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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 shirts for a shot.

A publication from Sun Country Health Region



Thoughts:

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

Sun Country Health Region (SCHR) is experiencing the impact of the H1N1 Influenza virus this fall much more intensely than when the virus first appeared in the spring.

Increased influenza-like-illness was first reported in Sun Country Health Region during the week of October 11. By the end of that week it was apparent the second wave of H1N1 had arrived. On October 27, it became necessary to set up an Influenza Assessment Site at St. Joseph's Hospital in Estevan to help care for the large number of citizens arriving at the hospital with influenza-like symptoms.

This assessment site helped reduce the pressure on the emergency department at St. Joseph's Hospital and on local physician offices. It allowed physicians and nurses to provide emergency care for other illnesses and diseases in the emergency room.

As the first of its kind for SCHR, and for the province, the assessment site operated much as our pandemic planning process had anticipated.

A short time after the second wave arrived, the first of the H1N1 vaccine arrived from the Saskatchewan Ministry of Health.

Our Medical Health Officer and Public Health Nurses, in partnership with the staff immunization nurses, implemented the H1N1 and seasonal vaccination clinics for health care workers on October 26. The next week the Public Health Nurses launched the H1N1 vaccination clinics to immunize those groups of people identified by the Saskatchewan Ministry of Health and the Public Health Agency of Canada as being the most at risk.

There were relatively few concerns about the sequencing of immunizations for high-risk groups.

We expect the immunization process for the rest of the high risk groups and general public will continue as planned, due to the extraordinary work of SCHR staff. We continue to believe that widespread immunization will reduce the impact of H1N1.

Please continue to follow good infection control practices. Sneeze into your sleeve, wash your hands often, get plenty of rest and eat healthy. Stay well.

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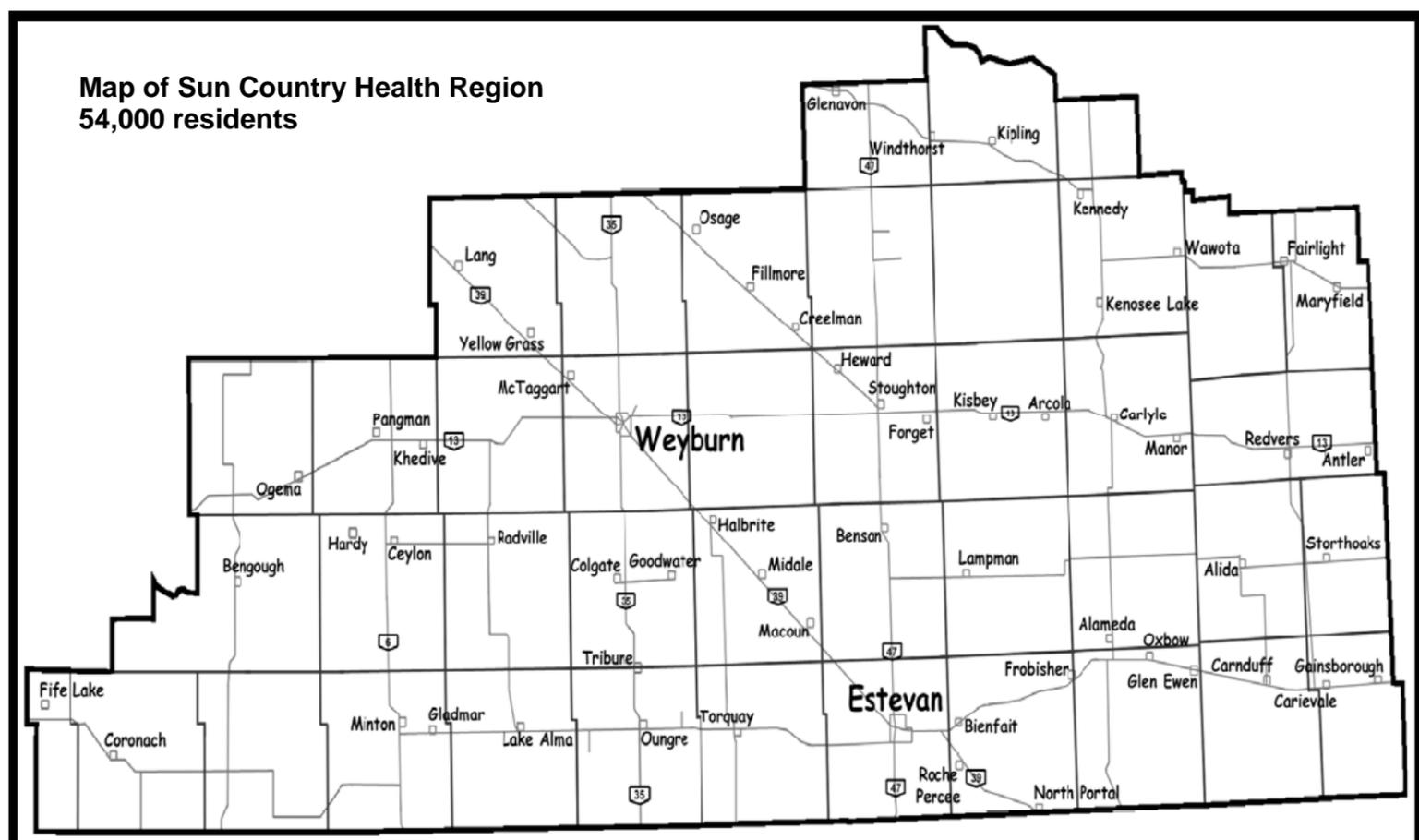
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Sensitivity to fragrance is a health issue

When a pleasant odor goes all wrong



Val Johnson sitting in her scent-free living room

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 and by that time, it's probably too late for me to 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 products 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.

Research at the University of Gothenburg in Sweden has demonstrated that even natural aromatic oils, which many would consider to be harmless compared to synthetic perfumes, may cause allergic reactions.

So, that lovely lavender scent that's so entrancing to you, might be making another person sick.

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

Who are the residents of SCHR?

The 2008 covered population in Sun Country Health Region is 54,032 which is 5.2% of the total provincial population.

The regional population increased by 825 people in 2008, following an increase of 403 residents in 2007. This is in contrast to the declines estimated in population projections to 2021, including a population of 51,244 for 2011 and only 46,733 by 2021.

Those earlier projections did not account for the migration of people into the Region due to the recent economic boom in Saskatchewan. A sustained migration of young adults and families into the Region could have an impact on the population projections, particularly in the age groups below 65 years of age.

There are a number of factors that influence both health status and health service delivery in the Sun Country Health Region:

The Region's population is widely dispersed.

Travel for certain services (particularly specialized services) is often required.

The Region is primarily rural with two small urban centres.

A large proportion of SCHR population lives in rural areas. About 64% of residents between the ages of 45 to 64 years and 63% in those over 65 years of age live in rural areas such as towns, villages and on farms within the rural municipalities.

Table 1		
Covered Population	Province	SCHR
2007	1,014,649	53,207
2008	1,035,544	54,032
% Change	(+)1.06	(+)1.55
% 65+ Years	14.5	17.0
% Cities	56.5	39.7
% Towns	17.7	25.5
% Villages	8.5	10.5
% RMs	12.8	22.5
% Reserves	4.5	1.8
% Registered Indians	10.7	2.5

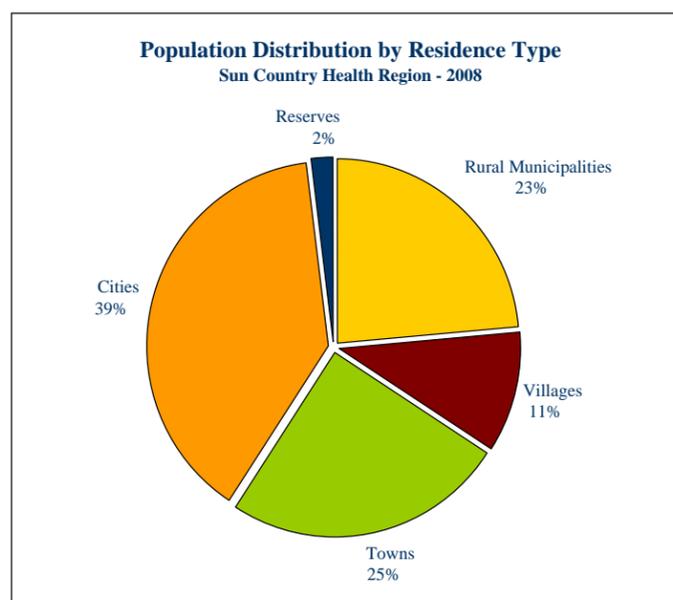
The regional population is increasing.

Between 2005 and 2008, the population of Sun Country Health Region increased by 8.9%, which is greater than the provincial increase of 1.4% over the same period. The Region's population is still lower (7.8%) than the 1999 population of 58,635.

The population is older and aging.

In 2008, 43.4% of the population in the Region was over 45 years of age, compared to 40.3% for the province (see Figure 2 and Figure 3). Since 1998, the proportion of SCHR population over the age of 45 has increased from 37.3% to 43.4% in 2008.

- 60% of our population lives in a rural location compared to 43.5% in Saskatchewan.
- The Registered Indian population in Sun Country is 2.5%, which is significantly lower than the provincial proportion of 10.7%.
- 17% of our population is over the age of 65 compared to 14.5% in Saskatchewan.



How healthy are we?

Over-all Health Status

Generally, the health status in SCHR is positive. Life expectancy at birth (76.8 years – male and 81.2 years – female) is very close to the provincial average (76.2 years – male and 81.8 years – female). This is also true for life expectancy at age 65 years. Disability-free life expectancy, an important indicator of quality of life, also compares favourably with the provincial average.

Infant Mortality Rate

There were 14 infant deaths over the three-year period from 2002 to 2004 for a rate of 8.0 per 1,000 live births compared to 5.9 for the province of Saskatchewan. Although the rate is higher in SCHR than in Saskatchewan, the difference is not statistically significant. Infant mortality rates in Saskatchewan range from 4.0 to 10.5 deaths per 1,000 live births.

Physical Activity

Almost 50 per cent (49.65%) of SCHR residents (aged 12 years and over) reported they were inactive in 2005, compared to 49.52% in Saskatchewan. The number of SCHR residents who report being inactive has declined from 2003 when 52.7% of residents reported they were inactive. Reported physical inactivity in Saskatchewan RHAs ranged from 44.06% to 58.77%.

Self-Rated Health Status

Over 50 per cent (52.11%) of SCHR residents (aged 12 years and over) reported their health was “very good or excellent” in 2005, compared to 52.35 per cent in Saskatchewan. In 2003, the “very good or excellent” rate was 54.3 per cent. The change was because fewer SCHR residents reported excellent health. Self-rated health status in Saskatchewan ranged from 39.86% to 57.96%. Self-rated health is influenced by many factors, including income, social interaction and support.

Communities are key to developing and supporting residents by keeping their communities thriving and providing supports. Health Promotion staff and the Regional Intersectoral Committee have been working with Schools and Community Councils in the promotion of the Search Institute “40 Developmental Assets”.

Life Expectancy

SCHR life expectancy for a male born in 2001 was 76.8 years and for a female born was 81.2 years, compared to 75.8 years for males and 82.4 years for females in 1997. SCHR life expectancy at birth and the remaining life expectancy of a 65 year old are very consistent with the overall provincial life expectancy.

The remaining life expectancy for a SCHR male aged 65 years of age was 16.7 years and for females was 20.6 years.

Obesity

Almost one-third (30.53%) of the 2005 SCHR population (aged 18 to 64 years) are overweight and an additional 20.35% are obese. The proportion of overweight individuals is slightly higher in Saskatchewan at 32.52% and in Canada at 31.28%.

Obesity and overweight statistics are showing a decline in the Region. Many sectors are developing initiatives to increase physical activity and healthy eating in their communities. Schools promote a Quality Daily Physical Activity and Saskatchewan In Motion provides many opportunities for children to be active at school. Schools are also beginning to develop healthy school food policies with support of SCHR’s Public Health Nutritionist.

Support for regular activity and healthy eating habits begin in preschool and can be affected parental behaviours. Support for healthy habits can be provided by care givers and teachers. SCHR’s Public Health Nutritionist has been trained and provided two workshops for preschool teachers and day care providers using LEAP. The focus of this program is promoting literacy, activity and healthy eating in preschool children. SCHR will continue to support, train and promote healthy eating and activity habits in children in the upcoming year.

Communities and businesses alike are making changes to support and promote active living. SCHR attended an Active Transportation workshop at which staff was trained to assist communities in the examination of their community walkability and advocate for changes that community members identify.

Report to the Community

Emerging Health Issues

Diabetes

The age-sex adjusted diabetes incidence rate (new cases) for SCHR residents is 3.9 per 1,000 population (lowest in Saskatchewan) and the prevalence rate is 53.0 per 1,000 in 2005/2006. The prevalence rate in 2004/2005 was 50.6. The incidence rate of diabetes in Saskatchewan RHAs ranged from 3.9 to 7 per 1,000 and the prevalence rate ranged from 44.3 to 101.7 per 1,000.

Influenza

SCHR conducts community based influenza-like-illness (ILI) surveillance in several locations across the region including three Long Term Care facilities, an elementary school, and an industrial workplace. Plans are also in place to develop ILI surveillance in several emergency rooms.

Protecting SCHR residents from seasonal influenza is a key component of the over-all regional immunization program. We provide immunization to several high-risk populations and also to the general public. There were seven influenza outbreaks in SCHR health care facilities during 2008.

These were all part of the 2007/2008 influenza season. There were no influenza outbreaks in SCHR health care facilities during the 2008/2009 influenza season.

The over-all influenza coverage rate for all SCHR employees is among the highest in the province.

West Nile Virus

Sun Country Health Region worked with its partners across the Region to reduce the risk of West Nile virus (WNV) through education, source reduction and surveillance. The risk of West Nile virus (WNV) in Sun Country Health Region during the summer of 2008 was much lower than during 2007. Only one confirmed case of human WNV infection was reported in 2008 compared to 129 cases in 2007. There were 16 WNV positive mosquito pools in 2008, compared to 219 positive pools in 2007. No adult mosquito control (spraying

Immunization

Public Health Nurses deliver the infant and pre-school immunization program including immunizations at 2, 4, 6 and 18 months of age for: diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (Hib), and pneumococcal disease; at 12 months of age for measles, mumps, rubella, meningococcal disease and varicella; and at 18 months of age for measles, mumps and rubella. In the fall of 2008, Saskatchewan Health introduced a new HPV immunization program for girls in Grade Six. There has been good uptake with this program and although final coverage rates will not be available until later in the fall of 2009, it is expected we will have an uptake of well over 50 per cent.

Immunization coverage rates for 24 month old children (July 1, 2007 to June 30, 2008)			
Vaccine	SCHR Immunization Coverage Rate (%)	Overall Provincial Immunization Coverage Rate (%)	Range in RHAs Min and Max (%)
Diphtheria	88.0	76.3	56.5 – 88.3
Pertussis	88.0	76.3	56.5 – 88.3
Tetanus	88.0	76.3	56.5 – 88.3
Hib	87.0	75.0	55.7 – 87.1
Polio	87.7	76.3	56.1 – 87.9
Measles	86.8	76.2	57.6 – 86.8
Mumps	86.8	76.2	57.6 – 86.8
Rubella	86.8	76.1	57.6 – 86.8
Meningococcal	94.9	87.2	73.3 – 94.9
Pneumococcal	86.1	74.5	56.1 – 86.4
Varicella	88.2	82.1	71.0 – 90.0

Influenza coverage rates for 6 to 23 month old children (October 15, 2007 to March 31, 2009)			
Vaccine	SCHR Immunization Coverage Rate (%)	Overall Provincial Immunization Coverage Rate (%)	Range in RHAs Min and Max (%)
Influenza	57.3	37.5	10.4 – 59.8

Source: Saskatchewan Immunization Management System (SIMS) [Saskatchewan Health]

Report to the Community

Infection Control

The Canadian initiative - Safer Healthcare Now! (SHN!) – is an initiative to promote patient safety. SCHR is participating in the SHN! MRSA Collaborative. The Sun Country Health Region Leadership Team chose four facilities as pilot sites for Environmental Cleaning and Hand Hygiene improvements to reduce and prevent MRSA transmission. The teams include representation from all disciplines including front line environmental staff, environmental managers, nursing managers, needs assessment coordinator, infection control practitioners and physicians.

The environmental cleaning team conducted baseline testing indicating that 14 per cent of high touch spots (HTS) were cleaned properly (see Figure 4). After the baseline testing results were completed, the team chose to work on an education session for all housekeeping staff in these four sites as well as updating housekeeping protocols to include HTS and checklists.

After the session, cleaning of HTS increased to 64 per cent.

Our baseline audit showed we had room for lots of improvement in our environmental cleaning. The support and enthusiasm of the MRSA team, the front line environmental cleaning staff and managers led to huge improvements after our first intervention. We hope to reach our goal of 95 per cent cleaning of High Touch Spots by July, sustain the improvement and then expand this to all of our health care facilities.

Health Care Facility Outbreaks in Sun Country Health Region

Preventing and controlling outbreaks in health care facilities to ensure patient safety and employee health and safety is a key focus of several programs and departments within SCHR.

There were 20 outbreaks in SCHR facilities in 2008. The duration of these outbreaks ranged from 3 to 20 days in length. There was one MRSA outbreak that is ongoing. There were six gastroenteric outbreaks including:

Norovirus outbreaks	3
Unidentified organisms	3

During 2008, a multidisciplinary team and regional managers worked together to develop an outbreak binder to complement SCHR Infection Control Manual and incorporate the Saskatchewan Health LTC.

2008 Saskatchewan Health Reprocessing Critical and Semi-critical Medical Equipment/ Device Audit

In 2007, incidents in Alberta and in Saskatchewan prompted the Saskatchewan Ministry of Health to conduct a comprehensive provincial audit of reprocessing practices in Regional Health Authorities. SCHR participated in the 2008 Saskatchewan Health Reprocessing Critical and Semi-critical Medical Equipment/Device Audit. SCHR had previously reduced its reprocessing sites in 2007 from 19 facilities to five facilities in response to a 2007 audit.

Following the Provincial Reprocessing audit, it was determined that all five sites met the CSA standards for reprocessing, except in the ventilation requirement. The deficiencies related to specific ventilation requirements in the soiled and clean Central Sterilization Rooms. Cost estimates to upgrade all five sites to meet or exceed this standard is being compiled to determine the financial feasibility to update the five reprocessing sites to meet current CSA standards.

Health Care Associated Infections - Surveillance

2008 Surgical Site Infections (SSI):

Estevan St. Joseph's Hospital (SJH) performed 357 surgeries for 2008 and reported 2 post-surgical infections for an annual infection rate of 0.6%. Weyburn General Hospital (WGH) performed 395 surgeries for 2008 and reported 6 post-surgical infections for an annual infection rate of 1.5%.

There were 13 respiratory outbreaks and the organisms responsible for these outbreaks include:

Type of Organism
Parainfluenza
Respiratory syncytial virus (RSV)
Influenza A
Influenza B
Human metapneumovirus (hMPV)
Coronavirus
Entero/Rhinovirus
Two of the thirteen outbreaks had more than one organism identified.

Report to the Community

2008-09 Performance results

Access to Care

Improving access to quality health services continued to be a major goal in 2008/09.

Sun Country Health Region is committed to the principles of Primary Health Care and the utilization of a Primary Health Care model of service delivery.

The Region continues to work with the Ministry of Health and local communities to create new sites or plan for potential ones for residents of the Region. In the communities of Lampman, Midale, and Maryfield, the nurse practitioners have been working with visiting family physicians to enhance services in these communities.

Along with other team members, the process of assessing community needs and matching services is ongoing in order to provide targeted collaborative care.

SCHR continues to work on its plan to resume obstetrical services at the Weyburn General Hospital which were suspended two years ago.

The Region continues to work with the other professionals to ensure that the other components such as surgical back-up and anesthetic services are available to safely re-establish the program.

SCHR is working diligently to recruit new staff so full service will again be offered at those sites.

During the various disruptions of services, careful planning and backup options are developed to ensure a planned approach for safely meeting the majority of the health needs in the community

Chronic Disease

Chronic disease has become a major focus for Sun Country Health Region.

With the rates of diabetes and cardiovascular disease increasing, more emphasis needs to be directed towards helping patients learn more about their disease, how to manage their disease better, and thus prevent complications.

In Radville, the team of two physicians, a dietitian, diabetic nurse educator, pharmacist, and other staff have concentrated their efforts towards better care of their patients.

Working under the guidance of the Chronic Disease

Collaborative of the Health Quality Council, it has been shown that there are much better clinical outcomes for the patients, translating into better health and improved quality of life.

Work is also ongoing with the management of patients with asthma.

Co-ordinated education of the health team to assist the patients with improved self-management of their condition is leading to better control of their symptoms and fewer admissions into acute care. SCHR, in partnership with communities, has successfully recruited professional staff and physicians in certain areas, while losing some in others.

Finance & Corporate Services

Financial Operations

SCHR has continuously demonstrated fiscal responsibility by operating within its budget.

For the past five years, SCHR has ended the fiscal year with a small surplus.

At \$511,830 or 0.4 per cent of total operating expenditures, SCHR surplus for fiscal 2008-09 is the median within the 12 health regions.

Program support costs increased by 0.2 per cent from the previous year to 5.2 per cent.

The increase is directly related to the transition and transformation of Information Systems and Technology which had been historically under resourced.

To address serious issues of reliability, stability and capacity, SCHR implemented an innovative new solution through an outsource arrangement which required an increased investment to resolve long standing problems. In return, SCHR has all new technology infrastructure that is providing a high level of performance and is reliable, stable and with sufficient capacity to address future growth, demand and business innovation.

For a full copy of the 2008-09 annual report, please visit our website at www.suncountry.sk.ca