



# The Heartlander

**A Newsletter about Health Care Services  
for Residents of Heartland Health Region**

**September 2009**

## A Message from the Chair and the President/Chief Executive Officer

In this fall's edition of *The Heartlander*, The Heartland Regional Health Authority is pleased to provide you with information about progress toward the implementation of our 2009-2010 Operational Plan.

On May 29<sup>th</sup>, 2009 the Regional Health Authority approved its 2009-2010 operating budget of \$83.6 million. The Operational Plan contains the details of how the region intends to Operate during the fiscal year. The Plan was developed in accordance with Heartlands 2007/2010 Strategic Plan and other applicable Ministry of Health initiatives...

Providing *Quality Care* should be the driving force behind every project within the healthcare system. Provincial and Regional initiatives such as *Quality as a Business Strategy*, *Accelerating Excellence*, and *Lean Process Improvement* were developed to ingrain Quality into the day-to-day activities of every healthcare provider.

The Saskatchewan Healthcare system was first created in order to provide care to the patient, so it only stands to reason that the system should be *Patient Centered*. The *Patient First Review*, and resultant report, will be used to develop a regional *Customer Engagement Plan* and *Service Delivery Expectations* which will ensure the client is the focus of each care interaction. Healthcare providers are partners in the clients care experience; clients should not feel as though they are helplessly navigating a clumsy system.

While we strive to achieve a high quality and patient centered level of care we must also work to guarantee the *Safety* of all clients and providers. This year, major initiatives have been undertaken in Pandemic Planning, Infection Control, and with Immunization Targets to ensure that risks associated with care do not emerge as barriers to care provision.

Our health system wouldn't be able to provide the excellent service that it does if it weren't for the dedication, commitment, and expertise of our providers. Heartland is working to play a larger role in the recruitment of physicians to rural Saskatchewan. We have also established clear targets for both SUN Nurses and First Nations/Métis workforce Representation.

In March of 2009 the government of Saskatchewan announced projects to replace facilities in Biggar, Kerrobert, and Rosetown. \$36.2 million in provincial funding has been pledged as part of the "Ready for Growth" initiative. In 2008, Heartland also received \$4.32 million to complete *life-safety* improvements in a variety of community facilities (floors, roofs, fire alarms, access, etc). These projects will help ensure that aging infrastructure is continuously replaced in a timely fashion.

Heartland Health Region is your region; the services we offer are there to serve you. We believe that you have the right to *high quality, patient centered, and safe* care. We have done our best to develop this year's plans with you in mind. Your comments, suggestions, and/or questions are always welcome and greatly appreciated.

Chairperson, Richard Anderson

Greg Cummings, CEO/President

## Are you Ready for a Pandemic?

Adapted with permission from the Saskatoon Health Region

Understanding, support, patience and appropriate use of health services will be vital in the community's response to a pandemic influenza. During a pandemic influenza, there may be widespread illness and service disruption. Some examples of what may happen may be the following:

- ♥ Many businesses may have to close or temporarily scale back services because their employees are too sick to come to work.
- ♥ Grocery Stores may have their stock depleted because of widespread illness in the trucking industry that delivers the food.
- ♥ Children may be too ill to go to school and will require childcare.
- ♥ Elderly family members may be ill and require care.
- ♥ People who live alone may be too ill to prepare their own meals or get groceries and other needed supplies
- ♥ People may be too ill to look after their pets, or they may be hospitalized and need someone to care for their pet until they return home.

Health Care facilities may be operating beyond capacity because of an increase in people seeking treatment due to influenza. Also, up to 30 percent of Health Care Workers may be off duty due to sickness at any given time. Everyone will be encouraged to do self-care at home and to only access health-care facilities when absolutely necessary. Communities can be neighborhoods, town, church groups, community associations, service groups, or any other group of people. Each group can contribute by helping each other.

It is important to plan ahead for your personal health and safety. The effects of a pandemic influenza can be lessened if you prepare ahead of time. During a pandemic influenza, some day to day services may be disrupted. The health region, municipal, provincial and federal governments will use all resources at their disposal, but they need your assistance. All people need to be responsible for themselves, their families and their community, Stocking essential supplies for you and your family is one way to prepare for this possibility. The following Emergency Supply List provides suggestions as to what items you should have in your home.

Food and Water	Health Supplies	Other
Bottled Water, Ready to Eat Canned Meats, Canned and Dried Fruit, Canned Vegetables, Soup, Protein Bars, Dry Cereal/Granola, Peanut Butter/Nuts, Crackers, Canned Juices, Tetra Packed Milk or Soy Beverage	Pain Relievers/Fever Reducers (acetaminophen, ibuprofen), Stomach Remedies, Cough and Cold Medicine, Anti-Diarrhea Medication, Fluids with Salt and Sugar, Vitamins, Prescribed Medical Supplies such as Glucose and Blood Pressure Monitoring Equipment, Thermometer, Equipment for Persons with Disabilities	Soap, Alcohol-Based Hand Sanitizer, Flashlight, Batteries, Battery Powered or Wind up Radio, Manual Can Opener, Garbage Bags, Tissues, Toilet Paper, Candles and Matches or Lighter, General First Aid Kit, Extra Keys for Car and House, Cash and Change for Pay Phones

**For toll-free health information 24 hours a day every day, call Saskatchewan HealthLine: 1-877-800-0002**

# Together we Win with Physician Recruitment

Heartland works closely with local physician recruitment groups and the College of Physicians and Surgeons of Saskatchewan to form *Group Practices*. Being part of a Group Practice is a requirement for all internationally trained family physicians seeking initial licensure in Saskatchewan. The formation of the Province's first Group Practice with Kerrobert/Unity was a tremendous accomplishment and was only possible through persistent cooperation by all parties. Dr. Du Toit was the first physician in our region to fall under this new requirement. Almost immediately a second group practice was developed with the Outlook/Beechy physicians. Dr. Nxumalo is expected to arrive in Outlook to join this practice in the coming months. Heartland continues working with interested parties to identify potential group practices and have them recognized by The College.

Many Heartland communities are experiencing physician recruitment challenges. To support them, a regional recruitment and retention committee has been developed to coordinate and focus efforts to address this issue. The committee's current priority is recruiting to Rural Saskatchewan. They are developing an information portal on Heartlands website ([www.hrha.sk.ca](http://www.hrha.sk.ca)) "selling" our region and communities. This site will also include a list of advantages that rural practice offers prospective physicians. The committee is focusing on early contact with physician students and recent Saskatchewan grads, working closely with province and the new provincial strategy, and coordination with communities to gather recruitment expertise resources. We are looking to develop a plan specific to each community's recruitment needs, as well as developing a Regional recruitment structure to enhance and simplify the recruitment process.

To ensure accessible, appropriate health care in each and every Heartland community we will need to focus on team work, cooperation and ensuring the availability and the best use of all health care professional, ensuring that they have opportunities to work to full scope of practice. Communities, providers and Heartland will need to work together.

## Quality Patient Care

### Surgical Wait Lists

Surgical Waitlists are a topic of great discussion at a variety of regional, provincial, and national forums. One thing that remains consistent through all of the conversation is the agreement that waitlists are too long. Healthcare institutions, regions, and systems across the country have made this a top priority into the foreseeable future.

The Ministry of Health and the Heartland Health Region have established corresponding goals for 2009/2010. These include a reduction in the length of time clients wait for surgery along with an increase in surgical volumes. Heartland performs a limited number and type of surgeries locally; however, we do offer consultations, treatments, and therapies that are required before and after such surgeries.

Our ability to provide pre/post operative care combined with our commitment to increasing volumes while reducing wait times will help ensure our residents receive the most timely and accessible surgical care possible.

### Ultrasound Service Expansion!

In 2007, Heartland Health Region secured the services of a full-time Sonographer. This provided much needed security and stability in Ultrasound services that were typically provided on a contract/consultant basis. *The Kindersley Health and Wellness Foundation* was instrumental in the recruitment of this very important position as well as providing the funding for a new Ultrasound unit in the Kindersley Health Centre. The Foundations commitment and effort is greatly appreciated!

In 2009, the Region purchased a portable unit. Ultrasound services are now provided by our regional Sonographer to the communities of Unity, Biggar, and Rosetown on a regularly scheduled basis. This will greatly improve access to Ultrasound services for the communities surrounding Kindersley.

### Long Term Care

There continues to be no wait lists for Long Term Care (LTC) beds in Heartland Health Region (HHR). All residents who were assessed as requiring care were offered beds in HHR facilities. Sometimes these beds were not in the community of choice which necessitated being placed on a transfer list. Once a bed became available in their chosen community, they were offered the bed in order of their application. As such, people on the transfer list have priority over new admissions.

This year, Heartland approved the change of shared LTC rooms to private accommodation. The primary purpose for this change was to improve the quality of life for the residents. Three facilities had at that time shared accommodation. Discussions occurred with staff in the respective facilities and they were able to plan their changes. One facility, Dinsmore has been able to accomplish this task. Rose-town and Kerrobert have made some changes and continue to work on the process.

## Immunization Targets

The Heartland Health Region (HHR) Board has approved new target % for influenza immunization for both employees of HHR and for the LTC residents we care for.

Year Stats	# of employees	# immunized	% immunized
2008 summary	1695	1160	68.4%
2007 summary	1648	1149	69.7%
2006 summary	1708	911	53%

The above table documents HHR employee immunization rates for the last 3 years. The new HHR Board approved target is 85% of all health care employees to be immunized. Even though this seems like a huge increase – it is achievable. Health Care employees are very dedicated to their jobs and their clients, and they will take an extra step to help protect and care for them.

The HHR Board also approved a target immunization rate of 98% for the LTC residents of Heartland. This table documents the number of LTC residents and the percentage immunized in the last 3 years.

Year stats	# LTC residents	# immunized	% immunized
2008 summary	479	426	89%
2007 summary	489	427	87%
2006 summary	514	448	87%

# We are Proud of our Community Partnerships

Your health is dependent on more than just what services are offered through the health system. Every aspect of your life plays a role, which is why partnerships with community groups and individuals is important to Heartland. *The Drug and Alcohol Awareness Wellness Network* (DAWN) is having its launch in Kindersley on September 22, 2009. Its committee members represent youth, parents, justice, ministerial, education, sport and recreation, municipal and health sectors. They have come together from across the region with a common goal of helping west central Saskatchewan communities reduce the use of drugs and alcohol. DAWN's purpose is to assist communities with their work to decrease substance use/abuse, advocate for positive change, promote connection between communities and act as a liaison as needed. DAWN is especially proud of the drug strategy because of its strong rural perspective, taking into consideration the uniqueness of our communities.

It is estimated that one in three seniors is likely to fall at least once every year (Prevention of Unintentional Injuries Among Seniors, PHAC). In response to the statistics, various departments within the region and community partners such as pharmacists, and active living advocates; have worked together to provide seniors falls injury prevention clinics in Rosetown, Biggar and Eatonia. These events featured tips on what you can do to reduce the risk of suffering a fall and resulting injuries. Topic areas included nutrition, safe environments, medication side effects, being active, proper footwear and assistive devices. The Therapy department within the region has provided information presentation to various groups in the region to promote falls injury prevention.

*Books for Life*, the Family Community Centres in Unity and Kindersley, the *Fitness Challenge* in Rosetown and Biggar, *Kids in the Kitchen* and *Active Communities* are some of the other ongoing programs that promote a positive partnership with various community groups. Heartland is proud to foster these relationships with our community partners.

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# Capital Projects

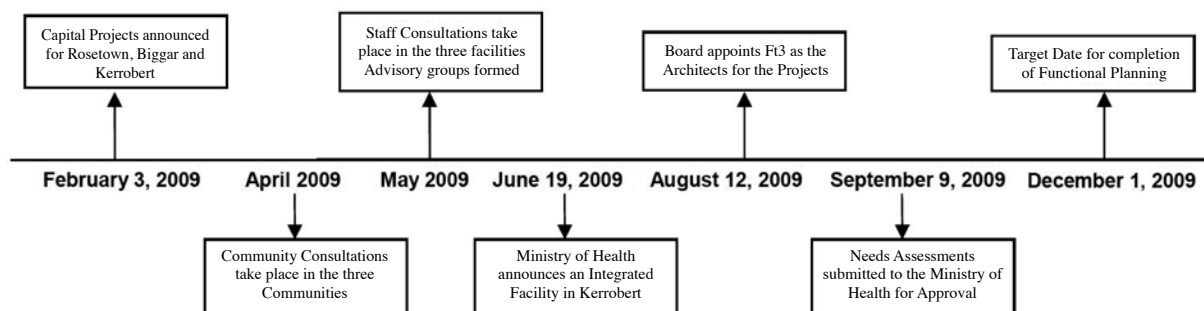
Since the announcement of the “Big Three” Capital Projects (Biggar, Kerrobert, and Rosetown) in February Heartland Health Region (HHR) has spent considerable time and effort establishing working relationships, completing required planning steps, and facilitating communication among stakeholders.

HHR immediately conducted *Community/Staff Consultations* (X12) and established *Advisory Committees* (X3) aimed at ensuring ongoing stakeholder input prior to, during, and at the culmination of the project. Foundation representatives were instrumental in the selection of these community representatives. The committees are intended to ensure open communication between HHR and the respective communities. Each advisory committee has met three times thus far.

On August 12, 2009 the HHR Board Authority approved the *Architect Selection* of “Friesen Tokar Architects + Landscape + Interior Designers”, of Winnipeg, known as “Ft3”. Ft3 will work with Alfa Engineering of Regina for Electrical Engineering Services, HDA Engineering of Regina for Mechanical Services and the team of Crosier Kilgour, Brownlee Beaton Kreke of Winnipeg/Regina for Structural Engineering Services. On September 9<sup>th</sup>, 2009 HHR submitted Needs Assessments for each community to the Ministry of Health for approval. HHR will commence work to complete *Functional Planning* (by December 1, 2009) while awaiting final approval of the Needs Assessments. Functional planning will include a site evaluation/recommendation. This information is required prior to developing an artistic depiction and/or blueprinting.

The community of Kerrobert got welcome news in July that the facility they would be building in Kerrobert will be an integrated facility. A similar announcement has not been made in Biggar nor Rosetown; however, this in no way precludes a corresponding future announcement. HHR is proceeding to recommend and plan for what the needs of the respective communities demand.

These projects represent much needed enhancements to infrastructure and services in communities that most certainly need it. We will continue to work diligently with all stakeholders toward our common goal of three new facilities in Heartland.



In 2007 the Ministry of Health contracted VFA to do an assessment of all health care facilities in the Province of Saskatchewan. VFA assessed the present condition of all the facilities in The Region. We are using the VFA study (and associated targeted funding) to ensure all of our facilities comply with a minimum standard of safety to ensure delivery of high quality patient care. Keith Cowan has been added as Operations Manager to oversee a variety of the projects.

Improvements are being made across the region to provide better access (wheelchair, etc) to facility entry/exit ways. Roofing projects have been completed in Kindersley and Elrose. Similar roofing projects will follow in Eston, Wilkie, Biggar, Rosetown and Davidson. Eston Health Centre is currently having its flooring replaced. Replacement of the Nurse Call System in Dinsmore has also begun. Sunset Lodge in Kindersley is being renovated to provide integration of services; changes have happened quickly as staff begin to occupy the space. The Fire Alarm system is also being replaced in the Sunset Lodge. Air Handling/Air Condition systems are being procured for the Sunset Lodge in Kindersley as well as the Wheatbelt Lodge in Rosetown.

# Nursing Recruitment and Retention

A National and Provincial shortage of Registered Nurses RN (and Registered Psychiatric Nurses RPN) has spurred a variety of initiatives in Heartland. With that in mind the *Joint Saskatchewan Union of Nurses (SUN)* and *Heartland Health Region Recruitment and Retention* Committee was formed in April of 2009.

This group will work together to identify problems, determine priorities, develop options, seek funding and jointly implement initiatives that address RN/RPN retention and recruitment issues. They will also consider regional evidence regarding vacancies, turnover, pending retirements, the effectiveness of previous retention and recruitment initiatives, patient safety and quality of care indicators when designing initiatives.

Heartland is fortunate and excited to have an opportunity to work within this partnership. The provincial allocation of resources (targeted funding) to support additional full-time equivalents in various areas will continue to improve the work/life balance for our nurses.

An RN Relief position and a Clinical Nurse Educator Position have been added in each of Heartlands Primary Health Services Areas (Kindersley, Outlook, Rosetown, and Unity). The Region has also hired a multi-site relief RN position to support the Long Term Care and Home Care programs. A permanent full-time Assistant Head Nurse (AHN) position has been created in Biggar. The Region continues to explore opportunities for the Registered Nurse—Nurse Practitioner (RNNP) care model and is actively recruiting for the Macklin and Lucky Lake areas.

# Where does your health dollar go?

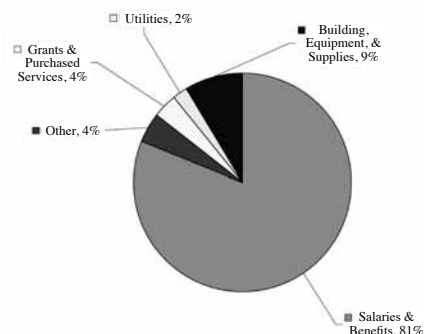
**81¢** of every dollar is spent on staff salaries, wages and benefits. Front line workers provide acute and long term care, emergency services, home care, and public health and community services. Others work behind the scenes, supplying, cleaning, supporting, planning, and monitoring the delivery of quality care.

**9¢** of every dollar is spent on the buildings, equipment, and supplies needed to provide quality care to Heartland residents. This includes food and drugs, and medical, surgical, diagnostic, housekeeping, and laundry supplies.

**4¢** of every dollar is spent on other costs related to the delivery of health service, like travel costs, professional fees, insurance, information technology contracts, board costs, and mortgage loan interest.

**4¢** of every dollar is spent on grants and purchased services, like grants to health care organizations like Bridgepoint, contracted or referred out services, and purchased meals for Meals on Wheels.

**2¢** of every dollar is spent on utilities, ensuring the buildings and facilities we operate have heat, light, water and gas.



## Paramedic Services

EMS professionals provide Emergency Medical Services throughout the Heartland Health Region. Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs) and Emergency Medical Technician – Advanced (EMT-As) have provided quality EMS service throughout the health region for many years.

An opportunity presented to increase the level of care provided by EMS in Kindersley and area when a Kindersley EMS employee completed his Emergency Medical Technician – Paramedic (EMT-P) training program in June. An EMT-P (Paramedic) is an advanced EMS care providers with an in-depth understanding of anatomy and physiology of the body. Paramedics are able to provide advanced care that includes advanced airway management, administration of various medications and provision of advanced cardiac care with manual defibrillation, cardioversion and pacing.

The full Paramedic scope of practice requires additional equipment and supplies. Some of the equipment and supplies have been added to the Kindersley EMS units allowing the Paramedic to provide additional treatments to the patients served. The region is currently considering funding options for additional equipment which will allow the Paramedic to provide his full scope of practice to the Kindersley and area patients. At present there is one other EMS service in the region that provides Paramedic level services. Beechy and area has experienced the benefits of Paramedic level of care for many years.

## Patient First Review

The Patient First Review was announced in November 2008, to find out how Saskatchewan residents' feel about the way health care services are delivered, and to explore ways to improve the patient experience in the province. Formal results are expected to be announced in the fall of 2009. Some common themes and patient experiences have been released by the independent review committee...

### Positive themes included:

- 1) Good two-way physician-patient communication.
- 2) Feeling connected to the system during a health episode.
- 3) "Speed" in accessing needed services and providers.
- 4) Encountering genuine and caring attitudes from staff (non physician).
- 5) Access to appropriate culturally-oriented health services (e.g. for First Nations and Métis communities).

### Negative themes included:

- 1) Feeling "lost" in the system.
- 2) "Uncaring" and dismissive attitudes from health care workers.
- 3) Feeling inadequately served in hospital emergency rooms.
- 4) Long waits for diagnostics and surgeries.
- 5) Difficulties accessing appropriate family health care.
- 6) Poor case management/communication with physicians.
- 7) Limitations in available home care services.
- 8) Feeling that the province seems ill-equipped to meet the care needs of the aging population.
- 9) Feeling under-supported by maternal and child health care services.
- 10) Difficulties accessing appropriate mental health care and addictions services.
- 11) Medically-required transportation and accommodation issues for remote/rural locations.
- 12) Cultural insensitivity of health care workers.
- 13) Unexpected out-of-pocket cost for services.
- 14) Difficulties accessing specialized services

The review committee has spent the last few months working with care providers and Saskatchewan residents to validate and confirm these themes. They are working to generate ideas and follow-up actions to improve care and transform our health system into one that is completely focused on the patient.

The Heartland Health Region will use the results from the Patient First Review to develop and implement a plan. This plan will include further staff/client consultation and detail specific initiatives intended to address the results of the review. The Saskatchewan Healthcare System was created to serve the people who live here. The healthcare system should be organized and operated so that every care experience reinforces that notion.

## Stop! Clean Your Hands

Protect Yourself...and others from influenza

Stop the spread of viruses that make you and others sick!

Cover your mouth and nose with a tissue when you cough or sneeze.

Use tissues. Throw them away.

Wash your hands often with soap and water for at least 20 seconds.

Stay home. You are sick.

For more information, visit [www.health.gov.sk.ca/influenza-flu](http://www.health.gov.sk.ca/influenza-flu)

Did you know that health care associated infections (HAIs) are the most common serious complication of hospitalization? 1 in 6 patients in Canada acquire infection as a consequence of their hospital stay. It is reported that each year 8,000 deaths occur from over 220,000 of these incidents making HAIs the fourth leading cause of death behind cancer, disease and stroke.

Hand hygiene is the single most important factor in the prevention of health care associated infections and cross transmission of multi-resistant pathogens. It is estimated an increase in hand hygiene compliance of only 20% results in a 40% reduction in the rate of health care associated infections.

In response to the national guidelines and statistics, Heartland Health Region will be adopting Canada's Hand Hygiene Campaign called "Stop! Clean Your Hands". This program will provide the direction in hand hygiene processes and education for staff and public.

The program also promotes the rights of the patient, resident and client by encouraging them to ask any healthcare worker providing care if they have cleaned their hands. Clean hands provide safer care!

WASH YOUR HANDS WITH SOAP

It will help to keep you and your friends from getting sick!

## "Releasing Time to Care: The Productive Ward"

Releasing Time to Care (RTC) is a patient centered approach to improving the quality of care on acute care nursing units. The initiative, which focuses on freeing caregiver time for more direct patient care is designed and packaged as a box set of 15 modules. Each module provides a step-by-step guide to improving processes of care using a variety of tools and techniques – some of which have been adapted from *Lean Methodologies*. Although RTC is designed around nursing processes, everyone involved in providing care or services at the unit level – care providers, pharmacists, physicians, housekeeping staff, maintenance workers and dietary staff has an important role to play in implementing RTC.

The overall aim of Releasing Time to Care is to increase the time health care providers spend on direct patient care. Nurses and other care providers often spend valuable time away from the patient looking for items, searching for information about their patients and their plan of care; and dealing with numerous interruptions. RTC helps teams identify where they are spending their time on activities that do not add value for patients and provides guidance on how to test and implement changes to improve effectiveness and efficiency of care.

In England where this program was implemented direct care increased with some units experiencing a reduction in falls, pressure sores and infections such as C diff and MRSA. Staff also observed an increased level of patient satisfaction with the quality of care received on the unit.

The Health Quality Council has led pilot testing in 2 units in Saskatchewan, one in Five Hills Health Region and one in Regina Qu'Appelle Health Region. The pilot sites were presented at the Releasing Time to Care Workshop April 8, 2009. Both pilots are early in their implementation but panel members spoke positively about the program.

The Health Quality Council will be implementing the next wave of testing in 11 hospitals across the province. Lessons from this phase will be incorporated into the program. HHR will be participating in this initiative in the next wave.

For more information go to [www.hqc.sk.ca](http://www.hqc.sk.ca) > Improving Quality > Accelerating Excellence > Releasing Time to Care



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