

POINTS OF INTEREST:

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WHERE ARE WE WITH THE H1N1 FLU VIRUS?

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SUPPORT FOR VACCINATION - Health care workers representing all departments in Sun Country Health Region (SCHR) gathered together this fall to show their support for influenza immunization. From left to right are Don Ehman, Vice President of Human Resources, EMS staff John Murray and Mike Claude; Stella Swertz, RN and representative of the Saskatchewan Union of Nurses (SUN); Cal Tant, President and CEO; Dr. Shauna Hudson, Medical Health Officer; Dr. Phillip Fong; Murray Goeres, Regional Director Rural Facilities; Mary Deren, Telehealth Coordinator and representative of the Health Sciences Association of Saskatchewan (HSAS); and Janice Giroux, Vice President Community Health, SCHR. Receiving the seasonal flu vaccine is Linda Bocian, cook at Weyburn General Hospital and representative of the Canadian Union of Public Employees (CUPE). Giving the seasonal shot is Val Fister, Public Health Nurse. For the past few years, SCHR has had one of the highest percentages of staff to be immunized with seasonal influenza of any health region in Saskatchewan. This year, staff representatives also supported the H1N1 immunization. SCHR's vaccine program followed the Saskatchewan Ministry of Health directives and guidelines for allocation of the H1N1 vaccine. After health care workers, children aged 6 months up to 5 years, pregnant women, women up to four weeks post partum, and school-aged children from Kindergarten to Grade 6 were immunized before the general public began to roll up their sleeves for a shot.

Chronic Disease Management Toolkit

The Saskatchewan Chronic Disease Management (CDM) Toolkit is a secure, web-based registry and decision support tool that is designed to assist health care providers in tracking patients with depression, chronic obstructive pulmonary disease (COPD), congestive heart failure, coronary artery disease, diabetes +/-, hepatitis C, hypertension/CVD/CKD prevention.

The CDM toolkit also has the ability to import data from approved vendor Electronic Medical Records (EMRs).

The Toolkit is a valuable resource and is particularly useful for practices not equipped

with electronic medical record systems. It helps practices and programs follow clinical guidelines for chronic conditions, complete patient flowsheets, generate a list of patients who need to be recalled for an office visit, generate clinical and administrative reports crucial to optimize patient care, share information within the circle of care, and monitor population outcomes.

In SCHR, Radville Medical Clinic, Lampman Health Centre, Maryfield Health Centre and Carlyle Primary Health Clinic are presently utilizing the CDM toolkit to monitor their CDM patients.

The toolkit was originally created for the Health Quality Council CDMC 1 collaborative to facilitate quality improvements in diabetes and coronary artery disease, within a number of identified care facilities, practices and primary health care sites. The toolkit has now been opened up to providers who are not part of the HQC Collaboratives. For more information or to sign up for the CDM toolkit, call the HISC Service Desk at 1-888-316-7446 or email hiscservicedesk@health.gov.sk.ca. SCHR support is also available, please call Wanda Miller, PHC Team Facilitator at 842-8366 or e-mail: wmiller@schr.sk.ca



A PASSION FOR WATER – Sun Country Health Region Public Health Inspector and Needs Assessment Coordinator Kristin Bahsler has a passion for clean water. She is traveling to Kenya this month with the Regina-based group called SWALLOW (Safe Water And LED Lighting Operatives Worldwide) to supply and install biosand filters in a rural village. In the picture, Kristen (far right), hosted an Ice Cream Social in September which raised over \$120 for four water filters. Kristin says it is amazing how such an inexpensive device can make a dramatic improvement in the quality of life of families overseas. From left to right at the ice cream fundraiser are Pamela Klein, Lindsay Bowman, and Mary Anne Paslawski.

It was no Halloween trick . . .



Staff members all over Sun Country Health Region supported the immunization program for H1N1 Influenza virus. At Estevan Regional Nursing Home, Donna Cherewyk, Administrative Assistant, dressed as H1 while Cyndee Hoium, Nursing Supervisor, dressed as N1 for Halloween. They wore signs on their backs that said “Get your shot.” ERNH Manager Jean Piel says it was an effective and fun way of encouraging staff to get their H1N1 and flu shots.

Managing all that paper . . .

“Paper” plays a key role in the delivery of health care services within Sun Country Health Region (SCHR). With hundreds of printers, photocopiers, and fax machines in use, a paperless office is not in the foreseeable future.

However, not all staff has access to the paper processing device they need to do their job, and if the one they normally use malfunctions, they have to find ways to cope until the device is replaced or repaired. Over the past few years, other health regions, confronted with similar printing issues, implemented a “managed print output” solution.

It is a strategy that consolidated high operational cost printer, photocopier and fax devices, with lower-operational cost, supported devices.

When a problem with a supported device occurs, it is fixed or replaced.

The experience of these other health regions was a triple win. They’ve gained:

- more functionality for the users
- fewer resources required to fix or cope with

broken printers, all of this at a lower over-all cost.

These success stories spearheaded a similar project here at SCHR.

The objective is to implement a solution that provides the features and service needed by staff wherever they work in the Region.

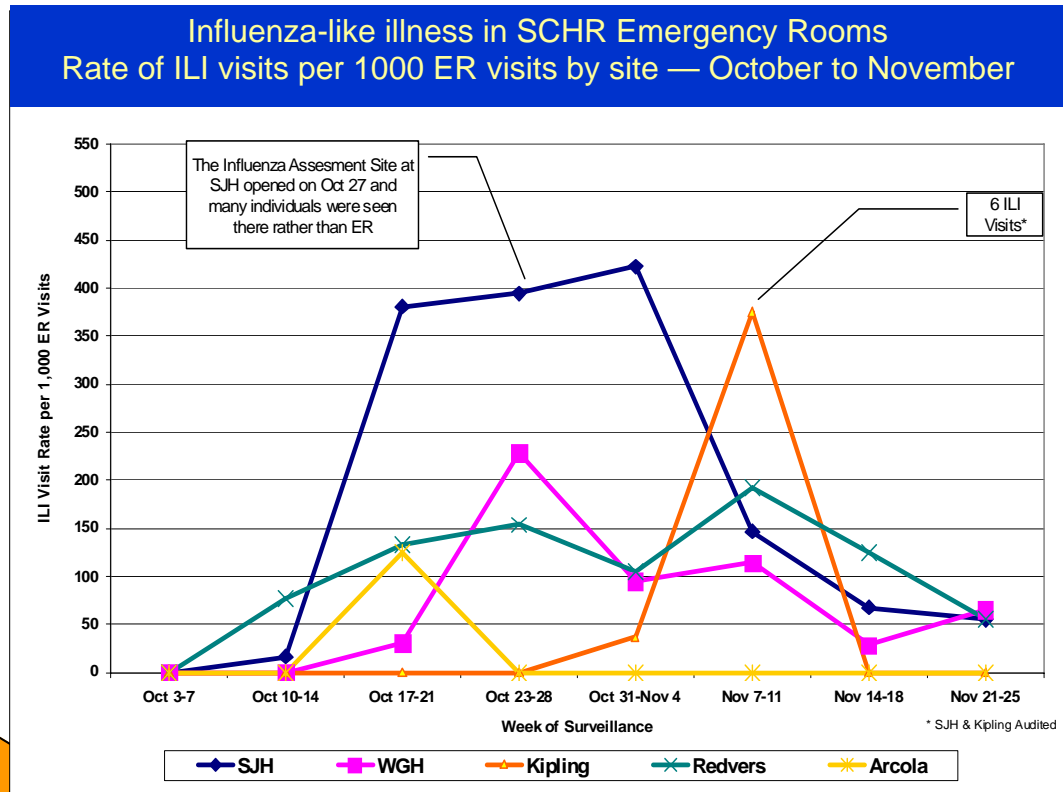
Staff working in small facilities has the same need for reliable printed output as staff working in larger facilities.

Implementing the solution requires:

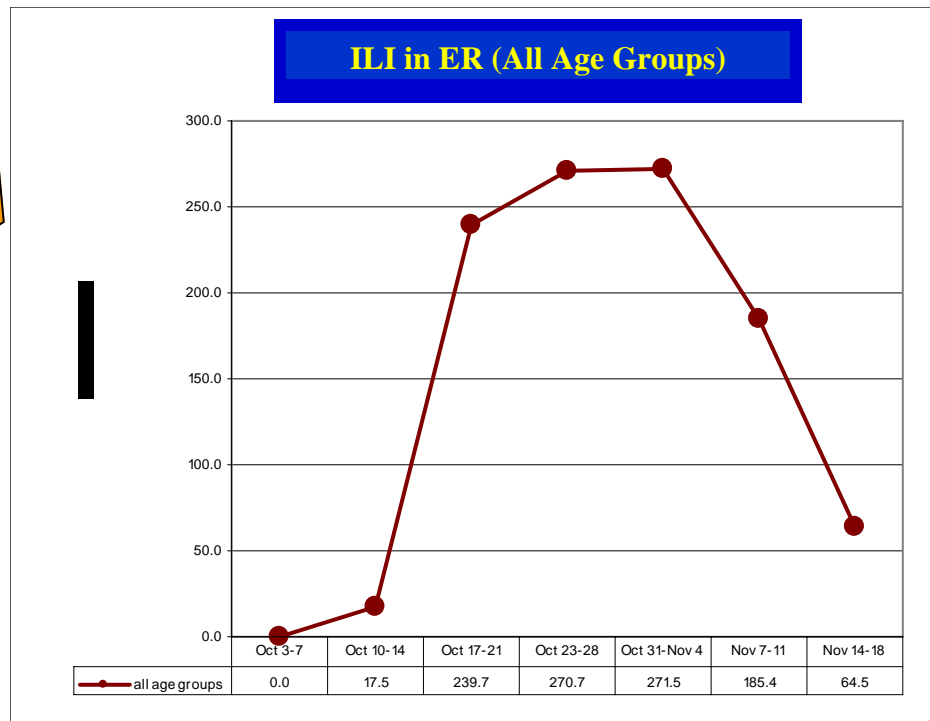
- an assessment of the needs of the various work areas within the facilities.
- an optimized recommendation – through discussion and suggestions from the staff working in each of the areas.
- a site-by-site implementation plan – with appropriate training and transition.

This project has been in progress for several months. The Information Systems Department (IS) expects to schedule implementation in the near future.

H1N1 Update



Graphic views of H1N1 activity in Sun Country Health Region



H1N1 Update continued

First Week of the 2nd Wave of H1N1 in SCHR (October 11 to 17)

- October 16
 - H1N1 Cases
 - 3 students from Radville confirmed with H1N1
 - 3 cases from Bienfait confirmed with H1N1
 - 1 lab-confirmed seasonal influenza A (H3)
 - 2 other Influenza A positive results (typing not finalized)
 - 3 schools with > 10% absenteeism (one started on October 14th but did not report)

ER Impact of 2nd Wave of H1N1 in Estevan

- October 23rd at 0049
- On the evening of October 22nd - patients were all down the hallway and ILI clients being separated from other outpatients.
 - The physicians who have taken call the last 4 evenings and the staff are getting tired.
 - Maintaining infection control and proper environmental cleaning is added workload – management assisting with cleaning.
 - Physicians are asking about the infection control kits for their offices.
 - Staff training about the tools (handouts and website) includes people answering phones – finding that people call HealthLine and then call ER and need lots of reassurance.

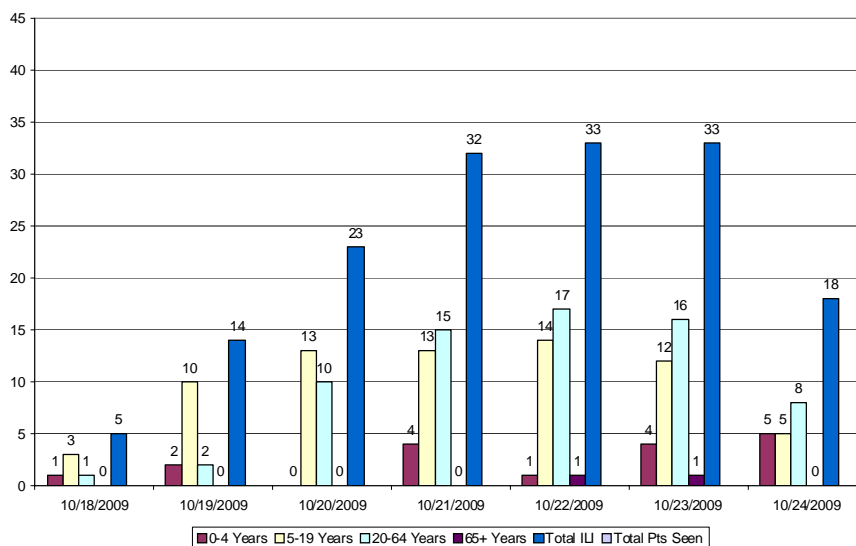
ER Impact of 2nd Wave of H1N1 in Estevan

- October 24th
- 99 outpatients seen in ER on October 23rd and 33 (33.3%) were ILI
 - Illness in staff starting to affect surge response
 - Extra housekeeping staff required for the environmental cleaning
 - Team working effectively to use nurses effectively
 - Physician strain noted
 - Continued planning for possibility that IAS may be required

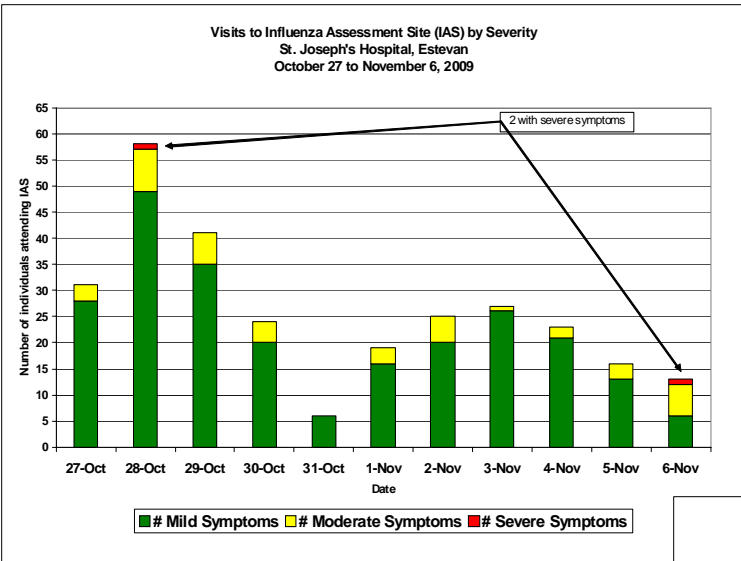
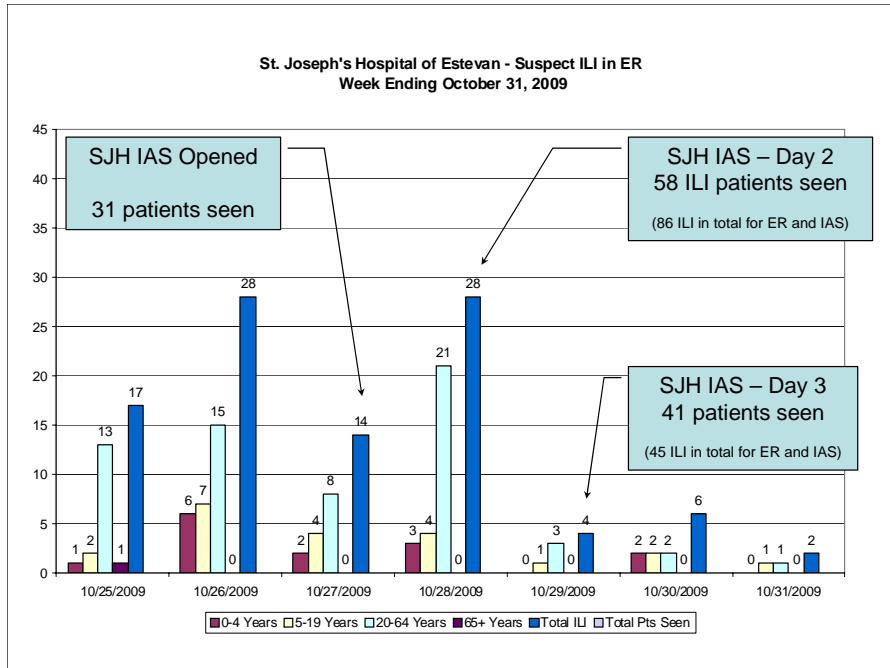
What kept us up at night?

- The first week when our numbers presenting to the ER were increasing our concerns were:
 - Among the mild cases we would miss an opportunity to prevent a severe care
 - Among the volumes seen, we would miss identifying a person in distress from other causes

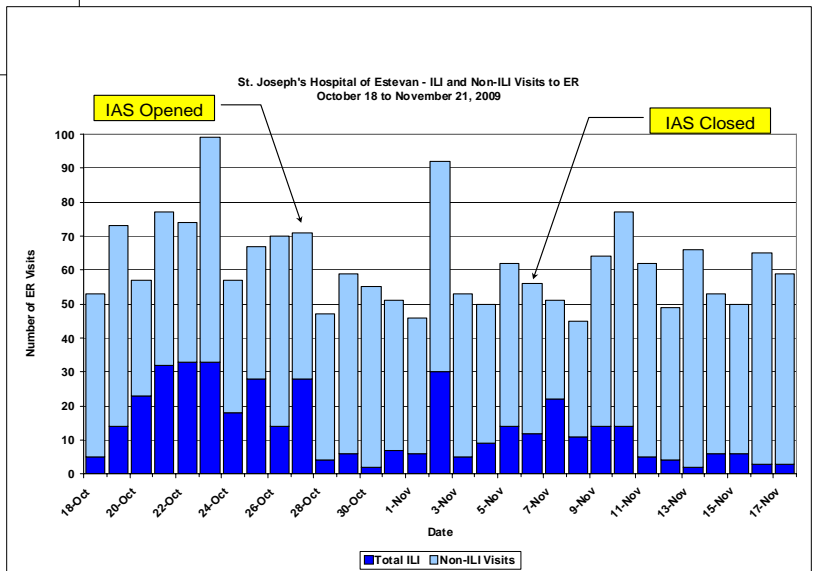
St. Joseph's Hospital of Estevan - Suspect ILI in ER
Week Ending October 24, 2009



**H1N1
Update
continued:**



An Influenza Assessment Centre opened in St. Joseph's Hospital on Oct. 27, 09. The Centre closed 11 days later, after seeing 283 individuals.



H1N1 Update continued:

What we learned from the Influenza Assessment Centre at St. Joseph's Hospital

By Mary Anne Veroba,
Director, Patient/Resident Care
St. Joseph's Hospital in Estevan

- Plans need to be flexible enough to incorporate critical thinking – for example the clinical assessment tool used was updated several times during a two-week period.
- Best practice involves all the team members – housekeeping was a critical component - involvement of switchboard staff, clerical, maintenance were all valuable
- Keeping everyone informed reduces stress and panic – sharing all the information and encouraging sharing with others assists in the management of the plan (weekly general staff meetings were important at the beginning).
- Sharing the workload is beneficial – i.e. pharmacy can write the memos related to medication.
- Infection Control can be built into routine care – the ER department and inpatient wards have further reduced the clutter, the volume of supplies and linens exposed to potential containments has greatly decreased.
- Have begun to change practice regarding nebulization – best practice use of spacers instead.
- During times of stressful situations, people are eager to help – refreshment centres, caring for self display, presence of mental health staff, attitude of helpfulness was throughout the facility and from the Region.



**Listen for the H1N1 vaccinations schedule
in Sun Country Health Region
on the radio this week.
Listen for the clinic schedule at 7:15 a.m.
and 11:45 a.m. every day of the week
on CJ 1280 in Estevan and AM 1190 in Weyburn.
Or visit our website at www.suncountry.sk.ca**



Energy and Facility Renewal Program

WORKING TOGETHER FOR A HEALTHIER ENVIRONMENT



Did you know?

Since computers are often in use more hours per day than they used to be, power management is important to saving energy. ENERGY STAR power management features placing computers (CPU, hard drive, etc.) into a low-power “sleep mode” after a designated period of inactivity.*

A computer that runs 24 hours a day uses between \$75 and \$120 worth of electricity each year - more power than an energy-efficient refrigerator.

In standby mode, your PC's energy use can be reduced to \$15.*

In the average Canadian home, 5 to 10 percent of the electricity consumed is used to power appliances and home electronics while these devices are on standby. In fact, the only way to guarantee that an electronic device is not drawing power is to unplug it from the outlet.

* *The stats above were retrieved from Energy Star and Natural Resources Canada.*



Efficient Computers

Computer use is an activity that has increased significantly over recent years. We now involve computers in many of our daily tasks. This is creating a higher energy demand and increasing problems associated with waste, (also known as 'e-waste' or electronic waste).

The Energy Renewal website (at www.suncountry.sk.ca) examines what it takes to be a responsible user of computer technology. Many resources exist to help you make greener choices. The information is yours for the taking.

Rather than asking if you are a Mac or PC person, why not challenge others around you as to how “green” their preferred computer is. Mac or PC aside, nothing is “cool” about being inconsiderate of climate change.



Started by Google and Intel in 2007, the Climate Savers Computing Initiative is a nonprofit group of eco-conscious consumers, businesses and conservation organizations. By 2010, we seek to reduce global CO2 emissions from the operation

of computers by 54 million tons per year, equivalent to the annual output of 10–20 coal-fired power plants.

JOIN THE MOVEMENT!

The Energy and Facility Renewal Program currently underway at our facility is designed to save energy and reduce utility costs. Energy-efficient technologies will replace older, less-efficient systems - reducing electricity, fuel consumption and related costs.

Visit the Sun Country Renewal Program Status Map to learn more about how the various projects are progressing. Click on the We're Going Green icon on our website at www.suncountry.sk.ca



Did you Know?

The population of Sun Country Health Region increased by 825 people in 2008, following an increase of 403 residents in 2007.

PLANNING FOR THE FUTURE — Several members of the staff of Sun Country Health Region (SCHR) made submissions to a hearing in September in Weyburn to help MLA Laura Ross develop the government's new Seniors' Care Strategy. Mrs. Ross is Legislative Secretary to the Minister of Health's Surgical Wait Times and Long-Term Care Initiative and MLA for Regina Qu'Appelle Valley.



Ken Waschuk and MLA Laura Ross

Lenna Schmidt, Home Services Manager, West; Pat May, Nurse Manager, Home Care West; Marnell Cornish, Community Health Services Manager for Tatagwa View Long Term Care Centre; and Pat Kessler, Regional Director Home Care spoke to Mrs. Ross and Ken Waschuk, independent consultant with the Long Term Care Initiative, about seniors' care. The Long Term Care Initiative held hearings with seniors across the province this fall to ask about elder abuse, home care supports, accessibility of personal care homes, falls prevention and the feasibility of developing a seniors' secretariat.

Breast Cancer Awareness Day

Weyburn LPN Chapter hosted a Breast Cancer Awareness Day at Weyburn General Hospital on September 29.

Tia Lutz and Jill Collins, representing Breast Cancer Action Saskatchewan, set up merchandise and

information in the main foyer for the day.

The event was well attended by the staff of Sun Country Health Region and the general public.

The LPNs (Licensed Practical Nurses) held a raffle on a spa basket they created and on

breast cancer jewelry, donated by Bonnie Dzuba. The winner of the basket was Carolyn Barsness. The jewelry was won by Cynthia Gecosala.

The LPN Chapter was happy to donate \$518.00 to Breast Cancer Action Saskatchewan.



A NEW APPROACH - Primary Health hosted a workshop on Motivational Interviewing in September, an evidence-based psychosocial approach to motivating behaviour change in a range of settings. Motivational interviewing allows the patient to explore their own reasons and motivation for change. Self-motivation for behaviour change plays an important role in self-management, which is a cornerstone for someone managing a chronic disease. Some participants at the workshop were, from left to right, Jewell Vanstone, Lang, Radville Home Care; Susan Viergutz, Ogema, Home Care Rural West; Kelly Fish, Bengough, Bengough Home Care, and Sandra Lane, workshop facilitator, Saskatoon.

Aboriginal Awareness Education coming soon to your facility

The database of employees who have taken the Aboriginal Awareness Training course has been manually uploaded into the iPFE payroll system. The payroll system has a tracking method for staff training. This system allows for training records to be downloaded according to staff's home department. That makes it possible for the coordinator to have a complete figure on the number of staff who have received the mandatory training. It also makes it possible to

find the names of staff who have yet to take the course specific to their home departments. That new reporting system shows that as of Oct 31, 2009, 1,601 of 2,327 employees have taken the training. That means Aboriginal Awareness training is 68.8 per cent complete in Sun Country Health Region. Managers have received reports of staff left to train and are reviewing for any discrepancies in the report. Aboriginal Education Coordinator Kelly Beattie has set out a training schedule to the end of March.

Managers are booking staff into training for the following dates:

Estevan – St. Joseph's Hospital
Tuesday, Dec. 8, 0800 – 1200
Wednesday, Jan. 13, 0800 – 1200 & 1300 – 1700
Tuesday, March 9, 1230 – 1630
Weyburn – Tatagwa View
Monday, Dec. 7, 1230 – 1630
Tuesday, Jan. 12, 1230 - 1630
Wednesday, March 10, 0800 – 1200 & 1300 – 1700
Stoughton – Legion
Tuesday, Jan. 26, 1230 – 1630
Carlyle – MML
Tuesday, Feb. 2, 1230 – 1630
Kipling - Legion
Wednesday, Feb. 0800 – 1200
Oxbow (location TBA)
Tuesday, March 2, 1230 – 1630

This is an exciting and very busy time for Jackie Rorquist, now that Health Quality Council's Chronic Disease Management Collaborative for depression and COPD is well underway.

What is:

The Chronic Disease Management Collaborative?

**By Heather Tant,
Regional Director,
Primary Health**

Jackie Rorquist, Chronic Disease Management Facilitator for Primary Health, will be supporting the Health Quality Council's Chronic Disease Management Collaborative (HQC CDMC) for depression and chronic obstructive pulmonary disease (COPD), as well as the Live Well™ with Chronic Conditions program. This is an exciting and very busy time for Jackie, now that HQC's Chronic Disease Management Collaborative for depression and COPD is well underway.

Jackie is the liaison between Health Quality Council (HQC) and the team members of the practices involved in the Collaborative.

Sun Country Health Region has four practices enrolled in this collaborative including Carlyle, Lampman, Maryfield and Radville Health Centres.

SCHR had one practice, Radville Health Centre, participate in the first Collaborative for diabetes and coronary artery disease.

Team members will work towards improved access to care as well as better outcomes for people with depression or COPD.

Improving access to care can improve clinical outcomes in addition to increasing satisfaction of patients and staff.

Best practices and a simple- to-use flow sheet have been established for depression and COPD.

The HQC will host four learning workshops throughout the 18-month collaborative to give participants a chance to learn from their peers across the province. It's an opportunity for Jackie and all the team members to participate in the largest quality improvement initiative in the province, and one of the largest initiatives in Canada. Live Well™ with Chronic Conditions is a program designed by Stanford University to teach people with chronic conditions self-management techniques.

Action plans, problem solving, nutrition, physical activity and communication are some of the areas covered in the six-week program.

People who have completed the program have reported improved health status and have spent fewer days in hospital.

The program is run by trained peer leaders and will be offered again in communities throughout SCHR in 2010. The program is free to anyone who has a chronic condition and/or their caregivers. If you are interested in taking the program or would like to help organize a session in your community or workplace, please call 842-8722.

The Galloway Award

The Galloway Award, to encourage staff to develop projects to improve the quality of life for residents in the Region's facilities, was created in honour of Dave Galloway, the late director of facilities and communications for Sun Country Health Region. The plaque, noting annual winners, hangs in Tatagwa View Long Term Care Centre. Four nominations for this year's awards are listed on Pages 12-14



Project 1- This year's winner of the Galloway Award: Tatagwa View Falls Prevention Team

Tatagwa View Falls Prevention Team:

The team:

Barb Naviaux, Val Finney, Marnell Cornish, Maricel Tamondong, Sherry Pyett, Lorie Schultz, Deanna Pierce-Colbow, Judy Kyrilchuk, Denise Tourand, Jill Schmidt, Debbie LaRose, Vivian Gatzke

The National Collaborative on Falls in Long-Term Care, was formed to reduce falls and injury from falls. The Tatagwa View Falls Prevention Team involved direct care staff, Nurses and Special Care Aides, Nursing management, Physiotherapy, Occupational therapy, with ad-hoc involvement from dietitian, pharmacist and physician.

The activity department played a large role in testing the exercise program as a preventative strategy.

All departments were considered to be part of the team and received communications about the program.

The committee's goal was: To decrease the number of falls and number of falls with injury by 20% by

May, 2009, while maintaining the highest level of functioning possible for each resident."

The scope of the project was "all residents that are either ambulatory or transfer from one surface to another surface independently."

The measurement results are significant.

The number of falls decreased from the starting measure of 28 per month to 18 per month, exceeding the 20% decrease goal.

The number of injuries from falls decreased from the first measure of 42% of all falls for the month, to 7% of all falls for the month, again exceeding the goal of 20% decrease in the number of injuries.

The number of risk assessments done, care plan interventions initiated, and post fall assessments done have been steadily increasing toward the 100% mark.

The number of residents in restraints did not increase.

Plans are currently being made by the core team to spread the initiative throughout the Region.

Improving Access in Regional Therapies

Project 2

Regional Therapies Access Team: Natalie Bieberdorf, Deb Kennett Russell, Colette Pearson, Shawna Stephanson, Heather Sherrow

Sun Country Health Regional Therapy Services in Estevan and Weyburn were involved in the Clinical Practice Redesign School offered through Health Quality Council from April, 09 to March 31, 09. The program included a series of learning workshops and webinars delivered over a one-year period, paired with ongoing support and advice from experts. Therapies staff have successfully implemented these principles into their work. Improving Access is a process to help understand office processes. This incorporates a variety of strategies to help practices or programs improve their efficiency. These strategies are based on the principles of advanced access. Wait lists or patient backlog can place strain on a practice or program and create a

feeling of never being able to catch up. By changing the way appointments are booked, these stressors can be lessened. This process will assist health care clinics and programs improve patient care, ensure a more predictable day and enable a positive work-life balance for all staff. Data is gathered that shows the number of appointment slots (supply), the number of appointments requested (demand), the number of no shows and cancellations, and the amount of backlog (wait list). Gathering this data is key to understanding the current office processes in order to make decisions on whether and how to reorganize to create more effective routines for practice. A small team of Therapies staff initiated this work. However, as they gained an understanding of advanced access processes and their office practices through data collection, the team grew to include all rehab staff in the Region. The team members spread their learning to all staff and clients. Developing aims, data collection and reports, testing change ideas and implementing them have come to be common practice for this regional program.

Infrastructure sustainability project

Project 3

The Infrastructure Sustainability Project created by Doug Bresciani has made drastic improvements in the accessibility and reliability of the Regional Computer Network. This allows all health care workers access to their individual applications to better perform their duties. This project was more than three years in the making and brought some huge benefits to our Region. Is it outcome-based? The project was carefully planned and involved many people's opinions and was based on a common outcome to be able to provide reliable, sustainable and stable service to the employees using the system. Is there commitment to sustainability? The Region is investing heavily in the sustainability and future of the network infrastructure. How many persons are involved or affected? All managers and supervisors and many of the staff rely on the infrastructure in one manner to provide their work to the Region's customers. Is it interdisciplinary? Is there collaboration?

It is interdisciplinary in that all regional departments are affected by the infrastructure services or more importantly the lack thereof. Does it encourage the development of relationships? The reliability and stability of the network services enhances people's ability to communicate and provide sustainable venues for the future of communication which always develops in to enhanced relationships between all departments. Does it improve the quality of the service? With this project we have seen tremendous improvement in both the quality of the service as well in the improvement processing of those service to ensure their sustainability. Was the project communicated and shared to advance the organization? A committee was formed to guide the project. It was determined that a poll was needed to see what people thought of the existing services and where the importance levels should be put so that a plan and outcomes could be developed to provide a solid outcome.

Medication Reconciliation

Project 4

Team members: **Cheryl Harrison, Bernadette Wright, Dave Sereda, Unit A nurses, Estevan physicians, Mary Anne Veroba, Joanne Hollingshead, Colleen Easton**

Plan: To provide a process of medication reconciliation that can be implemented and sustainable through the transitions of patient care. This process was first intended for acute care on admission, during admission and on discharge.

However, it has now become the template for other processes including Home Care and Long Term Care.

Objectives: To provide a means of addressing medication reconciliation in acute care facilities.

To work with staff, physicians and stakeholders to develop a process that is sustainable for the current delivery of care.

To share this process with other communities in the Sun Country Health Region.

The process of reconciliation of medications was a recommendation from the Canadian

Council on Accreditation as well as Patient Safety committees throughout the country. Sun Country Health Region was non compliant in meeting this standard. A small group of staff got together to find a solution. The team developed a one-page document that would have a first column with all the medications that a person was admitted to the hospital with. The second column includes those medications that the patient is put on when admitted. The third column contains the medications that the person will be discharged with.

At every step of the process reconciliation is completed and documented by signatures on the form.

Commitment to sustainability: This project began in February on the medical unit at St. Joseph's Hospital. Throughout the next two months there were meetings with nurses, pharmacy and discussions with physicians. The end goal was always to have one list with medications that are reconciled at admission and at discharge. Since this time the form has been sent to the printer and continues to be used.



Who's visiting us and why?

Between October 20, 2008 and November 19, 2009, the Sun Country Health Region website at www.suncountry.sk.ca

received 111,641 visitors. Most of them were looking for information about jobs and the H1N1 Influenza virus.

Between October 26, 2008 when we received 854 visitors

and October 27, 2009 when we saw 5,912 visitors, we enjoyed a 592 per cent difference in the number of visitors.

Between November 16, 2008 when we received 1,050 visitors and November 17, 2009 when we saw 5,282 visits, we saw a 403 per cent difference in the number of visitors.

The trouble with scents

Val Johnson knows she's in trouble if she smells a lovely fragrance before she sees the person wearing it.

"It's not lovely to me. My eyes water. My nose stuffs up. The more I'm exposed to it, the harder it becomes to breathe. My chest gets tight and it hurts to breathe."

Val is one of those people who suffer from a sensitivity to fragrance.

She works in the admitting department of one of the hospitals operated by Sun Country Health Region.

The Region has had signs posted in every facility for about five years advising that they are scent-free facilities but Val is one of those who suffer if that warning is forgotten.

"Sometimes I have to leave work and go home, especially if I'm exposed over and over in the same day," she says. "I take allergy medicine before I go to work and during the day but sometimes I can't take enough to make it work quickly enough."

"When people come in who are wearing just a little perfume or after-shave or hair spray or something, I try to sit back far enough so that it doesn't affect me so much.

"But my job is to speak with the people who come in - and with the hospital staff - so if I'm going to do my job, the fragrance can make it quite difficult. I can walk away when it happens in public but I can't walk away when I'm on the job."

The problem is, the scent doesn't go away after the people leave, either.

"Even after they leave, the scent stays in the air and won't all go away with fans," she says. "It takes a long time to dissipate the odor.

"By that time, it's probably too late for me to



Val Johnson

avoid it."

Val's sensitivity began about three years ago when only very large amounts of scent affected her.

"I could still go into a store where there was perfume in the air, although I couldn't stay long. The sensitivity got progressively worse over the years."

Now she gets hives if she uses anything on her skin with a strong smell: even vinegar if it's full strength, or most suntan lotions.

She's turned to scentless everything to get by.

"Laundry soaps really bother me. I can't go down some aisles in the grocery stores or if I do by accident, I have to get out quickly."

Sometimes Val asks people if they're wearing perfume and they don't realize they are. The result is that she knows before they do that they've worn something with perfume in it.

"People don't always understand that it can be serious for me," she says. "But when I can't breathe through my nose and my lungs hurt, I think that's serious."

Val's supervisor at Sun Country Health Region is Susan Mohr, Regional Manager, Health Information Management Services, Acute Care and Admitting. Susan has a few thoughts about scents in health care, too.

"I don't have allergies but I do get an instant headache from cologne. Some of the staff in the Health Information Management Department are allergic, one more so than the other. The admitting department also has a few people who are allergic to certain cleaning supplies."

Susan believes the smell of perfume, cologne, hair spray, and other items has an effect on all people at some level, staff or otherwise.

"Just the smell of a scent will give some people an instant headache. Besides the staff, I am also concerned about the patients, residents, clients in the facilities who are sitting beside someone in the waiting rooms or being visited by someone with the strong odor of perfume."

"How does this make the patient feel when they are already sick and then have to contend with noxious odors?" she wonders.

It's a simple request: For the sake of health, please leave your scents at home.



PREVENTING FALLS – Sun Country Health Region Physical Therapist Barb Navieaux, left, leads a group of seniors through a series of exercises filmed as a series for Access TV in Weyburn, Estevan and Coronach. Two sets of exercises were created, one for home care clients and one for long term care residents, both through the Region’s Fall Prevention Program. Mrs. Navieaux says improved balance and coordination, strengthening the lower body, and core stabilization have been found to be the most effective way to prevent falls. The home care exercise program is available on DVD from any therapies department in Sun Country Health Region and will be aired on Access TV this winter. The long term care exercise video will be available from all long term care centres. Both programs also are available in paper form from the therapies departments. (Arcola - 455-2628, Estevan - 637 – 2410, Fillmore/Stoughton - 722-3249, Kipling - 736-2845, Redvers - 452-6377, Weyburn - 842-8443). In this photo, from left to right, are Cecilia Klein, Peter Ebenol, and Ruth Dickson participating in the exercise session.



SAFE DRIVING — Sun Country Health Region’s ABI program (Acquired Brain Injury), in conjunction with the Weyburn Stroke and Brain Injury Support Group, Weyburn Police Services, and SGI, offered two Medical Scooter Safety education sessions for the public in September. Along with practical advice and safety tips, the Medical Scooter Awareness Program offers complimentary reflective gear, safety flags for scooters, help cards and pins, shown on the left. A safety CD showing the wise way to use scooters, that many of the local members participated in, was shown for the first time at the sessions. Here, Paula Ealey, centre, Regional Coordinator of the Acquired Brain Injury program, joins with Marjorie Kulach, left, and Anita J. Bahnuick, right, volunteers for the Stroke and Brain Injury Support Group, to show some of the complimentary gear.



NEW EQUIPMENT — ARC Resources, represented here by Jeremy Seitz, on the left, donated over \$30,000 to buy a new stress test machine for the Weyburn General Hospital this year. Three cardiologists, Dr. George Garbe, centre, Dr. Rodney Zimmermann, and Dr. Ayman Aboguddah come to Weyburn to use the machine to test the risk of heart problems. This is a fundamental tool for our work and allows us to precisely determine the risk to patients, says Dr. Garbe. He says Dr. Wayne Squires was the first to see the need for a stress machine test. This allows us to carry on, he says. Gwen Marshall, RN, says the machine has saved a lot of lives.

Merry Christmas to the staff
from the leadership team of
of Sun Country Health Region



From top left, Don Ehman, Vice President Human Resources; Murray Goeres, Regional Director Rural Health Facilities; Hal Schmidt, Vice President Finance and Corporate Services; President and CEO Cal Tant. Front row, Janice Giroux, Vice President Community Health; Dr. Alain Lenferna, Vice President Medical; Marga Cugnet, Vice President Primary and Integrated Health.



Sun Country Health Region Administration

808 Souris Valley Road
Box 2003, Weyburn, SK
S4H 2Z9

Phone: 842-8399

Fax: 842-8738

E-mail: jhelmer@schr.sk.ca
842-8353

President/CEO:

Calvin Tant 842-8718

Vice President Primary

and Integrated Health:

Marga Cugnet 842-8729

Regional Director,

Rural Health Facilities:

Murray Goeres 842-8706

Vice President

Community Health:

Janice Giroux 842-8652

Vice President

Finance

and Corporate Services:

Hal Schmidt 842-8714

Vice President

Human Resources:

Don Ehman 842-8724

Quality of Care

Coordinator

Dianne Green 637-3642

Healthy People in Healthy Communities

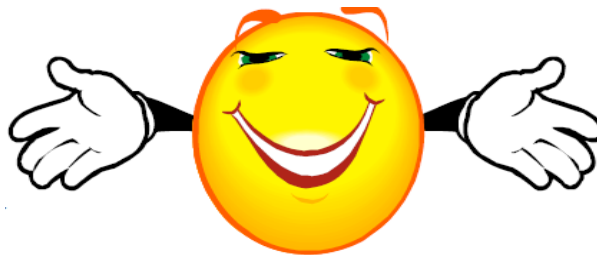


Welcome the Region's staff changes

Heather Tant,
Regional Director
of Primary Health

is pleased to
announce the

appointment of **Jackie Rorquist** as
Chronic Disease Management
Facilitator while Sheena Grimes is on
maternity leave. Jackie will support the
Health Quality Council's Chronic
Disease Management Collaborative
(HQC CDMC) for depression and
chronic obstructive pulmonary disease
(COPD), as well as the Live Well™
with Chronic Conditions program. She
can be reached at 842-8722.



Donna Wolfe,
Regional
Director of
Population
Health is

pleased to announce that **Juanita**
McArthur-Big Eagle has
accepted the position of Dental
Health Educator for the Sun
Country Health Region. Juanita
will be located in the Community
Health building in Carlyle, and can
be reached at (306) 453-6307.
Please join me in welcoming
Juanita to the health region and her
new role.