



Melissa Gerl is the first mother to show off her baby in the new Rawlco Centre for Mother Baby Care. She and her husband, Chris, welcomed Ryder Richard Gerl on October 26.

Mother baby centre open

The Rawlco Centre for Mother Baby Care at Regina General Hospital (RGH) officially opened to the public on November 2.

Premier Brad Wall, who joined children born at RGH, staff, donors and the public at the celebration, called the centre "one more step toward a more family-centred health care system – a system that puts the patient first."

This multi-phase project, for which the province provided \$28.4 million for construction, includes renovations to the Mother Baby Unit, Neonatal Intensive Care Unit and the Labour and Birth Unit. Developments over the next several months will include a newly equipped Fetal Assessment Unit and an eight-room hostel for moms/parents of hospitalized babies.

The new centre creates better integration of labour and birth services, the Neonatal Intensive Care Unit and related services for mothers and newborns in a family-centred atmosphere.

Upgrades in the Mother Baby Unit include such things as 36 private rooms each with full bathrooms, baby baths and baby change areas, rooms designed to isolate infectious patients and one room built to meet bariatric standards.

Neonatal Intensive Care Unit enhancements include up-to-date monitors for each baby and "care by parent" rooms, where parents can stay with their babies prior to discharge.

See **MOTHER BABY** on Page 2

RQHR tackles overtime costs

Regina Qu'Appelle Health Region (RQHR) is on track to slash its overtime costs this year by \$5.3 million. RQHR set this goal after the provincial government directed all health regions to trim their overtime costs in the 2010-2011 fiscal year.

"If we stay on our current path, we will meet or surpass our target," said Mike Higgins, the Health Region's vice president of Human Resources. "This is an organizational priority."

Last year's overtime costs were approximately \$25 million. "That's way above the industry average," said Higgins, adding that the Health Region's budget for staffing is approximately \$440 million, excluding physicians' salaries. John Paul Cullen, the Health Region's executive director of Workforce Planning and Employment Services, says everyone from executives to front-line employees is addressing the issue.

"Behind the scenes, we've been working very hard on improving our scheduling practices, setting out guidelines, and just trying to improve our overall efficiency and effectiveness."

Part of this process includes looking closely at those factors that drive up the use of overtime.

Injury is one. RQHR's Workers' Compensation Board injury claims were the highest in the province in 2009-2010, climbing up six per cent over the previous year.

Sick leave hours is another. The number of sick leave hours claimed by employees rose three per cent in 2009-2010 over the previous year.

Workload is yet another. "We've been operating for months at 120 to 130 per cent occupancy [in our hospitals] and that is going to impact some units much more directly than others," said Higgins. "When you're 'over capacity' as a norm, it will drive overtime."

Other factors include high turnover rates and staff shortages.

Recent developments may also play a part in alleviating overtime pressures.

Changes to the Canadian Union of Public Employees collective agreement language have addressed a key overtime driver – the "third and subsequent weekend premium." Under the terms of the previous agreement, CUPE employees required to work weekends beyond the third weekend continued to receive a weekend premium at double time rates.

See **OVERTIME** on Page 3

INSIDE THIS ISSUE

Making strides

This issue of *HealthNews* takes a closer look at some of the major initiatives that will improve the health services in Regina Qu'Appelle Health Region, and the health of the people we serve.



Dwight Nelson

See **PRESIDENT** Page 2

Community Report

This issue of the 2009-2010 Annual Community Report highlights how RQHR is improving health care experiences by putting the client first, improving safety and reducing surgery waits.



See **SPECIAL REPORT INSIDE**

Healing powers

For years, Brenda Tuckawnow helped others. When she became ill, she learned to take care of herself, finding strength through western medicine, her Catholic faith and traditional healing.



See **HEALING POWERS** Page 3

"Well Wishes"

Family and friends of patients in acute care in Regina Qu'Appelle Health Region can now email "get well" messages to their loved ones in hospital through the Well Wishes program.



See **WELL WISHES** Page 4

Message from the President

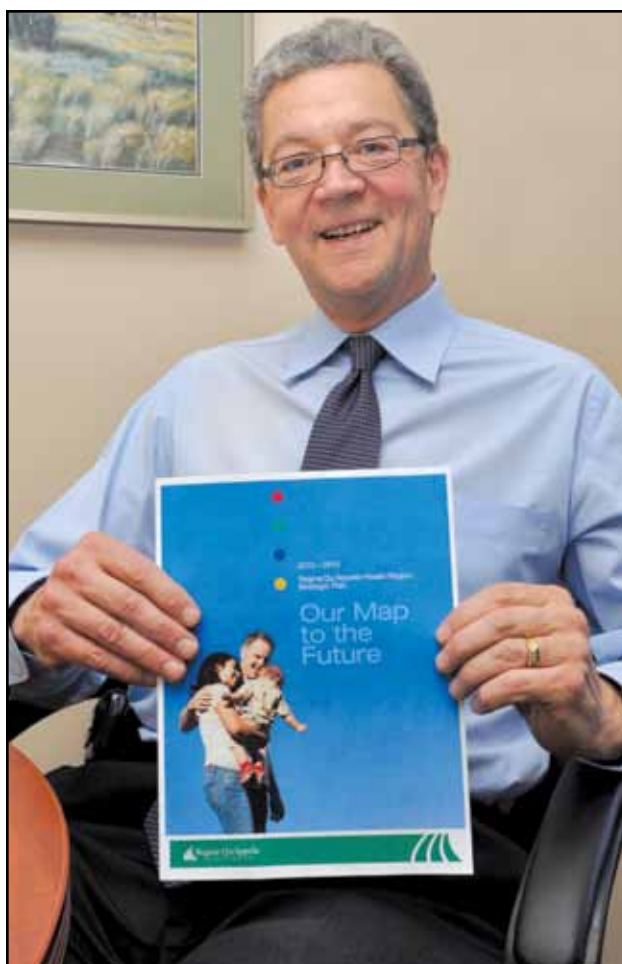
Making strides in improving the client experience

This issue of *HealthNews* takes a closer look at some major initiatives that will improve health services in Regina Qu'Appelle Health Region (RQHR), and the health of the people we serve. You'll find more details in these pages and in the pages of our Annual Community Report, contained within. The highlights are:

- RQHR has not only met our target of 230 new nurses (full-time equivalents) to be hired by 2011, but we have already exceeded that by 68 new nursing positions across the Region.
- Our implementation of lean improvement methodology – which asks “How do we redesign our health care processes to improve the experiences of patients, clients and residents?” – is enabling us to reduce system waste while empowering staff to build high quality, safe processes.
- Our efforts to hire more physicians have resulted in 7.7 per cent more physicians overall working across the Health Region in the last three years.
- The opening of a new, expanded Emergency Department in Pasqua Hospital.
- The opening of the new Rawlco Centre for Mother Baby Care at Regina General Hospital.
- The opening of a private clinic in Regina that will do basic knee and dental surgeries, on an outpatient basis, that will shorten wait lists in those areas.
- The Releasing Time to Care™ program that allows our health professionals to spend more time with patients.
- The expansion of the hospitalist program that provides physician services to hospital patients who don't have a family physician available.

While these are all Regina-based initiatives, they serve the specialized health needs of southern Saskatchewan.

These and other initiatives result from our regional strategic plan, which is aligned with the province's long-range strategy. Too often, strategic plans are simply documents, placed on a shelf, that have little relevance to the day-to-day workings of a



Our Map to the Future drives our priorities and actions, says Dwight Nelson, President and CEO.

large, complex organization like RQHR. While the province sets out long-term expectations for the health regions, it is the health regions working with our partners that deliver the actual services.

Our new strategic plan, Our Map to the Future, can be accessed at www.rqhealth.ca (Go to The Inside Story and scroll down until you reach Our Map to the Future.) We have four key priorities in the plan, which are reflected in some of the new programs mentioned above. These priorities are:

1. Improving Client Experience.
2. Contributing to Healthy Communities.
3. Healthy Workplace.
4. Healthy Business.

Between these ambitious goals and the concrete achievements previously outlined, lies a great deal of hard work, planning, managing resources, and creativity. It also means working with partners such as the province, teaching institutions, foundations and supporters, staff, unions, communities, stakeholders, and patients and their families. It requires an extraordinary ability to balance the ideal with the real, to keep the vision clearly in mind while juggling construction, hiring, budgets and the essential business of administration that enables improved health care and delivery.

This issue of *HealthNews*, like our strategic plan, is dedicated to you, your family and your community. Our philosophy is to put the client first, and to organize our services around you and your health and wellness needs. Our strategy guides our operational programs and, as you can see, we are making significant progress in improving our system and achieving the strategic goals we set for ourselves.

Are we there yet? Not quite. We face daunting challenges of high wait lists, overcapacity (too many patients, not enough beds) and access to care in rural Saskatchewan. We are, however, well on our way.

Will we get there? Yes, based on the evidence we've seen in this turning-point year as we increase staff, expand and enhance facilities, open more programs, and look at more creative programs in the future to improve health and provide better health care. It's not going to be easy, but it will be worthwhile. We ask for your patience, support and advice as we continue on this path. Together we'll make a difference, and create the kind of health system we all want, for ourselves and for our families.

Dwight Nelson
President and Chief Executive Officer
Regina Qu'Appelle Health Region

MOTHER BABY

Continued from Page 1

Labour and Birth enhancements include new birthing beds and other equipment, as well as two newly equipped operating rooms.

The centre encompasses about 40 per cent of the hospital's second floor.



A newborn sleeps inside an incubator in the new Neonatal Intensive Care Unit.

Sharon Garratt, executive director of Women's and Children's Health for the Health Region, said staff welcome the changes.

“We are so excited about our new space and equipment, which enables us to provide the best care possible in a nurturing environment.”

The initiative began more than seven years ago with a major gift from Gordon and Doug Rawlinson, owners of Rawlco Radio.

“The foundation is grateful to the Rawlinsons for their leadership and to all donors who supported the Rawlco Centre for Mother Baby Care. The community's generosity means parents, babies and families will have access to the best care, in the best environment,” said Judy Davis, chief executive officer of the Hospitals of Regina Foundation (HRF).

Dwight Nelson, President and CEO of Regina Qu'Appelle Health Region (RQHR), noted the centre will greatly benefit the people of southern Saskatchewan.

“We are pleased to bring this project to fruition, and our staff and physicians look forward to providing high-quality health care in this family-friendly environment,” he said.

The project, managed by PCL Construction, was funded by the provincial government, RQHR, Rawlco Radio and HRF.

Please turn to pages 3 and 4 of the Annual Community Report for information on other RQHR capital projects. ◀

RQHR budget dedicated to front-line care

Regina Qu'Appelle Health Region's operating budget for 2010-2011 is \$825 million, an increase of \$7.3 million, or 0.9 per cent, over the previous year.

It is dedicated to supporting the Health Region's priorities, while ensuring effective use of available funding for front-line health services.

The Region has been tasked with reducing operating costs through efficiencies by \$11 million. RQHR is accomplishing this through managing vacancies, controlling overtime costs, curtailing travel and administration, following past practices of slowing services over the summer, making changes to some programs, and job reductions of 8.35 full-time equivalent positions.

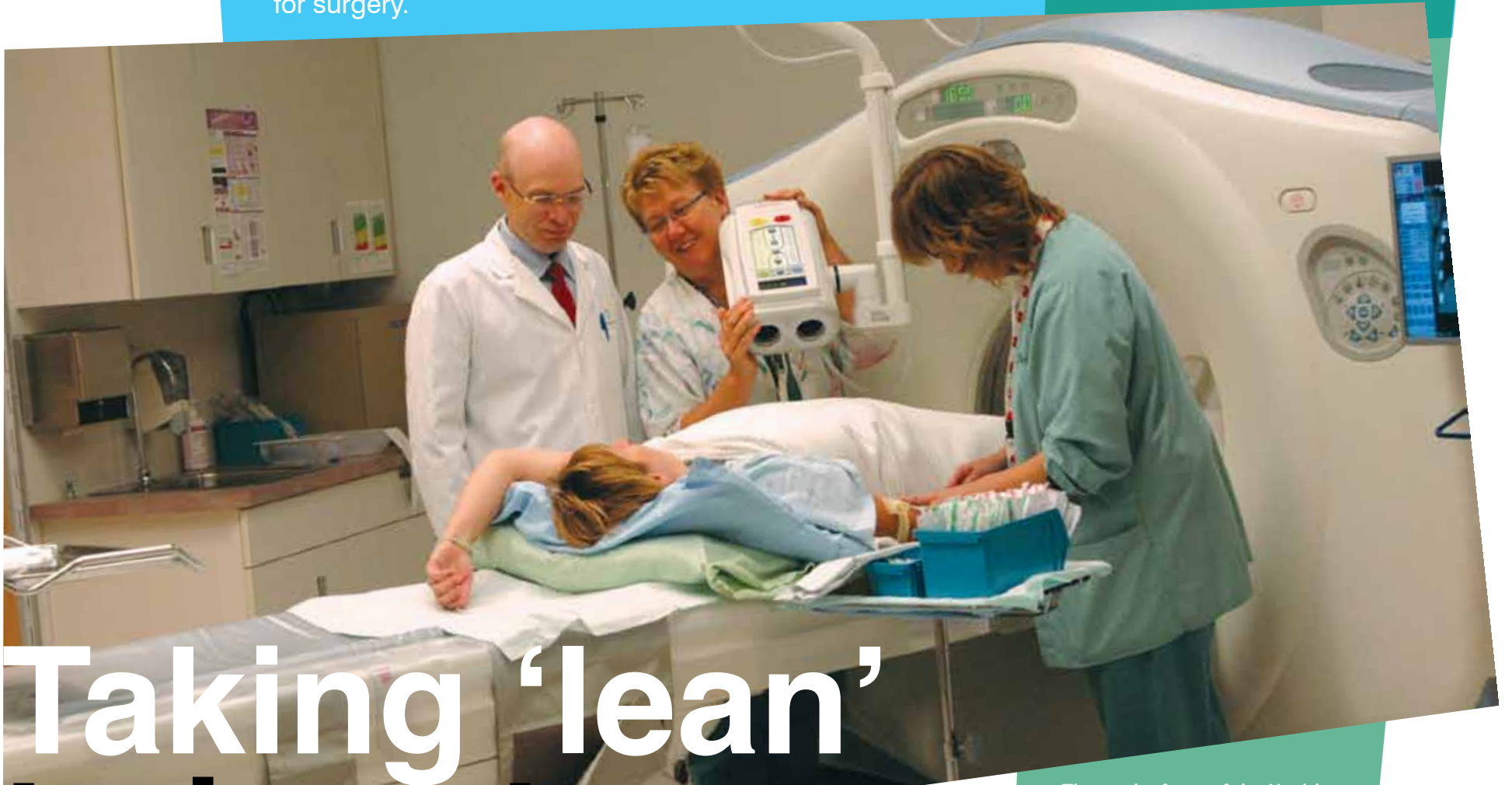
The Region's balanced capital budget for facility, equipment and technology projects totals \$49 million. ◀

Regina Qu'Appelle Health Region
Annual Community Report

The Client Experience 2009-2010

This issue of the 2009-2010 Annual Community Report highlights how RQHR is striving to improve the health care experiences of our clients in three key ways: By putting the client first; by improving safety and by reducing waits for surgery.

2009
2010



Taking 'lean' to heart

The work of one of the Health Region's lean project teams has resulted in fewer MRI cancellations, enabling patients to get their tests in a more timely way.

Regina Qu'Appelle Health Region (RQHR) is going lean.



"'Lean' is a patient-centred approach that focuses on reducing system waste as it engages and empowers staff and physicians to build high quality and safe processes," said Dwight Nelson, RQHR's President and Chief Executive Officer.

Nelson sees tremendous potential for the application of lean at RQHR. "It ensures that we are providing services in the most effective way," he explained. "Lean methodology, with its powerful base of improvement tools, has the ability to enhance the quality, safety and effectiveness of our systems while, at the same time, building capacity and enabling us to place our patients at the heart of everything we do."

While Toyota may have made lean famous, everyone from the Mayo Clinic, to Boeing, to the White House is using this powerful improvement methodology. Saskatchewan is the first province where all regional health authorities have embraced this thinking.

To begin our lean journey, some 70 staff and physicians received training in the lean philosophy and its powerful improvement tools. These employees and physicians are now working on numerous business processes and practices throughout the organization using lean.

"Lean makes us look at our processes and practices from the perspective of our patients or clients," said Alan Chapple, executive director of Patient Safety and Quality Support. "It is a common phrase in lean to say, 'How would this change in the process improve the experience for your patient?'"

For example, one lean project team has been looking at ways of streamlining how patients are assessed for diagnostic medical resonance imaging (MRI) scans.

Before lean methodology was applied to this process, an average of 12 ½ MRI appointments were cancelled or delayed each week.

"The primary reason for the cancellations and delays was that patient assessments needed to be more thorough," explained Chapple.

"Patients being referred for an MRI scan are supposed to be thoroughly assessed ahead of time to determine if they are physically eligible for such a scan. The MRI machine is essentially two powerful magnets. Patients who have metal embedded in their bodies – as well as certain types of stents or pacemakers – cannot have MRIs. The magnets are strong enough to dislodge these devices in their bodies."

To address the high number of cancellations and delays, the lean project team streamlined and standardized the patient transfer process. This included consolidating numerous fragmented patient assessments into one accurate and complete assessment. In the 90 days since the start of the project, the number of cancellations and delays per week has been reduced to one. The target is zero.

"These improvements were rapid, sustainable and have many spin-off benefits – they will have an effect on the MRI wait list, an effect on scheduling, and most definitely a positive effect on the patient," said Chapple.

Other areas where lean methodology is being applied include:

- Reducing barriers to increase patient access to care and services;
- Improving access for Mental Health Clinic clients;
- Enabling managers to support the attendance support/return-to-work program;
- Increasing staff's ability to provide early intervention for patients with sepsis (a severe complication of viral, bacterial, parasitic or a fungal infection);
- Improving the Health Region's ability to track and monitor post-surgical infections;
- Improving the timely flow of patient lab specimens; and,
- Standardizing business processes for personal supplies charged back to residents.

As RQHR continues to use lean improvement methodology throughout the organization, we hope to see a continued reduction in system waste, an increase in front-line staff and physicians engaged in improvement work, and an unrelenting focus on designing systems through the eyes of our patients, clients and residents.

The Client Experience

Hospitalist program continues to expand

Regina Qu'Appelle Health Region (RQHR) now has six hospitalists – three at Regina General Hospital, three at Pasqua Hospital (PH). Three more hospitalists will join the PH team in January.

"There's been a lot of support and appreciation for the role of hospitalists," said Brad Havervold, executive director of Practitioner Staff Affairs for RQHR.



Dr. Martin Heroux is an RQHR hospitalist and enjoys the opportunity to build relationships with patients and their families.

Hospitalists are physicians who specialize in caring for family medicine patients who have been admitted to the hospital. Because of their exclusive focus on in-hospital patients, hospitalists can give their full attention to patients from admission to discharge. Hospitalists communicate with the patient's family physician on admission and discharge as well as at times during the admission when significant events occur.

Currently, one hospitalist is on site at each hospital daily, from 8 a.m. to 6 p.m. On-call, after-hours service is also provided.



Bobbie Lynn Longman and her mother, Keri Ponace, snuggle before Bobbie Lynn's dental surgery at Omni Surgery Centre.

Private surgical facility helps reduce wait times

Saskatchewan patients are now having some day surgeries outside of a hospital setting. Omni Surgery Centre, a private surgical facility in Regina, has performed a weekly average of five dental surgeries and 12 arthroscopic knee procedures for Regina Qu'Appelle Health Region (RQHR) since signing an agreement with RQHR this fall.

Third-party delivery of surgical services is being introduced under the Saskatchewan Surgical Initiative as a way to shorten patients' wait times and help eliminate the backlog of people on the surgical wait list.

Surgeries are booked through the Health Region within the publicly funded, publicly administered health system.

"Our first concern is providing patients with timely surgery," said Health Minister Don McMorris, adding that the arrangement will shorten wait times for some day surgeries and be more convenient for patients. "Day surgeries will be provided within our public health system, so patients will not be required to pay for services and no one will be allowed to jump the queue."

RQHR's contract with Omni Surgery Centre meets a commitment to provide day surgery services at or below the cost of providing them in hospitals. A detailed cost analysis confirms that outpatient dental surgery and knee arthroscopies at Omni will cost less than the same procedures provided in a hospital.

Partnership helps nursing ranks grow

Two hundred and ninety-eight more nurses are now working in Regina Qu'Appelle Health Region (RQHR) as a result of the partnership agreement between the Saskatchewan Union of Nurses (SUN) and the provincial government.

The partnership, which was formed in 2008, set out a framework for SUN and the Health Ministry to work with the health regions, using dedicated funding to hire 800 registered nurses (RNs) and registered psychiatric nurses (RPNs) province-wide over four years.

This fall, Health Minister Don McMorris and SUN President Rosalee Longmoore reported that health regions have employed 706 more RNs and RPNs as part of the work under the SUN/government partnership, achieving 88 per cent of the partnership's target. Through the leadership



Hanna Habac, a registered nurse from the Philippines, and Maureen Anderson, a nurse practitioner from the Indian Head area, attend to a patient at Indian Head Union Hospital.

of health regions, an additional 124 positions have been created, achieving a total of 830 new nurses providing health care for Saskatchewan people.

"Our target for this initiative was 230 full-time nurses, so you can see we have exceeded our target substantially," said John Paul Cullen, RQHR's executive director of Workforce Planning and Employment Services.

"Hiring these new nurses has meant that we have been able to fill vacancies and, as a result, open more beds, allowing us to provide much needed health services to the people of Saskatchewan."

Diane Larrivee, the Health Region's vice president of Specialty Care, concurred, adding that increasing the overall number of nurses in the system "has helped ease workloads and improve the quality of care."

"We have also been able to expand access to clinical nurse educators and resource nurses on our work units. These nurses provide valuable clinical training and expertise for our nurses at the front line."

Health Minister Don McMorris said this recruitment success has gone a long way towards solving the nursing shortage in Saskatchewan.

"While we celebrate these nurses joining our workforce, we still have more work to do in terms of filling vacancies targeted under the partnership agreement, particularly positions in rural communities."



Chad and Carla Molesky are the proud parents of Lucas who was born at the new Rawlco Centre for Mother Baby Care at Regina General Hospital.

Physician recruitment efforts yield results

Regina Qu'Appelle Health Region's (RQHR's) physician recruitment efforts are paying off. There are now more than 560 physicians practicing in RQHR – up from 520 in 2007. Forty physicians have been recruited in the last three years alone.

“The climate is right for recruiting,” said Brad Havervold, executive director of RQHR's Practitioner Staff Affairs. “The economy is booming, more is being invested in buildings and equipment, and people who left Saskatchewan for other opportunities are now coming back.”

The province's physician recruitment strategy, announced 18 months ago, has also helped set the stage for physician recruitment, bringing the Health Region together with its many partners.

While the Health Region continues to recruit physicians in all specialties, priority areas for the near future include:

- Family physicians in both urban and rural areas;
- General surgeons;
- Gynecological oncologists; and
- Internal medicine specialists.

“Our priority on family physicians reflects our priority to recruit physicians to rural parts of the Region, where communities may not have enough physicians to service the area,” said Havervold. Specialists are recruited primarily to Regina because it has the tertiary level of care and supporting staff and equipment to help them practice.

“We focus considerable recruitment efforts toward University of Saskatchewan graduates,” added Erin Roesch, a recruitment and retention program consultant.

More Medical School students studying here

Twelve third year medical students are now continuing their education in Regina Qu'Appelle Health Region as the result of an expanded collaboration between the University of Saskatchewan's College of Medicine and RQHR. These third year students join fourth year students and a variety of medical and surgical residents who are already studying in Regina and southern Saskatchewan.

“We started with 12 students this year and hope to have between 30 and 40 in a couple of years,” said RQHR's President and CEO Dwight Nelson. “We are pleased to have 58 physicians and seven RQHR



Third year medical students actively participate in lectures both from Saskatoon and Regina while in their seats.

RQHR right choice for physician couple



Dr. Suzan Akin and Dr. Greg Kraushaar chose Regina to start their careers and family life.

Dr. Greg Kraushaar and Dr. Suzan Akin moved to Regina in July to launch their medical careers and start a family together.

“After living in Vancouver, where Suzan had a one-hour commute through heavy traffic, we both like the notion of living in a smaller centre, where we have the amenities of urban life but it's just more manageable, affordable and conducive to raising kids,” said Greg.

The couple was recruited by Regina Qu'Appelle Health Region's Practitioner Staff Affairs.

Greg is a radiologist with sub-specialty training in cardiothoracic imaging. Suzan is an anesthesiologist.

“This is a fabulous place to live and practice medicine,” concluded Greg.

employees taking on new or expanded teaching efforts to assist with the delivery of third year training in Regina.

“The changes will not be limited to the undergraduate program, and we will continue to grow our postgraduate program in southern Saskatchewan. Of special note are our four family medicine residents who are now completing their studies in Swift Current.”

Research indicates that medical students, who complete upwards of 10 years of post-secondary education, are more likely to practice in the communities where they study.

This program is part of a larger initiative that has seen the class size of the University of Saskatchewan's medical program grow from 58 to 84, its current number, and ultimately to 100 students in the near future. The plan is to have up to half of the class from second year onward trained in Regina and southern Saskatchewan with the long-term goal of recruiting and retaining local graduates.

Building our future

This past fiscal year, Regina Qu'Appelle Health Region (RQHR) has been abuzz with the sounds of construction.

“Improving the work environment to be more efficient – which in turn improves care and access – is a predominant reason behind many of these renovations,” said Barry Rorbeck, executive director of Facilities Management. “In several cases, the renovations have allowed us to add space and equipment so we can provide more and improved service.”

Here's an overview of some of the major projects:

Emergency Department expands

In May, RQHR opened the newly renovated and expanded **Emergency Department at Pasqua Hospital (PH)**.

“It's a state-of-the-art facility designed for peak efficiency,” said Glen Perchie, executive director of Emergency, Emergency Medical Services and Ambulatory Care.

The department is now more than 400 square metres larger, with 40 per cent more patient care spaces. Renovations cost \$6.1 million, with \$2.9 million coming from RQHR and \$3.2 million from the Ministry of Health.

Features include a dedicated area for patients who are not expected to be admitted to hospital; a special room for sexual assault victims; isolation rooms; and an ambulance garage.



Helen Grimm cuts the ribbon to mark the official opening of Pasqua Hospital's Emergency Department on April 29.

As a result of the Emergency Department expansion, **Cardio-Neuro Diagnostics** relocated from the main floor to a larger, more convenient location on the second floor. Cardio-Neuro Diagnostics staff performs diagnostic testing, such as electrocardiograms, stress testing, cardiac ultrasound (echocardiograms) and electroencephalograms.

GI Unit consolidates

Renovations to PH's **Gastro Investigational (GI) Unit**, which wrapped up in the summer of 2010, created three new procedure rooms and a new endoscopic retrograde cholangio-pancreatography (ERCP) suite.

The creation of the ERCP suite means patients can now stay on the third floor for all of their GI tests. The project cost \$521,000 and was funded by RQHR and the Hospitals of Regina Foundation.

Key additions services under one roof

Since opening in March, a steady stream of people have used the **Addictions Treatment Centre** at 1640 Victoria Avenue. In its first six months, the centre made 2,200 admissions to brief detoxification and 707 to social detoxification.

The project cost more than \$7.7 million. The Ministry of Health contributed \$6.6 million, along with \$1.125 million in annual operating funding. RQHR and the federal government provided additional capital funding.



RQHR's Addictions Treatment Centre is a newly integrated service.

New centre supports prostate care

Renovations and construction to create Pasqua Hospital's **Prostate Assessment Centre** are now complete. The centre includes a recovery/monitoring room with enhanced privacy; a new patient change area; and a designated prostate suite with a machine dedicated to performing prostate biopsies and ultrasound. Renovations, which were overseen by RQHR, cost \$335,000 and were funded by RQHR and the Hospitals of Regina Foundation.

One-stop kidney care

The **Kidney Health Centre**, located at 235 Albert Street North, brings the Chronic Kidney Disease Service, the Home Dialysis Training Program and the Regina office of the Saskatchewan Transplant Program under one roof. The centre is 10,000 square feet – 3,000 square feet larger than its previous home in Regina General Hospital (RGH). The centre is convenient for patients and allows staff to efficiently manage its workload. The centre opened at its new location in 2009.

Province funds improvements

The province provided \$28 million for improvements to RQHR and affiliated facilities in 2009-2010. Projects include roof replacements at Wascana Rehabilitation Centre, RGH, Broadview Centennial Lodge, Regina Lutheran Home, and

Emergency Medical Services Central, improvements to PH's fire protection system, window replacements at Santa Maria Senior Citizens' Home, upgrades to the bedside intercom system that allows for communication between patients and nurses, and replacement of the RGH's fire alarm system.

Michelle Yee, manager of Cardio-Neuro Diagnostics, and Bill Coulter, team leader, show the new echocardiograph machine at Cardio-Neuro Diagnostics Service's Open House in September 2009.



RQHR at a glance

RQHR Employees

Staff (full-time equivalent)	2007-2008	2008-2009	2009-2010
Support staff	2,748.22	2,767.03	3,218.08
Nursing	2,091.54	2,194.65	2,408.78
Professional	676.04	697.36	722.41
Technical	456.33	464.71	469.10
Out-of-scope/non-union	308.26	316.95	342.67
Physician	27.41	25.72	26.69
Total	6,307.80	6,466.42	7,187.73

Affiliate Employees

The Region funds employees who work for affiliate organizations, such as special care homes, and the All Nations' Healing Hospital.

	2007-2008	2008-2009	2009-2010
Support staff	1,124.95	1,132.74	758.86
Nursing	195.81	197.58	144.16
Out-of-scope/non-union	51.69	51.69	34.73
Other professionals	31.68	32.41	22.43
Total	1,404.13	1,414.42	*960.18

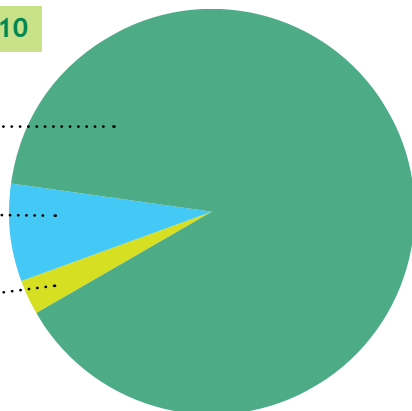
*The decrease in total staff numbers is a result of the amalgamation of former affiliate Regina Pioneer Village with the Regina Qu'Appelle Health Region.

Finances

Regina Qu'Appelle Health Region Revenues, 2009-2010

(in thousands of dollars)

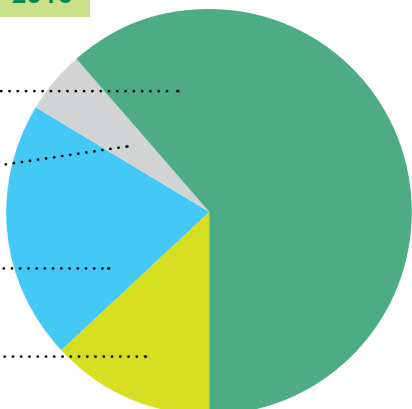
Saskatchewan Health general revenue fund	89.45%	\$726,179
Patient & agency charges	7.79%	\$63,228
Other	2.76%	\$22,375



Regina Qu'Appelle Health Region Expenditures, 2009-2010

(in thousands of dollars)

Acute care	61.50%	\$502,140
Program support	4.99%	\$40,747
Long-term care	20.56%	\$167,859
Community-based care	12.95%	\$105,745



Leadership

Governance

The *Regional Health Services Act* establishes the Regina Qu'Appelle Regional Health Authority (RQRHA) as the governing body of the Regina Qu'Appelle Health Region.

As of March 31, 2010, the following individuals were members of the RQRHA. Their three-year appointments were announced in February 2009 by Health Minister Don McMorris.

Lloyd Boutilier (Chairperson)
 Jacqueline Carter (Vice Chairperson)
 Brian Barber
 Colleen Bryant
 Lois Dixon
 Loretta Elford
 Marie Everett
 Brad Hunter
 Sean Quinlan
 Gary Semenchuck
 Peter Woidyla

RQHR's Senior Management Team

Dwight Nelson
President and Chief Executive Officer

Dr. Joy Dobson
Senior Medical Officer, Practitioner Staff Affairs

Dr. Chris Vuksic
Senior Medical Officer, Practitioner Staff Affairs

Mike Higgins
Vice President, Human Resources and Communications

Carol Klassen
Vice President, Knowledge and Technology Services

Diane Larrivee
Vice President, Specialty Care

Val Hunko
Vice President, Rural, Restorative and Continuing Care

Susan Neville
Vice President, Clinical Support

Michael Redenbach
Vice President, Primary Health Care

Randy Stephanson
Vice President and Chief Financial Officer, Financial Services

For more information on RQHR's 2009-2010 Annual Report, go to our website at www.rqhealth.ca and look under The Inside Story.

Healing the mind, body and spirit

For 15 years, Brenda Tuckawnow – facilitator, teacher, educator, counsellor and program developer – helped First Nations families in need of support. When she became ill two years ago, she was forced to turn her focus on herself.

“I always supported healthy healing and looking at ways for people to help themselves to understand what life is, to understand the balance of life and death, to look at holistic healing, culture and spirituality,” she said.

Years of developing programs to help others often meant she didn’t take care of her own health needs. “You can’t do that to yourself. You have to take time away and listen to what your body says. That was my wake-up call.”

Tuckawnow was diagnosed with congestive heart failure and ended up in the hospital for three and a half months after having a heart attack. Some time later, she was re-admitted because of congestive heart failure.

As a result of her disease, “I had to be on a number of medications. I also had to understand that I had to slow down.

“I looked for ways of trying to help my body accept the pills because that’s a shock if you’re not used to taking pills. I couldn’t get up and do simple things like tie my shoes, get out of bed, take a shower, and I was getting more and more depressed. My body was depressed. That’s what led to my two heart attacks,” she said. “My heart only worked at 19 per cent. I was very scared, very afraid.”

During her second hospital stay, a visitor suggested she try a sweat lodge ceremony being co-ordinated by the Regina Qu’Appelle Health Region’s Eagle Moon Health Office (EMHO). The EMHO plays a vital

role in fulfilling the Health Region’s goal of offering holistic service delivery, supporting traditional healing and engaging the voice of the community. The office helps people who want traditional healing connect with knowledgeable people in the community.

Tuckawnow has participated in First Nations ceremonies all her life, and also practices the Catholic faith. She accepted the offer for traditional help.

“I had my first ‘sweat’ the coldest day in January. It was about 50 below. Right after we had that first sweat, I knew that this was going to be my calling if I wanted to live. I asked the Creator to let my body, my mind accept the medication I was taking. I also took traditional medicine for my heart. Elders possess knowledge that can heal physical and emotional illnesses, and have much to say about maintaining health through traditional medicines,” she said.

There aren’t enough words to express how important spirituality and holistic care are to Tuckawnow. Traditional ways have helped her deal with numerous traumatic experiences in her life, events that left deep marks on her emotional and mental self. At age 13, she watched a first cousin commit suicide. She has experienced numerous deaths: her great-great grandmother, who was her teacher and a medicine woman; her father; her mother; her uncle; her aunt; and two children. Her nine-year-old son died after falling in a well at Christmas one year and, two years ago, her daughter committed suicide.

Though she hasn’t drunk alcohol for 24 years, doesn’t take drugs or gamble, she has dealt with family issues of mental illness, alcoholism, gambling and troubled youth.



Brenda Tuckawnow combines medical and First Nations practices to heal her body.

Tuckawnow knew she needed intense help to cope, and believed that all the traumas in her life could be healed in a spiritual way. She chose a program at the Lebret Healing Lodge because of its spiritual component. Along with following medical advice and the elders’ instructions during the sweat lodges, she looked into the available healer sessions offered through EMHO. She liked the program based on its holistic nature, spiritual commitment, and its traditional use of tobacco.

Tuckawnow knows the medical care she received has helped her to stay

alive, but credits traditional ways with helping her heal. “That way brought me a lot of relief because my issue wasn’t drugs and alcohol. My issue was grief.

“It’s like a treatment. You’re detoxing your spirit. You have to clean your spirit out if you want to be balanced,” she said.

“I live every day to the fullest and I try to show as much love as I can. I’ve made a lot of changes in my life in the last two years. I’ve learned to actually smell the roses, as they say.”

OVERTIME

Continued from Page 2

As a result of the amended language, these rates are only paid on the third weekend, not subsequent weekends, unless employees are mandated by the employer to work.

“It just so happened that, the way the scheduling works in a 24/7 operation, this situation was happening an awful lot – to the tune of \$3.5 million. This was onerous and now, in partnership with the union, we’ve moved past this,” said Cullen.

Hiring more nurses to work in the Region has also played a role in easing overtime pressures. In the past two years, the Region has brought 298 more nurses into the RQHR fold, through a partnership with the Saskatchewan Union of Nurses. “It’s a



Tackling overtime costs is an RQHR priority.

start; but even fully staffed we can have as many as 100 vacancies at any point in time due to absence resulting from staff movement between jobs.”

In recent months, the Region has been able to confirm the progress it’s making in tackling overtime through the use of the computer application Cognos, which allows RQHR to document overtime, sick time and some of the reasons overtime is used, such as for workload relief, sick or vacation coverage and leaves of absence. The program tracks job classifications and positions, not individuals.

Cognos monitoring, put in place in August, shows that overtime costs have dropped an astounding 24 per cent over last year.

A key reason the Region is seeing such remarkable results, said Higgins, is RQHR’s approach.

“We’re not pointing fingers and blaming employees. We’re taking a constructive, accountability-based, problem-solving approach.

“Our first priority is for the Region to step up and take responsibility to manage effectively,” he continued. “We are improving our own management practices and processes. We are committed to providing managers with the time, tools, information and authority required to enable them to identify where the problems are and help them arrive at solutions.

“We are also paying attention to factors that contribute to excessive or avoidable work absences and doing things differently because everyone is being held accountable; we’ve got transparent

reporting requirements established across the organization,” he said. “We’re managing in a more rigorous and consistent fashion.”

Additionally, the attendance support program has been strengthened and the Region continues to invest in safety equipment and safety audits. RQHR also distributes a monthly newsletter on health tips to employees and provides ongoing fitness and lifestyle programs.

Solutions to the overtime dilemma are complicated, said Cullen, and for the most part, will be found at the nursing unit level.

“Overtime is a simple number when you see it, but it is made up of a lot of different components that aren’t that easy to manage.”

Higgins said management has begun the process of identifying units and areas of the organization where employees use more overtime than the norm, determining the root causes of the overtime use and introducing corrective actions aimed at reducing avoidable use of overtime.

Higgins noted that while this initiative is aimed at meeting a budget target, it is not solely a budget exercise. “It is, rather, all about improving our ability to manage within financial constraints to the ultimate benefit of our clients and improving workplace quality.”

Sustaining the current positive results is key, he said. “We can achieve a target this year, but if we backslide, we’ve failed. That’s fundamental to our approach to dealing with this, that our improvements are sustained over time.”

Client representatives: Here for you

What can you, as a client, do if you have questions or concerns regarding your care? What if your experience was not what you expected it to be? What can you do if you are having problems navigating through the health system?

The Regina Qu'Appelle Health Region (RQHR) has a Client Representative Office with staff available to help you and your family with questions or concerns about health services.

There are four staff members in the office working out of the City View Building at 2550 – 15th Avenue in Regina. Linda Wacker, Maureen Marsh and Debra Wiszniak are client representatives. Carol Burns is an assistant client representative.

Although they are based in Regina, they respond to concerns and questions from all areas of the Region and from any clients or families who are trying to access care in the hospitals, facilities or programs. There is no such thing as a typical day in their office.

"Each day we receive a wide variety of concerns from people who are trying to get their health care needs met in our system," said Wacker. She and Wiszniak are social workers, and manage issues related to care delivery and communication. Marsh, who has a nursing background, focuses on surgical access inquiries. Burns

fields general concerns, often about costs, the environment and access to diagnostic procedures.

Common issues raised involve care, communication concerns, lack of compassion or respect, waits for surgery, access to services, billing issues and postponements of services, surgeries or tests.

Because of the volume of concerns the client representatives hear – 2,267 inquiries in 2009-10 – their first contact with patients is usually by telephone. However, they also receive letters and meet face-to-face with patients and their families on the hospital units or at their office.

"The No. 1 reason why patients and their families call us," said Wiszniak "is not to get someone in trouble. They say, 'I just don't want this to happen to someone else.'"

"People often feel better after talking to us because they feel they have been heard and things are explained," she added. "From a Region perspective, it's important that this information makes its way back into the system for everyone to review, learn from and improve."

Marsh recommends that people with questions, concerns, suggestions or compliments about the care they or their family members receive talk first to their care provider – whether it's a doctor, nurse, technician or other staff member. If they are not comfortable talking to those directly involved, they should speak with the supervisor or unit manager. If the concerns remain unresolved, then speaking with a client representative is the next step.

The client representatives serve as an important link between patients and clients and the employees, physicians and administrators in the Region. They help patients and their families with questions or concerns about health services and processes, and make



Debra Wiszniak, an RQHR client representative, speaks with a client from her office.

How to contact the client representative

Toll free outside Regina:
1-866-411-7272

Regina residents: 766-3232
Fax: 766-7152

Email: client.rep@rqhealth.ca

Mail: Client Representative
Regina Qu'Appelle Health Region
2nd Floor, 2550 15th Avenue
Regina, Saskatchewan
S4P 1A5

sure they are informed about their rights and options. They follow up on concerns and provide a response.

"We want people to know we're here. The worst-case scenario is that someone is having a real struggle and they don't know that they can contact us," said Marsh.

Pamphlets about the client representatives' office are available on all units, wards, departments, facilities and affiliates, and are provided to all clients and families upon entry to Region facilities or program areas.

Anyone receiving health care services in RQHR can contact the client representative office on behalf of themselves, a client, a patient or a resident. Clients are assured that the quality of care and service they receive will not be compromised because of a concern they have raised. All concerns are kept confidential.

The overall average time required to resolve concerns is 15 days. Non-complex concerns take an average of five days. Complex concerns take an average of 72 days. ◀

Bringing "Well Wishes"

Family and friends of patients in acute care in Regina Qu'Appelle Health Region (RQHR) can now email "get well" messages to their loved ones in hospital.

Participating hospitals are Regina General Hospital (RGH), Pasqua Hospital, Wascana Rehabilitation Centre, Balcarres Integrated Care Centre, Broadview Union Hospital, Indian Head Union Hospital,

Southeast Integrated Care Centre – Moosomin and Wolseley Memorial Union Hospital.

"The Well Wishes program has been developed to enhance the hospital experience of our patients. It is proving to be a valuable link for people unable to visit in person," said Carol Klassen, vice president of Knowledge and Technology Services.

Val Grainger, manager of Volunteer Services at RGH, agreed. "This program brightens patients' days and helps them maintain a positive attitude which is so important to recovery."

Emails are hand delivered to patients or residents by a member of the Regina Qu'Appelle Volunteer Services Program, Monday through Friday. Emails received through the week will be delivered within one business day. To access this service, visit the Region's website (www.rqhealth.ca) and click on the "well wishes" photo. ◀



Fawzia Makar, a Regina General Hospital volunteer, retrieves the file of "get well" wishes prior to delivery.

Comments? Please let us know.

HealthNews is published by Regina Qu'Appelle Health Region. If you have any comments or suggestions, please let us know.

Phone: (306) 766-5365
Fax: (306) 766-5414
E-mail: publicaffairs@rqhealth.ca

Or write us at:
Communications
Regina Qu'Appelle Health Region
2180 – 23rd Avenue
Regina, SK
S4S 0A5

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