SunCountry HEALTH REGION

The Regional Sun

Healthline: 1-877-800-0002 www.suncountry.sk.ca

Box 2003 Weyburn, SK S4H 2Z9 Tel: (306) 842-8399 Fax: (306) 842-8738 Email: Info@schr.sk.ca Winter 2011

Inside this Issue:

Members of the Sun Country Regional Health Authority and its administration listen in the background to residents at Tatagwa View as they give a choral performance in the cafeteria of the long term care centre. In the front, left to right, are Cecilia Klein, Joyce Moore, Mel Johnston, and Anne Roberts. Standing, left to right, are Don Ehman, Pam Haupstein, Alan Arthur, Janice Giroux, Vern Palmer, Lori Carr, Debbie Pedlar, Sharon Bauche, Marilyn Charlton. In the front row are Marga Cugnet, Eileen Tunall, Karen Stephenson, Darlene Standing Ready, and Derrell Rodine.

A publication of Sun Country Health Region

The View

From the desk of Marga Cugnet, Interim President/CEO, Sun Country Health Region

Sun Country Health Region has come under close scrutiny in recent months – as have several other health regions in Saskatchewan – for the process we use to accept residents into long term care facilities. I want to explain how we do this.

Society has been fortunate in recent years to see elderly people remaining in their own homes longer. Partly because of comparatively good health and the expansion of home care services that assist with meals and regular bathing and housekeeping duties, many people are fortunate to delay admission to long term care.

However, when the day comes that they or their families decide they can't manage at home any longer, or their health suddenly deteriorates, an application is made to be assessed for possible admission to a facility.

Upon initial application, the person undergoes a physical and psychological assessment by a case manager who interviews the client and/or their family.

That application is presented to one of our five Screening and Referral Committees. The committees are made up of health care professionals, community representatives or representatives from housing, which use a standardized rating system to determine eligibility. The potential client is referred to a facility that can care for their particular physical/social and psychological needs.

Clients are assessed on many factors, from their ability to prepare meals, to dress, do housework, communicate with others, be safe, make decisions, cope with others, and the likelihood/incidence of a fall.

If the assessment shows their needs are extensive, they will be assigned a placing in order of priority. They are offered a bed in the first facility within 100 km that becomes available.

The intention of the Screening and Referral Committee is to provide an accurate and consistent measurement of client needs. We prioritize client needs so that the individual with the highest needs receives priority placement.

We must ensure they all receive the same consideration whether they have lived in southeast Saskatchewan all their life or they just moved here. We do not disadvantage clients based on their previous address.

Four issues are considered in this decision to accept a client into a facility:

1. The preferred site of the client/family.
2. The ability of the facility to provide care to the client. Not all facilities are alike. Some are staffed differently or they can accommodate more complicated health/ social problems.
3. The location of the facility. Clients can ask to be placed in the facility in their home community or closest to that community.
4. An available bed in the preferred facility. A client is placed on a waiting list until a bed is available in the facility they prefer. If they can no longer manage at home and residency is an emergency, and/or if their families cannot care for them, they will be offered a placement in another facility within 100 kms of their home community as soon as a bed is available.

They will be transferred to their preferred facility as soon as a bed is available.

In all cases, a client can choose to remain at home or find an alternate arrangement such as a private personal care home until a bed in his/her preferred facility is available. No one is forced to move into a facility they do not want. However, if their safety is at risk, clients are offered a bed in a facility nearby so they are not left on their own in an unsafe situation or with a family that can no longer cope.

Sun Country Health Region takes great care to ensure that everyone who applies will receive equitable treatment. If they feel they have been unfairly assessed, there is ample provision for appeal. Any client (or family member) can appeal a decision three times to different screening committees before a final decision is made.

Our goal is always to use our resources in a fair and equitable manner for all of the people to which we provide long term care services within Sun Country Health Region.

SCHR Administration

Interim CEO
Marga Cugnet 842-8729

Vice President Community Health:
Janice Giroux 842-8652

Vice President Human Resources:
Don Ehman 842-8724

Vice President Health Facilities:
Murray Goeres 842-8706

Interim Vice President Finance and Corporate Services
Pam Haupstein

Regional Manager Quality Improvement and Patient Safety:
Amy Ryan 637-3642

Learn more about Sun Country Health Region by visiting our website at www.suncountry.sk.ca and our blog at http://suncountryblog.com/

Detailed medication reconciliation plan to be implemented in Sun Country Health Region

Sun Country Regional Health Authority adopted a new Medication Reconciliation plan for the Region at its November 2010 meeting.
The goal of the plan is to prevent adverse drug events and potential harm to patients, residents or clients.
The plan is to gather a comprehensive medication list upon admission to a health care facility or program in order to reconcile any discrepancies between the list and the medication orders.
The names of medications collected will include prescription and nonprescription medications, as well as vitamins and supplements, along with a detailed documentation of drug name, dose, frequency and route of admission.
Medication reconciliation is a Required Organizational Practice for Accreditation Canada.
Sun Country Health Region will next be surveyed by Accreditation

Canada in 2011.
Medication errors were identified by the Canadian Adverse Events Study as the second most common type of adverse event for patients in hospital.
Audits in Sun Country Health Region identified a need to standardize forms and procedures to reconcile patient/resident/client medications.

The audits discovered that roles and responsibilities for medication reconciliation are not always clear.
Moving to proactive medication reconciliation further reduces the potential for medication errors.
When done correctly, medication discrepancies should be virtually eliminated.
According to Felecia Watson, Regional Director of Strategic Planning, “A proactive medication reconciliation approach where the physician uses the medication history to write the physician orders has been found to not only reduce medication errors, but also to reduce the amount of time that nurses and physicians dedicate to medication reconciliation.”
The plan will begin in the hospitals and health care centres in the Region and be expanded to include long term care centres and home care personnel during 2011.

Welcome new physicians to Sun Country Health Region

- Dr. Charles Omosigho
- Dr. Dasual Lesola
- Dr. Sunday Olowu
- Dr. Andrey Babkis

Your Health Region and your local communities at work for you!

2009-10 Report to the Community

Sun Country Health Region provides health care to the public in South East Saskatchewan. The next five pages provides a summary of its 2009-10 annual report.

Generous donation: Representatives of Sun Country Health Region accept $10,000 from ARC Resources during 2010. From left are Dawn Knibbs, Medical Lab Technician; Carolyn Andrews, Sun Country Health Region Regional Director of Labs; Marga Cugnet, Sun Country Health Region Vice President, Integrated and Primary Health and Jim Hillstead, representing ARC Resources. The donated funds will be used to replace the Holter monitors at the Weyburn General Hospital. The monitors measure heart rate.

Services are provided according to a set of goals:

Goal 1 – Access to Services

Access to a defined range of quality health services through an integrated, coordinated and collaborative care model and provide a culture of patient/resident/client safety.

Results: Addiction Services

SCHR Addiction Services continues to be in demand - 714 clients received services in the 2009/2010 fiscal year, with 219 receiving services through St. Joseph's Hospital Addiction Services in Estevan and 495 via SCHR Addiction Services. The average case load for staff is 45 clients. Referrals are received from Mental Health Services, S.G.I., physicians, legal system, education, Social Services and many are self referred.

Addiction Services continues to refer out of region for detoxification and inpatient treatment services. The demand for in-school substance abuse/addiction education and counselling services continues to increase with youth counsellors providing services in both city and rural schools on a regular basis as needed.

2009-20110 was the first year for the new Community Supports Program. The additional funding provided by the Saskatchewan Ministry Health for this program allowed Addiction Services to hire 1.5 staff, rent two apartments in Estevan and develop a transitional recovery program providing intensive, structured, supportive recovery services to adult male and female relapse prone individuals requiring intensive long term care.

Clients may remain in transitional housing for up to one year. The program has been well received and early indicators exhibit client success. An additional two bedroom apartment has been added for 2010 - 2011. This year, the program provided transitional housing to nine individuals, three of whom successfully completed the program and three of whom continue living in the Supportive Housing Program.

Wait times for services are manageable. SCHR clients are generally seen within one week and St. Joseph's Hospital clients within two weeks. Those client's needing urgent services are prioritized and can be seen much quicker.

Results: Chronic Disease Prevention and Management

Positive outcomes for chronic conditions are achieved only when patients and families, community partners, and health care teams are informed, motivated, prepared, and working together. Several initiatives to improve the care of people with chronic conditions have been implemented in Sun Country Health Region within the past year, focusing on promoting continuity and coordination of care, organizing care teams and providing the teams with skills training and equipment, and supporting patients to be motivated and skilled in the management of their chronic condition.

2009-10 Report to the Community

Many of the improvements to Chronic Disease Prevention and Management (from Page1) have been realized with no additional staffing. Rather, care teams have learned how to work differently to improve both quality and access to care.

The improvements include:

• **Early Detection Chronic Kidney Disease (CKD)** – Pilot project: An interdisciplinary care team has been established, including a diabetes nurse educator, dietitian and pharmacist. The team helps patients in the early stages of kidney disease develop the skills needed to manage their condition. The team works closely with the patient's family physician as well as the Regina CKD program. Patient progress is documented in the same electronic database used by the Regina program and the nephrologists. If a patient's kidney function deteriorates and requires the care of a nephrologist, the health record is readily available, allowing seamless care.

• **Chronic Obstructive Pulmonary Disease (COPD):** Two teams from SCHR are participating in a project with the Saskatchewan Health Quality Council on COPD. In order to accurately diagnose COPD, lung function must be assessed by spirometry. Care providers have received training to conduct spirometry testing and how to interpret the results. Four additional spirometry testing sites have been added in the Region. SCHR Pulmonary rehabilitation is the most effective therapy for improving shortness of breath and quality of life. SCHR's Therapy program is developing the first pulmonary rehabilitation program to be offered in the Region. Care teams develop action plans with patients. The action plans help patients to identify if their condition is deteriorating, if their medications may need adjustments and when to seek follow up care by their primary care provider. The aim is to reduce emergency room visits and hospital admissions and to improve the patient's quality of life.

• **Depression:** The four teams from SCHR are participating in a project with the Saskatchewan Health Quality Council, focusing on depression. Team members include physicians, nurse practitioners, mental health social workers, mental health nurses, occupational therapists and home care nurses. Using the Antidepressant Skills Workbook, a self-care depression program, clients learn to self-manage their illness. Interdisciplinary case conferences improve the continuity of care and the access to specialists.

•**Diabetes:** Consistent Use of Best Practice, Quality Inpatient Care and Spread of Interdisciplinary Teams are three improvement priorities that three Sub-Committees of the Diabetes Working Group have been addressing. Specific changes to improve the quality and safety of patient care include: standing orders for diabetes laboratory tests; prep-written physician orders for an insulin correction scale and updating regional Diabetes Management Guidelines . The diabetes nurse educator position has been increased to 1.5 days from 1, allowing Diabetes Clinics to be routinely scheduled in Weyburn, Estevan and Oxbow.

• **Peripheral Vascular Disease (PVD):** A pilot Vascular Clinic was established at the Carlyle Primary Care Clinic. The interdisciplinary team includes a nurse practitioner, occupational therapist and Home Care nurse. The aim is early identification and management of risk for PVD in order to slow the disease progression and prevent wound development. A patient's risk is assessed by ultrasound. Prevention strategies may include compression stocking, diabetes and hypertension management, and smoking cessation.

Inventory created

An Inventory of Chronic Disease Management programs and locations was developed to improve the community's access to programs and to inform program planning in the Region. Quality indicators are being developed within all Chronic Disease programs and will include measures of improved access, quality, patient safety and client satisfaction.

Results: To reduce to zero the number of people waiting 12+ months for surgery.

Sun Country Health Region has 20 people waiting for surgery 12+ months, with another 24 people waiting for surgery for that time period at St. Joseph's Hospital in Estevan (an affiliate). Itinerant surgeons provide services two times per month, restricting the ability to reduce that waiting list quickly. The Region will create a strategy to target those waiting over 12 months to reduce the list to zero.

Results: Stroke Care in Hospital

Patients hospitalized in Sun Country Health Region were more likely to survive for 30 days after a stroke than patients across Canada (10.6 per cent vs. 17.7 per cent). Just under 17 per cent of Saskatchewan patients admitted to hospital for stroke between 2006 and 2009 died in hospital from any cause within 30 days of admission. (The provincial rate is consistent with the Canadian rate of 17.7 per cent). The rate (30-day stroke in-hospital mortality rate) is an indicator of the effectiveness of treatment and quality of care.

2009-10 Report to the Community

Goal 2 - Healthy Environments

Healthy environments are promoted that allow residents of SCHR to live healthy lifestyles.

Results: Nutrition policies

Off-reserve schools throughout Saskatchewan were asked between 2006 and 2008 if they had written healthy/ nutrition food policies/administrative procedures.
During the three years, less than 10 per cent of schools and only one out of five school divisions had healthy food/ nutrition policies. In 2006, 2.1 per cent of schools within SCHR had written policies. In 2007 this increased to 8.7 per cent and then decreased to 6.67 per cent in 2008.
In 2009, this survey was suspended provincially and the information was not collected within SCHR.
In October 2009, the Saskatchewan Ministry of Education released the report Nourishing Minds Towards Comprehensive School Community Health: Nutrition Policy Development in Saskatchewan Schools. Within the document, it is stated that Education Boards are expected to “adopt and fully implement policies” consistent with healthy food guidelines.
As of December 2009 there were two out of five (40 per cent) schools within SCHR with healthy food/nutrition policies. This includes 15.6 per cent (seven schools) of schools within SCHR. The remaining three schools (60 per cent) are in the process of developing and implementing division wide nutrition policies.
The Public Health Nutritionist provides support to school divisions in the creation of policies and administrative procedures.

Results: Falls Prevention

Falls have been identified as the one of the leading causes of hospital admissions due to injury in Saskatchewan. Sun Country Health Region, working with Safe Saskatchewan and other
provincial stakeholders, has established a Falls Prevention Program designed to increase the awareness, knowledge and capacity of health professionals to identify seniors at risk for falling.
Over 75 per cent of Home Care staff has been trained in the functional client test – Timed Up and Go (TUG) and falls risk interventions. The program uses a team approach to provide Home Care clients with strategies to reduce falls and injuries related to falls.
The client can access the services of the Home Care staff, Therapies Department, dietitians, pharmacists, mental health workers and his/her physician for assistance
with the specific issues that may have caused a fall or increased the risk of a fall. SCHR expects the program will be in place for 80 per cent of at-risk clients by 2011.

Goal 3 - Safe Work place

SCHR is a healthy, safe work place able to attract, support and retain a competent, skilled and engaged work force.

Results: Workers Compensation

During the 2009-10 financial year, the number of WCB lost time claims per 100 FTE continued to trend downward, albeit at a slow rate. In a region-by-region comparison, SCHR has one of the lowest numbers of lost time claims per 100 full time workers (FTE). SCHR’s number of lost time claims remains 18.5 per cent lower than the overall average of the group.
In addition, the lost time days per 100 FTE of claims by employees in SCHR has also decreased by over seven per cent from 2008-09. Despite this, SCHR workers remain among the higher users of lost time days in health care in Sask., being 11 per cent above the average of all reporting Regions for 2009-10.

One reason for this longer duration is that a growing number of work injuries are to the shoulder and back . Efforts in 2009-10 focused on implementing initiatives to reduce the number and duration of WCB claims. With the intention of reducing injuries, SCHR continues to purchase patient lifts for all facilities and to educate workers in proper transfer, lift and repositioning techniques. When a lost time injury does occur, SCHR joins with workers and unions to plan an optimum recovery for the injured worker. When needed, occupational and physical therapy assessments are completed. However, wait lists are often encountered in this, resulting in longer recovery times and longer durations of claims.

Results: Saskatchewan Union of Nurses FTEs

In 2009-10 SCHR showed progress in meeting its full time equivalent (FTE) over-all three-year target of 276 FTE of registered nurses. At the end of the 2009-10 financial year, SCHR was at 252.69 FTE of registered nurses. In addition, SCHR and the Saskatchewan Union of Nurses established (SUN) a partnership to develop ideas and initiate actions to recruit and retain registered nurses across the Region. provided to students who are in the Nursing Education Program. SCHR continues to provide student practicums and mentorship opportunities for nursing students who are required to take clinical placements in their final years of education. A challenge remains in that new registered nurse graduates continue to prefer to work in larger urban centres as compared to rural facilities.

Goal 4 - An Efficient, Accountable System

Sun Country Health Region provides health services through a sustainable, efficient and accountable system.

Results: Leave for Illness/Sickness

Utilization of sick leave hours has increased by over six per cent over the previous year. In addition, SCHR workers exceed the provincial average by 3.46 per cent in their utilization of sick leave.
The pandemic and other outbreaks have contributed to this increase in utilization, as workers were asked to not to come to work if they were feeling ill. Sick leave has an impact on SCHR finances and productivity. In a number of situations, there may be too few relief staff to replace ill workers resulting in work shortages on a given shift and in other situations there are relief staff frequently called in to work as replacement workers to the regularly scheduled workers who become ill. This also results in additional overtime for regular workers at an increased cost as well.

Results: Facility Replacement Projects – Radville, Redvers, Kipling

Since the Minister's announcement of replacement facilities in early 2009, considerable effort has been made to move these three projects through the 18 Step, Ministry of Health Capital Process.
Through a collaborative approach between the key stakeholders, a milestone was reached in early 2010 in reaching agreement on the scope, including bed numbers of all three projects.
allowed the finalization of Functional Programs for each of the facilities.

Financial Summary

2009-10 was a unique year financially for the Sun Country Regional Health Authority (SCRHA), as it posted a deficit of $25,477,576, which was offset by the use of capital funds to cover these operating expenses.

Responding to extraordinary financial pressures on the government, the Ministry of Health deferred some capital funding for health facilities that were not yet ready for construction. SCHR had already received funding from the Ministry to plan and construct three replacement facilities. The Ministry reduced the Region's 2009-10 operating grant by $26.1 million (the amount of construction funding that could be deferred to the future), and authorized the Region to pay a corresponding amount of operating expenses from money that was set aside for future capital expenses. The government has committed to provide capital funding for the facilities when the projects are ready for construction.

Overall, revenues were lower than the 2009-10 budget ($19,562,486 or 16.2 per cent) due to:

- Decreased funding from the Ministry of Health ($20,536,243 under budget) which is due to $26.1 million decrease in general funding offset by specific funding for costs associated with the CUPE retroactive collective agreement settlement to March 31, 2010 of $5,297,000 and Pandemic expense reimbursement in the amount of $403,000.
- Patient Fees have increased from budget by $375,217, or 3.5 per cent, for two reasons: an increase in EMS calls that were offset by increased service costs and a larger than expected long term care revenues. SCRHA budgets conservatively for long term care revenue. As a result, unplanned revenue was used to offset unbudgeted expenses.
- Out-of-Province revenue decreased slightly from last year ($74,315 or 12.2 per cent) but is over budget ($134,027 or 33.3 per cent) due to transient employment activity in the Region. Residents of other Provinces requiring hospital services generate additional revenue through a reciprocal agreement between Saskatchewan and the other Provinces.

Salaries were over budget by $5,571,927 (8.1 per cent) due to accruing the CUPE retroactive settlement and over budget spending in sick time.
However, this was partially offset by a number of staff vacancies.
Drugs have decreased from budget by $76,066 (14.7 per cent) due to efficiencies through the regionalization of distribution of drugs, and a decrease in the use of more expensive drugs where not indicated.
Housekeeping Supplies increased from budget by $31,627 (11.2 per cent) due to Pandemic.
Laboratory Supplies increased from budget and prior year (61,615 or 11.3 per cent and 79,712 or 15.2 per cent) due to and increase in procedures performed.
Utilities have decreased from budget and prior year ($270,246 or 12.2 per cent and $291,286 or 13.1 per cent) due to a mild winter and the realization of savings from the Energy Performance Contract initiated in 2009 and reduced natural gas pricing through a third party annual contract.

Future Outlook/ Emerging Trends

SCHR will continue to provide effective, comprehensive and an equitable range of health services to the residents of the South East within available human, physical and financial resources.
Some key challenges and strategic initiatives for 2010-11 include:

Immunization rates

The future prospects for SCHR will be to continue improving the immunization coverage rates in the citizens, the residents of long-term care facilities and our employees.
This has been a priority for the last five years. SCHR has some of the highest immunization coverage rates in the province, including its routine childhood immunization program rates and its influenza and pneumococcal program coverage rates for residents. SCHR has annual seasonal influenza immunization coverage rates among its employees that exceed almost all published reports in the literature.
The prospects are excellent for maintaining these rates but will require ongoing investment through the partnerships established. Even with the challenges of delivering many of these programs during the simultaneous delivery of the mass H1N1 influenza campaigns, SCHR maintained its coverage rates.
Management has based its assessment of future prospects on the following assumptions:
• That existing resources will be maintained or augmented. Enhancing the employee influenza coverage rates and other employee health vaccine coverage rates will likely require additional investments with the new introduction of vaccines (usually more costly), changing and expanding vaccine recommendations and changing provincial program parameters.
• The review of the employee health immunization program will continue as the renewal of the SCHR orientation process proceeds. In the past, the Saskatchewan Ministry of Health has provided funding to RHAs for program delivery when new vaccines are introduced. If this was to change, there would be program impacts. The pertussis program is being enhanced.

Impact of Demographic Factors on SCHR

Three key demographic factors impact on service provision and human resources in SCHR:
a) the transient population
b) the aging population
c) the "urbanization" of the population.

According to the 2006 census data, almost 25 per cent of SCHR's working population worked in "occupations unique to primary industry." The great abundance of primary industry in the Region is likely one of the main reasons for the transience that is being seen in the population. A transient population can have impacts on many health and social components, including an increase in some communicable diseases and a decrease in the health and mental well-being of the children in the Region.
The continuing development of primary industry, specifically the oil and gas sector, in the region may lead to challenges in health care delivery in SCHR.
Given the Region's low birth rate, aging population, "urbanization" of the agriculturally-based economy and lack of large urban centres, it is likely it will see a reduction in the population in many communities in the future while the proportion of the population over 45 will continue to increase.
• Rural youth are relocating to the larger cities for post-secondary opportunities. They may remain in the larger urban centres because of enhanced employment and educational opportunities. Informal social support networks are vital and abundant in SCHR but it may be increasingly difficult for those remaining in these sparsely-populated, rural areas to provide informal supports such as recreational opportunities/facilities, care for aging parents, child care, parenting support, emotional support and others.
• At the same time that informal supports are under pressure with these demographic changes, the aging population is increasing its reliance on formal support systems, such as health care.