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Demonstrating equipment: Nurse Practitioners Jeannie Daku, left, and Lois Coffey in the Carlyle Primary Health Clinic demonstrating a piece of diagnostic equipment they use for their patients.



Different practice: NP Nicki Ford in the laboratory at Maryfield Health Clinic. NP practices can differ from place to place.

A publication of Sun Country Health Region



Thoughts:

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

A shortfall in the number of physicians available in Sun Country Health Region in recent months has focused public attention on our physician recruitment efforts.

Several communities in the South East have temporarily lost their local health centre emergency departments, or are becoming more concerned about burnout among those physicians practicing in Sun Country Health Region.

I share their concerns.

The goal of Sun Country Health Region is to provide the broadest possible range of health care in all of our facilities and from all of our health care programs.

Our recruitment staff members are working hard to find new physicians for the Region and local communities are offering very large financial incentives to help attract physicians.

It is a difficult position for us all to be in.

The reality for Sun Country Health Region is that we are competing for physicians with other health care organizations in Saskatchewan and Canada. Many small communities throughout Canada are calling for solutions to the shortage of physicians and many are offering large financial incentives to be more competitive.

There are more than 110 vacant physician positions in Saskatchewan alone. Physicians are highly mobile and enjoy broad lifestyle choices. They want to practice where there are other physicians to confer with and other physicians to back them up in emergency situations.

We are working on solutions to this dilemma and hope to be able to provide some successes for you soon.

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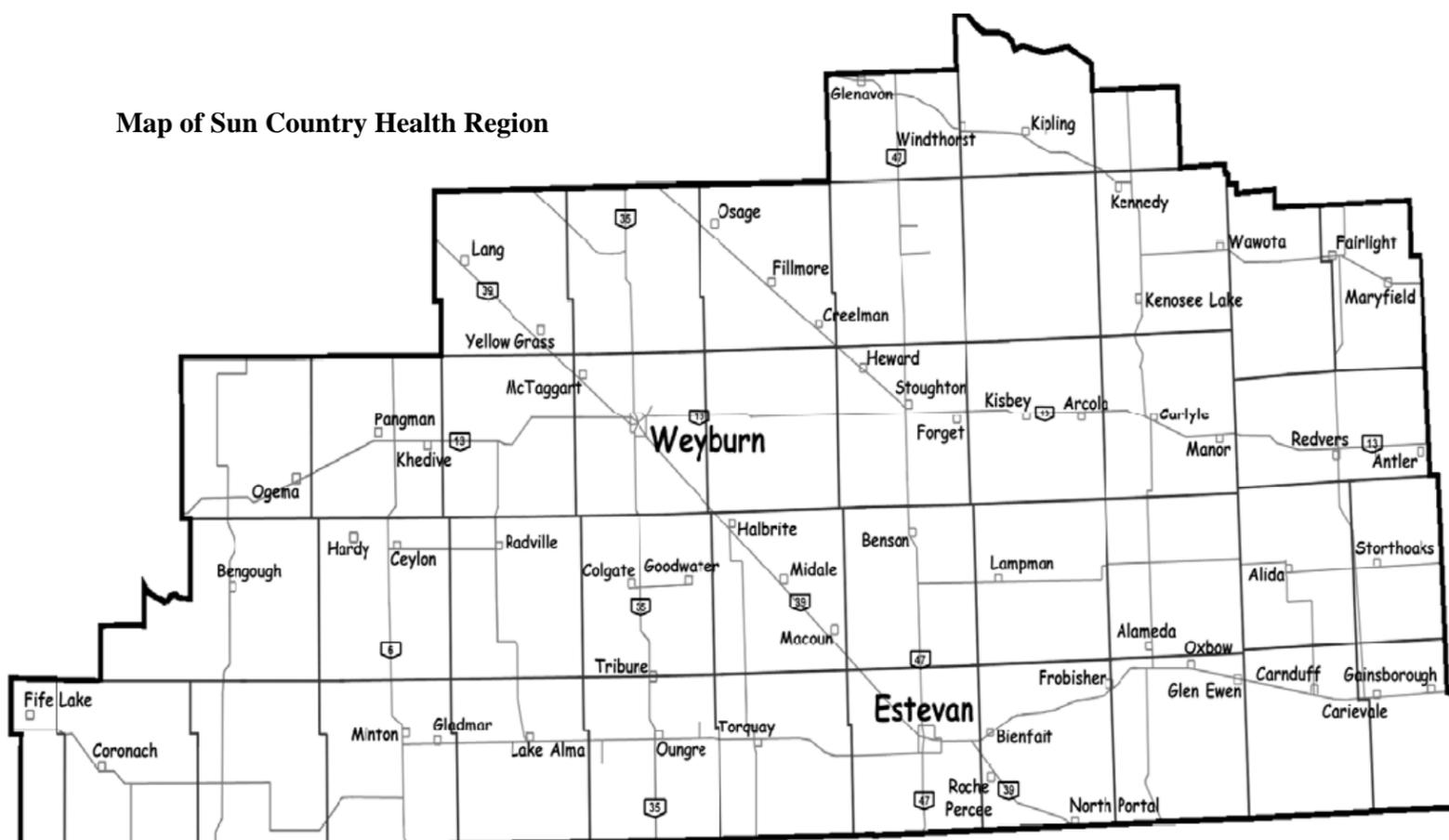
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Map of Sun Country Health Region





Gathering personal histories: Students from the Grade 8 class at St. Michael Junior High in Weyburn have been meeting regularly with residents of Tatagwa View since last fall to gather their life histories. Here, Mary Pawlak, bottom left, sits with Hilda Anderson and students Sierra Mason, Tom Gaber, Megan Woodard and Konrad Proszak to work on the Legacy Project.

Renal dialysis unit expanded for Region

Sun Country Health Region is pleased to announce completion of the expansion of services at the Regional Renal Dialysis Unit.

The addition of three new chairs to the unit allows a 50 per cent increase in the volume of treatments that can be provided to residents of the Region. The satellite unit - affiliated with the home unit at the Regina General Hospital - is located in St. Joseph's Hospital of Estevan.

As a result of the expansion, 18 patients are now receiving treatments three days a week.

This is up from 12 people.

"We have almost eliminated the waiting list for dialysis treatments in our Region and we are very happy to be able to do that," said Cal Tant, President and CEO of Sun Country Health Region.

"This expansion has been great for people on the waiting list. New dialysis patients, and their families, who previously traveled three times a week to Regina, are very excited," he said. The Saskatchewan Ministry of Health provided \$136,000 this winter for equipment and training, and has committed \$365,000 in annual operating funding for the unit. "This unit helps to put patients first," Health Minister Don McMorris said. "This expansion makes it easier for people across South Eastern Saskatchewan to access treatment, and significantly improve their daily quality of life."

Four new dialysis machines were purchased, at a cost of \$27,000 each. Other equipment and more services from the pharmacy, clinical dietetics and laboratory departments were added.

Two more licensed practical nurses (LPNs) were added to this program to handle the additional work. The staff is now made up of three Registered Nurses, four LPNs, and half-time manager Cheryl Harrison.

Renal dialysis is a life sustaining treatment for people with kidney failure.

Dialysis removes the wastes, toxins and extra fluid from the blood.

Many people are able to receive their treatment at satellite dialysis units, like the one in Estevan.

The specialists (Nephrologists) from the Regina Qu'Appelle Health Region determine who is able to receive treatment at the satellite units.

Patients are accommodated at the satellite units as the capacity allows.



**Nurse Practitioners in Sun Country Health Region:
from left, Nicki Ford, Lois Coffey, Jeannie Daku.**

Nurse Practitioners are not 'wanna-be' doctors!

In some parts of Sun Country Health Region, people would ask what the heck is a Nurse Practitioner? Neither fish nor fowl, perhaps.

Nurse Practitioners are a fairly new kettle of fish in health care altogether.

Nurse Practitioners, or NPs for short, are Registered Nurses with a larger scope of practice than usual. With advanced training in the diagnosis and management of common illness, they can diagnose and treat common illness, write prescriptions, as well as work on illness prevention and community development.

They are not, and don't want to be, physicians. They are, and still want to be nurses, but with the ability to go beyond the care that nurses usually can provide.

"Once a nurse, always a nurse," says Jeannie Daku, NP in the Primary Care Clinic in Carlyle.

"I loved being a nurse but at some point, I asked myself what I could do to become a better nurse and expand my skills for the patient and the community."

"I wanted to continue to have contact with patients and have the time to help patients manage their chronic conditions and/or help them prevent future disease," she said, in a recent interview.

Jeannie talks about the extra time she can spend with her patients and community as a Nurse Practitioner.

"There are a lot of teenagers who need more information about sexual health, for instance," she says. "I see them in our clinic. "

Then, in my role as a Nurse Practitioner, I can arrange with the public health nurses to go into the schools, to provide some good education on that topic for all the students."

"Or, I can learn from my patients about the need for better information about menopause and then help to organize a woman's health day in the community," she says.

The NP role is ideal for Jeannie, and for Lois Coffey, who works with Jeannie in Carlyle, and for Nicki Ford in Maryfield.

"This is definitely the most satisfying thing for me to do," says Lois.

"Being part of a health care team – one that can draw the patient in on his/her own care, as well - is important to me," says Lois.

Lois talks about her work with other health care providers, like home care nurses and occupational therapists, or dietitians. This team approach is very useful for the patient with a chronic illness like diabetes, she says.

"We see 10-12 people each month at a diabetes clinic where they get one-stop shopping for their prescriptions, blood work, education on the illness and work with a dietitian," says Lois.

"Or, we have occupational therapists and home care nurses come to a vascular clinic every couple of months where peripheral arterial disease can be detected early enough to slow the deterioration in the disease."

“The physician we work with in Carlyle and the specialists we work with outside the community are also very collaborative and supportive,” she says.

Nicki says that since much of her professional nursing career was spent in Maryfield, it was a natural progression for her to accept more responsibility in health care and study for an NP position.

“It allows me to take the extra step,” she says.

“People had already learned to trust me as a nurse and I felt this was something that was needed for an aging population. “I also thought it was an interesting personal test. Can I still get a good mark on an exam? It showed my kids that you can study and learn and change professions at any time in life.”

All three were nurses for at least 20 years before they took up the books once again, while continuing to work full time and caring for their families.

It took them three years of study and exams to qualify for the expanded roles.

Now they can see a full schedule of patients every day, take turns with physicians in the emergency room rotation, identify local health care issues they can impact, educate the public and advocate on their behalf on health issues, even encourage literacy programs since the ability to read is a big contributor to good health.

Two big limitations to their practice is the inability to admit people to hospitals and they can't write prescriptions for controlled drugs.

In Carlyle, the NPs work with Dr. Catharina Meyer, and in Maryfield, Nicki works with two Moosomin physicians who visit several times each week. Lois travels to Lampman on Thursdays of each week and works with Dr. Edward Tsoi. None of the NPs took the extra responsibility for the extra pay. They enjoy the broader scope of their new role.

In fact, because of the length of time as an RN previously, one of them actually made less for a few months as an NP than she had as an RN.

But all three still say the pay scale may need to be adjusted upward to encourage more RNs to become NPs.

Physicians will always have a higher pay scale, given their longer university requirements and heavier responsibilities, but if NPs are valued, they need to be paid accordingly.

NP Scope of practice

Job responsibilities for the Nurse Practitioner include:

- ***Diagnosing minor acute health problems***
- ***Counselling patients on appropriate medical treatments***
- ***Prescribing appropriate medications and ordering some diagnostic work, e.g., laboratory work and x-rays***
- ***Interpreting diagnostic studies, for instance, laboratory work and x-rays***
- ***Participating in the development of health promotion programs***
- ***Illness and injury prevention***
- ***Active participation in community development, especially in remote or rural areas***
- ***Performing minor surgical procedures***

The future for NPs

Heather Tant, Regional Director of Primary Care for Sun Country Health Region, says the Region sees the role of nurse practitioner as very valuable in helping to deliver quality primary health care.

“In addition to the three existing positions, a new position has been created for the Bengough/Pangman/Radville area and we are recruiting for that now,” she says.

“We continue to look for opportunities to create more nurse practitioner positions.”

“If you are the kind of person who gets filled up in life by helping other people, if contact with others at all stages of life is what feeds your soul, there’s nothing better than nursing.” – Nicki Ford, Nurse Practitioner, Sun Country Health Region

Take a food safety course!

Learn how to protect food this year

The Public Health Agency of Canada estimates that every year between 11 to 13 million Canadians suffer from a food-related illness.

Food borne illness costs Canadian health services, industry and society as a whole an estimated \$12 to 15 billion annually.

The vast majority of food borne illnesses last a short time and cause minor symptoms such as nausea, vomiting, and diarrhea.

Many of these illnesses are sporadic cases, but some are part of outbreaks related to commercial or institutional food services.

The people who process, prepare and serve food are the most important element in the prevention of food borne illnesses.

Over 30 years ago Saskatchewan was one of the first jurisdictions in North America to recognize this by making food handler training mandatory.

Sun Country Health Region's (SCHR) Public Health Inspectors know that food handlers can do things that can put the safety of food at risk without realizing it. That's why training on food safety is crucial. Saskatchewan Health regulations require that every licensed public eating establishment has at least one person trained in food safety working per

shift.

SCHR offers FoodSafe® classes in the spring and fall to ensure public eating establishments can meet this requirement .

Food Safe® is a nationally recognized course.

This course is intended for owners, managers, supervisors, chefs, cooks, and ALL PERSONNEL responsible for purchasing, handling, preparing or serving food.

At the end of the course, participants will write an exam (oral exams are available to persons who are reading challenged - please ask about this option before the classes begin).

Upon passing the examination, participants will receive a nationally recognized certificate.

Information about upcoming classes is available from

- 1. Estevan Public Health, Box 5000-201, Estevan, SK S4A 2V6 Tel: (306) 637-3626, or**
- 2. Weyburn Public Health, Box 2003, Weyburn, SK, S4H 279, Tel: (306) 842-8618.**

Or, check the

**Sun Country Health Region website at
<http://www.suncountry.sk.ca/service/129/88/food-safety-classes.html>**

[SCHR Inventory of Chronic Disease Management](#)

Sun Country Health Region has created an Inventory of Chronic Disease Management Programs/Services and Access Sites for your convenience.

The Inventory is a list of existing programs and services for people with chronic diseases in SCHR.

Please go to <http://www.suncountry.sk.ca/service/170/88/chronic-disease-inventory.html> to see the Inventory and learn where you might obtain services.

Home Care Clinic opened in St. Joseph's Hospital

New clinic: The Ambulatory Clinic at St. Joseph's Hospital in Estevan is keeping staff busy. From left to right are Anita Nuessler, BMR, MOT (Occupational Therapist) and Clara Freitag, Home Care RN.



Sun Country Health Region's Home Care South established an Ambulatory Clinic in the Day Hospital treatment room at St. Joseph's Hospital earlier this year.

The clinic was established to offer an alternate care environment for clients who are medically stable (i.e. well enough and mobile) and are able to obtain transportation to receive services in an ambulatory clinic setting.

The program began on February 8, 2010 and has evolved very quickly.

The Ambulatory Clinic offers a variety of services such as wound management (dressing changes), IV therapy, suture removal, foot care, blood pressure and blood sugar monitoring and other services as deemed appropriate.

The clinic may be expanded to include a vascular clinic component, incorporating an extensive lower-leg assessment.

The Ambulatory Clinic schedule is 7 –9:30 a.m. and 1—4:30 p.m. Monday through Friday.

It is staffed by Home Care Nurses.

Prior to being admitted to the program, clients are assessed by a Home Care Nurse to ensure their care needs can be met in this care setting.

Patients who might benefit from these services can be referred to the Home Care Ambulatory Clinic by forwarding/faxing specific, up-to-date physician

orders (e.g. dressing change, when to remove sutures, IV orders etc) to the Home Care office at 1-306-637-2494.

Most often, Home Care is able to admit clients to the clinic within one or two days of receiving the referral; however, for more complex cases, the wait period may be longer.

Clients admitted to the Ambulatory Clinic are seen by appointment only, which is scheduled by Home Care staff.

If you would like a tour or more information about the Ambulatory Clinic located in St. Joseph's Hospital, Day Hospital area, please call Home Care South at 1-306-637-3630.

We look forward to hearing from you!





Saskatchewan Surgical Initiative

putting the *Patient First*

Provincial plan unveiled

The first major health system improvement to arise from Saskatchewan's 2009 Patient First Review is under way.

The province's ground-breaking plan – *Sooner, Safer, Smarter: A Plan to Transform the Surgical Patient Experience* - was

publicly released March 29th.

Surgeons, family physicians, nurses, therapists,

health administrators, health sector organizations and associations, health unions and former surgical patients collaborated on the strategy.

The plan has been widely endorsed by the health sector and others. It outlines 25 projects that are in development or being implemented in the health system.

Together, these projects will help Saskatchewan achieve shorter wait times, a better patient experience, safer and higher quality care, a healthier population, and a stable, adequate supply of patient- and family-centred care providers.

The ultimate goals are better patient care at every stage of the surgical process and achieving, within four years, a sustainable maximum wait time of three months for elective surgery.

Among the plan's initiatives will be a surgical referral website for patients and standardized safety checklists in operating rooms.

It also includes an option for health



Dr. Peter Barrett, Saskatoon urologist, and leader with the Saskatchewan Surgical Initiative, speaks at the announcement of the plan.

regions to work with third party providers.

Beginning in 2010-11, third party facilities will be able to provide outpatient surgery and specialized diagnostic imaging within the publicly- funded, publicly-administered health system.

"It has been energizing and encouraging to watch the health system come together for the sake of patients and families," Health Minister Don McMorris said.

"We have set ambitious goals, not only to achieve short wait times, but to make fundamental improvements to surgical care from the patient's first visit to a family doctor to their rehabilitation and recovery. I'm pleased to say we're already making progress."

Dr. Peter Barrett, a Saskatoon urologist and physician leader with the Saskatchewan Surgical Initiative, said the continued engagement and involvement of physicians, providers, and patients,

will be critical throughout the four-year life span of the transformation project.

"If we can achieve this in surgery, we can transfer what we've learned to other sectors of the health system," Dr. Barrett said.

In 2010-11, the province will provide \$10.5 million in funding for the surgical plan, to support:

- 3,000 additional surgeries;
- 2,500 additional

CT scans;

- renovations to enhance OR and post-operative bed capacity;
- implementation and expansion of an electronic Surgical Information System; and

numerous system improvement initiatives identified in the plan. Progress on each initiative will be monitored and evaluated, with results regularly reported to health system partners and the public. Saskatchewan has made a commitment to put patients first. With the support and commitment of partners across the health care spectrum, our province will again be a leader in health care innovation.

For more information or a copy of the plan, visit:

www.health.gov.sk.ca/saskatchewan-surgical-initiative.

**An information package
from the Saskatchewan
Ministry of Health**