

**POINTS OF
INTEREST:**

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THE NEW
BLOG ON
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ISSUE:**

How to keep your 3
kids fit

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Patient Safety 7
Conference

The stress of 8
H1N1

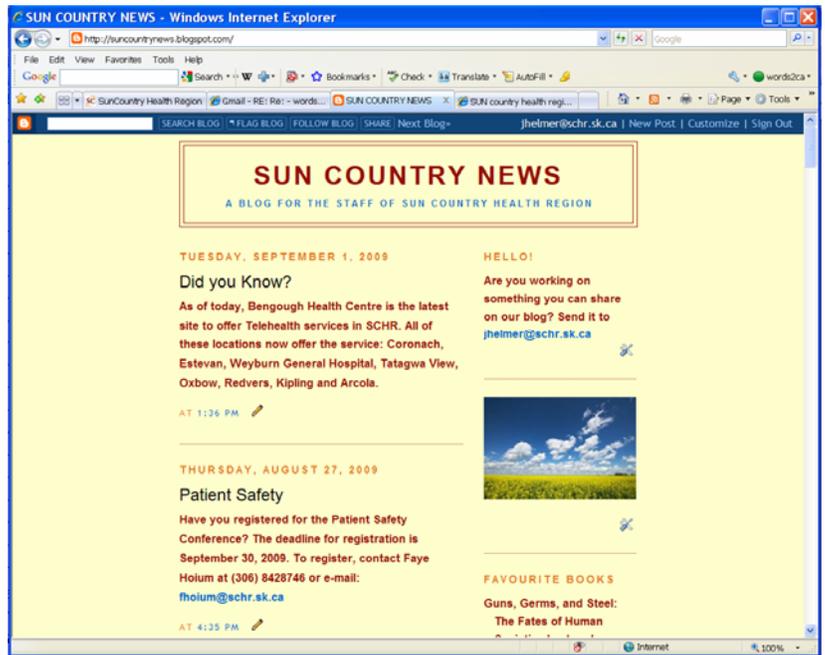
Do you need the 12
ER today?

Telehealth grows in SCHR



As of early September, Sun Country Health Region now offers Telehealth services in Coronach, Estevan, Weyburn General Hospital, Tatagwa View, Oxbow, Redvers, Kipling, Bengough and Arcola. This can be an invaluable tool for your patients, clients and residents or for staff training and career development. Check out the schedule on our website at www.suncountry.sk.ca or call Mary Deren, Telehealth Coordinator at 842-8605.

Screen shot of the staff blog at www.suncountrynews.blogspot.com/



New blog for staff at SCHR

Sun Country Health Region has developed a new tool to help staff keep in touch and be notified about events and changes in the Region. A blog for staff, located at www.suncountrynews.blogspot.com

This is an introductory test to try to gauge interest.

The executive team wants all staff to have access to a blog of this nature and if sufficient interest is shown, that will be the next step.

Please take time to read through this blog and send your comments to Communications Coordinator Joanne Helmer at 842-8353 or

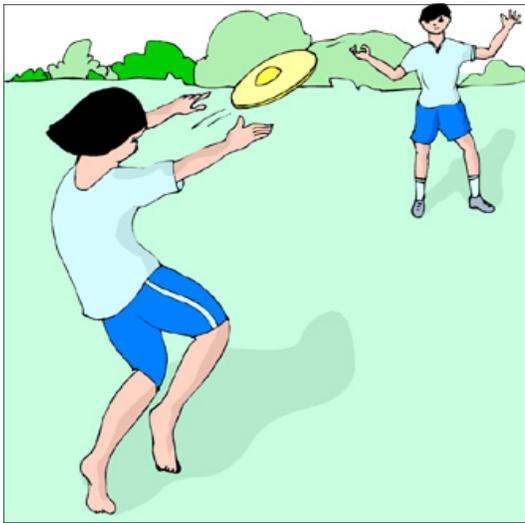
jhelmer@schr.sk.ca

She's also interested in receiving information about your programs, plans and events for the blog. While the Sun Country Chatter, the Regional Sun, and the website at www.suncountry.sk.ca are very useful tools for disseminating information to staff and the public, they can't possibly have the immediacy that a blog allows.

The technologies are very different.

There are endless activities and plans in our health region. Let's let people know about all them!

Role Models and Fit Kids



**Brought to you by
Sun Country
Health Region
Therapies Department**

Children are far more likely to be active if their parents and siblings are. Why not set a good example for your family and improve your own health at the same time?

It's as easy as making good choices for yourself and letting your family witness the benefits. Cooking healthy meals so your family knows that it is important, educating them on the exercise and healthy eating

and demonstrating your own commitment to both are all ways for you to provide a good role model for your children.

If the idea of setting a good example makes you uncomfortable, try to find other people that you can use as examples of healthy people that your kids can try to emulate. Professional athletes, local athletes, or anybody well known that demonstrates the qualities you're hoping to encourage in your family are good choices.

Other friends or family members may serve as good examples of healthy living as well. Good role models are all around us if we look hard enough. Help our children to develop good judgment early on and the pattern will hopefully follow them into adulthood. For more information please visit the following website: <http://www.cdc.gov> As a community let us support and encourage each other by submitting and sharing ideas on ways to have fit kids!

Please send your suggestions to the
Therapies Department
Box 419
Arcola, SK S0C 0G0.

*As a
community
let us support
and
encourage
each other by
submitting
and sharing
ideas on ways
to have fit
kids!*

That orange outbreak binder

SCHR's public health and infection control team conducted a telephone survey in June 2009 re the Orange Outbreak Binder. It found that out of eight facilities, only 50 per cent of the nurse supervisors or in-charge nurses knew what or where the "Orange Outbreak Binder" was.

Do you know where your binder is?

Memo to all staff

From the Leadership Team: Cal Tant, Murray Goeres, Marga Cugnet, Janice Giroux, Dr. A. Lenferna, Don Ehman, Hal Schmidt, and Medical Health Officer Dr. S. Hudson

Health care-associated infections remain an important patient safety issue and are responsible for significant adverse outcomes in our health care system. Occupationally-acquired infections are also a risk faced by health care providers. Research indicates that Infection Prevention and Control (IPAC) measures are cost effective in terms of fewer health care-associated infections, reduced length of hospital stays, decreased costs for treatment and reduced antibiotic resistance.

In order to protect our patients, residents, clients, and staff it is necessary to prevent the transmission of infections in the healthcare setting. This will also reduce the human and economic costs related to health care-associated infections.

Ensuring that the best Infection Prevention and Control measures are practiced every day in Sun Country Health Region is a team effort. All the SCHR health care workers from front line nursing staff in facilities and communities, to nursing managers, to physicians, to Environmental Services, to Central Reprocessing through to the Infection Prevention and Control program are integral to the success of our IPAC system.

The ultimate responsibility for infection prevention and control in SCHR rests with senior leadership and for this reason, we are asking managers to make “Infection Prevention and Control” a pri-

ority and make IPAC part of the everyday work environment.

With the H1N1 pandemic occurring across the world, it is imperative all SCHR Managers are prepared for the pandemic. It is just as important that they are also prepared to manage any person with an infectious disease at any time using empiric infection control precautions. Being prepared for individuals with infectious diseases is very important. We are asking for your full attention to the following:

- Have a process in place to ensure all staff are aware of SCRHA Infection Control policies on Standard Precautions and the use of Additional Precautions (Empiric Precautions) when individuals present with any suspected or confirmed infectious disease.
- It is important to stress to health care workers that there are many infectious respiratory diseases circulating in the community, not just H1N1 pandemic influenza.
- The Regional Infection Prevention and Control Manual can easily be accessed in the workplace and can now be accessed from a specific icon on every desktop in the health region. The table on “empiric precautions” can be accessed directly at: <\\NTSERV3\SVAdmin\SCHR - Policies & Procedures\E - Environment\E-05 - Infection Control\E5-10-20-05 TABLE 1TransCharbyClinicalPres.pdf>

Memo to all staff continued. . .

- Post signage with clear instructions regarding hand hygiene for residents, health care workers, other staff, visitors, contractors, etc.
- To prepare for this years influenza season and pandemic influenza, visual alerts (posters) should be posted at entrances to our facilities asking patients to report respiratory symptoms (e.g. cough) and fever.
- Post signs in the entrances to emergency rooms and other acute care/ambulatory care locations (and other locations) to direct patients who have respiratory symptoms to designated triage areas.
- If a designated triage area is not available, designate an area in waiting rooms where patients with respiratory symptoms can be separated by 2 meters from patients, visitors, and staff who do not have respiratory symptoms.
- Actively screen all patients who present to our acute care and ambulatory care locations for fever and respiratory symptoms.
- Provide masks to all patients presenting with ILI symptoms. Provide instructions on the proper use and disposal of masks and on how to perform hand hygiene.
- For patients who are unable to wear a mask, tissues should be readily available for use (e.g. when coughing, sneezing, or controlling nasal secretions). Provide instructions on how and where to dispose of tissues and the importance of hand hygiene.
- Hands-free waste receptacles should be available for staff and visitors to allow for good respiratory hygiene practices.
- Monitor your facilities for evidence of infectious disease outbreaks and remind your staff of the importance of following our SCRHA outbreak policies.
- Encourage your staff to call the Infection Control department if they have questions about possible outbreaks or other questions or concerns about Infection Control issues.
- Signage should be posted at all entrances of SCHR LTC facilities reminding persons enter-

ing the facility NOT to enter if they are having symptoms of influenza-like illness (ILI) such as fever, cough, sore throat, aching muscles and joints.

- Remove clutter (e.g. toys, ornaments, magazines, etc) from the waiting rooms of acute care facilities to facilitate environmental cleaning.

The Public Health Agency of Canada has recently released new Interim Guidelines for specific health care areas. Please check out the links below:
Interim Guidance: Infection Prevention and Control Measures for Health Care Workers in Acute Care Facilities, which can be accessed at the following website:

http://www.phac-aspc.gc.ca/alert-alerte/h1n1/hp-ps/ig_acf-ld_esa-eng.php.

Interim Guidance: Infection Prevention and Control Measures for Prehospital Care which can be accessed at the following website:

<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/hp-ps/pc-sp-eng.php>.

Interim Guidance: Infection Prevention and Control Measures for Health Care Workers in Long-term Care Facilities which can be accessed at the following website: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/hp-ps/prevention-eng.php>.

Infection Control will be distributing revised documents to managers to reflect the new updates and recommendations from these guidelines. We strongly urge you to take the time to review these documents and go through the new guidelines with your staff at upcoming staff meetings. Infection prevention and control should be a standing item on the agenda of all regular team meetings.

We appreciate your efforts to ensure our health care workers are informed about the importance of Infection Control.

**Protect yourself. Protect others.
Make Infection Control part of your routine.**



Staff from all areas, mark your calendar to attend our 3rd

Patient Safety Conference

This conference will be of interest to all!



Keynote Speakers:

Julie Devaney

A theatrical story-telling performance of "My Leaky Body" by Toronto's Julie Devaney based on her experiences spending five years in and out of hospitals, propped up on operating tables and in bed in pain for weeks and sometimes months at a time.

Dr. Jacques Guilbert, MD

Physician Risk Manager, Risk Management Services, CMPA will present "Disclosure of Adverse Events: Communicating with your Patient about Harm."

Thursday October 8, 2009

Registration @ 8:30 am

Conference 9:00 am to 4:00 pm

McKenna Hall

317 3rd St NE, Weyburn

FREE Registration! Sponsored by the Sun Country Regional Health Authority (lunch provided)

Registration Deadline September 30, 2009

Please contact **Faye Hoium**

Tel: (306) 842-8746 E-mail: fhoium@schr.sk.ca

Diabetes program highlighted

The Sun Country Health Region's diabetes program was front and centre in the province in June. Kay Steele, Diabetes Nurse Educator, and Sheena Grimes, Chronic Disease Management Team Facilitator, had the opportunity to make a presentation about the diabetes program at the 1st annual Saskatchewan Chronic Disease Prevention and Management Conference held in Saskatoon on June 18 and 19, 2009. The purpose of the conference was to provide participants with an opportunity to share ideas, practices, and initiatives. Kay and Sheena described the diabetes program from its formal beginning in 2003 to the current state and future plans. The



Kay Steele (left) and Sheena Grimes

success of the program has been through the partnership of many to develop diabetes teams across the Region. These teams have special training and/or certification in diabetes education and involve many disciplines. The teams are made up of a combination of diabetes resource nurses from

Home Care, dietitians, diabetes nurse educator(s), pharmacists, nurse practitioners, podiatrists, and physicians. Education and self-management are key components for the patients of the program. For more information about the program, please see the diabetes program description at our website at: www.suncountry.sk.ca/service/57/88/diabetes-program.html

Patient Safety Conference in October

Mark your calendars
The Patient Safety Committee is inviting staff, physicians and Board Members to join us for the third annual Patient Safety Conference on Thursday, Oct. 8, 2009 at McKenna Hall in Weyburn.
A full day is planned, with two special presentations:
1. "My Leaky Body" a theatrical story-telling performance by Toronto's Julie Devaney based on her

experiences spending five years in and out of hospitals, propped up on operating tables and in bed in pain for weeks and sometimes months at a time.
2. Dr. Jacques Guilbert, MD, Physician Risk Manager will present "Disclosure of Adverse Events: Communicating with your Patient about Harm."
Come to see the infamous

M&M Ladies, the Interactive Departmental Sessions, Digital Stories and much more!!
The conference is FREE - no registration fee and a free lunch! Watch for posters and registration information! The deadline for registration is September 30, 2009.
To register, contact Faye Hoium at (306) 8428746 or **e-mail:** fhoium@schr.sk.ca

Influenza Pandemic:

A Source of Stress and Anxiety

The influenza pandemic is an unusual and unknown situation that calls on us to adjust and adapt since we have never had to deal with something similar. It brings out reactions and emotions in each of us. We anticipate its impacts on our lives and that of people close to us. The possibility of experiencing stress or anxiety is quite normal should an influenza pandemic or any other unusual event—anticipated or not—occur. While we have no control over such things, we are able to preserve our well-being. This involves recognizing the reactions and factors that contribute to stress and anxiety, so that they can be coped with. Please find helpful information over the next three pages.

The signs

An individual experiencing stress or anxiety will have several of the following symptoms:

- Anticipating scenarios: “And what if...”
- Excessive worrying and insecurity
- Feelings of powerlessness in the face of situations that cannot be controlled
- Self-talk that does not always reflect reality
- Difficulty concentrating
- Tension, irritability, or lack of tolerance
- Headache, stomachache, and neck tension
- Problems with sleeping or appetite
- Fatigue and lack of energy

Mutual help and solidarity in any tragic event remain the prime attitudes for re-establishing individual and collective equilibrium.

What is stress?

Stress is a normal response to a demand for adaptation. In fact, stress is an integral part of life. It allows the body to adjust or adapt to a multitude of positive or negative events that anyone could experience, such as a birth, wedding, or job loss.

Stress shows up as various physical, cognitive, and emotional reactions. The ability to adapt to new situations depends on the individual's personality, beliefs, past and current experiences, support network, and the like.

What is anxiety?

Unlike fear, which is a response to a real, specific threat, anxiety is a response to a vague or unknown threat. Anxiety occurs when an individual anticipates the occurrence of a dangerous or unfortunate event. Anxiety is a part of life, just like joy, sadness, and anger.

As in the case of stress, anxiety can show up as various physical, cognitive, and emotional reactions. The degree and intensity of anxiety experienced varies from one person to the next. How an individual perceives the event can significantly affect the intensity of the anxiety experienced.

Common reactions to stress

While reactions to an event may vary between individuals, there are common reactions that are normal reactions to the abnormal event. Sometimes these stress reactions appear immediately following the event; in some cases, they are delayed for a few hours, a few days, weeks, or even months. These stress reactions may be categorized as physical, emotional, cognitive, and behavioral symptoms. The following table describes common reactions to trauma.

Physical reactions

- Faintness, dizziness
- Hot or cold sensations in body
- Tightness in throat, stomach, or chest
- Agitation, nervousness, hyperarousal
- Fatigue and exhaustion
- Gastrointestinal distress and nausea
- Appetite decrease or increase
- Headaches
- Worsening of pre-existing health/psychiatric conditions

Emotional reactions

- Shock, disbelief, numbness
- Anxiety, fear, worry about safety
- Sadness, grief
- Helplessness, powerlessness
- Vulnerability
- Dissociation (feeling disconnected, dreamlike)
- Anger, rage, desire for revenge
- Irritability, short temper
- Hopelessness and despair
- Blame of self and/or others
- Unpredictable mood swings

Cognitive reactions

- Confusion and disorientation
- Poor concentration and memory problems
- Impaired thinking and decision making
- Complete or partial amnesia
- Repeated flashbacks, intrusive thoughts and images
- Obsessive self-criticism and self-doubts
- Preoccupation with protecting loved ones
- Questioning of prior belief system

Behavioural reactions

- Sleep disturbances and nightmares
- Jumpiness, easily startled
- Hypervigilance, scanning for danger
- Crying and tearfulness for no apparent reason
- Conflicts with family and coworkers
- Avoidance of reminders of trauma
- Inability to express feelings
- Isolation or withdrawal from others
- Increased use of alcohol or drugs

Influenza Pandemic:

A source of stress and anxiety —pg 3

When to seek professional help

If you feel several of the following, your resources no longer enable you to manage your concerns on a daily basis. Beware of burnout! It can happen to anyone. Don't ignore these warning signs that may indicate you should seek professional help.

- You can't seem to figure out how to start the day off. Everything seems to be a mountain-like obstacle.
- You can't make even simple decisions; you have errors in judgment.
- You can't concentrate and are distracted.
- You are more impatient with your children. You have the impression you spend your day shouting; you are afraid of losing control.
- Just hearing somebody say the word pandemic makes you panic.
- You feel like you are suffocating. Your heart is galloping, you feel dizzy, and you are nauseous.
- You are constantly on the lookout for flu symptoms.
- You avoid everyone outside the home.
- You always feel on the verge of tears. You can't sleep.
- You have lost your appetite. You have recurrent thoughts that are intrusive and frighten you.
- You feel exhausted and at the end of your rope.

If you are experiencing these symptoms please call
1-800-216-7689
 to speak to a mental health professional.

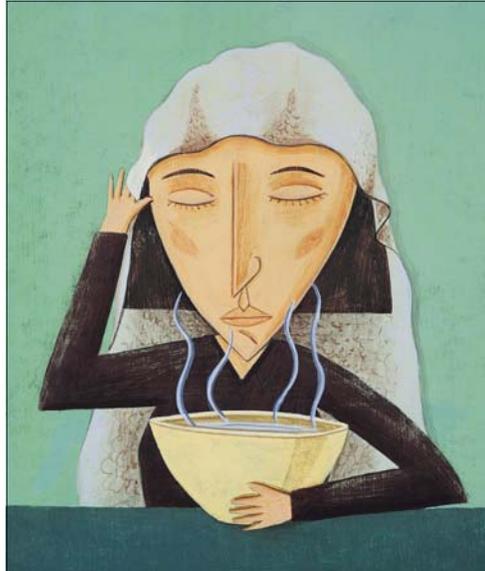
So, tell me about the flu:

Seasonal Influenza vs. Pandemic Influenza – What’s the difference?

There are three types of influenza viruses, but only Type A and Type B cause significant disease in humans. Type A influenza viruses mutate frequently and cause local outbreaks and regional epidemics during influenza season each year.

A person may be infected by these viruses multiple times throughout their life, thus developing some form of immunity against the slightly changed viruses. In an average year, there are between 12 and 50 deaths from influenza in Saskatchewan.

A pandemic means an epidemic of any disease over a wide geographic area affecting a large proportion of the population. Pandemic influenza occurs when a major new subtype of influenza A virus appears



against which the entire human population has little or no immunity.

It spreads rapidly and widely, and causes more severe disease and more deaths than a seasonal influenza. Pandemic influenza has occurred on average about once every 30 – 40 years since 16th century, with the last one hitting almost 40 years ago.

In the last century, there were three influenza pandemics:

- The Spanish Flu in 1918-1919 killed an estimated 30,000 to 50,000 people in Canada and 20 – 40 million people world wide;
 - Asian Flu in 1957-1958 resulted in about one million deaths worldwide;
 - Hong Kong Flu in 1968 -1969 killed less than one million people world wide.
- Both Type A and Type B influenza viruses can cause seasonal influenza, but only Type A viruses can cause a pandemic influenza.



All computers in Sun Country Health Region were set to land on our website’s home page this summer to ensure our staff know where to find accurate, up-to-date information about the Region, H1N1 and other items of interest to the workplace. Go to www.suncountry.sk.ca

Do you need the emergency department?

Sun Country Health Region is embarking on an education campaign to assist residents to use the emergency departments of local health centres and hospitals appropriately.

An advertising campaign including posters and brochures indicating the appropriate use of emergency departments will be introduced to communities in the Region during the first week of September.

1. Stop and Think:

- What can I do for myself?
- Can I rest, place ice on an injury or use a similar remedy?
- Can I take a medication to reduce pain or fever?
- How urgent is this condition?
- If I go to the emergency department and get a prescription, will a local pharmacy be open at this time to fill it?
- If I go to the hospital or health centre, will I spread the flu or a cold virus?
- Will laboratory or x-ray staff be available?

2. Act:

Call Healthline at 1-877-800-000 or online at www.healthlineonline.com/. If your health concern is urgent and all of the above steps indicate it is necessary to travel to the nearest emergency department, take a list of your medications, health care/insurance card and any written medical history for the physician. When you arrive, a nurse in the health centres/ hospital will assess your condition to decide if a physician is to be called in.

“There is some misunderstanding among the public about the emergency departments in our hospitals and health centres,” says Marga Cugnet, Vice President of Primary and Integrated Health for Sun Country Health Region. “People tend to equate emergency departments with the doctors’ clinics. They sometimes use the emergency department for non-urgent health matters like filling a prescription or checking out a cold,” she says. Appropriate use is particu-

larly important now that the highly infectious H1N1 virus is spreading among the Canadian population, she says. “We don’t want to see the virus spread when people visit our emergency departments.”

Dr. Alain Lenferna, Vice President, Medical for Sun Country Health Region, says all members of the public need to think about emergency departments differently than they have in the past.

“They need to stop and think before they use the Emergency Department,” he says. “The most important point to understand is that no health facility in Sun Country Health Region is staffed with a physician,” he says. “We have no 24-hour laboratory or x-ray department service either.”

“All physicians in this Region are on standby. That means each time a doctor is called back to the emergency department, he or she is called away from a scheduled appointment at his/her clinic, or from home at night,” says Dr. Lenferna.

“We want to ensure that each time a doctor is called out to an emergency department that it is an actual emergency.”

Sun Country Health Region offers two steps for wise use of the emergency department: Stop and Think, and then Act.

These two steps will help ensure that serious medical emergencies can get the treatment they need.

Dr. Lenferna says that evidence of appropriate use of the emergency departments in a rural health region can be a positive recruitment factor for new physicians.

“Some doctors may not consider a position in a rural community because he/she knows he will look after patients all day in a clinic and then be called into an emergency department every night for nonurgent issues,” he says.

“We need to utilize our physicians appropriately to help keep them here.”



**Are you sure you
need the ER today?**

**The emergency
department is not staffed with a doctor**

A doctor will only be called if your health matter is an
emergency that can't wait for an appointment with your
local doctor in his/her clinic

**The emergency department is
for emergencies only!**

Environmental News:



**Shirley
Wheeler,
Chair,
SCHR
Recycling
Committee**

Question: What are the blue bins for?

Answer from Shirley Wheeler, Chair, SCHR Recycling Committee.

The blue bins are for confidential paper only. These bins are to be locked at all times. When they leave Weyburn they are locked unless requested to have lock in bottom so purging can be done.

Sending unlocked bins has caused grief so this will no longer happen. All bins will leave Weyburn locked

and staff putting confidential paper into them will have to be careful – as the material they throw out is gone forever.

These bins are only intended for confidential paper that cannot go into regular recycle bins located either on site or within your community. Take the time to sort.

In the past year, SCHR has seen an increase of 6,538 lbs of confidential paper. There has been a lot of purging done so once we are caught up at all sites I see this number decreasing.

Aboriginal Awareness Training

Dates for Aboriginal Awareness Training this fall. There is room in all sessions.

Estevan – St. Joseph's Hospital

Tuesday, Sept. 22	1230 – 1630
Tuesday, Oct. 27	0800 – 1200 & 1300 – 1700
Tuesday, Nov. 10	0800 – 1200
Tuesday, Dec 8	0800 – 1200

Weyburn – Tatagwa View

Tuesday, Sept. 15	0800 – 1200 & 1300 – 1700
Monday, Oct. 26	1230 – 1630
Monday, Nov 9	1230 – 1630
Monday, Dec. 7	1230 - 1630

Radville Marian Health Centre

Monday, Sept 14	1230 – 1630
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Please be sure employees are registered with Kelly Beattie, Aboriginal Awareness Coordinator, at least 1 week prior to each session being held. Sessions require a minimum of 12 participants. All training dates are also posted on the SCHR website at

www.suncountry.sk.ca

SCHR OTs to celebrate

Occupational Therapy Month



Doing what's important to us - at work, home and play - brings health, happiness and fulfillment. We can all participate in the activities we enjoy, regardless of age or ability. Occupational therapists work with us to make this possible.

How does occupational therapy help?

Occupational therapy provides the skills for the job of living to help people lead productive and satisfying lives.

Occupational therapists consider occupation to be everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (work/productivity).

Occupational Therapy works to break down the barriers which impede individuals in their everyday activities.

Occupational therapists examine not only the physical effects of an injury or disease,

but also address the psycho-social, community and environmental factors that influence function.

During the month of October, Occupational Therapists (OT) in Sun Country Health Region will host several activities and set up displays:

- “Guess the OT Gizmo” contests at Tatagwa View Long Term Care Centre and St. Joseph’s Hospital in Estevan. (prizes to be won!)
- Set up interesting “Quick Tips for the Job of Living” on cafeteria tables
- Set up displays about OT at Tatagwa and St. Joseph’s
- Release an OT brochure to facilities in the Region
- OT will offer free “walking aid” clinics and Fall Prevention Workshops in some senior’s facilities throughout the Region.

Do YOU know who YOUR OT is? :

Deb Kennett Russill,

Angela Gervais,

Candice VanStaveren,

Anita Nuessler,

Maricel Tamondong,

Megan Keep

A new way of cleaning

In the 1840's, doctors discovered they could spread a contagion from the autopsy room to the section of the hospital where women had their babies. What they learned then about the importance of a clean environment, clean equipment, and clean hands for ensuring good health is still important today.

Sun Country Health Region (SCHR) had patient safety in mind, too, when it joined a national campaign in 2008 to reduce the number of infections from an antibiotic-resistant disease called Methicillin-resistant *Staphylococcus aureus* (MRSA). MRSA is spread in hospitals by contact with contaminated surfaces or via health care worker's hands. Health care associated infections are a major cause of excess illness and death in Canadian health care institutions.

To begin SCHR's local campaign, Infection Control Nurse Michelle Luscombe worked with teams of staff to create a work plan to improve the way facilities are cleaned and to promote hand hygiene for health care workers.

The next link in the chain was to get staff members interested in the program. Cultural change doesn't happen just because someone at the top says it should.

What's needed is leadership – a person who understands why the change is necessary and will take the lead among their co-workers.

SCHR was very fortunate to have several of these people.

Here, two of those leaders are highlighted.

The first is Shirley Wheeler, Regional Director of Housekeeping. The second was one of her employees, environmental service worker Darlene Champagne who discovered she was a first-class teacher as well as a first class cleaner for the past 14 years.

"I found it so interesting to see what a difference a cleaner can make to a good outcome for a patient or resident, especially when it comes to these new and highly infectious illnesses," says Darlene.

"Learning how stubborn these germs are and how they live and reproduce helped me understand exactly why we need to clean differently. Our

motivation is important, too. We shouldn't be making this change just because someone tells us to do it and it's our job, but because we can make a big difference to people," she says.

"We all understand the basics of good cleaning," says Darlene.

"But one of the more important new things we've learned is more hygienic methods of cleaning so we're not just transferring germs from one area to another."

"For instance, years ago we were told to dry everything we'd washed. Now we don't do that because the disinfectant we use in the water takes time to kill the germs as it dries."

"Darlene was enthusiastic from the beginning," says Shirley. "She was a real advocate for all cleaning protocols. The challenge with MRSA got us started but we've gone further than that."

SCHR began the cleaning campaign with four facilities.

"But when H1N1 influenza showed up this spring, we started

going faster and most facilities are on board with the new cleaning practices," says Shirley.

"We couldn't have done this without Darlene going to our acute and long term care facilities all over this large region to train the staff in the new protocols. She is really gung-ho and really effective," she says.

"She's very comfortable giving presentations."

Darlene admits the teaching part gave her a thrill.

"I found that everyone listened when I spoke, and I could relate to every issue they raised because I've done the same job. I learned that I would like to make greater use of my skills as a trainer."

"I found that besides telling people how to do something, it's important to explain why," she says.

"That's a key lesson when you need to make a change."



Darlene Champagne and Shirley Wheeler

Please send information about the activities in your program or facility to:

Joanne Helmer
Communications Coordinator

Tatagwa View
Box 2003,
Weyburn, SK S4H 2Z9
Phone: 842-8399
Fax: 842-8738
E-mail: jhelmer@schr.sk.ca

Welcome to new staff

Don Ehman, VP Human Resources, is pleased to welcome **Deb Kwasnica**, Disability Manager and **Sharon Kriger**, Recruitment Officer, to SCHR. Deb comes from Winnipeg where she worked as a Case Manager for the past four years with Great-West Life Co. Deb may be reached at 842-8707.

Sharon Kriger has over 15 years of experience in recruitment, most recently having served as a Recruitment Consultant with Northern Health in British Columbia. She can be reached at 842-8702.

Murray Goeres, Regional Director of Rural Health Facilities, is pleased to announce the appointment of **Caroline Hill** as Community Health Services Manager for Galloway Health Centre, Oxbow. Caroline is a Registered Nurse. She most recently was registered with the Saskatchewan Registered Nurses Association.

Hal Schmidt, VP, Finance & Corporate Services, is pleased to announce the appointment of **Felecia Watson** as the Regional Director, CQI & Strategic Planning. In her role as Provincial Leader Early Detection for the Saskatchewan Cancer Agency from 2006 to 2009, Felecia was responsible for the development, delivery, and enhancement of three cancer screening programs and facilitated planning sessions. Felecia's office will be located at



Tatagwa View in Weyburn. She can be contacted at (306) 842-8739 or fwatson@schr.sk.ca.

Janice Giroux, VP Community Health is pleased to announce the appointment of **Lori Tulloch** as the new Regional Director of Public Health. Lori has recently worked for Health Canada, First Nations and Inuit Health in Vancouver and Regina. She has had many community roles such as Special Project Nurse, Acting Practice Consultant, Regional Nurse Educator and Zone Nurse Manager in Public Health. Her office will be located in the Weyburn Community Health Building, phone number 842-8621.

Linda Ror, Regional Director of Payroll, Scheduling and Benefits is pleased to announce that **Laure Speers** has accepted the position of Payroll / Scheduling Manager. Laure has recently moved to Weyburn from Alberta with her family. Her office will be located in Weyburn, Tatagwa View and she can be reached at (306) 842-8355.

Pamela Haupstein, Regional Director of

Finance, is pleased to announce that **Vanessa Marcotte** has accepted the position of Regional Manager of Finance. Vanessa previously worked for Sun Country from 2001 – 2008. She will be located in Estevan and can be reached at (306) 637-2477.

Marnell Cornish, Nurse Manager, Tatagwa View asks staff to please join her in welcoming **Brenda Clarke** to the Nursing Administration office at Tatagwa View, as office assistant. Brenda will be the voice you hear on the phone and the person you see when you call 842-8369 or visit the Nursing office.

Marga Cugnet, Vice-President, Primary & Integrated Health is pleased to welcome **Faye Hoium** as the new full-time Administrative Assistant for Primary & Integrated Health Division, **Debbie Obst** as Nurse Manager of the Weyburn Special Care, and **Holly Neiszner** as the new full-time temporary Social Worker at Weyburn General Hospital. Faye brings 19 years of experience with the Health Region to her new role. You can reach her at 842-8746 or fohium@schr.sk.ca. Debbie has been nursing in Sun Country since 1981. Holly (formerly Power) has worked as a Child and Youth Social Worker at the Community Health Services Building. You can reach her at 842-8457 or hpower@schr.sk.ca.



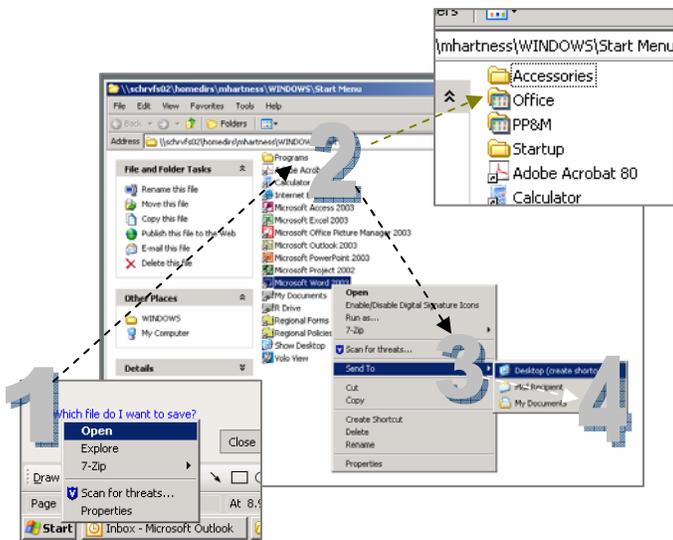
Computer Tips by Melanie

Shortcuts on the Desktop, in Outlook and in a Folder

You can place a shortcut to a file, a folder or an application on the desktop, in Outlook or in a Folder.

1.0 To place a shortcut to an Application on the Desktop.

1. Right click on the **Start** button in the bottom left hand of the screen and click **Open**. A Windows Explorer window will open.
2. Double click on the **Programs** folder then double click on **Office** (for applications such as Word and Excel) or **Accessories** (for applications such as Calculator).
3. Right click on the **application** you want to create a shortcut for and choose **Send To**.
4. Then choose **Desktop (create shortcut)**.

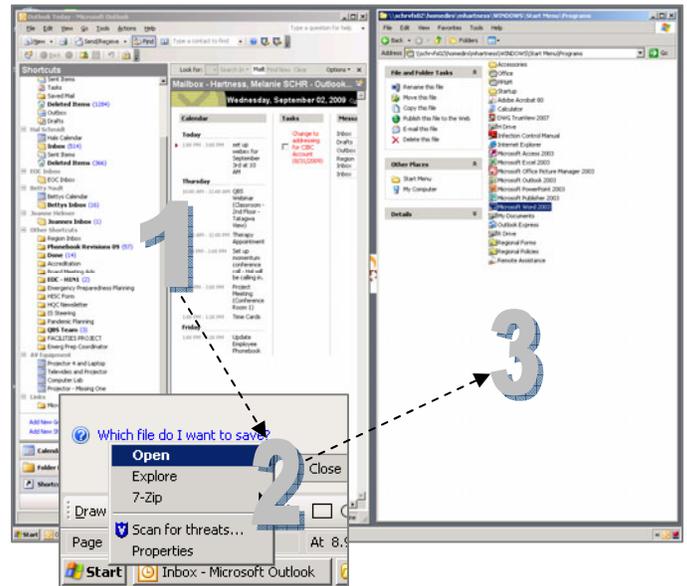


2.0 To place a shortcut to a File or a Folder on the Desktop.

1. Click on the **My Documents** or the **R Drive** icon.
2. Navigate to the folder or file.
3. Right click on the **folder or file** you want to create a shortcut for and choose **Send To**.
4. Then choose **Desktop (create shortcut)**

3.0 To place a shortcut to an Application in Outlook.

1. Open **Outlook** and re-size the window so that it takes up only half the screen.

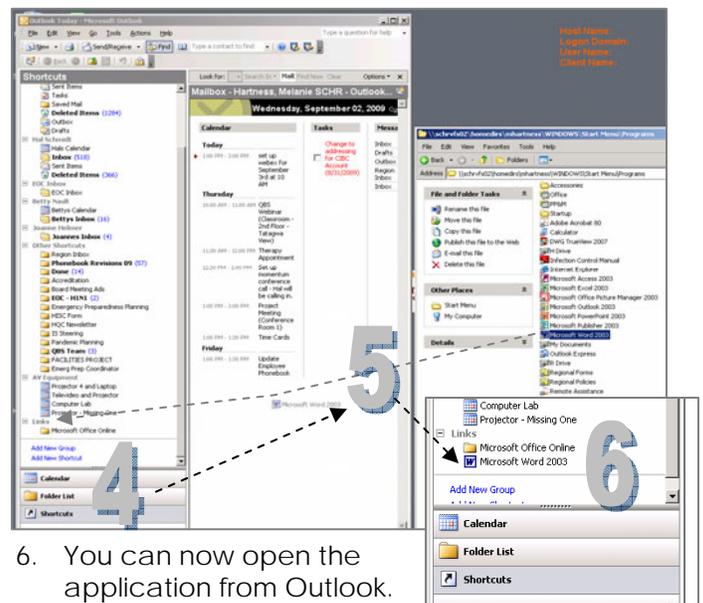


2. Right click on the **Start** button in the bottom left hand of the screen and click **Open**. A Windows Explorer window will open.

3. Double click on the **Programs** folder then double click on **Office** (for applications such as Word and Excel) or **Accessories** (for applications such as Calculator).



4. In Outlook click on the **Shortcuts Icon** at the bottom left. You can either **Add New Group** or use an existing **Group**.
5. Click on the **application** you want to create a shortcut for the drag it on top of the name of the **Group** you want to add it to then let go of the mouse button.



6. You can now open the application from Outlook.

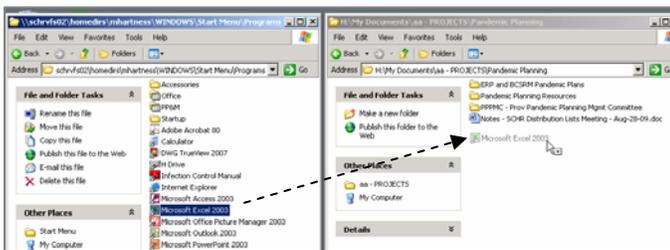
4.0 To place a shortcut to a File or a Folder in Outlook.

1. Open **Outlook** and re-size the window so that it takes up only half the screen.
2. Click on the **My Documents** or the **R Drive** icon and re-size the window so that it takes up the other half of the screen.
3. In Outlook click on the **Shortcuts Icon** at the bottom left. You can either **Add New Group** or use an existing **Group**.
4. In the **My Documents** or the **R Drive** window navigate to the folder or file you want to create the shortcut for.
5. Click on the **File** or **Folder** you want to create a shortcut for the drag it on top of the name of the Group you want to add it to then let go of the mouse button.

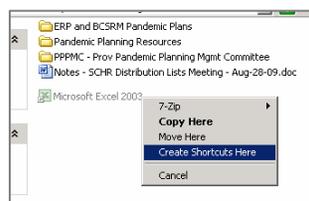


5.0 To place a shortcut to an application in a Folder.

1. Right click on the **Start** button in the bottom left hand of the screen and click **Open**. A Windows Explorer window will open.
2. Double click on the **Programs** folder then double click on **Office** (for applications such as Word and Excel) or **Accessories** (for applications such as Calculator).
3. Click on the **My Documents** or the **R Drive** icon and re-size the window so that it takes up the other half of the screen.
4. In the **My Documents** or the **R Drive** window navigate to the folder you want to create the shortcut in.

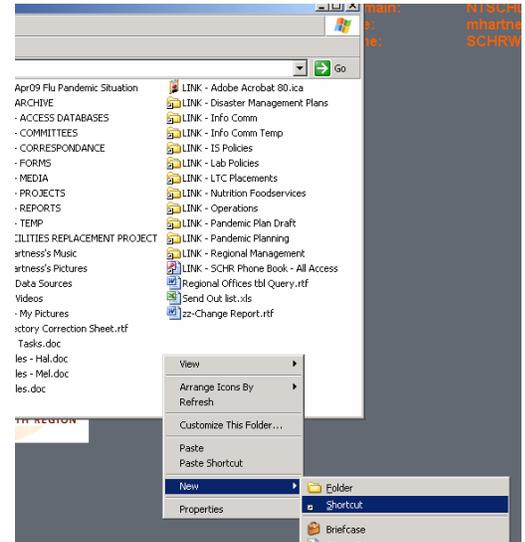


6. Right click on the **application** you want to create a shortcut for and drag it to the **folder** you want to add it to.
7. Let go of the mouse button and a context menu will pop up, choose **Create Shortcuts Here**.
8. The icon for the shortcut will now be visible in the folder.

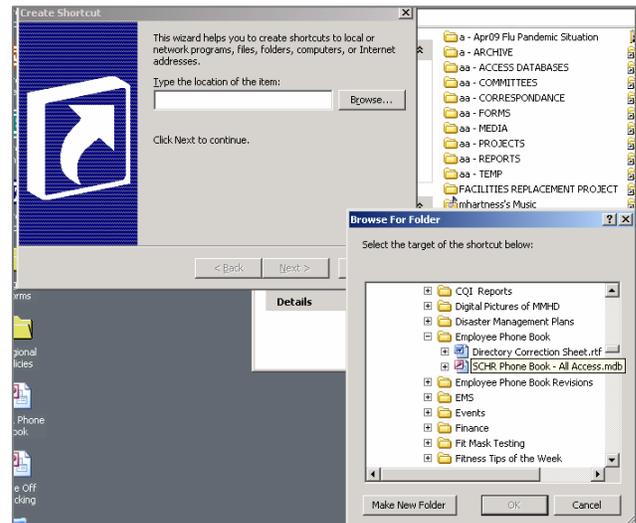


6.0 To place a shortcut to a File or Folder into a Folder.

1. Click on the **My Documents** or the **R Drive** icon and re-size the window so that it takes up half of the screen.
2. Right click somewhere in the white part of the window and choose **New** and then choose **Shortcut**.



3. Navigate to the file or folder you want to create a shortcut for and click on the **file or folder** then click **OK** then click **Next**.



3. You can leave the name that is provided or type in a new name for the shortcut then click **Finish**.