

Points of Interest

Special Section:
A summary of Sun Country Health Region's 2006-07 annual report is available in a special section at the end of this newsletter.

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Report to the Community

A newsletter published for Employees, Physicians, and Volunteers in Sun Country Health Region.



Active 8 at work: Sun Country Health Region Fitness Coordinator Corrie Schultz, extreme right, shows the Active 8 Program to employees in the laundry at Tatagwa View. The Active 8 Program was designed to help staff keep fit both on the job and at home. From left to right are Pat Knourek, Jan DeRoo, Tally Gaab and Susann Patterson.

**National Infection Control Week
October 15 – 19, 2007**

“Practice & Participate”

Infection Control Nurses in Sun Country Health Region will conduct site visits to facilities throughout the fall. They will review handwashing practices, Standard Precautions, and any other Infection Control issues staff would like to discuss. Watch for presentation dates around you!

What are you going to do to help prevent the spread of infection?
Any facility/area interested in organizing additional events for Infection Control Week can contact Infection Control at 739-5212 for suggestions.

Sometimes we get letters:

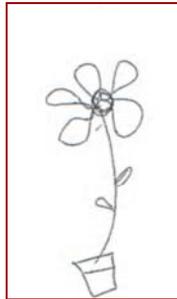


**A Conference
Designed for
Home Care
Professionals**

When: October 17, 2007
Where: Travelodge
Hotel, 4177 Albert Street,
Regina, SK

**Professional
Development Fees:** per
person
Early bird on or before
October 9: \$145.00
After October 9: \$165.00
Non Members: \$185.00
*Fees include
refreshments and lunch.*

**Please mail registration
with payment to:**
Marilyn Chambers,
Program Coordinator
SAHO, WHS&E Services
600 – 2002 Victoria
Avenue
Regina, SK S4P 0R7
Ph: 306.347.5528 Fax:
306.525.1960
Email:
marilync@saho.org



The team in the Materiels Management Department at Tatagwa View received this complimentary letter and hand-drawn flower earlier this year:

Dear STORES Team!

Man, you guys are amazing! If everyone worked as fast as you, we'd be out of work. I never imagined I would get my stuff today. Thanks so much.

Jewell Vanstone
Radville Home Care



OH&S Week—Each day during OH&S week at Galloway Health Centre in Oxbow, the staff congregated at the nurse's station to review emergency codes. Larry Babbings, our maintenance worker, headed the in-service. To be eligible to enter your name for a draw at the end of the review, staff had to meet two criteria. They had to be certified and current in TLR and recertified in WHIMIS in 2007. Director of Client Care Merle Fedak says this was a good incentive to encourage staff to get their qualifications up to date. Prizes came from Sun Country Health Region and local businesses. IN the picture from left to right are Sherlynn Best, Koralee Ferguson, Sylvia Mohrbutter, Larry Babbings, Monica Vanbeselaere, Cathy Irwin, Evelyn Lochart, and Scott Ash.



Here comes Christmas:
Remember the extreme heat this summer? Cooks at Tatagwa View were already thinking about the menu for the parties in Sun Country Health Region’s long term care centres this Christmas. They have over 200 pounds of Christmas pudding ripening for the holidays! Wendy LaRoche shows off some of the yummy desert.

Catholic Health Assn. annual convention

This year’s Catholic Health Association of Saskatchewan annual convention – *A Legacy of Hope: Gifts Exchanged at the End of Life* - explores the advances of palliative care and hear stories of those who are facing the end of life. The Public Lecture will feature Senator Sharon Carstairs, a long-time advocate of palliative care. Senator Carstairs will deliver her presentation *Bringing Buds to Blossom: The State of Palliative and End-of-Life Care in Canada*, which speaks to the seeding and growth of palliative care in our nation, as well as the work yet to be done to ensure that quality end-of-life care blossoms in Canada. The keynote speaker is Dr. Arthur Frank, a sociologist from the University of Calgary. Dr. Frank is a teacher, a researcher, and a well-respected author and lecturer in the area of

bringing honest dialogue to the medical experience. His first session, *Between Generosity and Justice: The Contemporary Dilemma of Healthcare*, will ask the question - how do we put into practice offering care to the individual, who has inherent value and gifts, yet administrate bringing the most medical services to the most people, an act of social justice? His second session is *Storytelling, Listening, and Witness: Applications of Generous Practice*. People often tell stories to make sense of their suffering; when they turn their diseases into stories, they find healing. As caregivers, our generous listening and witness to these stories can offer a renewed sense of meaning in lives pervaded by suffering.

Other presenters include Ruth Eliason, an accredited music therapist currently working in the Palliative Care Unit of St. Paul’s Hospital in Saskatoon. Her session, *Music for the Journey*, will give us a glimpse of how music therapy helps to create hope and meaning at the end of life. Dr. Steve Simpson is the final speaker, representing *Tapestry – Weaving Together the Threads of a Life*, a 5-day residential retreat program that supports cancer patients. This retreat is located near Calgary, and is run by the Alberta Cancer Board. The staff of this program believes that many who are dealing with cancer find that while their bodies are being cared for, their emotional and spiritual needs may not be.

A Legacy of Hope: Gifts Exchanged at the End of Life

Plan to attend the 64th Annual Convention of the Catholic Health Association of Saskatchewan

October 24 - 26, 2007
Heritage Inn, Moose Jaw, SK

This important event regarding *palliative care and end of life issues* will feature:

Public Lecturer: Senator Sharon Carstairs
7 pm, Wednesday, October 24

Keynote Address: Dr. Arthur Frank
Author, Sociologist, U of C, Alberta

Other Presenters:
Ruth Eliason, Music Therapist
Dr. Steve Simpson, Tapestry Retreat Program



For Convention Brochures or
Registration Forms contact CHAS at:
T 306-655-5330 F 306-655-5333
E cath.health@sasktel.net

Creating a work place for everyone

**By Kelly Beattie,
Aboriginal Employment
Services Coordinator for
Sun Country
Health Region**

What is a Representative Workforce?
A representative workforce is where the working age population of the provincial workforce is represented throughout all classifications and at all levels in proportion to their representation in the working age population. It is important to note that employment is based on skills and qualifications. One focused area of representation is the Aboriginal population. Statistics indicate that the Aboriginal population is in steady

growth and with the shortages of health care personnel, there are numerous opportunities for this growing population. Three key areas of development are involved to create a successful strategy:
Employment – increase the participation of Aboriginal people in health careers within SCHR
Education – the delivery of Aboriginal Awareness training to employees of SCHR to facilitate constructive race and cultural relations and to prepare a positive workplace.
Economic development – to develop economic partnerships between health employers, unions

and the Aboriginal Community.
Education is one of the key areas currently being addressed. Aboriginal Awareness training has taken place throughout the Region since May 2004. Awareness training is required for all employees of SCHR and employees are paid for their attendance at this four (4) hour training session. The goal is to create a welcoming environment in the health sector for Aboriginal employees. The session addresses myths and misconceptions, a brief history of the treaties, a timeline of events and information on the Representative Workforce Strategy.

More Information:

To find out more about the Representative Workforce program or to register for training, contact:

**Kelly Beattie
Aboriginal
Employment
Services
Coordinator
At 736-2218
or
kbeattie@schr.sk.ca.**

Upcoming Training for a Representative Workforce

Date	Location	AM Session 0800 -1200	PM Session 1300 - 1700
September 25	Coronach Legion		X
September 26	Estevan St. Joe's Auditorium	X	X
September 27	Midale	X	
October 30	Redvers		X
October 31	Kipling Legion	X	X
November 1	Wawota Catholic Church	X	
December 11	Estevan St. Joe's Auditorium		X
December 12	Weyburn - Tatagwa	X	X
December 13	Bengough	X	



This is one of two stained glass windows purchased for the Deer View Lodge in Wawota after a donation to the staff from the Kathleen Tucker family. The new windows have been placed in the activity and dining rooms.

Spread the word! Mark your calendars now!

The Patient Safety Committee of the Sun Country Regional Health Authority is inviting staff and physicians to the first Patient Safety Conference.

A full day is planned, including three very interesting presentations:

Paula Beard, Project Manager, Canadian Patient Safety Institute

Janet Harding, Director, Department of Pharmaceutical Services, Saskatoon Regional Health Authority

Donna Davis, sharing Vance's story; a local mother's story about the death of her son while receiving medical care.

The conference will be held on October 4, 2007 at McKenna Hall in Weyburn. Staff is asked to pre-register by September 27. The conference is free. There is no registration fee and a free lunch is provided.

Watch for posters and more information!

Win an All-Expenses-Paid Trip to Ottawa!



Don't miss the chance to win an all-expenses-paid trip to dine at the Prime Minister's residence with CNA President Marlene Smadu.

Enter the *My Voice. My CNA.*
centennial photo contest

at www.cna-aiic.ca

HURRY! CONTEST CLOSES ON OCTOBER 12

photo: istockphoto.com / jennisa.kat

What staff said:

The Patient Safety Committee recently asked for an opinion from staff members about safety issues, medical errors and our reporting systems.

The responses have been compiled and a copy of the feedback results has been prepared.

It is attached for your reading over the next four pages.

Staff said our strength lies in the high level of teamwork within our working areas. That will be our inspiration to work on the areas that you said needed improvement.

As a Region, based on the results of the survey, our improvement efforts will focus on:

- 1) improving how we transfer care and exchange information and
- 2) providing a fair and just response to errors.

Feedback Results

Survey Measures

The Region's Survey on Patient Safety Culture was designed to measure three overall patient safety outcomes:

1. Overall perceptions of safety
2. How often staff report events.

Overall patient safety grade.

The intent of the survey was to measure ten dimensions of culture pertaining to patient safety:

1. Supervisor/manager expectations and actions promoting patient safety
2. Lessons learned – continuous improvement
3. Teamwork within units
4. Open communication.
5. Feedback and communication about error
6. Fair and just response to error
7. Staffing
8. Management support for patient safety
9. Teamwork across the Region
10. Transfer of care

Survey Methodology

A paper copy of the "Survey on Patient Safety" was distributed to the employees and physicians of Sun Country Health Region (SCHR) on November 14, 2006. They were asked to complete the survey and return it to a location in their facility by December 8, 2006.

There were 470 surveys completed which is a 25% response rate.

Demographic Data about Respondents

The primary work area, department or clinical area where respondents spend most of their time:

Long Term Care: 25.1%

Acute Care: 14.7%

Home Care: 10.9%

Admin/Finance/HR: 8.9%

Nutrition Services: 6.2%

Integrated Health Care: 5.7%

EMS: 4.9%

Housekeeping: 4.7%

Mental Health: 3.6%

The remaining areas, Addiction Services, Counselling Services, Laboratory, Laundry, Maintenance, Physician Services, Public Health and Therapies each had less than 2.8% of the respondents.

Background of respondents:

27% of the respondents worked in this health region for 21 years or more.

19% worked in the region 1 to 5 years

15% worked in SCHR between 6 to 10 years

14% worked in the region 16 to 20 years

14% worked here 11 to 15 years.

7% of the respondents worked in the health region less than 1 year.

47% of respondents worked 20 to 39 hours per week including overtime and 33% worked 40 to 59 hours per week.

Direct Contact with patients/residents/clients:

80% of the respondents said that they typically have direct interaction or contact with patients/residents/clients.

endorse by answering, "Agree/Strongly agree," or "Most of the time/ Always" (or when about 75% of respondents *disagreed* with negatively worded items.)

Main findings:

Strengths:

We identify as strengths, those positively worded items which about 75% of respondents endorse by answering, “Agree/Strongly agree,” or “Most of the time/ Always” (or when about 75% of respondents *disagreed* with negatively worded items.) The study showed that the Region’s strength lies with teamwork within units. People support one another in their work, they work together as a team when work has to be done quickly and people treat each other with respect.

Areas for improvement:

Areas with the potential for improvement were identified as those where less than 50% responded positively. The two areas for improvement that emerged from the results were Fair and Just Response to Error and Transfer of Care. Some staff feel like their mistakes are held against them, that when an event is reported, it feels like the person is being written up, not the problem and that mistakes they make are kept in their personnel file. Regarding transfer of care, some staff believe that things fall between the cracks, and that problems often occur in the exchange of information between work areas/units in the Region.

Summary of overall patient safety outcomes:

- 63% of respondents reported positively to the overall perception of safety.
- 57% reported that mistakes are reported most of the time or always.
- 70% of the respondents gave an overall grade of “excellent” or “very good” regarding patient safety on their work area/unit

Summary of the dimensions of culture pertaining to patient safety:

- 69% responded positively to questions about their supervisor/manager expectations and actions taken to promote patient safety.
- 65% responded positively to statements regarding lessons learned and continuous improvement.
- 77% agreed with positive statements about teamwork within the units
- 58% responded positively to statements regarding open communication
- 55% responded positively to questions concerning feedback and communication about error.
- 44% agreed that staff receives fair and just responses to error.
- 50% responded positively to questions re: staffing issues.
- 61% responded positively to comments regarding management support for patient safety.
- 53% responded positively to questions regarding teamwork across the region.
- 41% disagreed that there were problems regarding transfer of care.

Definitions:

An “event” is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient/client/resident harm.

“Patient safety” is defined as the avoidance and prevention of patient/client/resident injuries or adverse events resulting from the processes of health care delivery.

Responses to survey questions:

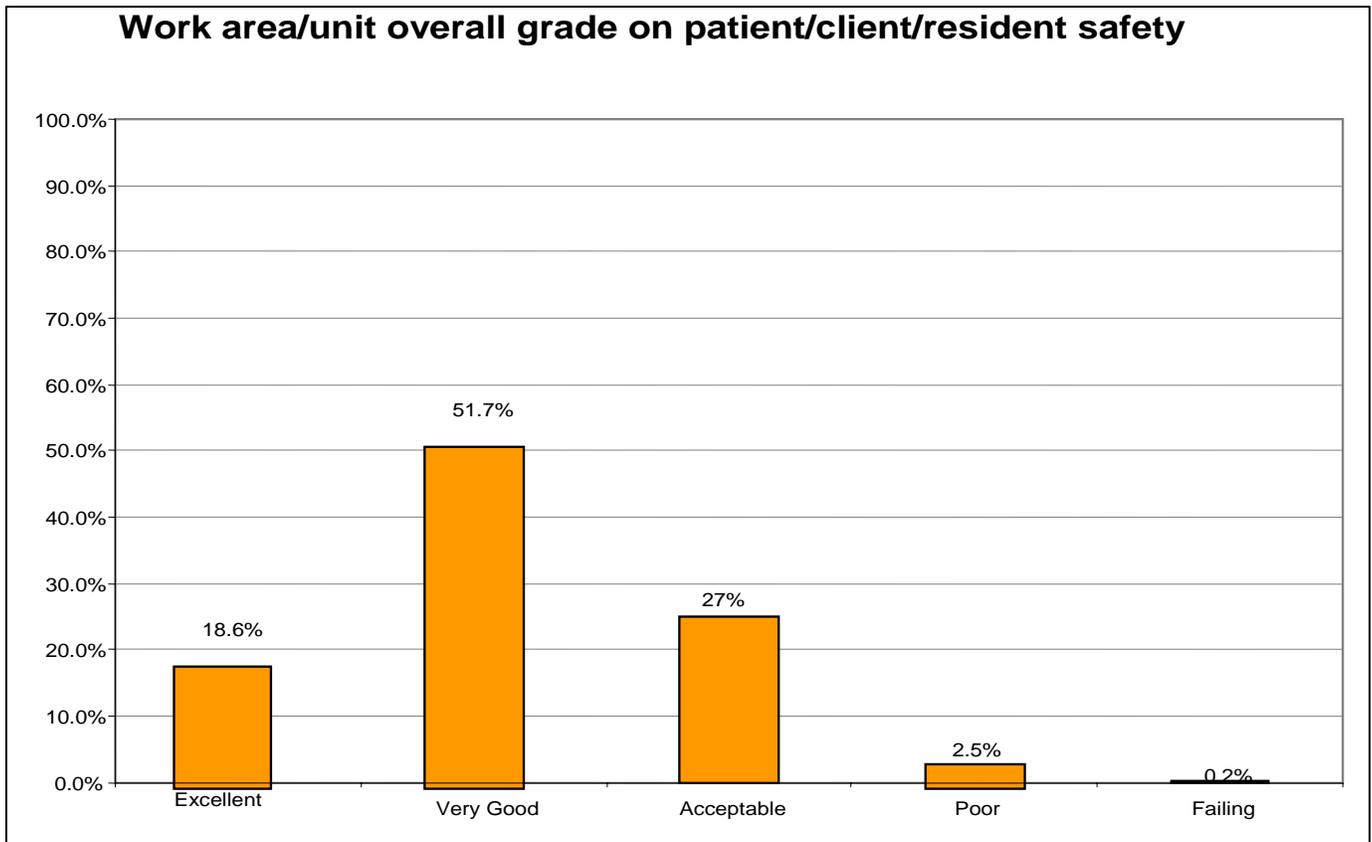
Overall Perceptions of Safety

	% Strongly Disagree/ Disagree	% Neither	% Strongly Agree/ Agree
1. Patient safety is never sacrificed to get more work done.	22%	16%	62%
2. Our procedures and systems are good at preventing errors from happening.	12%	20%	68%
^R 3. It is just by chance that more serious mistakes don't happen around here.	62%	21%	17%

More on the next page

Survey on Patient Safety Culture 2007

Patient/Client/Resident Overall Safety Grade



Supervisor/Manager Expectations & actions Promoting Patient Safety

	% Strongly Dis-agree/ Disagree	% Neither	% Strongly Agree/ Agree
1. My supervisor/manager says a good work when he/she sees a job done according to established patient/client/resident safety procedures.	20%	15%	65%
2. My supervisor/manager seriously considers staff suggestions for improving patient/ client/ resident safety.	18%	13%	69%
^R 3. Whenever pressure builds up my supervisor/manager wants us to work faster, even if it means taking shortcuts.	71%	19%	10%
^R 4. My supervisor/manager over-looks patient/ client/resident safety problems that happen over and over.	72%	16%	12%



Lessons Learned---Continuous Improvement

	% Strongly Disagree/ Disagree	% Neither	% Strongly Agree/ Agree
1. We are actively doing things to improve patient/client/resident.	12%	10%	78%
2. Mistakes have led to positive changes here.	16%	26%	58%
3. After we make changes to improve patient safety, we evaluate their effectiveness.	14%	28%	58%

Teamwork Within Units

	% Strongly Disagree/ Disagree	% Neither	% Strongly Agree/ Agree
1. People support one another in my work.	11%	7%	82%
2. When a lot of work needs to be done quickly, we work together as a team to get the work done.	10%	10%	80%
3. In my work area/unit, people treat each other with respect.	12%	10%	78%
4. When one area in this unit gets really busy, others help out.	17%	16%	67%

Open Communication

	% Never/Rarely	% Sometimes	% Most of the time/ Always
1. Staff will freely speak up if they see something that may negatively affect patient care.	5 %	23%	72%
2. Staff feel free to question the decisions or actions of those with more authority.	22%	33%	45%
^R 3. Staff are afraid to ask questions when something does not seem right.	58%	33%	9%

More on the next page. . . .

Feedback and Communication About Error

	% Never/Rarely	% Sometimes	% Most of the time/ Always
1. We are given feedback about changes put into place based on event reports.	23%	34%	43%
2. We are informed about errors that happen in this work area/unit.	15%	28%	57%
3. In this work area/unit, we discuss ways to prevent errors from happening again.	11%	24%	65%

Fair and Just Response to Error

	% Strongly Disagree/ Disagree	% Neither	% Strongly Agree/ Agree
^R 1. Staff feel like their mistakes are held against them.	52%	25%	23%
^R 2. When an event is reported, it feels like the person is being written up, not the problem.	46%	25%	29%
^R 3. Staff worry that mistakes they make are kept in their personnel file.	34%	32%	34%

Staffing

	% Strongly Disagree/ Disagree	% Neither	% Strongly Agree/ Agree
1. We have enough staff to handle the workload.	38%	13%	49%
^R 2. Staff in this work area/unit work longer hours than is best for patient/client/resident care.	58%	20%	22%
^R 3. We use more agency/temporary staff than is best for patient/client/resident.	50%	35%	15%
^R 4. We work in "crisis mode" trying to do too much, too quickly.	43%	22%	35%



Management Support for Patient Safety

	% Strongly Disagree/ Disagree	% Neither	% Strongly Agree/ Agree
1. Management in this health region provide a work climate that promotes patient/client/ resident safety.	12%	15%	73%
2. The actions of management in the health region show that patient/client/resident safety is a top priority.	15%	21%	64%
^R 3. Management in the health region seems interested in patient/client/resident safety only after an adverse even happens.	45%	21%	34%

Teamwork Across the Region

	% Strongly Disagree/ Disagree	% Neither	% Strongly Agree/ Agree
1. There is good cooperation among work areas/units that need to work together.	15%	23%	62%
2. Units in the health region work well together to provide the best care for patients/clients/ residents.	11%	28%	61%
^R 3. Work areas/facilities in the health region do not coordinate well with each other.	36%	30%	34%
^R 4. It is often unpleasant to work with staff from other work areas/units in the health region.)	54%	32%	14%

Transfer of Care

	% Strongly Disagree/ Disagree	% Neither	% Strongly Agree/ Agree
^R 1. Things "fall between the cracks" when transferring patients/ clients/resident from one area/facility to another.	29%	31%	40%
^R 2. Important patient/client/resident care information is often lost during shift changes.	54%	27%	19%
^R 3. Problems often occur in the exchange of information between work areas/units in the health region	33%	37%	30%
^R 4. Shift changes are problematic for patients/clients/residents in the health region.	48%	39%	13%

R Indicates reversed-worded items.

More

Summary of Comments

Section A: Your Work Area/Unit

Positive:

Staff report that we can improve the working relationships between all care providers and programs.

Negative:

Staff identified that when working short-staffed, too many hours in a row, overtime, and too many overtime shifts in a row they are concerned that patient safety is jeopardized.

Staff report they will sometimes be singled out or punished when mistakes happen.

Staff report that when concerns are brought forward, they are not addressed.

Section B: Your Supervisor/Manager

Positive:

Staff report they are treated with respect from management.

Negative:

Staff report that when concerns are brought forward, they are not addressed.

Staff want more contact with supervisors or managers to provide direction, support, and supervision to help with patient safety.

Section C: Communications

Negative:

Staff report that when concerns are brought forward, they are not addressed.

Staff report they receive little or no feedback from off-site management

Staff report they are not listened to and their input is not acknowledged.

Section D: Frequency of Reporting Adverse Events

Positive:

Staff report that mistakes are reported.

Negative:

Near misses are sometimes not reported.

Staff report that mistakes are not reported.

Section F: Your Health Region

Positive:

Staff report that the region is focusing on patient safety and has increased the awareness around patient safety.

Negative:

Staff report that patient safety is better if there is more teamwork and respect for each other.

Staff identified discharge planning, including transfers between facilities, as an area of communication that needs to be improved.

Section H: Additional General Comments

Positive:

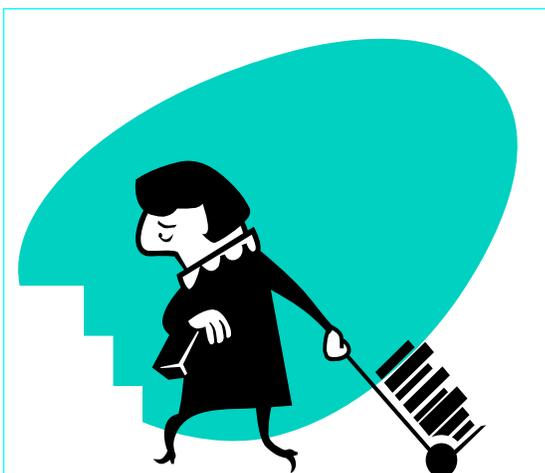
Staff report that they are well informed about patient safety.

Staff report that the region is proactive with patient safety.

Negative:

Staff report that when concerns are brought forward, they are not addressed.

Staff have identified that medications and medication errors are problem areas.





Strategic Planning & You

2008 — 2011

Strategic Planning process continues

The first round of community consultations for a new three year Strategic Plan for Sun Country Health Region was completed in June.

Questionnaires seeking community/physician/staff/public input were distributed at the public meetings, all SCRHA facilities, and published in the Regional Sun and the Sun Country Chatter.

The questionnaires asked three main questions:

- Where you would like to see SCRHA focus its efforts over the next three years;
- what areas should do we need to strengthen/improve,
- how do we get to where we want to be.

An outline of common themes was identified from the first round of consultations. This information will be taken back during a second round of consultations in the fall of 2007 to validate the initial findings.

The final report is expected in early 2008, with a new Strategic Plan to be completed by April 2008.

Nicki Ford registered as Nurse Practitioner

Sun Country Regional Health Authority announced in September that Nicki Ford, nurse at the Maryfield Health Centre, will assume an enhanced role in nursing service to the Maryfield community.

Sun Country Regional Health Authority (SCRHA) was happy to provide support (financial and other) in Nicki's pursuit of a RN/ NP, the Nurse Practitioner designation / licensure.

As a fully licensed NP, she will be able to provide an expanded scope of services, effective immediately, from Maryfield Health Centre.

The Saskatchewan Registered Nurses Association (SRNA) defines a nurse practitioner as a Registered Nurse with advanced education and clinical training.

The NP practice focuses on health promotion disease prevention and health education.



Nicki Ford, RN/
NP

SRNA licenses Nurse Practitioners as independent practitioners guided by a set of standard Core Competencies and a national exam. Nurse Practitioner services in Maryfield will be utilized in addition to the existing services from a physician.

As a nurse practitioner, Nicki will utilize her advanced knowledge and skills to provide client services in an interdisciplinary team approach at Maryfield Health Centre.

In addition to direct clinical care, she will promote community development processes, address Population Health issues and work in collaboration with other community agencies to address healthy lifestyles and health promotion.



**Sun Country
Regional Health Authority
Administration**

**President and Chief Executive
Calvin Tant 842-8718**

**Vice President Finance
and Corporate Services:
Ken Adams 842-8714**

**Vice President Human Resources:
Don Ehman 842-8724**

**Vice President Primary and Integrated Care:
Marga Cugnet 842-8729**

**Vice President Community Health:
Janice Giroux 842-8652**

**IIRegional Director, Primary Care/
Rehabilitation:
Gale Pryznyk 634-0410.**

**Director of Rural Facilities:
Murray Goeres 842-8706**

**Quality of Care Coordinator:
Dianne Green 637-3642**

**Director CQI & Strategic Planning:
Mark Pettitt 842-8739**

*Please send information about
the activities in your facility to:*

**Joanne Helmer
Communications Coordinator
Sun Country
Regional Health Authority
Box 2003,
Weyburn SK S4H 2Z9
Tel: 842-8353
Email: Helmer, Joanne SCHR**

**We want:
Healthy People
in Healthy Communities**



Welcome some of the Region's newest staff

Monica Henning, part time Physical Therapist, who works in Weyburn out of Tatagwa View. She starts September 12.

She will be working with inpatients at the Weyburn General Hospital and some outpatients. Monica and her family have moved to Weyburn from Leduc, AB.



Anita Nuessler, Occupational Therapist, will begin on October 22. Anita hales from Winnipeg and will work in Therapy Services, St. Joseph's Hospital. Anita is a new graduate and will cover some of the rural communities.

Murray Goeres, Director of Rural Health Facilities announces the appointment of **Gail Abdai,** RN as Community Health Services Manager for the Lampman Health Centre and Mainprize Manor located in Midale. She will begin Sept. 17. Gail comes to Sun Country Health Region from the Cypress Health Region where she previously worked at the Swift Current Regional Hospital.

Report to the community

Sun Country Regional Health Authority submitted its 2006-07 annual report to Saskatchewan Health Minister Len Taylor and the Minister of Healthy Living Services Graham Addley in July. The entire report is available on the Sun Country Health Region website at www.suncountry.sk.ca

The following is a condensed version.

SCRHA operates 28 health care facilities and a large number of programs for the 53,000 people in this region: 12 health centres, two district hospitals, three community hospitals, 16 EMS stations, 18 long term care centres, one senior's housing facility, and one inpatient mental health unit.

Who We Are

The mandate of the Sun Country Regional Health Authority (SCRHA) is to provide quality health services to the residents of South East Saskatchewan. The SCRHA is accountable to the Ministers of Health for the planning, organization, delivery and evaluation of health services provided within the Sun Country Health Region.

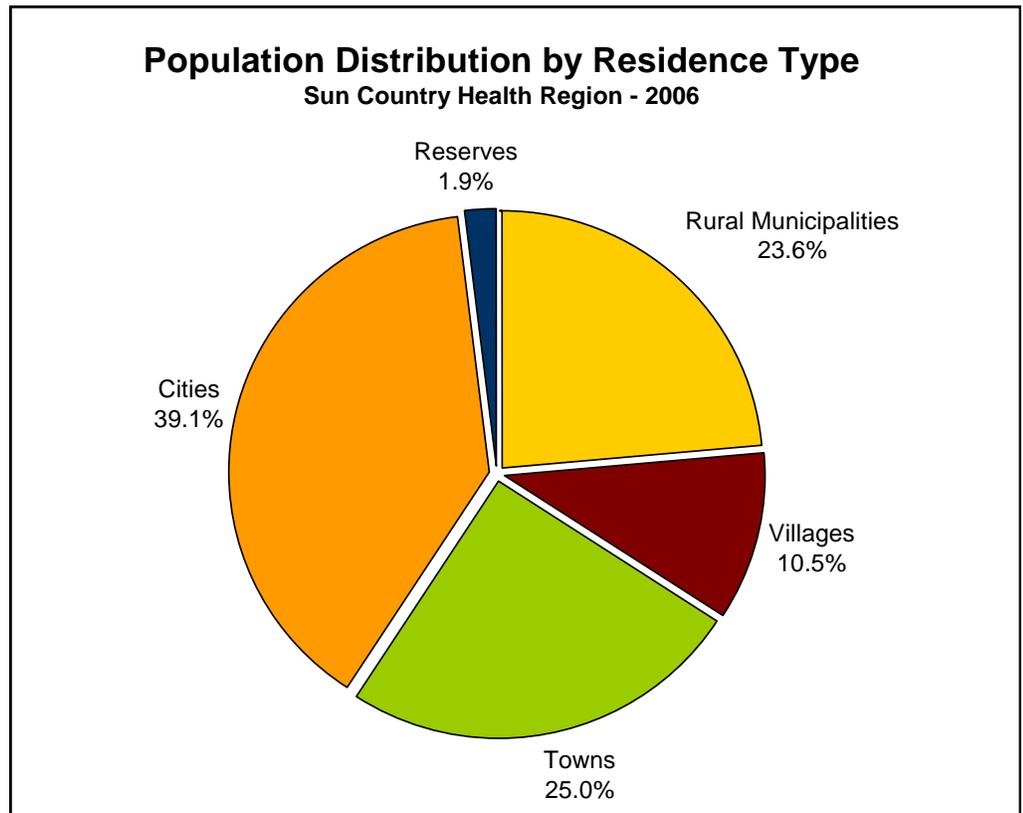
Goals

1. To provide Health Services that are reasonably accessible and available to all residents of the Region.
2. To increase the awareness of the health services provided by the Region.
3. To develop an education strategy that places greater emphasis on the wellness philosophy of health care including health promotion, the prevention of illness, health maintenance and the promotion of independent living.
4. To recruit, retain and develop the Region's Human Resources.
5. To provide an effective and comprehensive range of health services.
6. To be fiscally responsible.
7. To ensure regular assessment of the services provided in the Region.

Future Risks and Challenges

SCRHA faces several key risks and challenges:

- An aging population and changing demographics, especially in the rural areas.
- Tobacco use remains a high risk factor for males and females, with over 23 per cent who are daily or occasional smokers.
- Approximately one-third of the residents



are overweight or obese and less than 50 per cent are physically active or moderately active.

- The health care work force is aging; maintaining an adequate supply of health care professionals and workers continues to be challenging.
- The continuous need to maintain health facilities and update technology challenges our ability to provide safe quality services and prevent adverse events.
- Annual operating costs continue to increase due to staff shortages (staff overtime, sick time, etc), collective agreements, medical equipment, drug and supply costs, and increases in utility costs which, for the most part, are beyond our control.

Some of these factors result in an increased demand for services in home care, laboratory services and public health nursing. SCRHA is monitoring the situation.

Population reduction also affects the availability of informal family and community supports for people, especially for the elderly or mentally ill.

This creates an increased demand on an already stressed health care system because the supports have moved away. Reduction in the population also contributes to a lack of support for community organizations which, in turn, can increase the instances of residents seeking the kind of services they might once have received from the volunteer organizations.

Report to the community

Page 2

Emerging health issues

Diabetes

The high rates of physical inactivity (50% of residents aged 12 years and over report that they are not physically active) and obesity are likely major contributors to the increasing rates of diabetes.

Since 2000/2001 the age-adjusted prevalence rate of diabetes has increased from 36.9% to 50.6% in 2004/2005.

Diabetes rates have also been increasing in other health regions during this time period.

Injuries

The injury hospitalization rate for children less than 19 years of age is higher than the provincial value for both males and females but the difference is not statistically significant. These rates have remained relatively constant from 2002/2003, 13.1 for males and 8.8 for females, and have increased marginally for the province, from 9.3 to 10.4 for males and from 6.5 to 6.9 for females.

SCRHA's Injury Prevention Subcommittee continues to work on some of the major causes of injuries: motor vehicle accidents, falls and farm injuries.

Hospitalizations, due to falls continue to be a major concern for seniors. The hospitalization rate for males aged 65 and older is 18.1/1000, compared to 14.7 for males in Saskatchewan. For females, the rates are 38.0 and 26.6/1000 for SCRHA and the province, respectively.

Influenza

Preventing influenza, and the secondary complications from influenza, requires a coordinated approach. As the population continues to age, protecting residents through annual seasonal influenza immunization will become increasingly important. In 2006-07, SCRHA focused on increasing immunization coverage rates in children 6 to 23 months of age and the employees of long term care facilities.

SCRHA had one of the highest staff uptake rates in Saskatchewan at 74.4 per cent coverage in 2005. A goal of 85 per cent was set for the 2006 season. Long term care resident coverage rates were compared to staff coverage rates.

The urgency of pandemic influenza preparedness was also evaluated. In the end, a team effort was put forward and major achievements were made, with one facility experiencing a 73 per cent coverage rate in 2005 and increasing to a 92 per cent coverage rate in 2006.

Influenza immunization coverage rates in 2006 were:

- Residents of long term care facilities – 93.9% (up from 93.4% in 2005)
- Employees of long term care facilities – 80.6% (up 6.5% from 2005 – 74.1%) and in the six targeted long term care facilities, immunization coverage rates increased from 1.1% to 27%. Three of the six facilities achieved coverage rates of over 80%.
- Children 6 to 23 months of age – 43.7% (up from 25.9% in 2005).

Institutional Outbreaks

As the population continues to age, Special Care Homes will become “home” for larger numbers of individuals and individuals at increased risk for the complications of infectious diseases.

Creating and maintaining a safe and healthy environment where quality of life is optimized is a priority, and the work of the SCRHA Infection Control Committee and employees is crucial.

From January 1, 2006 to December 31, 2006, SCRHA experienced 32 outbreaks of Norovirus, respiratory, gastroenteric and Influenza.

The attack rate in the long term care residents was 32% and the attack rate was 7% in staff. The attack rate in unvaccinated residents (100%) was three times higher than the attack rate in vaccinated residents (28.2%).

Financial Summary

SCRHA posted a surplus of approximately \$1.1 million (1.1% of actual operating expenditures) in 2006-07.

Overall, revenues were significantly higher than the 2006-07 budget (\$1.8 million or 1.7%) and the prior fiscal year 2005-06 (\$3.4 million or 3.4%), due to:

- Increased funding from Saskatchewan Health (\$1.2 million over budget and \$2.9 million over prior year) which is mainly for contracted salary increases, additional February Statutory Holiday and extra costs for Norwalk.
- Increase in the patient fees (\$257,000

over the 2006-07 budget and \$468,000 over prior fiscal year 2005-06) due to increases in Long Term Care rates and in Emergency Medical Service (ambulance) trips.

- Higher investment revenue (\$56,000 over 2006-07 budget and \$53,000 over prior fiscal year 2005-06) due to an increase in cash flow.

Salaries were under budget by \$1.3 million (2.14%) due to continued staff vacancies.

Drugs have decreased from budget (\$54,389 or 10%) and prior year (16,648 or 3.3%) due to regionalization of the distribution of drugs, and decrease in the use of more expensive drugs.

Grants to third parties increased from budget (\$749,260 – 4.9%) and prior year (\$1,377,867 – 9.39%) due to additional funding for CUPE retro, Joint Job Evaluation, and other unexpected costs throughout the year.

Medical and Surgical supplies increased from budget (\$171,960 or 15.32%) and prior year (\$116,542 or 9.89%) due to inflation, Norwalk outbreaks and an increased use of Safety Engineered Sharps Devices (SESD).

Medical Remuneration decreased from the prior year by \$1,347,508 (44.08%) due to the fact that the Primary Care Alternative Payments for the Estevan Primary Care site were stopped in May, 2006. Rent/Lease/Purchase is higher than budget (\$364,157 or 59.56%) and prior year (298,694 or 44.13%). Since SCRHA was in a surplus, extra minor equipment that was needed was also purchased in 2006-07.

Repairs and Maintenance are higher than budget (\$460,017 or 55.48%) and prior year (\$409,010 or 46.47%) due to resurfacing the Weyburn General Hospital parking lot and other projects and renovations that occurred in 2006-07.

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During 2006-07, 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

Improving the public's access to quality health services was a major goal in 2006. SCRHA also continues to work with SaskHealth and our catchment communities to establish new primary health care sites.

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. About 67.9 per cent of Priority Level I clients have access to surgery within the provincial government's target time frame of three weeks, while 85.2 per cent of Priority Level II clients receive surgery within the provincial time frame of six weeks. Target time frames for Priority Level III and IV are exceeded.
- In 2006-07, SCRHA exceeded its performance targets for the number of surgeries, performing 45 more surgical cases while exceeding last year's numbers.
- Access to general surgical services was improved when a surgeon from St. Joseph's Hospital in Estevan began providing surgery in Weyburn General Hospital. Three itinerant surgeons now provide services in Weyburn.

Results: Diagnostic Equipment

SCRHA's medical imaging services continued to improve with the addition of new diagnostic imaging equipment in Arcola Health Centre and Oxbow Health Centre. With this new equipment, the quality of all images has significantly improved, providing more detail to the physicians and turnaround time has been reduced.

- Several new types of laboratory equipment were also put in place to assist physicians with diagnosis, to improve access to quality health care. Rural physicians

have equipment to quickly diagnose a heart attack.

- With the assistance of Saskatchewan Health Information Solutions Centre (HISC), a new laboratory information system in Weyburn General Hospital means quicker reporting and more efficient procedures for staff.

Results: HealthLine Calls

Strong use of HealthLine in SCRHA is a reflection of the increased public awareness of the service and the reduction physician and nursing services in some quarters in the Region.

- Residents continue to steadily increase their calls to HealthLine, with 3,741 called during the whole year. The number grew from 872 in the first quarter of the year, to 948 in the fourth quarter.

Results: New Renal Dialysis Unit

In past years, residents of SCRHA have traveled two hours each way to Regina for a dialysis treatment three times a week.

- Construction began late in 2006 on a \$1.7 million renal dialysis unit for residents, to be located at St. Joseph's Hospital in Estevan. The new dialysis unit, which is expected to be open in late 2007, will improve access for 12 patients on a weekly basis.
- A joint fund-raising committee, with representatives from St. Joseph's Hospital Board of Directors and SCRHA, has been established to raise about \$500,000 for new equipment. The Kinsmen Foundation is one of the first to step forward to help purchase equipment for the new dialysis unit.

Results: Primary Health Services

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 ap-

proaches in providing care.

SCRHA is committed to the principles of primary health care and the utilization of a Primary Health Care model of service delivery. It is working with SaskHealth and the local communities to create new sites for residents.

- During the first quarter of 2006-07, over 2,600 clients received primary health care services from a site in Estevan. SCRHA exceeded the target of reaching 25 per cent of the population by 2006 (see Primary Health Care Teams chart).
- Primary Health Care Services were discontinued in May 2006 when SCRHA's primary care agreement with the Estevan Medical Clinic ended.
- 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 has established a revised target, to provide Primary Health Care to 25 per cent of the population by 2007-08, with a goal of 100 per cent within 10 years.
- A new Primary Health Care proposal for the Arcola/Carlyle Health Centre was approved by Sun Country Regional Health Authority in January, 2007.

Results: Patient Safety Committee

A Patient Safety Committee helps to promote a philosophy of care that is patient/client/resident and family centred. The committee champions system-wide changes to improve or re-design practices and processes that eliminate or minimize the occurrence of adverse events.

- A Patient Safety Committee was established by SCRHA staff in 2006-07 to create a culture committed to excellence and patient safety. The committee is chaired by the Director of CQI (Quality Improvement). The SCRHA has advertised for members of the public who have experienced an adverse health care event to participate on the committee.

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Goal 2: Effective Health Promotion, Disease Prevention

Results: Promoting Healthy Choices

SCRHA believes that effective health promotion and disease prevention results in healthier communities and societies.

- An interactive educational exhibit for school children called Body Walk, to demonstrate various parts of the body and their function will be presented in local schools in 2007.
- The Region's physical activity coordinator helped to distribute activity bags to Weyburn senior housing groups and the senior centre.
- The Active Communities Committee is planning a regional senior's symposium in 2008 with educational, physical activity, and social sessions.
- Public Health staff drafted a regional food policy to serve as a role model for the community.
- Public Health staff contributed to the formation of an Accessible Nutritious Foods Task Group in 2006. One off-reserve school has adopted a healthy food policy.

Results: Substance Abuse

A Reduced Substance Abuse subcommittee is in the preliminary stages of exploring two plans:

- 1) The Community Alcohol Policy Logic Model would advocate an alcohol policy to influence the norms and beliefs around the role of substance use and abuse in our communities and to highlight that alcohol is not necessary for one to function or be socially accepted;
 - 2) A Logic Model for a Youth Advisory Network is to be developed giving youth a voice in community decision making and leadership.
- A 2006 needs assessment survey revealed that alcohol continues to be the substance of choice for misuse and abuse in both youth and adults in the region. Marijuana is the second most used drug in youth. Working adults tend to use marijuana and cocaine at about the same rate. Ecstasy and crystal methamphetamine appear to be used very little in SCRHA.
 - SCRHA is working with Prairie South School Division in Coronach to develop a

policy encompassing all four areas of the Population Health Plan, to be followed by implementation of a work plan using the 40 Developmental Assets.

Results: Tobacco Control

SCRHA believes it is a responsibility of a health organization to advocate for a Tobacco-Free Environment. Reduction of exposure to second hand smoke through education and updated policies are excellent ways to promote health and prevent disease.

- SCRHA began planning in the fall for a revised Smoke and Tobacco Free Environment policy, effective May 1, 2007 that will create a tobacco-free environment in all Regional facilities, properties, grounds and vehicles. An essential part of the policy is to provide smoking cessation supports and Nicotine Replacement Program (NRP) for staff and clients who meet the criteria.
- The Health Promotions Coordinator & Fly Higher Advisor developed a very successful city-wide Anti-Smoking Project with the Estevan Comprehensive High School in March to raise awareness about the harmful health effects of tobacco.
- Compliance of facilities with the Saskatchewan Tobacco Control Act was close to 100 per cent. SCRHA followed up on all complaints and took enforcement action on a few occasions.

Results: Project Hope

Project Hope funding is utilized to enhance current population health promotion activities in the Region.

- SCRHA received funding under the Project Hope banner to hire a Mental Health/Addictions Population Health Promotion Coordinator.
- SCRHA received funding to enhance its ability to provide outreach and support services for those youth receiving Community Treatment Orders or returning from the Secure Detoxification and Stabilization Unit, as well as those identified to be in need of services to assist in preventing the necessity of requiring admission to the Secure Detoxification and Stabilization Unit.

Results: Mental Health

About half, of the 1,224 referrals to Mental Health Services were directed to the Child, Youth and Adult Community Services program.

- A new centralized intake process was initiated in January 2007 to better identify and manage clients at risk and those in crisis. The process addresses the safety issues of those who must wait for services. It will be available throughout SCRHA by June 2007.
- Child and Youth Services sponsored a workshop on "Self Mutilation" that was attended by health care related professionals from three provinces.
- Training sessions were conducted in the Mental Health Home Care Program to provide support to those with a newly diagnosed mental illness.
- A psychiatrist was recruited and arrived from the United Kingdom in May 2006 to fill our vacant second psychiatry position. By offering to accept a psychology Intern in 2005, we have been able to retain this person as a Registered Psychologist in 2006 after graduation.

Results: Falls Prevention Program

The Falls Prevention Sub-Committee developed a multi-Region Falls Prevention Awareness Campaign to increase awareness about falls among both community dwelling seniors and health professionals.

- SCRHA staff was trained to increase awareness of the various fall risks facing older clients, to increase recognition of a client's current fall risks and to increase awareness of available and appropriate referrals and community resources.
- An information/resource booklet entitled "Your Next Step: Falls Prevention Program" was developed and distributed at the training sessions to home care clients and to various professionals including physicians and physiotherapists.

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Goal 3: Retain, Recruit and Train Health Care Providers

Results: Workforce Planning

Sick leave hours in SCRHA per full time equivalent (FTE) during 2006-07 is higher in all groups compared to the provincial average. This high absence from scheduled work creates pressure on the organization to maintain services due to limited replacement staff and results in increased overtime. Our 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 was 139,802 hours in 2006-07. This equates to approximately 72 FTEs.

Results: Overtime

A high overtime rate, though less than the provincial average, indicates a shortage of staff. Vacancies in several positions in the 28 facilities are covered by overtime hours.

- There are many staff vacancies in many classifications such as nursing and laboratory/x-ray that affect services in several locations.
- An aggressive marketing and recruitment initiative was initiated in 2006-07 to attract workers. SCRHA developed a new position dedicated to recruitment, placed more advertisements, attended additional career fairs, offering expanded bursaries and relocation allowances. A new more user-friendly website should assist with recruitment efforts.
- Student preceptorships have occurred in various professional disciplines, including nursing (acute care, community mental health, mental health inpatient and public health), public health inspection, population health promotion, social work, speech-language pathology, health records, psychology, pharmacy and food services.



Jennifer Elias-White and Mary Keturakis, two emergency services personnel who work for Sun Country Regional Health Authority

Results: WCB Claims

During 2006-7, SCRHA scheduled more 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 WCB claims for full time employees has dropped slightly. 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 work force. Vocational rehabilitation costs may begin to rise over the coming years as well.

The number of lost-time WCB days for full

time staff has risen over the past year.

- When a time-loss claim is evident, a disability management program is developed and implemented involving the injured worker, SCRHA and the respective union.
- A growing number of musculoskeletal injuries to the back and shoulder require diagnosis and therapy then therapeutic and possibly surgical intervention. The key factor in WCB related time-loss is most often related to improper lifting or transferring of objects or clients. Wait lists for assessment services and/or surgery prolong the return to work period and increase overall operating costs.

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For a complete version of Sun Country Health Region's 2006-07 annual report, go to www.suncountry.sk.ca/

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

Results: Acute Care

- SCRHA continues to coordinate with physicians to provide more types of surgical procedures on a day surgery basis and to decrease in-patient post-operative stays, allowing more procedures to be done and help shorten wait times. In the past year, SCRHA performed over 56% of its surgical cases as day surgery, among the highest in the province.

The higher level of day surgery frees up acute care hospital beds more quickly so surgeons can perform a higher number of surgical cases with the result of lower wait times for patients.

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 152 client contacts with the Quality of Care Coordinator for the year 2005-2006. This number is up from 134 from 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. Ninety 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.
- SCRHA reports all critical incidents to Saskatchewan Health. For the fiscal year 2006-2007, 100 per cent of critical incidents met the notification time frame of three days. Of these critical incidents, 100 per cent met the submission time frame for written report of 60 days.

Results: Environmental Stewardship

SCRHA adopted an environmental policy during 2006 stating that the Region has a direct responsibility for the environment



Registered Nurse Kathy Aspinall stands in one of the operating rooms at St. Joseph's Hospital in Estevan.

and will endeavor to make consistent, measurable progress to implement safe and resourceful environmental practices, including purchasing supplies. The policy commits the SCRHA to promoting energy conservation and awareness and minimizing the environmental health and safety risks to its employees and the community in which it operates.

- SCRHA's Physical Plants Department is developing a region-wide energy management program to regulate energy consumption in the Region. A Building Energy Performance Index will be established. Energy conservation is to be monitored by performance measurement.
- About 3,000 pounds of paper products were recycled. The Housekeeping Department is investigating the establishment of a recycling bin at each of the 28 facilities to save on all landfills. SCRHA recycles pop cans, and milk containers/plastic.

- About 49,000 pounds of shredded confidential papers were shipped out in 2006, with the potential for increases in future years.

Results: Accreditation

SCRHA's first Accreditation survey in May, 2005 resulted in a three-year Accreditation status, (Accreditation with Condition: Report). Progress reports were submitted in 2006 addressing several areas, including: aligning the work in developing indicators with the strategic plan; implementing the new performance appraisal tool; engaging in consultations with physicians to ensure patient charting occurs in a timely manner; carrying out fire drills on all shifts in all of the long term care facilities; and ensuring that double locked cupboards are available to store narcotics.

In November of 2006, SCRHA was awarded full Accreditation status.

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