

Inside this Issue:

Page 2 See
The RM of Estevan's
gift of GPS

Page 3 Read:
Recruitment
is a big job

Page 4 Learn:
About SCHR from its
annual Report to the
Community

Health Minister opens Primary Health site



RIBBON CUTTING AT CARLYLE CLINIC – Sun Country Health Region's newest Primary Health Clinic was officially opened in September when two cabinet ministers attended the Official Opening. 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; 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.



Thoughts:

From the desk of Calvin Tant,
President/CEO,
Sun Country Regional Health Authority

As CEO of Sun Country Health Region, I was proud to participate in the official opening of the Arcola/Carlyle Primary Health Clinic in September.

We were also very pleased to welcome Health Minister Don McMorris and Dan D'Autremont, Minister of Government Services, Minister responsible for the Saskatchewan Liquor and Gaming Authority and Information Technology Office (and local MLA) to the opening, to meet the Primary Health Team and see the enthusiastic public support for the clinic.

Sun Country Health Region supports the principles of Primary Health and the goal to provide primary health team services to every resident within a 30 minute travel time. The development of Primary Health in our Region will help residents stay healthy longer, manage chronic conditions, treat acute medical illness, promote healthier living and access the best health provider for the job.

Primary Health may be even more important in rural regions like ours, where people may travel long distances for health services. Sometimes, it is that very remoteness that can make it more difficult to assemble the teams that allow it to function best.

Nevertheless, we've seen considerable success in recent years, thanks in large part to the determined work of Primary Health Regional Director Gale Pryznyk, who retired this fall.

The Arcola/Carlyle team has been functioning at the Carlyle site for several months, with the recent addition of Dr. Don Van Wyk. We plan to expand this team into Arcola in future.

A satellite team works in the Lampman/Midale areas and we have developed proposals for new teams in Estevan and the Bengough/Coronach communities.

By the end of this fiscal year, we hope that nearly 40 per cent of the residents of Sun Country Health Region will have access to services from a designated Primary Health team.

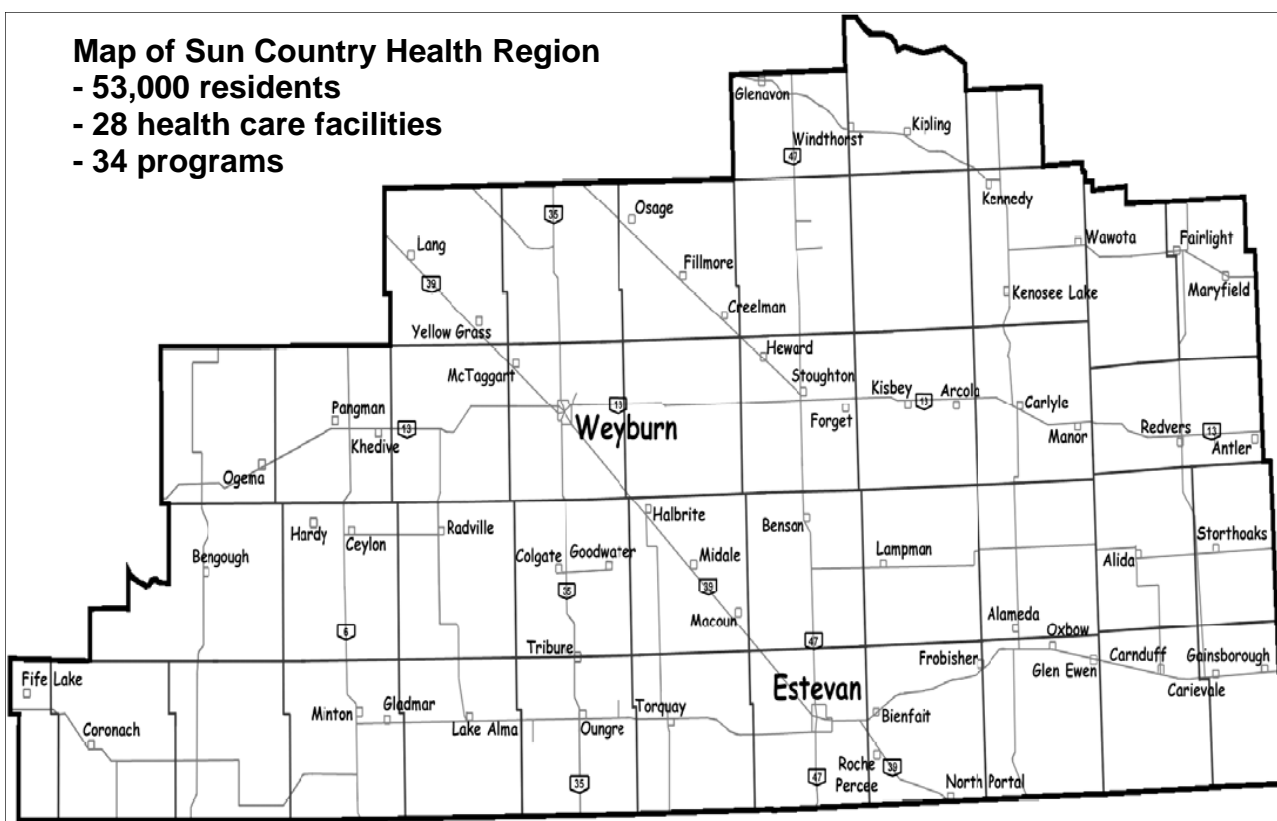


Opening the Primary Care Clinic—Lynn Brady, member of the Moose Mountain Health Care Recruitment Committee, left, and Gail Pryznyk, Regional Director of Primary Health for Sun Country Health Region, talk at the opening of the Carlyle Primary Health Clinic in September. They are standing in front of one of the Region's recruitment displays.



Picture Courtesy of The Estevan Mercury

RM donates GPS - The ambulances in Estevan are the first units in the Sun Country Health Region to have global positioning systems (GPS), thanks to a donation from the Rural Municipality of Estevan. The RM presented a \$2,200 cheque earlier this year to the ambulance service for the purchase of four units. Reeve Marie Dukart made the presentation to Ambulance Supervisor Gene Stephany, far right, and EMT Bryce Jeannot.



Administration
President/CEO:
 Calvin Tant 842-8718
VP Corporate Services:
 Hal Schmidt 842-8714
VP Human Resources:
 Don Ehman 842-8724
VP Primary and Integrated Health:
 Marga Cugnet 842-8729
VP Community Services:
 Janice Giroux 842-8652
Regional Director Primary Care and Rehabilitation:
 Heather Tant 637-2460
Director, Rural Facilities:
 Murray Goeres 842-8706
Privacy Officer:
 Mark Pettitt 842-8739
Quality Care Coordinator
 Dianne Green 637-3642

Recruitment and retention are the No.1 priorities

Sun Country HR combs the continent for new professional employees

Like most health care organizations in Canada, Sun Country Health Region faces increasing challenges in attracting new staff.

The high demand and low supply of health care workers in Western countries provide considerable job opportunities and choice for workers.

SCHR is recruiting in an extremely competitive market. Professional nurses, like doctors and many others in health care, seem to prefer to work in urban areas.

They prefer to live in or near cities where they can enjoy more diverse cultural opportunities.

Highly trained health care workers are in demand internationally.

That means rural-based employers like SCHR have ongoing challenges with the remote location of some of its health care facilities.

The Region is hoping to reach a tipping point at which a less costly rural lifestyle can compete with urban opportunities.

The challenge is to maintain and improve SCHR's progressive recruitment and retention programs

so the Region can compete for qualified health care professionals to replace its aging work force.

In nursing alone, over one-third of SCHR's RNs are, or will be, eligible to retire in the next few years.

Throughout 2008, SCHR faced staff vacancies in nursing, laboratory/diagnostic imaging technicians, physiotherapists, occupational therapists, cooks and others that affected services in several locations.

A shortage of physicians in some communities also caused difficulty in providing some services.

SCHR has developed a very aggressive recruitment campaign in recent years to try to cope with the staff shortages and retirements.

The Region embarked on an image make-over to help present a more modern face to the world and give us more of the communication tools needed to catch the attention of highly-skilled professionals.

That includes an interactive website, including an online application form, that highlights SCHR's health care facilities and the rural communities in which they are located. New trade show displays featuring actual staff members have traveled thousands of miles with our volunteer staff recruiters.

In October alone, Human Resources staff and volunteer staff attended Career Fairs and information at SIAST (Kelsey and Wascana); the University of Manitoba; the University of Alberta Health Sciences Career Fair; University of Calgary Health and Wellness Career Day; the Nursing Career Fair in Lethbridge, and Medicine Hat; Alberta College Annual Career Fair; Estevan Comprehensive High School Education Day.



**Don Ehman,
Vice President
of Human Resources.
306-842-8724**

They have attended meetings of the Southeast Community Settlement Committee, Health Sciences Placement Network, HSP-Net Clinical Guidelines and Policies, Internationally Educated Health Professional Association and the Health Safety Environment Clinical Placement Review. During October, the Human Resources department prepared advertising for HealthBeat Magazine for the September/October and November/December issues and the Manitoba Nursing and the Nursing in Focus magazine. Vacant jobs were posted on the SCHR website at

www.suncountry.sk.ca, as well as

SaskJobs.ca, Healthcareersin-sask.ca, and MedHunters.

Job notices also were sent to the University of Regina and Saskatoon in Saskatchewan, SIAST (Kelsey), SIAST (Wascana), universities in Alberta including University of Calgary, University of Alberta, University of Medicine Hat, University of Lethbridge, Mount Royal College, NAIT and SAIT, the University of Manitoba, Brandon University and Red River College, McMaster University in Ontario, the University of Northern British Columbia, the University of New Brunswick; Me-



**Christine Schenk,
Employment Services
Coordinator.
306-842-8320**

morial University of Newfoundland, Dalhousie University in Nova Scotia, Minot State University, North Dakota State University, and the University of North Dakota.

Letters were sent to all high school students in SCHR advising students in both Grades 11 and 12 about the opportunities for generous financial assistance if they enter health care fields after graduation.

Students can receive up to \$20,000 in bursaries over four years in return for a two-year return of service agreement with SCHR.

As a result of all this activity, nursing students have accepted clinical placements over the next six months in Estevan Home Care, St. Joseph's Hospital in Estevan, Weyburn General Hospital, and Weyburn Mental Health. Forty-two bursaries were awarded to students in health care who have agreed to work for a time in SCHR after they graduate.

New professional staff has been hired in a variety of departments over the past 12 months.

More international recruitment is planned in the future.

SCHR is organizing recruitment sessions during November and January in North Dakota and Montana to check the interest of health care workers who may be interested in a career in Canada.

The Human Resources department is asking for the assistance of all of its 2,200 staff in recruitment. Word of mouth is one of the best ways of making people aware of jobs and career opportunities within SCHR.

The Region is so anxious to encourage staff to be involved that it will soon introduce a new policy to compensate those who find new employees.

Annual Report to the Community:

Executive Summary

Sun Country Regional Health Authority's 2007-08 annual report outlines the financial statement and program milestones of the past year.

"Sun Country Regional Health Authority (SCRHA) is pleased to report to the community that it continues to provide a sustainable, efficient, accountable, and quality health system for its residents," says Hal Schmidt, Vice President of Finance and Corporate Services.

SCRHA provides health services to the 53,000 residents of the Region from 27 facilities and with 34 programs.

The report shows the Region continues to face challenges with tobacco use; obesity; an aging population and workforce; changing demographics; updating facilities and technology; and escalating operating costs, most of which are beyond its control.

To respond to these challenges, SCRHA has increased its efforts in health promotion, disease prevention and primary health care.

Three community committees were struck last year, with the assistance of health promotion personnel, to decrease substance use and abuse, and 82 per cent of staff members received the flu vaccine to help protect their patients/clients/residents and families.

SCRHA's attention to its dynamic recruitment and retention strategy continued through the year.

In 2007-08, the Region completed for the Saskatchewan government a condition assessment of all facilities and affiliate's facilities to assist in future capital decisions. It also consulted with the community to develop a new, three-year Strategic Plan to guide decisions on future service delivery, infrastructure, human resource planning and information systems.

Access to health services improved in the Region last year through the establishment of a Primary Care team in the Carlyle/Arcola area and the assignment of a Nurse Practitioner to the Midale/Lampman communities.

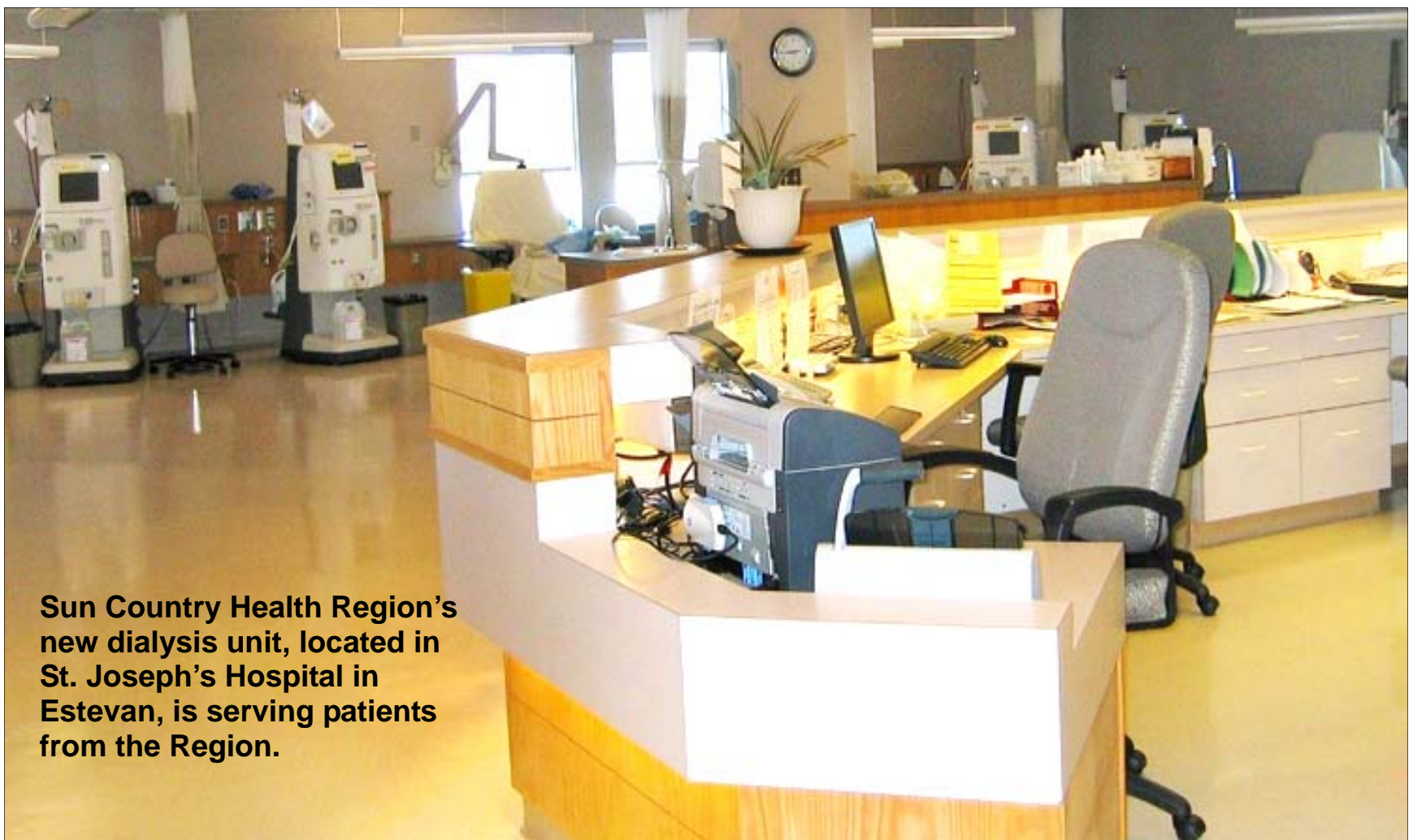
The Region also exceeded the provincial average for quick access to some surgical cases and provided new diagnostic equipment in St. Joseph's Hospital in Estevan and Radville Marian Health Centre.

Access to services was also improved with the opening of a Dialysis Unit in the Region and creation of a chronic disease collaborative team in Radville.

Information gathered for this year's report shows the Region gained population during the past year.

Economic conditions were favourable for the Region as a whole during the past year, with higher incomes and a lower unemployment rate than the province as a whole, both of which can affect the health of residents.

A complete version of the Annual Report is available on Sun Country Health Region's website at www.suncountry.sk.ca



Sun Country Health Region's new dialysis unit, located in St. Joseph's Hospital in Estevan, is serving patients from the Region.

Annual Report to the Community:

During 2007-08, SCRHA achieved many objectives and reached many successes that are in line with its strategic goals. Below is a summary of the important highlights.

Goal 1: Improved Access to Quality Health Services

Results: Wait times

Waiting time for surgery is an important dimension of accessibility. Delays in service could have quality of life consequences for clients and result in both clients and families being discouraged from future care-seeking behavior.

- SCRHA exceeds the provincial average for providing several levels of surgical cases within the target time frames. 47.4 per cent of Priority Level I clients have access to surgery within the provincial government's target time frame of three weeks, while 32.5 per cent of Priority Level II clients receive surgery within the provincial time frame of six weeks. With the majority of our surgical services provided by itinerant surgeons/dentists, on an intermittent basis, it is a challenge to improve these waiting times. Target time frames for Priority Level III and IV are exceeded.

Results: Telehealth

SCRHA met the provincial goals for provision of clinical services through Telehealth and will continue to work to increase access. One hundred and eleven patients were seen at Telehealth sites in the Region during the year. Administrative use of Telehealth has increased dramatically over the past year, reducing travel time and increasing staff access by providing education sessions or meetings at more local sites. More education sessions open to the public, such as one for diabetics, were held as well. SCRHA, in partnership with communities, now offers these services in Estevan, Weyburn, Arcola, Kipling, Ox-bow and Redvers. Plans for installation to Coronach, Bengough, and Midale are near completion.

Results: Diagnostic Equipment

SCRHA's medical imaging services continue to improve with the addition of new diagnostic imaging equipment in St. Joseph's Hospital in Estevan and the Radville Marian Health Centre. With this new equipment, the quality of all images has significantly improved, providing more detail to the physicians. The turnaround time for reports has been reduced.

SCRHA continues to work with the Ministry of Health to finalize plans for the installation of the RIS/PACS system to complete the plans for electronic transmission of all images.

- Several pieces of laboratory equipment were also put in place to assist physicians with more timely information for diagnosis, to improve access to quality health care. Rural physicians have equipment to quickly diagnose a heart attack, enabling earlier intervention for the patient.
- With the assistance of Saskatchewan Health Information Solutions Centre (HISC), a new laboratory infor-

mation system in Weyburn General Hospital means quicker reporting and more efficient procedures for staff. SCRHA supports the federal and provincial government philosophy that the improved health status of its residents and improved access to services require partnerships with communities and new approaches to providing care.

- SCRHA continues to send collaborative teams through the Region, made up of dietitians, pharmacists, social workers, and other members of the health care sector.
- SCRHA established a revised target to provide Primary Health Care to 100 per cent of the population within 10 years.
- A new Primary Health Care proposal for the Arcola/ Carlyle Health Centre was approved by SCRHA in January, 2007.

Results: Stroke Strategy

Initial planning and education has taken place to enhance access to timely, appropriate treatment for patients suffering a potential stroke. Education of physicians, emergency room nurses and emergency medical services (EMS) staff to assess and implement a stroke by-pass protocol and proceed to tertiary care will potentially decrease health deficits and the need for long-term rehabilitation for patients.



Picture Courtesy of Eileen Bouchard

Volunteers at Weyburn Special Care Home – Some of the year-round volunteers at Weyburn Special Care Home gathered for a picture this fall at an outdoor gathering. From left to right are Marisa Coad who started in Nov. 2007, Erica Maas who started in Nov. 2007, Kelsie Dugan who started in May 2008, Keziah Dugas who started in May 2007, Brittany Dugan who started in February 2008. All of the students volunteer one or two days each week.

Annual Report to the Community:

Goal 2: Effective Health Promotion and Disease Prevention

Results: Infection Control

- In the fall of 2007, SCRHA became aware of deficiencies in properly monitoring the sterilization process in the 19 facilities where autoclaving was taking place. After a thorough audit of all facilities, autoclaving was reduced to five sites. The sterilization committee has recommended all five sites will have trained staff in the Sterilization Technician course, required to have a clinical training component in either Estevan or Weyburn, and will be regularly audited to ensure facilities meet the Canadian Standards in Cleaning, Disinfection, and Sterilization.
- In the fall of 2007 through the early New Year, Infection Control Nurses traveled to facilities in SCRHA promoting hand hygiene. Each facility was provided with an education session on the importance of hand hygiene, including a demonstration of hand washing. Each staff member also was given the opportunity to see how well they wash their hands by using glitter lotion and a black light.

Results: Tobacco Control

SCRHA continues to implement the Regional Tobacco policy which came into effect in May 2007. Some staff has taken the opportunity to apply for reimbursement part of the cost for their Nicotine Replacement Therapy.

- Addictions staff have provided Smoking Cessation programs this year. Plans are being made to run additional programs throughout the Region.

Results: Regional Intersectoral Partnerships

SCRHA staff has been instrumental in drafting agreements with the Southeast Cornerstone/Holy Family School Divisions and the Ministry of Social Services to work more closely for the betterment of services to children and youth. The Regional Intersectoral Committee and subcommittees have been essential in efforts to improve the lives of people living in the Region. These valued partnerships are key in effective health promotion and disease prevention initiatives. This includes staff meetings/learning events each year and agreement for agency supervisors to meet regularly to discuss mutual issues. Addiction Services, and Child and Youth Services are maintaining and developing partnerships with Regional and First Nations schools, providing education and clinical services. This past year there has been a marked increase in the number of schools requesting and receiving addiction services.

Results: Falls Prevention

Members of the Falls Prevention Committee were involved in the development of a Provincial Falls Prevention Strategy. The Falls Prevention Committee continues to implement the strategy to reduce the number of falls in the Region. This includes learning events for the public on falls prevention and client assessments by health care professionals.

Results: Mental Health and Addictions

•The Mental Health and Addictions Services (MH&A) of the five Southern Regional Health Authorities were awarded a \$164,000 grant from the Ministry of Health Workforce Retention Program to assist in training approximately 185 MH&A staff in Cognitive Behavior Therapy (CBT). Eighteen SCHRA staff members have received the initial training. CBT is an internationally recognized, evidence-based practice for treating depression, anxiety disorders and acting-out behaviors. All staff who received the initial training are eligible to pursue Certification as Cognitive Behavioral Therapists in the coming year. In addition, all mental health rehabilitation staff attended a one day workshop on CBT specific to the mental health rehabilitation, long term mentally ill population.

•In February 2008 an opinion survey was distributed to 574 clients who received Mental Health or Addiction services during a two-week period. Three hundred and 34 surveys were returned. Of the total returned:

- * 92% said they were able to access the service easily.
- * 86% were satisfied with the wait time before being seen for the first time.
- * 95% were satisfied with the professional they worked with.
- * 94% were satisfied with the service they received.
- * 90% were satisfied with the location of the facility.
- * 89% said they were able to have input into the service they received.
- * 96% said they would recommend this service if a friend needed it.

•Centralized Intake Service, implemented in January 2007, is effective and efficient. The Intake worker manages an average of 100 new intake calls per month. This is primarily in Child, Youth and Adult Mental Health Services.

Results: Substance abuse

Three drug strategy initiatives have begun: The Weyburn Drug Strategy, Carlyle Drug Strategy and the Estevan Interagency Drug Strategy. Each committee is looking at the needs of its particular area. The Weyburn Drug Strategy is planning to engage youth by involving them in focus groups. There is keen interest in the communities in all three areas to connect with the oil industry. Efforts to seek partnerships with this sector are being pursued.

Results: Palliative Care

A Palliative Care Program review was implemented in April 2007, with recommendations to revise forms, standardize processes across SCHR, and provide continual education for staff and access to the Palliative Care coordinators. The Palliative Care team will follow up on these recommendations to meet the needs of staff and clients within the resources available. The program provides services to about 75 active clients each month.

Annual Report to the Community:

Goal 2 continued:

Results: Diabetes Control

Diabetes clinics have been established in Weyburn and Estevan two times each month. Client volume ranges from five to eight patients per clinic. A Diabetes Clinic is also provided at the Radville Chronic Disease Management Collaborative site one to two times per month with the dietitian-diabetes resource nurse team working in collaboration with the medical clinic staff, retail pharmacist and exercise therapist in that community. This team reports 5-8 client visits per clinic. Education Sessions have been offered in Kipling, Estevan and White Bear Reserve for SCRHA staff, and for the staff of several private industries in SCHR.

- * Diabetes training has been completed for three Nurse Practitioners and four other RNs, bringing the number of nurses in SCRHA who have received the diabetes training to 17. Diabetes Clinics are in the development stages in Carlyle Medical Clinic, Lampman, Midale and Maryfield Health Centres.

Results: Home Care

Four Licensed Practical Nurses (LPNs) are employed in Home Care in SCHRA, in Oxbow, Estevan, Weyburn, and Coronach. SCRHA has engaged in collaborative dialogue with Registered Nurses/Licensed Psychiatric Nurses to ensure there is a clear understanding of the roles and responsibilities of the LPN. Several general competencies, like blood sugar monitoring, general dressing changes,

foot care, medication administration and intravenous protocols may be within the scope of both practices.

Results: Provincial Collaborative

In April 2007, SCRHA joined a provincial collaborative sponsored by the Saskatchewan Health Quality Council, aimed at improving the discharge experience of patients from an acute care facility. A team of professionals from Weyburn General Hospital and Home Care met on a monthly basis to discuss ways of improving the efficiency of the discharge process by addressing patient needs earlier and more consistently during their hospital stay. The objectives of this year-long process aimed at promoting a patient-centred discharge and reduction of re-admissions. The results of the initiative have been beneficial for patients in improving their overall quality of care.

Results: Public Health Inspections

SCRHA was randomly selected to participate in an audit to determine if it had complied with the legislative and related authorities governing inspections of public eating establishments for the year ended March 31, 2007. Of the public eating establishment inspections that were completed, 30 were identified as a "moderate hazard rating." The Provincial Auditor identified that six of the "moderate hazard rating" inspections were past the six month re-inspection guideline recommendation. These six facility inspections that did not have their inspections followed up according to the guideline have all been re-inspected. Further inspections will be conducted in accordance with recommended guidelines.

Goal 3: Retain, Recruit, Train Health Care Providers

Results: Leave for Illness

Sick leave hours in SCRHA per full time equivalent (FTE) during 2007-08 are higher in almost all groups compared to the provincial average and are also higher than last year. This high absence from scheduled work creates pressure on the organization to maintain services due to limited replacement staff, and results in increased overtime. The aging workforce and the physical nature of work are contributing factors to the increased incidence of illness or injury.

Total sick leave hours as a result of illness were 106,203 hours in 2007-08. This equates to approximately 54.2 FTEs.

Results: Overtime

A high overtime rate, though less than the provincial average, indicates a shortage of staff due to several reasons such as sick time and unfilled positions. Vacancies in several positions often are covered with overtime worked by existing staff. This situation is exacerbated by more vacation leaves (for staff with longer service) and many other options for taking leave from the work place.

- The significant number of different job classifications and the general staff shortages presented additional challenges in facilities where gastrointestinal and other

outbreaks occurred. There were a considerable number of outbreaks in 2007-2008. Some facilities that were quarantined resulted in the need to pay additional overtime. There are staff vacancies in classifications such as nursing, laboratory/diagnostic imaging technicians, physiotherapists, occupational therapists, cooks and others that affected services in several locations.

Results: WCB Claims

During 2007-08, SCRHA continues to schedule employees for occupational/physical therapy services for functional and return-to-work programs. This enables employees to heal faster and return to work sooner. The number of lost-time Worker's Compensation Claims for full time employees continues to drop but at a slow rate. This is an encouraging trend. A number of individuals are not expected to recover to an acceptable level to return to their former positions. Most of these employees may require further education to return to the workforce. Vocational rehabilitation costs may begin to rise over the coming years. The duration of lost-time WCB claims for full time staff has risen over the past year.

- When a time-loss claim is made, a disability management program is developed and implemented involving the injured worker, SCRHA and the respective union.

Annual Report to the Community:

Goal 4: A Sustainable, Efficient, Accountable, Quality Health System

Results: Quality

Responding to public concerns has become a major priority. SCRHA believes in the need to be accountable to health consumers. It has a policy on disclosing adverse events to patients.

- SCRHA reviews incidents, including critical incidents, and has had several reviews of cases with the patient and family present at the review. There were 144 client contacts with the Quality of Care Coordinator for the year 2006-2007. This number is down from 152 the previous year.
- A measure of the organization's effectiveness at responding to the concerns of clients is the number of concerns resolved within 30 days. Eighty-three per cent of concerns were resolved in less than 30 days. Concerns that are not resolved within 30 days usually involve several disciplines and are inter-regional in nature.
- Section 58 of the Regional Health Services Act requires that all critical incidents that arise as a result of a health service provided by a regional health authority be reported to the Ministry of Health. For the fiscal year 2007-08, SCHR reported three critical incidents. Of these three critical incidents, all (100 %) met the notification time frame of 3 working days and all (100%) met the 60 day submission time frame for forwarding the de-identified information surrounding the circumstances of the incident and the recommendations made or actions taken, to the Ministry.

Results: Information Technology Systems

Regional Health Authorities in Saskatchewan rely on an extensive information system. Future enhancements in information technology services will play a key role in the efficiency and effectiveness of health care service delivery. Since regionalization in 2002, SCRHA Information Systems have been challenged to provide reliable, acces-

sible and consistent services.

In December 2007, SCRHA developed a multi-year Information Technology Transformation plan. It is anticipated that implementation of the Information Technology Transformation Plan will be phased in over the next three years.

Results: Environmental Stewardship

SCRHA's environmental policy states that the Region has a direct responsibility for the environment and will endeavor to make consistent, measurable progress to implement safe and resourceful environmental practices, including purchasing supplies. The policy commits the SCRHA to promote energy conservation and awareness and minimize the environmental health and safety risks to its employees and the community in which it operates.

- SCRHA developed an Energy Management Business Plan in March 2008. Implementation of the energy retrofit measures will commence once the plan receives Ministry of Health and Ministry of Finance approval.
- A recycling committee was organized in February 2008, with a membership of nine. The goal is to reduce, reuse, recycle and recover. Environmentally safe products are in use wherever possible.
- Recycling of products has increased. During the year, about 2,912 yards of paper products were recycled. The Housekeeping Department is in the process of establishing a recycling bin at each of the facilities to save on all landfills. SCRHA recycles pop cans, old batteries, eye glasses, old lumber and metals, paint, printer cartridges, oil and milk containers and plastic.
- About 26,182 pounds of shredded confidential papers were shipped out from April 1 2007 to March 31, 2008, with the potential for increases in future years. The cost of confidential shredding has increased. Bins are located in nine sites.
- Bio waste disposal has increased. With new guidelines, it is a top priority to reduce the amount where possible.



Electronic assessment tool — Sun Country Health Region's Home Care nurses train on a new electronic assessment tool on their laptops that helps improve the quality of care they provide to their clients. From left to right are Susan Viergutz; Donna de Vreese, Sheri Baun, and Karen Taylor. Case managers and social workers also use the tool to provide client service. Sun Country Health Region is embarking on an upgrade of its computer system.