



A bird's eye view of the new wing for the Redvers Health Centre.

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Pictures of the
new facilities*

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From the 2010-11
Annual Report*

New facilities featured at open houses

Sun Country Health Region hosted two open houses this summer, one in Redvers and another in Radville, to introduce members of the public to the design plans for an integrated facility in Radville and a new long term care wing in Redvers. The Open Houses were well received, with about 40 people attending each one.

Both projects will go out for tenders soon, and sod turning ceremonies will be held in each community.

The new Radville facility will provide 25 long term care beds and five multipurpose beds, as well as space for an emergency department, medical clinic, laboratory work, adult day program, diagnostic imaging, cardiology diagnostics and therapies, in about 4000 square metres.

The long term care facility will be divided into two houses, with 12 residents in each "house." The intent is to make a more home-like atmosphere for residents.

The new Redvers wing will replace one built in 1967. It will offer 23 long term care beds and one multipurpose bed, as well as space for therapies treatment, and health records in about 2000 square metres.

The wing will be divided into two "houses" with 11 residents in each, again to provide a home-like atmosphere for residents.

"We are looking forward to opening these new facilities to benefit the people in these communities, and our staff who work there," says Murray Goeres, Interim Vice President, Health Facilities for the Region.





The View from the desk of Marga Cugnet, Interim CEO

Sun Country Health Region will soon issue tenders for construction of a new integrated health facility in Radville and a new long term care wing to the existing health centre in Redvers.

We are pleased with these projects and grateful to the Ministry of Health for recognizing the need to fast-track replacement of these facilities.

The third project for our Region, the Kipling project, is still in the initial planning phase. Because it is in an earlier stage, we will be able to apply new time-saving concepts in the design of the facility.

Although Sun Country Health Region is the agency on the ground which is called upon to oversee the planning and construction, we rely on the provincial government and the local communities for the dollars to do the work.

Fortunately, the Ministry also increased its share of construction costs to 80 per cent this year, bringing the dream of these new facilities that much closer to reality more quickly.

For the people of Radville and area, this new facility is a long time coming. Plans have been in place for more than 10 years to replace the building, originally constructed in 1948.

Think about it: that year, gas cost 16 cents/gallon and bread cost 14 cents a loaf. A new car cost about \$1,250. Canada's prime minister was still William Lyon Mackenzie King and Joseph Stalin was the General Secretary of the Central Committee of the Soviet Union.

This was all a lifetime ago!

So, as much as the building has served the community well, it has been tired and outdated for a long time. The residents, their families who visit, and the staff who work there, will enjoy larger, more private rooms for residents, and more space for programs. Home-like spaces are designed to ensure the privacy and confidentiality of residents. The modern design will make infectious diseases easier to prevent and control. The handicapped will have access. The medical clinic and other health services will all continue to be located in the health centre. In Redvers, the long term care facility was built in 1967, the year of Canada's 100th anniversary when we all sang C-A-N-A-D-A with Bobby Gimbel. Protests against the Vietnam War were held all over the country. The cost of a gallon of gas had risen to 33 cents and most new cars cost about \$2,750.

In other words, the facility is old enough to be replaced. It does not meet the needs of our residents.

The new wing will be designed to be warm and welcoming. It will provide high-quality space that energizes people and contributes to their well-being. It will be flooded with daylight, have easily accessible views to the outdoors, and use colour and lighting effectively. Resident rooms will be larger and private.

These changes will all lead to improvements in the quality of life for our residents in these communities. It's an exciting time for them and for SCHR.

SCHR Administration

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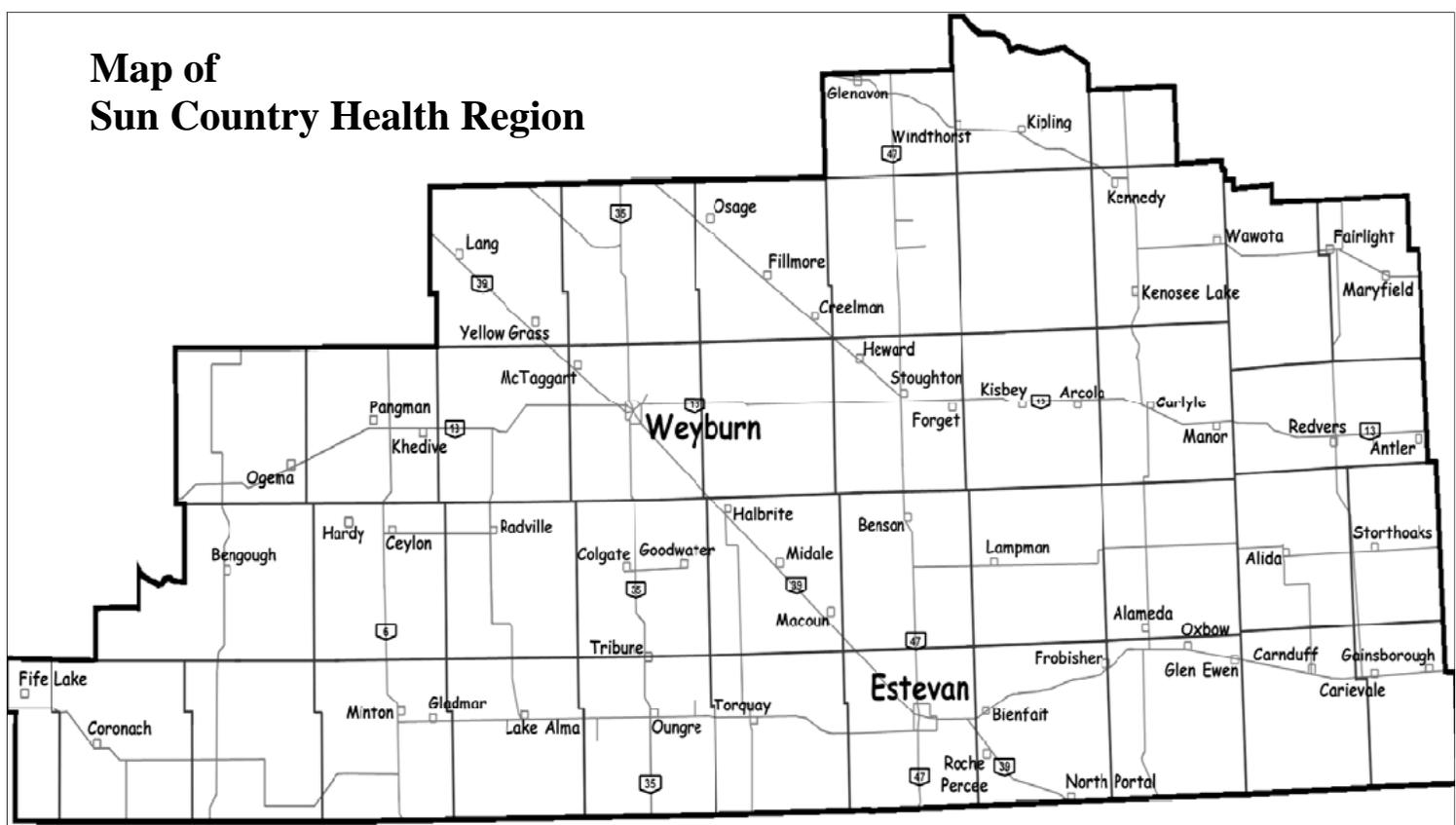
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Map of Sun Country Health Region



Plans for the new Radville Marian Health Centre:

View from the front



The new kitchen/dining area



The new reception area for the medical clinic



Plans for the addition to the Redvers Health Centre:

Kitchen/dining area for House 1



Waiting area for medical clinic:



Report to the Community

Summary of the 2010-11 Annual Report

A full copy of the report is available on our website at

<http://www.suncountry.sk.ca/>

WHO WE ARE:

SCHR covers the southeast portion of Saskatchewan from the Manitoba border to the U.S. border. There are 28 facilities and 34 community-based health programs in the Region. The Region covers 33,239 square kilometres.

There are a number of demographic factors that influence both service delivery and the health status of residents in SCHR. There are 55,144 individuals residing in SCHR (2010 covered population). The population has increased 1.9 per cent from 2009 while the province witnessed an increase of 3.3 per cent over the same time period. Between 2006 and 2010, the population of SCHR increased by 4.4 per cent. The provincial population increased by 6.7 per cent over the same time period.

In 2010, 43.4 per cent of the SCHR population was over 45 years of age, compared to 40.5 per cent for the province, while 17 per cent (9,148) of SCHR population is over the age of 65. Travel for health services in SCHR is often required. Forty-five per cent of SCHR residents live in two cities and the remaining 55 per cent live in rural areas such as towns, villages, and on farms in rural municipalities. The City of Weyburn 2010 population is 11,782 and Estevan has a population of 12,876. This is an increase of 14.5 per cent and 13.9 per cent respectively from their 2009 population.

OUR HEALTH STATUS:

Generally, the health status of the SCHR population is positive and many of the SCHR health status indicators are similar to the provincial health status indicators.

• **Life Expectancy**

The life expectancy *at birth* in SCHR is 77.9 years for males and 83.2 years for females in 2007. This is higher than the provincial figure of 76.9 years for males and 82.0 years for females. The Canadian figures are 78.3 years for males and 83.0 years for females. Life expectancy *at age 65 years* for SCHR is 20.3 years which is higher than the provincial life expectancy of 19.6 years (Statistics Canada, Canadian Vital Statistics, 2005/2007).

• **Leading Causes of Death**

Circulatory diseases and ischaemic heart diseases are the leading cause of death in the SCHR and Saskatchewan. Respiratory diseases were responsible for 41.2% of the deaths in SCHR and 47.4% in the province (Statistics Canada 2005/2007).

• **Chronic Diseases**

Cardiovascular Disease (CVD):

Risk factors for cardiovascular and cerebrovascular disease include unhealthy diet, physical inactivity, and tobacco use. Behavioural risk factors are responsible for about 80% of coronary heart disease and cerebrovascular disease. The social determinants of health also have an impact on CVD. The acute myocardial infarction (heart attack) hospitalization rate in SCHR was 243 per 100,000 population compared to 228 for Saskatchewan.

The stroke hospitalization rate in SCHR was 107 per 100,000 population compared to 133 for Saskatchewan.

diabetes increased to five per cent from 4.6 per cent in 2008. Provincially, the rate dropped from 6.4 per cent in 2008 to 5.6 per cent in 2009 while nationally; there was an increase to six per cent from 5.9 per cent in 2008 .

Asthma:

There was a 0.1 per cent decrease in residents of SCHR diagnosed with asthma in 2009 from 9.1 per cent in 2008. The province reported nine per cent and 8.7 per cent of the population in 2009 and 2008 respectively as diagnosed with asthma. In Canada, there was a decrease from 8.4 per cent in 2008 to 8.1 per cent in 2009.

Arthritis:

Rates for the Region and province were 17.8 per cent and 18.1 per cent respectively in 2009, which is a decrease for SCHR compared to 20.3 per cent in 2008. The rate remained at 15 per cent nationally in 2008 and 2009.

• **Percentage of Population who are Overweight or Obese**

Body mass index (BMI) is a method of classifying body weight according to health risk. In SCHR, the percentage of the population identified as overweight (BMI = 25 to 29.99) in 2009 was 31.2 per cent, which was lower than the 40.8 per cent reported in 2008 and is also lower than the 2009 provincial rate of 36.3 per cent. There was an increase in the proportion reporting obesity (BMI = 30 to 34.99) from 22.2 per cent in 2008 to 26.1 per cent in 2009. The national rates are 33.7 per cent (overweight) and 17.9 per cent (obese) for 2009.

• **Smoking**

The proportion of SCHR residents who were daily smokers is 25.1 per cent, higher than both the provincial and the national rates of 17.2 per cent and 15.6 per cent respectively.

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OUR HEALTH STATUS, cont.

• Home Care Clients

Residents who utilize the Home Care service have varying degrees of short and long-term illness or disability and support needs. A total of 2,643 clients received home care services in 2009/2010.

The highest proportion of home care clients is in the 80-89 year age group.

• Mental Health Illness

SCHR provides diagnostic and treatment services to mentally ill clients to restore their capacity to live in the community. The total Regional and provincial new and reopened registrations for mental health services in 2009/2010 were 1,068 and 16,053 respectively. Schizophrenia and other psychotic disorders are the most common mental illnesses diagnosed in the Region.

Thirty per cent of new and returning mental health clients seeking mental health services in the Region are 20 to 39 years of age. The mortality rate for suicides and self-inflicted injuries in SCHR (14.6) per 100,000 population is higher than the provincial and national average (11.3 and 10.9) per 100,000 pop.

• Sense of Belonging and Life Satisfaction

Research shows a high correlation between a sense of community-belonging and physical and mental health. In 2009, 76.6 per cent of SCHR residents reported their sense of belonging to their local community as being very strong or somewhat strong. This is above the Canadian average of 65.4 per cent. The percentage of people in SCHR who indicate that they are satisfied or very satisfied with their life is 93.8 per cent. This compares to rates of 93.1 per cent in Saskatchewan and 92.1 per cent in all of Canada.

Injuries

The injury hospitalization rate measures the incidence of injuries serious enough to require hospital admission. These injuries are more likely to result in surgical intervention. The overall injury hospitalization rate in SCHR is 206.7 per 100,000 and it is higher than the provincial rate of 153.1 per 100,000. The hospitalization rate for falls in SCHR is 63.5 per cent, higher than the overall provincial rate of 39.5 per cent.

• Regular Visits to Medical Doctor

In 2009, 83.6 per cent SCHR residents reported regular visits to their medical doctor, similar to the Saskatchewan rate of 83.4 per cent.

2010-11 Financial Overview

2010-11 was a successful year financially for SCRHA, as it posted a surplus of \$2,000,097 (1.5 per cent of actual operating expenditures). Overall, revenues were higher than the 2010-11 budget (\$7,864,877 or 6.4 per cent) due to:

- Increased funding from the Ministry of Health (\$6,959,352 over budget) which was mainly due to funds received for the retroactive salaries for in-scope employees and salary increases for out of scope employees of \$6.0M. In addition, \$.5M mortgage funding was classified as operating in the 2010-11 year. These funds had been previously classified and budgeted as capital revenue.
- Patient Fees were over budget (\$194,410 or 1.79%) due to an increase in the number of EMS trips.

Salaries were over budget by \$1,865,367 (2.6 per cent) mainly due to payment of the CUPE retroactive settlement, and the increased number of EMS trips. These additional expenses were offset in part by staff vacancies during the year. Medical remuneration was over budget by \$316,793 (11.1 per cent) due to the payment of the SMA retroactive fee increases for 2009/10 and 2010/11.

Repairs and maintenance were over budget by \$936,690 (89.6 per cent) due to more repairs being performed where needed. Insurance costs have decreased from budget by \$35,788 (11.7 per cent) due to savings achieved through the Shared Services Contract under the Ministry of Health. Professional Fees increased from budget (\$250,449 or 14.9 per cent) due to professional fees for Primary Care, increased legal costs and an independent review of SCHR hiring practices.

Meeting expenses increased from budget by \$19,062 (71.4%) due to the co-hosting of the Provincial Palliative Care conference held in 2010-2011. Rent / Lease / Purchased costs were over budget mainly due to increased acquisitions of minor equipment during the year.

Follow the 5 D's:

Reduce your exposure to West Nile virus

1. Wear a good insect repellent with **DEET**. Apply according to directions.
2. **DRAIN** standing water. Mosquitoes require water to complete their life cycle. Eliminate or reduce all sources of standing water where mosquitoes can lay eggs like wading pools, wheelbarrows, containers, eavestroughs, rain downspouts and gutters, pet dishes and birdbaths, etc. Reduce places in your yard where adult mosquitoes can thrive like tall grasses and weeds.
3. Avoid going out during **DUSK and DAWN**. The mosquitoes that carry West Nile virus are most active at dawn and dusk and also in the early evening. They are especially active for two hours after sunset.
4. **DRESS** appropriately. Wear long sleeves and long pants (wear light-weight clothing to minimize the potential for heat-induced illnesses). Mosquitoes may be more attracted to individuals wearing fragrance.
5. Mosquito-proof your home. Make sure that **DOORS** and windows have tight fitting screens. Repair or replace screens that have tears or holes.



Donna Davis, left, Licensed Practical Nurse with the Gainsborough Health Centre, receives the LPN of Distinction Award from Kim Kehrig, past president of the Saskatchewan Association of Licensed Practical Nurses. The award is granted each year to LPNs who have provided exemplary service to the public in their role. Donna has worked as an LPN for 35 years.

TO ALL FORMER INDIAN RESIDENTIAL SCHOOL STUDENTS AND THEIR FAMILIES

The Resolution Health Support and Cultural Support Programs give help to students who went to Indian Residential School, and their families.

The kind of help given is:

- To provide emotional support to students and their family members at hearings
- To help connect students and their family members to cultural and other helps as needed.

We can give you more information about:

- Common Experience Payment (CEP)
- Independent Assessment Process (IAP)
- Truth and Reconciliation Commission (TRC) Commemoration events.

This program makes sure that each student is treated with respect and can feel safe. If you went to Indian Residential School, this program is for you and your family.

IMPORTANT DATES:

- September 19, 2011 is the deadline to apply for Common Experience Payment.
- September 19, 2012 is the deadline to apply for Independent Assessment Process.

FOR INFORMATION OR ASSISTANCE CONTACT:

RAMP—Resolution Health Support Program

Phones: (306) 751-2345/ 2346/ and 2347

Email: rhswp.information@gmail.com

ANHAN—Resolution Health Support Program

Phone: (306) 924-8424 ext 228

Email: allnationshope@sasktel.net

**SunCountry
HEALTH REGION**

Sun Country Health Region

**is looking for a member of
the public to serve on its
Ethics Committee, and
possibly other committees
in the future.**

**These will be
unpaid positions.
An interview will be
conducted
with candidates.**

**If you are interested,
please call
Amy Ryan,
Quality of Care Coordinator,
at 842-8675 or email her at
Amy.Ryan@SCHR.sk.ca**