception from the public—for clinical use.

Here are the results.

- 100% were satisfied / very satisfied with their Telehealth experience
- 100% would use Telehealth again
- 100% would recommend Telehealth to others
- 95% experienced cost saving (gas, hotels, meals, child care, lost time work.)
- Of this, four per cent saved over \$1,000, fifteen per cent saved \$501-\$1000, eight per cent saved \$301-500, fifty-six per cent saved \$101-\$300, eleven per cent saved up to \$100. (Note: Some clients are reimbursed by third parties for all costs incurred for medical expenses.)

The cost savings did not consider environmental, climatic or personal factors (fatigue, cramped legs, bathroom line-ups, etc) and other discomforts. And if taking along a precious kid, the perpetual “Are we

there yet?” asked in increasingly shrill tones, every 10 seconds. 85% felt Telehealth benefited them in other ways (talk about economies of Telehealth. Way to go!)

Direct comments from patients:

- I am unable to drive, so this relieves the stress of the bus and cabs in Regina.
- This service keeps me in my home town where my help is.
- Second opinion not available in Saskatchewan.
- Saved me thousands.
- A really great service.
- Less loss of work time.
- Saved us a long trip to Saskatoon.
- It gave us the info we needed.
- Unable to sit in a car so in this way I don't have to.
- Family and care providers from here came to the appointment with me.
- I have driven to Regina in the past to access Telehealth, now that it is in my community, I save even more time and money.
- Telehealth helps me get on with my life. I do not have to leave my community and leave other people responsible when I am gone.

One hundred per cent of Telehealth clients were satisfied with their Telehealth experience.



Nurses celebrate the years: A group of nurses in Sun Country Health Region met recently to celebrate their 30 years since graduation. From left to right, Debra Laurent, Manager Home Care East; Tammy Hillstead, Weyburn General Hospital; Janet Ebel, Home Care West; Cherise Hein, WGH; Carol Brown, Arcola Health Centre; Louanne Jonassen, Home Care East and Redvers Health Centre.

**Attention: Nurses, doctors,
students, midwives:**

**Fundamentals of
Fetal Health Surveillance
in labor**

Friday, Nov. 28, 2008

Tatagwa View
Weyburn, SK

Phone: (306) 966-7790

Mail or FAX: (306) 966-7673

Perinatal Education Program,

University of Saskatchewan

Box 60001 RPO University,

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November 26 & 27, 2008

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Social Worker's Dedication to SASW Recognized

**By Marlene Salmers,
BSW, RSW**

Maureen Kraemer who is employed as a Social Worker with Mental Health and Addictions Services in the Sun Country Health Region, was recognized at the Regional Adult Community Services meeting in Estevan on September 10, 2008 for 31 years of involvement with the Saskatchewan Association of Social Workers (SASW).

Maureen has been an active member of SASW since 1977. She has both chaired and been on various working committees during her time with SASW. Her work

includes:

- editing the SASW newsletter, The Saskatchewan Social Worker;
- chair of the Social Policy Committee from 1991-1996 and took an active role during the preparation of the 1995 legislative changes for the protection of the title Social Worker
- served as SASW representative to the Canadian Association of Social Workers (CASW) Board from 1996-2001;
- was the CASW liaison to the agreement on Internal Trade Registrar's working group;
- Co-Chaired the joint CASW/CPA

initiative on homelessness;

- was the national lead on the completion of a position statement on the role of Social Work in the field of Mental Health in May 2001;
- acted as co facilitator at the National Social Work Forum in Montreal in October 2001;
- Secretary on the SASW Council from 2005-2007.

Maureen's dedication to not only SASW but to her profession was commended. It is the hope that her valuable contributions to the field will continue for years to come.

Mental Health and Addictions Staff Appreciation Day



Members of the Estevan Mental Health Clinic took a mental health day themselves last spring. In the picture on the left, Shauna Eddy briefly holds Mr. Gnome during a Chinese auction, while Stacey Dryden and Kelly Pearson, right, sell raffle tickets in the picture on the right.

**By Marlene Salmers
Supervisor,
Mental Health
Adult Community Services**

On April 29, 2008 the Estevan Mental Health Clinic hosted a Staff Appreciation Day for 50 Regional Mental Health and Addiction Services Staff.

The day began with a brief overview of each of the programs and individual staff were introduced. Duane Schultz, Regional Director of Mental Health and Addiction Services provided a short presentation on Managing E mail Chaos. He also highlighted current provincial initiatives. Door prizes that were graciously donated by a number of Estevan businesses were drawn throughout the day.

Staff enjoyed a pizza and salad lunch from the Tower Restaurant.

In the afternoon, Duane Schultz provided a brief overview of Health Promotion Initiatives. Staff then enjoyed a stress buster in the form of a Marshmallow Fight.

This was by far the highlight of the day! The day wrapped up with a used item “crap” auction and the raffle prizes, three Movie Night Gift Baskets were awarded. The proceeds from the raffle, almost \$250, was donated to the St. Joseph’s Hospital X-Ray equipment fund.

Food items that were donated by each staff that attended the Appreciation Day were donated to the Salvation Army Food Bank. Comments about the Appreciation Day were very positive and it is hoped that this will become a yearly event.

The Dave Galloway Awards

The Dave Galloway Awards are intended to encourage quality efforts in Sun Country Health Region's workplace. Projects are entered during the year, from which one is chosen as the winner. The projects are judged on the following criteria:

- Will the project make a difference?
- Is it outcome based?
- Is there commitment to

sustainability?

- How many persons are involved/affected?
- Is there interdisciplinary collaboration?
- Does the project encourage the development of relationships?
- Does it improve the quality of the service?
- Is it communicated and shared to advance the organization?

Three projects were submitted this

year, the Radville Chronic Care Collaborative; the Mental Health Charting Project and the Weyburn General Hospital Discharge Project. The Radville Chronic Care Collaborative was featured in the Winter issue of Sun Country Chatter, available on Sun Country Health Region's website at www.suncountry.sk.ca. The two other projects are featured on Pages 10 and 11.

Project 2

A new electronic tool helps Mental Health communicate

By Lisa Folk,
Manager,

Health Information Management

When Sun Country Health Region's Inpatient Mental Health Unit moved from the Community Services Building in Weyburn, to Tatagwa View, and it was determined the Health Information Management (HIM) Department was going to remain in the CHS building, we recognized we needed an electronic communication tool to share information.

This planted the seed to create an electronic communication system regionally for all Mental Health Services, for both inpatient and outpatient documentation. Health Information Management first reviewed this regionally and decided since we didn't have an electronic record system, we could do the next best thing and develop a dedicated drive specifically for Mental Health Services.

This drive was set up with an individual folder for each Mental Health Services worker in the Region, including Psychiatry, with set permissions for access and security of each folder including that of the worker and respective HIM Departments in Weyburn and Estevan.

This had a huge impact in information-sharing for all Mental Health workers in the region.

All notes, assessments, treatment plans etc are saved to the worker's Q-Drive folder, with worker/psychiatrist access. This was a fantastic benefit to generalist workers in rural settings as they are now able to access their documentation from any WinTerm computer in the region.

Psychiatry was set up with permissions so that each psychiatrist had permission to the others' Q-Drive folder.

This was of benefit when a psychiatrist is taking call, on vacation, on education or sick leave. It allows the other psychiatrist access to patient information (i.e. admissions notes, discharge summaries, psychiatric assessments etc.) electronically without the need of accessing the patient chart.

It also allows after-hours access to information when the HIM Department is closed.

Workers now have this valuable information a click away.

Both HIM and Mental Health Services have worked very diligently over the last two years in the development of a dedicated Mental Health drive.

This work has advanced to include the provision of each worker's active caseload and client directories electronically.

This is updated monthly by HIM so that mental health workers always have

access to their active caseloads as well as their clients' demographic and contact information.

This has also encouraged Mental Health Services to standardize forms regionally and to develop electronic forms for the service on the drive, which has made a big impact on the consistency of information collected. This has also created a more consistent communication tool with our rural mental health workers and allowed better support of the service to the smallest of communities.

Collectively, we continue to evaluate ways that we can improve this drive. Our service was applauded by Kathy Willerth, Director of Alcohol and Drug, Mental Health, High Risk Youth, Project Hope and Safe Driving (the Ministry of Health) for the work on the development of this dedicated drive when she toured our facility, as did Bruce McKee Mental Health Representative for the Ministry of Health. He asked that I present this information in advancing communication in Mental Health Services at the next provincial meeting of the Mental Health Information System.

This made me very proud of not only the work we have done as a service to date but also that this development was being recognized provincially.

Project 3

Dare to Discharge — Improving the planning process

**By Pat May,
Weyburn General Hospital
Patient Centered
Discharge Planning
Modified Collaborative**

The Weyburn General Hospital Patient Centered Discharge Planning Modified Collaborative participated in a year long improvement project focused on improving discharge planning leading to improved patient satisfaction and safety. The objective was to develop an effective discharge planning process that improves patient safety and satisfaction by assessing and identifying patient's needs post-hospital and facilitates the provision of these services through effective communication and coordination.

Over the last decade problems in health care systems around the world have been the focus of significant quality improvement work, often lead by the Institute for Healthcare Improvement (IHI). During this time, the need to measure, evaluate, and improve the way we care for patients has emerged as an important issue. More attention is being paid to obtaining feedback from the patient on their experiences while in hospital or exploring the "voice of the patient."

This information provides important data for quality improvement teams to work together to identify gaps in care, develop and test change concepts using the improvement model with Plan-Do-Study-Act cycles, spreading effective changes to the larger health systems more quickly. Improving the discharge experience leads to greater patient safety and satisfaction, plus a decrease in readmission rates and medication errors.

Ongoing key measures specific to the flow of the discharge process and related to patient communication and education were tracked on a monthly basis and shared through the HQC P-CDMC secure Internet Forum with other teams throughout the province.

The Modified Discharge Collaborative

encompassed many disciplines while keeping the patient at the centre. Involved with the Collaborative were professionals from Health Quality Council, WGH Managers, 3rd Floor Charge Nurse, 3rd Floor Nursing Staff, Home Care Manager, Home Care Case Managers, Home Care Administrative support, Patient Counseling Services, Dietitian, Therapies Manager, Physiotherapist, Pharmacy Manager and Staff Pharmacists, plus Physicians.

Patient involvement included their participation in the discharge surveys and attendance at the bi-weekly rounds. Families were also invited to attend the rounds. Third Floor staff trialed the new forms and gave feedback. The nurses on the ward attended Discharge meetings in the absence of the Charge Nurse. The support staff helped with data collection and administrative duties. Physicians assigned their patients to rounds and attended Discharge meetings as necessary. Two Physicians trailed the Discharge Prescription Form.

The team worked closely with one another. We met as a team on a monthly basis to review where we were at and where we wanted to go. New PDSA cycles were developed at each meeting. We developed a better understanding of one another's roles and how we fit together as a team. We brought other people into the team on an ad hoc basis to enhance our knowledge and improve the patient's experience.

The quality of the WGH discharges has been improved in the following ways:

1. A formal structure for Patient Centered Discharge planning was developed.
2. Patient/families were better prepared for discharge.
3. Bi-weekly rounds were established.
4. Improved coordination and co-

operation between disciplines including Physicians.

5. Improved understanding of each others roles
6. More involvement of patient and family in planning discharge process.
7. Time management was improved and there was a decrease in the duplication of work.
8. Tools were developed for communication.
9. Introduction to staff on the use of the Model for improvement PDSA cycles and data collection and interpretation.

A meeting was held with the physicians at the beginning of the project to inform them of the Collaborative and its purpose. A letter also went out to all Physicians from the HQC Physician explaining the Provincial Collaborative and how our Modified Collaborative fit into the provincial role. A staff communication book was placed in the 3rd Floor staff room to keep the staff up to date on what was happening. Discussions on the collaborative were held at WGH and Home Care Staff meetings. A Regional meeting was held in Estevan to share information with the other people in the SCHR who had attended the organizational meeting in Saskatoon. A power point presentation has been developed to share with the Leadership Team, Board members and any other interested SCHR staff. Updates on the Collaborative were shared with the relevant CQI Teams.

1. Medication Reconciliation Project: goal is to reduce or resolve medication discrepancies that lead to potential medication errors.
2. Mental Health Subcommittee: goal is to establish a committee to exam issues surrounding discharges to and from SCHR Mental Health Unit and WGH/Home Care.
3. Client Centered Discharge Rounds: goal is to add the roles and responsibilities of the families attending the rounds to the Discharge Rounds Script.
4. Sharing our successes with other areas in SCHR

What is Clinical Practice Redesign?

**By Wanda Miller,
Primary Health
Team Facilitator**

Clinical Practice Redesign (CPR) is a process to help understand office processes.

CPR redesign incorporates a variety of strategies to help practices or programs improve their efficiency, these strategies are based on the principles of advanced access.

Wait lists or patient backlog can place strain on a practice or program and create a feeling of never being able to catch up.

By changing the way appointments are booked, these stressors can be lessened. Even if practices or programs do not have a wait list, redesigning offices practices based on the trends found through the

the CPR process will improve patient care, ensure a more CPR process will improve patient care, ensure a more predictable day and enable a positive work-life balance for all staff.

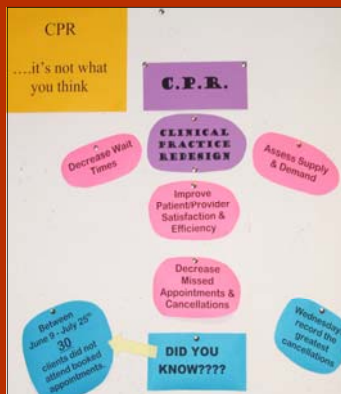
Data is gathered that shows the number of appointment slots (supply, the number of appointments requested (demand), number of no shows and cancellations, and amount of backlog. Gathering this data becomes the tools to understanding the office processes presently in place in order to make the decisions on if and how to reorganize into more effective routines for practice.

Sun Country Health Regional Therapy Services in Estevan and Weyburn have been involved in

CPR since April, 2008. They have been busy gathering data that is helping them improve their program to serve clients more effectively. They keep all staff and clients aware of their progress through the data wall that is displayed in their Department. Therapy services has been busy measuring the data, completing staff and patient surveys, and setting targets. Our next steps include process mapping, continuing to measure and analyze data to set further targets, and testing small acts of change to improve practice. Watch for the data walls that are changed monthly to keep everyone informed of this quality improvement strategy to improve care for those who require this service.



Estevan Therapies Wall



Weyburn Therapies Wall

The 'Moving Together' Symposium

Sun Country Health Region, in partnership with the City of Estevan and Saskatchewan In Motion, hosted a Moving Together Symposium – Solutions for Physically Active Communities in Estevan on June 17.

This was an opportunity to join other community leader and decision-makers to hear what others are doing to overcome the

physical activity epidemic, learn how community design affects physical activity and identify realistic local strategies to make it easier for people to be physically active.

Mark Fenton, host on PBS Television, author and North America's everyday expert on community health and active living, was the keynote speaker. Mark facilitated small

group sessions and a walking tour of part of the city to help participants identify areas that could make Estevan more walkable.

The symposium was well attended by various community and business participants.

An action plan complete with identified priorities was developed that will be moved forward by the Active Estevan Committee.



Sun Country Regional Health Authority Administration

Please send information about
the activities in your facility to:

Joanne Helmer

Communications Coordinator

Sun Country

Regional Health Authority

Tel: 842-8353

E-mail: jhelmer@schr.sk.ca



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Director of Rural Facilities:

Murray Goeres 842-8706

Privacy Officer:

Mark Pettitt 842-8739

Quality of Care Coordinator:

Dianne Green 637-3642

Healthy People in Healthy Communities

Welcome the Region's staff changes

Donna Wolfe, Regional Director Population Health, announces that **Karyn Fleck Zepick** has assumed the position of Mental Health/Addictions Health Promotion Coordinator. Karyn will be located in the Community Health building in Weyburn, and can be reached at 842-8611.

Linda Hagen, retiring manager of the Radville Marian Health Centre, announces the appointment of her replacement. **Debbie Donald**, R.N., B.S.N. is the new Nurse Manager for the Health Centre.

Marnell Cornish, Nurse Manager of Tatagwa View, announces that **Kari Hallberg** will assume the position of



Nursing Supervisor for Tatagwa View on September 29, 2008. Kari can be reached at 842-8368.

Dr. Shauna Hudson announces that **Kristin Bahsler** has accepted the position of part-time Needs Assessment Coordinator. Kristin will be located in the Community Health building in Weyburn, and can be reached at 842-8622.

Murray Goeres, Regional Director of Rural Health Facilities, announces that

Florie Restau, RN has accepted the position of Community Health Services Manager for the Wawota Memorial Health Centre. Florie has worked as an RN at Wawota since 1985 and brings many years of nursing experience to the position.

Janice Giroux, Vice President Community Health, announces the arrival of **Dr. O.B. Oyeboode**, Psychiatrist, to the Weyburn Mental Health Clinic.

Marga Cugnet, Vice-President, Primary & Integrated Health, announces that **Cathy Davis** is Social Worker with the Patient Counselling Department. She is located at the Weyburn General Hospital and can be reached at 842-8480.