



Front door attendant Larry McAdam helps client Emily Stang from her car at Pasqua Hospital.

Offering a helping hand

New front entry service launched

Help is now at hand for clients who need a little extra assistance at the front entry of the Regina General and Pasqua hospitals.

Regina Qu'Appelle Health Region (RQHR) now has two front door attendants who assist people who need help getting in and out of vehicles. They also provide directions, answer questions and control foot traffic to ease congestion.

"Often, I wait with clients who have been dropped off at the front entrance while their family member parks the car," said Larry McAdam, one of the newly hired attendants. "The service helps provide safe access to our facilities."

"It's all part of our 'Patients First, Safety Always' approach," said Dale Orban, manager of RQHR's Parking Services. "The front door attendant's presence makes the patient experience more positive. Many people are uneasy

when they come to a hospital. Being greeted with a smile and the offer of help can help them relax; it's part of improving the patient experience."

The front door attendants, who work Monday to Friday from 7:30 a.m. to 4 p.m., were interviewed extensively before receiving the job to ensure they had the diverse set of skills and problem solving abilities required in what can be emotionally stressful situations.

"Personality is key, given the huge diversity of personalities and issues they will have to deal with," said Orban.

To help prepare the attendants for a range of situations they may encounter, they have been trained in cardiopulmonary resuscitation, first aid, and in transferring and lifting people.

RQHR clients have welcomed the new service.

See **HELPING HAND** on Page 2

Reducing injury

Recent changes to the way staff handles patient transferring, lifting and repositioning on Pasqua Hospital's Orthopedics Unit (4C) has resulted in significantly fewer staff injuries and absences and has made patient care safer.

"We've made tremendous strides toward creating a healthier workplace and patient care environment," said Barb Neumann, unit manager.

Since 2009, time loss injuries – where a worker is injured at work and misses time at work beyond the initial day – dropped 72 per cent. Medical aid injuries – where a worker doesn't lose work time but seeks medical treatment for a work injury – are down 33 per cent.

What happened?

"We enabled the staff to drill down to the root causes of injury," said Neumann. "They developed user-friendly tools to help in the moving of patients; they created ways to increase communication amongst our multi-disciplinary team; they committed to each other to build the team and have fostered an environment where staff works as a team. That's what made the difference."

Changes were simple, including things such as assigning each patient a white board where the safest way to move that person is posted, investigating the cause of each injury and sharing the lessons learned from that investigation with the team.

These efforts on the Orthopedics Unit to tackle injury rates and overtime costs have become a Region-wide priority.

The Regina Qu'Appelle Regional Health Authority passed a motion at its August 31 meeting affirming its commitment to eliminating workplace injury and setting a target to lower the number of lost time days incurred by Regina Qu'Appelle Health Region (RQHR) staff by 15 per cent, or 4,222 cases, by April 2012.

See **INJURY** on Page 3

INSIDE THIS ISSUE

Patient, family care

Being respectful and responsive to the needs, values and choices of our clients is key to delivering patient- and family-centred care. We have set several goals to help us on this journey.



Dwight Nelson

See **PRESIDENT** Page 2

Community Report

The 2010-2011 Annual Community Report highlights how Regina Qu'Appelle Health Region is striving to improve the health care experiences of our clients in three key ways:

- reducing waits for surgery
- putting the client first, and
- improving safety.

See **SPECIAL REPORT INSIDE**

Healing help

Regina urban sweat lodge, which has held more than 300 ceremonies and 1,500 healing sessions, helps those who take part cleanse their body, mind and spirit.



See **HEALING** Page 3

Who are we?

The Health Region's most recent health status report shows there are more babies, more elderly, more First Nations people and simply more of us.



See **SNAPSHOT** Page 4

Message from the President

An evolution in patient and family care

The Regina Qu'Appelle Health Region is on a journey – one that encourages patient- and family-centred care. To us, this truly is about being respectful and responsive to the needs, values, and choices of patients and their families. It is appreciating that they are the most important members of a larger health care team.



Dwight Nelson

To help us achieve a more patient- and family-centred care approach, we have set the following goals:

- All patients and families are involved in their care at the level they choose;
- All patients are treated with respect and dignity;
- All patients' knowledge, values, preferences, beliefs and cultural backgrounds are honoured and incorporated into the delivery of their care;

- All patients and families receive timely, complete, accurate, unbiased information from health care providers regarding their diagnosis and treatment options, or have access to information to participate in their care and decision-making.
- Patients and families are engaged in the planning, development, implementation, and evaluation of policies and programs; in health care facility design; in professional education; and in the delivery of care.

Patient- and family-centred care isn't a project or a piece of equipment that we purchase. It is a mindset and a philosophy of care at all levels of the organization – from physicians, nurses, social workers and other members of the front-line, multi-disciplinary team, to volunteers and leadership at all levels of the organization. However, to strengthen this mindset, we need to demonstrate these values in everything we do, every day.

In this issue of *HealthNews*, we explore a bit deeper into the meaning of patient- and family-centred care. You

will find more detail in our *Annual Community Report*, contained within this publication. One great example of ways we are working with patients to improve care is detailed on Page 3 of the Annual Community Report.

Over the past several months, a quality improvement team has been interviewing patients waiting for hip and knee replacements. The team followed the patients as they went through the health care system. Their goal was to see how we could improve our surgical wait times. In October, we invited some of those patients to share their experiences in our first patient focus group. While much was shared and learned throughout the day, perhaps Georg Bergmann's comments reflecting on the experience are most notable: "What [the Health Region has] done is turn my experience into a journey. They've showed me what the journey is, and at the end of it all, they're hoping to make the journey better."

Georg's comments get to the heart of patient- and family-centred care. The Regina Qu'Appelle Health Region is seeking more opportunities to involve

patients and families in care delivery and decision-making. We believe that the relationships between patients, families, and providers are essential partnerships, with each bringing its own particular expertise and perspective.

The road to a better health care experience is not always an easy one. It involves honest discussions about what is working – and what is not. We are considering what we need to change and do differently in order to make improvements. Still, it is a necessary process, and one that we are confident will result in better overall care for everyone in the Region.

I hope you enjoy reading this issue of *HealthNews* and the *Annual Community Report*, as we travel the road of greater patient- and family-centred care. Stay tuned for updates as our journey progresses.

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

HRF – supporting Regina's hospitals

Every dollar makes a difference. For 25 years, that has been the belief of the Hospitals of Regina Foundation (HRF).

As a non-profit, volunteer-led organization, the foundation raises funds for Regina's hospitals – Pasqua Hospital, Regina General Hospital and Wascana Rehabilitation Centre. Since 1987, donors and community partners have donated over \$110 million in support of health care, with a primary focus on medical equipment.

Keeping the hospitals well equipped is important, not only for people living in Regina and the Regina Qu'Appelle Health Region (RQHR), but for the whole southern Saskatchewan population, which is about half a million people.

"People in southern Saskatchewan who need specialized care come to Regina," said Judy Davis, foundation chief executive officer, "so those extra dollars we raise to support the hospitals have a far-reaching impact."

Donor dollars have made a big difference in many areas of care. Cancer patients receive timely diagnosis and treatment through the Breast Assessment Centre



PotashCorp recently joined the long list of Hospitals of Regina Foundation (HRF) donors, giving \$350,000 in support of a neonatal ambulance (inset). Pictured, left to right:

Don Wilson, HRF board chair; Judy Davis, HRF CEO; Dwight Nelson, Health Region president and CEO; Don McMorris, minister of Health; and Bill Doyle, PotashCorp president & CEO.

and Prostate Assessment Centre at the Pasqua Hospital; fragile babies benefit from the advanced equipment at the Rawlco Centre for Mother Baby Care; stroke patients receive enhanced services in the Wolfe Stroke Unit at the Wascana Rehabilitation Centre; and cardiac patients have access to cutting-edge technology in the Mosaic Heart Centre at the Regina General Hospital.

"Those are some of the more well-known donor-supported initiatives," said Davis, "but there

are hundreds of donor-purchased items in the hospitals, from the most basic to the most state-of-the-art electric beds, bedside monitors, ambulances, defibrillators, vital signs monitors, blanket warmers, pillows, ultrasounds...the list goes on."

While the foundation is a separate organization from the RQHR, working in partnership with the Health Region is important to ensuring that donor dollars are used efficiently and effectively.

For more information about the HRF, visit www.hrf.sk.ca.

HELPING HAND

Continued from Page 1

"He was amazing," said Lorraine Wolfe, of McAdam, who has assisted her a couple of times. Wolfe's mother recently had cataract surgery at Pasqua Hospital. "My mom is 80-some; she's pretty feeble and it's hard to get her out of the car. You almost have to help lift her. He came right away and he was there. . . He helped me get her into a wheelchair and he took her in the front doors while I parked the car.

"He really deserves some kudos."

For more information about this program, or to provide feedback, contact dale.orban@rqhealth.ca.

Comments? Please let us know.

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

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Surgery wait times falling fast

Regina Qu'Appelle Health Region (RQHR) is making tremendous strides in reducing waits for surgery.

Between September 26, 2010 and September 25, 2011, the number of patients waiting longer than 18 months dropped 86 per cent (to 92 patients from 667) while the number of patients waiting longer than 12 months dropped 67 per cent (to 637 patients from 1,962).

"We're really pleased with the progress we've made in getting more patients to the operating room (OR) sooner," said Diane Larrivee, vice president of Specialty Care.

"Improving the care experience of our clients is important to us and we are working hard to not only ensure patients get procedures sooner, but receive quality care. In the new year, we will be striving to make further reductions."

Wait times are at their lowest point since 2002, when the province began tracking these numbers.

The Health Region is working toward achieving the targets set by the Saskatchewan Surgical Initiative, which is to ensure that by the end of 2011-2012 all surgical wait times are less than 12 months and that by 2014 all patients have the option of receiving their surgery within three months.

Several RQHR initiatives have been launched and operational changes have been implemented to target wait times and improve surgical access.

The most recent is the opening this fall of the community-based Surgical Assessment Centre at Regina Centre Crossing (see story on Page 3 of this report). "By providing pre-admission services, surgery preparation and operating room scheduling at one site, this facility frees up space in our acute care hospitals so that we can do more surgeries," said Trent Truscott, executive director of Surgical Care Services.

Other initiatives include creating "pathways" that streamline care for patients with hip, knee or spine problems; making changes to how operating rooms are allocated to increase the number of surgeries provided; implementing quality improvement programs to create efficiencies; and contracting with third party surgery providers to deliver selected day surgeries and CT services.

In April, RQHR received \$6.8 million in funding as part of an additional \$40.4 million in Saskatchewan Surgical Initiative funding provided by the province. The money, which was in addition to funds allocated to RQHR in the 2011-2012 budget, is being spent on providing 1,714 more

New initiatives, operational changes and additional funds have played a role in helping RQHR perform more surgeries sooner.

surgeries this fiscal year; improving post-operative therapy and home care to reduce the amount of time patients need to spend in hospital which allows for more surgeries to be performed; and on quality improvement initiatives and improved assessment of surgical patients.

Patient safety is a priority for the Region and several tools and procedures are in place to ensure that along with getting surgery faster, patients receive safe, quality care.

"Safety is always on our minds," said Truscott. "To ensure a safe surgical experience, we're focused on reducing surgical site infections and implementing surgical checklists, among other initiatives. It's about making sure there's quality care along with improved wait times."



A health care team reviews a surgical checklist prior to operating.



Building our future



An Autism Centre employee works with a pre-school client and his mother.

Major projects

This past year, Regina Qu'Appelle Health Region (RQHR) has engaged in a diverse range of capital projects designed to improve efficiency, reduce waits for service and put the client first. Chief among them is the Surgical Assessment Centre at Regina Centre Crossing (see Page 3).

"Improving the work environment to be more efficient – which in turn improves care and access – is a primary 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 two other major projects.

Autism Centre opens

RQHR's Autism Centre at 2166 Broad Street opened its doors October 3.

The program drastically reduces the long wait for services previously experienced by families, allowing for approximately 400 children up to the age of 18 to receive assessment and treatment at the new facility.

The centre, which is a satellite of RQHR's Child and Youth Services, amalgamates services previously offered at three locations by RQHR and the Autism Resource Centre, a community-based organization.

The Region has received from the province \$450,000 in start-up funds for the centre and \$1.7 million annually to support the centre's operating costs.

Lab to benefit heart patients

The November 17 grand opening of the Kinsmen Telemiracle Foundation Electrophysiology (EP) Lab recognized the Kinsmen for its donation of \$1.25 million, as well as other major donors for their generosity in support of cardiac care. These include Partner Technologies Incorporated, The Mosaic Company, and Don and Claire Kramer.

The EP lab provides sophisticated diagnostic and treatment options which weren't previously available in southern Saskatchewan for patients who experience electrical disturbances of the heart. It enables medical personnel to look at atrial fibrillation, the most common type of abnormal heart rhythm, and other electrical disturbances from a new treatment standpoint. About 600-700 people are admitted to Regina hospitals with atrial fibrillation annually.

The EP lab will begin doing interventions involving electrical management of heart rhythms in January with the arrival of Dr. Omar Sultan (see article below).



L-R: RQHR's Val Davies, Win Haines and Lori Garchinski in the new electrophysiology lab.

MD recruitment efforts yield results

The Regina Qu'Appelle Health Region's (RQHR's) physician recruitment efforts continue to pay off. There are now more than 578 physicians practicing in RQHR – up from 520 in 2007. Fifty-eight physicians have been hired in the last four years alone.

"The climate is right for recruiting," said Erin Roesch, program consultant for physician recruitment and retention with Practitioner Staff Affairs. "The economy is booming, more is being invested in the Health Region's buildings and equipment and people who left Saskatchewan for other opportunities are now coming back."

The Physician Recruitment Agency of Saskatchewan (www.saskdocs.ca) has also helped set the stage for physician recruitment, bringing the health regions together with its many partners.

"Our focus on recruiting family physicians reflects our priority on recruiting physicians to rural parts of the Region, where communities may not have enough physicians to service the area," said Roesch.

Considerable recruitment efforts are focused on University of Saskatchewan graduates, said Kimberly Merk, program associate with Practitioner Staff Affairs.

With the re-distribution of medical education in the province, the College of Medicine in Regina is expanding. This year, the RQHR welcomed 20 third year medical students from the University of Saskatchewan and the Region is continuing to enhance the number of available residency positions which will help recruit and retain physicians. In January 2012, the distributed medical education pilot will expand to include second year students. Eight students will take part.



Desire to give back brings MD home

Dr. Omar Sultan will begin working in Regina Qu'Appelle Health Region (RQHR) in January as the new medical director of the Kinsmen Telemiracle Foundation Electrophysiology (EP) Lab.

"Being born in Regina, this was a 'natal' connection that called me back," said Sultan, who is currently based in Winnipeg. "I want to give back to the place where it all started for me."

With Sultan's arrival, RQHR will begin providing interventional procedures for the electrical management of heart rhythms which weren't previously available.

"I am delighted to be able to offer treatments using a cutting edge technology to the people of southern Saskatchewan. I feel that allowing patients to be in familiar surroundings with their family and support systems will enhance their recovery."



Dr. Omar Sultan

More babies, toddlers getting immunized in RQHR

An increasing number of babies and toddlers are getting immunized in Regina Qu'Appelle Health Region (RQHR).

"We're pleased and proud that our immunization rate has gone up so much. It means more little ones are now protected from serious, preventable illness," said Morag Granger, manager of Public Health Nursing for RQHR.

Seventy-four per cent of children two years of age are up to date for their immunizations, according to 2010-2011 findings. This represents an increase of seven per cent since 2008.

The provincial immunization schedule indicates that by the time children turn two, they should have been vaccinated at two months, four months, six months, a year and 18 months of age. Immunization protects children from diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, rubella, varicella (chickenpox), meningococcal disease, pneumococcal disease and haemophilus influenzae type b. Haemophilus influenzae type b, meningococcal disease and pneumococcal diseases can cause bacterial meningitis as well as other serious illnesses.

In recent years, the RQHR's immunization program has opened child health clinics in areas of low immunization and implemented reminder and tracking processes and tools, such as ImmuTrax (go to www.rqhealth.ca to sign up), in rural and urban areas. Granger credits these initiatives for improved immunization rates.



Hayden Gervais is immunized by nurse Trina Kruszelnicki while mom, Jessica, comforts him.

Patients weigh in on hip, knee surgery experience

It's a small group – only four people – but they represent big change. They participated in the first quality improvement patient focus group at Regina Qu'Appelle Health Region (RQHR). Their feedback has helped identify ways to improve service and has opened the door to a number of opportunities for improvement within the hip and knee surgery system.

"By talking with patients, we're hearing their voices and involving them as partners," said RQHR team member Susan Macknak.

This is the first of many patient groups that will participate in quality improvement projects as part of RQHR's lean initiative. Lean is a patient-centred approach to health care that focuses on reducing system waste as it engages and empowers staff and physicians to build high quality and safe processes. Lean practices in the Region have already helped decrease the number of MRI patients travelling by ambulance, for example.

Collaborating with patients to create a patient- and family-centred health care system is a priority for RQHR and was a key recommendation of Saskatchewan's Patient First Review. A regional committee

has been formed to take this philosophy off the page and into practice.

As part of the Region's efforts to improve hip and knee wait times, staff interviewed 10 patients waiting for hip or knee replacements and followed them throughout their health care journey. From that group, four patients were brought in to take part in the focus group.

"To me, education was the most important point," said Cindy Dumba. "If we can educate ourselves and others about these surgeries, including before and after care, that will go a long way to helping patients."



Hip and knee patients take part in a quality improvement focus group.

Surgical Assessment Centre creates capacity, enhances care.

A new community-based Surgical Assessment Centre which opened in October is improving the care experience of patients preparing for surgery while creating capacity in the Regina Qu'Appelle Health Region (RQHR) to provide more surgeries sooner.

More surgeries sooner

"By doing pre-surgical assessment, patient teaching and surgical patient preparation at one site, this new facility gives patients the opportunity to meet with a multi-disciplinary team of health care professionals under one roof," said Trent Truscott, executive director of Surgical Care Services. "At the same time, service consolidation has freed up space at the Pasqua and Regina General hospitals so that we can do more surgeries."

The centre, which is 1,160 square metres (12,500 square feet) in size and was renovated using \$2.6 million in funding from the Health Ministry, is located in the Regina Centre Crossing building at 102 - 1621 Albert Street (the former Superstore).

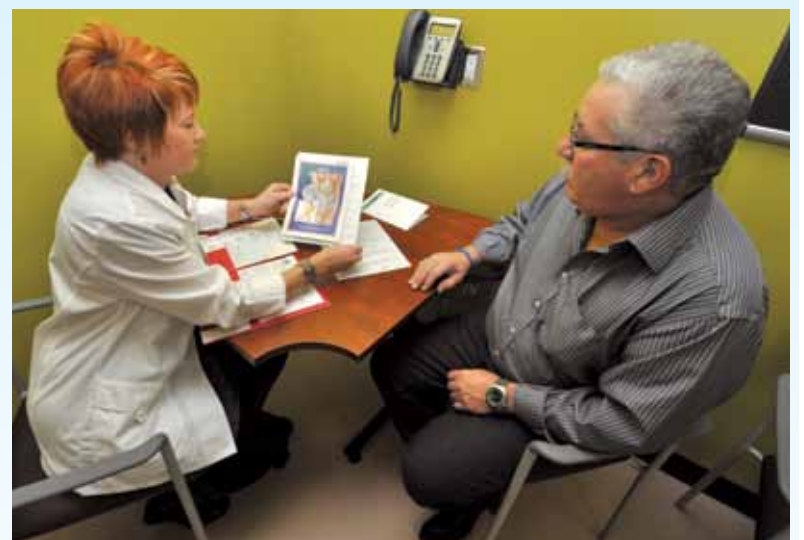
It brings together pre-admission services previously located at Regina General and Pasqua hospitals, as well as the former Surgical Assessment Centre, which is moving to the new site from 2445 Broad Street. This centre includes the Musculoskeletal Screening Clinic, the Bariatric Clinic, and the hip and knee and spine pathway programs.

The Family Medicine Unit, a teaching unit of the University of Saskatchewan, College of Medicine, will relocate to Regina Centre Crossing in the spring of 2012. Patients of that unit will receive detailed information regarding parking, location, the move date, and other details prior to the re-location.

"The centre was designed with patient care in mind," said Amy Holden, manager of the Surgical Assessment Clinic. "We thought about 'Patient First' throughout."

Al Drul, a patient from Yorkton who had a consultation with the centre prior to back surgery, agrees.

"I didn't have to go anywhere once I was at the centre. Everyone came to me. They explained everything about my surgery to me."



Lois Miller, a registered nurse, talks with Dale Bailey at the Surgical Assessment Centre about what to expect during his arthroscopic knee surgery.

Drul, who visited the centre October 26, said a registered nurse conducted an extensive interview with him about his health history; a technician performed an electrocardiogram; a second technician did blood work; and an anesthetist explained what would happen during surgery.

"The staff was friendly and courteous. I thought it was efficient."

Lean methodology and Releasing Time to Care tools enable the centre to see more patients faster by streamlining client visits, standardizing checklists for surgery and providing staff with the most current pre-operative training for the benefit of patients.

"Our goal is to contact as close to 100 per cent of people as possible pre-operatively – either by phone or in person," said Holden, adding that bringing together staff from several sites and several disciplines at one location is allowing for more pre-operative visits than ever before.

Creating efficiencies was a priority, she said.

"We don't want patients waiting longer than 15 minutes in the waiting room. We've kept patient flow in mind throughout, fine-tuning everything as we go."

(Continued on next page)



The new Surgical Assessment Centre is located in the Regina Centre Crossing building at 102 -1621 Albert Street (the former Superstore).

(Continued from page 3)

Patient and staff input was provided throughout the planning process and continues to be sought now that the centre is open. Staff members conduct interviews with patients about their satisfaction with the centre's service and plan in the near future to carry out patient surveys and provide a patient mailbox at the centre for feedback.

"We'll be looking at the opportunity for ongoing improvement," said Truscott. "We don't believe we should stop trying to get better."



RQHR At a Glance

Physicians

Approximately 580 physicians have privileges in the Regina Qu'Appelle Health Region (RQHR). Some 25 physicians are employed by the RQHR.

Employees

The RQHR and its affiliates provide approximately 8,250 full-time positions and employ more than 10,800 people in full-time, part-time and casual work.

RQHR Employees

Staff (full-time equivalents)	2008-2009	2009-2010	2010-2011
Support staff	2,767.03	3,218.08	3,220.01
Nursing	2,194.65	2,408.78	2,464.20
Professional	697.36	722.41	762.81
Technical	464.71	469.10	480.39
Out-of-scope/Non-union	316.95	342.67	335.32
Physician employees	25.72	26.69	25.84
Total	6,466.42	7,187.73	7,288.57

Affiliate Employees

Staff (full-time equivalents)	2008-2009	2009-2010	2010-2011
Support staff	1,132.74	758.86	760.20
Nursing	197.58	144.16	144.16
Out-of-scope	51.69	34.73	34.73
Other professionals	32.41	22.43	22.76
Total	1,414.42	960.18*	961.85

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

Finances

RQHR Revenues

(in thousands of dollars), 2011-2012

Ministry of Health general revenue fund

\$778,311 90.4%

Patient & agency charges

\$54,726 6.4%

Other

\$27,349 3.2%

Total (in thousands of dollars)

\$860,386

RQHR Expenditures

(in thousands of dollars), 2011-2012

Acute care

\$526,896 61.9%

Program support/Ancillary

\$44,232 5.2%

Supportive care

\$171,886 20.2%

Community/Primary care

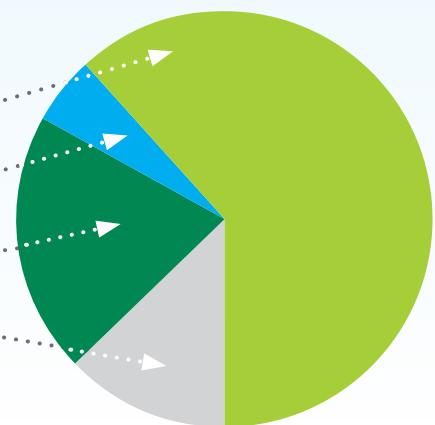
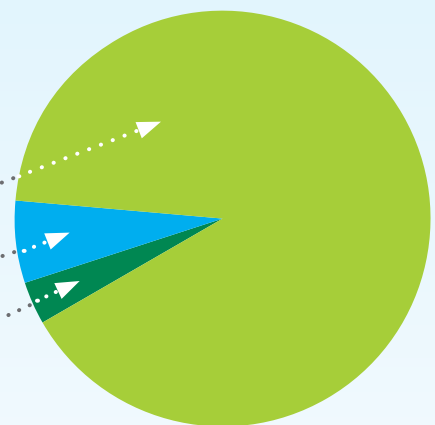
\$108,557 12.7%

Total (in thousands of dollars)

\$851,571

Surplus (in thousands of dollars)

\$8,815



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, 2011, the following individuals were board 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

* Brad Hunter resigned his appointment on Nov. 15, 2010.

For biographical and contact information regarding the members of the RQRHA, visit our website at www.rqhealth.ca.

Senior Management Team

The Regina Qu'Appelle Health Region is administered by the Senior Management Team.

As of March 31, 2011, the team is comprised of:

- Dwight Nelson
President & Chief Executive Officer
- Dr. Joy Dobson
Senior Medical Officer & Vice President, Medical Services
- Mike Higgins*
Vice President, Human Resources & Communications
- Val Hunko
Vice President, Rural, Restorative & Continuing Care
- Carol Klassen
Vice President, Knowledge & Technology Services
- Diane Larrivee
Vice President, Specialty Care
- Sue Neville
Vice President, Clinical Support
- Michael Redenbach
Vice President, Primary Health Care
- Dr. Chris Vuksic
Senior Medical Officer & Vice President, Medical Services

*Mike Higgins also served as Interim Vice President & Chief Financial Officer, Financial Services from December 3, 2010, when Randy Stephanson retired, until October 17, 2011, when Charlene Gavel was appointed.





Elder's helper Larry Oakes, pictured at the summer sweat lodge site, said the urban sweat lodge helps First Nations people stay connected to their traditions.

Healing body, mind, spirit

When life's pressures become too great for Cory Generoux, he seeks help in a sweat lodge.

"I go to a sweat lodge when I'm feeling overwhelmed, and it helps me to deal with things," said Generoux, who participates in ceremonies at the sweat lodge located in Regina's west end.

Generoux, a Regina-based documentary film maker, is a member of the Sturgeon Lake First Nation. Attending sweat lodge ceremonies isn't just something he does; it's part of his way of life and something that he believes can benefit others.

"It's part of my identity. It's who I am; it's what I do," he stated. "There are a lot of people who need help. Once they find their identity, they want to hold on to it, and they want to take care of themselves so that they can hold on to that identity. A sweat lodge ceremony helps them do that."

The sweat lodge ceremony focuses on purification and helps those taking part cleanse their spirit, mind, emotions and body.

The sweat lodge itself is made of willow branches, bent to create a dome shape which is then covered with a canvas tarp or heavy blankets. The lodge holds about 20 people comfortably.

Participants sit on the floor and, once everyone is inside, the door is closed. Rocks heated by a fire outside are placed in the centre of the lodge

and water is poured over the rocks to create steam and bring about cleansing.

An Elder leads the ceremony with prayers, teachings and songs, providing guidance and direction to help the people attending. The ceremony is made up of four parts, or rounds, and the Elder asks that the lodge door be opened after each round.



Pictured are the sweat lodge frame (foreground) and the winter facility (background).

"The lodge is needed and is doing its job. It's contributing to the well-being of the community, and people are benefiting from the sweat lodge," said Larry Oakes, an Elder's helper – called oskapios in Cree – with the Regina Qu'Appelle Health Region's (RQHR's) Eagle Moon Health Office.

"Some First Nations people in the urban centre may not be closely connected with their reserve, or they have problems finding a way to get to their reserve to attend a lodge or

see a healer. Having access in the city alleviates those concerns," said Oakes.

The sweat lodge is one of several kinds of ceremonies Aboriginal people have used for centuries to maintain and achieve wellness. They may also seek out traditional medicines and work with healers and Elders as part of their wellness journey.

"The sweat lodge is more accessible for people," said Oakes who, as oskapios, provides advice and direction to people and organizations requesting the use of the lodge. "Some ceremonies take place only at certain times of the year, whereas a lodge ceremony can take place throughout the year."

The Regina urban sweat lodge came to be as the result of collaboration by various groups through the Urban Aboriginal Strategy. In January 2008, a building was erected to house the lodge, making it useable in the winter. RQHR, under its regional operating plan, has made offering holistic service delivery, supporting traditional healing and engaging the voice of the community a strategic objective.

Since 2008, Eagle Moon Health Office has assisted the community with access to more than 300 sweat lodge ceremonies and 1,500 individual healing sessions.

For more information on sweat lodges, call the Eagle Moon Health Office at 766-7190. 🐾

Saskatchewan's health care workers have the most injury per occupation, with 1,676 Workers Compensation Board claims in 2010, according to the WCB's 2010 annual report.

In RQHR, nearly 28,000 time-loss days were recorded as a result of injury in 2010-2011. This includes injuries which took place in previous years but resulted in employees being off the job in the last fiscal year.

Although this is a drop of 16 per cent from 2009-2010, "it continues to represent valuable time lost for patient care," said John Paul Cullen, executive director of Workforce Planning and Employment. "We want fewer injuries and more people back to work sooner.

"We acknowledge injuries will occur in an organization that provides acute care and long term care but we can't give ourselves over to 'Well, injuries happen.' We always have to be pushing for zero."

Mike Higgins, vice president of Human Resources and Communications, said this year RQHR is focusing on the root causes of overtime. "We're paying attention to sick leave and we believe there is a tremendous opportunity for us to realize gains in injury reduction."

Reducing overtime costs is a priority for RQHR. In 2010-2011, the Region's overtime bill totalled \$9.4 million.

Many initiatives are already in place to help achieve this goal. The RQHR continues to invest in equipment and courses which train staff how to lift and move people and objects; there are occupational health and safety committees in place and safety consultants who provide workplace assessments; efforts have been made to ensure vacancies are filled; and scheduling practices have been improved so staff members aren't working short-handed.

Cullen said to reduce injury and overtime rates the Region is focusing on hot spots – where high rates of injury and overtime are occurring – and working with those managers to understand what's taking place so that solutions can be applied.

To become more effective, said Higgins, "We've got to move from ideas and resources to better practice and implementation. That means having the necessary information in front of managers, enabling them to make decisions and then creating the necessary accountability." 🐾

Fight influenza

Regina Qu'Appelle Health Region (RQHR) encourages all residents to get immunized for seasonal influenza.

RQHR is providing seasonal influenza vaccinations to residents at no charge. To receive a vaccination, make an appointment with your local public health office. 🐾

PUBLIC HEALTH CLINICS

For information about influenza immunization, call the clinic in the community nearest you:

Indian Head	695-5230
Grenfell	697-4040
Whitewood.....	735-2929
Moosomin	435-6279
Rural Regina	766-7533
Regina	766-7700
Fort Qu'Appelle	332-3300



Send an e-greeting to a patient in hospital or a resident of a long term care home. Go to www.rqhealth.ca and click on the Well Wishes yellow flower.

A snapshot of who we are

There are more babies, more elderly, more First Nations people and simply more of us. These are some of the findings of the Regina Qu'Appelle Health Region (RQHR) Health Status Report, 2010, released in November.

"Recent years have seen consistent growth in the Region's population, a trend which is expected to continue," said Tania Diener, RQHR's medical health officer. The report notes that in 2009 the covered population (those with provincial health coverage) had risen to 253,809, up 2.7 per cent from 1995. Provincial population growth during this time was 1.6 per cent.

The health status report provides a snapshot of the wellness of RQHR residents in 2009. It identifies opportunities for disease prevention and health promotion, aiding policy makers and program planners in identifying priority areas. It's a compilation of recent health data, gathered from a wide range of sources, and shows how rates of diseases and injuries have changed in the RQHR population over time.

A key reason for the Region's, and the province's, steady population growth is immigration – both international and inter-provincial. A strong economy and job opportunities are encouraging more people to call Saskatchewan home. Statistics Canada's projections suggest the province's population will grow by 6,600 a year from now until 2036.

Contributing to the province's populace is the growing Aboriginal population, which has a birth rate 1.5 times the national rate. By 2017, Statistics Canada projects that 20.8 per cent of Saskatchewan's population will be Aboriginal, up from 14.9 per cent in 2009. About 11 per cent of RQHR residents identify as Aboriginal.

In recent years, there are also more babies being born in the RQHR, with 3,376 live births in 2009. Although this is a 22.1 per cent increase from 2005, the number of residents in the zero to 19 age category has actually fallen (13.2%) since 1995, as has the number of people between the ages of 20 and 44 (8.1%).

The same can't be said for the number of seniors. The elderly now make up 13.5 per cent of the population, an increase of 8.7 per cent since 1995. The fastest growing population group is "85 years of age and older," increasing nearly 54 per cent since 1995.

"Our growing elderly population, and their increased need for health care, will lead us to review the types of services we provide and how we provide them," said Diener.

Amongst the other findings:

- In 2005, the average personal income for men was \$40,862; for women, \$28,753.
- In a 2009 survey, 21 per cent of respondents said they were current daily or occasional smokers, down from 25.5 per cent in 2008.
- More than 35 per cent of the population 18 years of age or older reported being overweight, with an additional 21.5 per cent indicating they were obese.
- About 46 per cent of RQHR residents say they are inactive.
- About 39 per cent said they ate five servings of fruits and vegetables a day.
- The rate of chlamydia rose 10 per cent between 2007 and 2010 to 994 reported cases.
- About eight per cent of RQHR births were to teenage mothers, with about one per cent being to women under the age of 15.
- Immunization rates have increased. In 2010, 71.4 per cent of two-year-old children were up to date for their diphtheria, tetanus and pertussis (DTP)



2.7%

The RQHR population rose 2.7 per cent from 2005 to 2009.

11%

11 per cent of RQHR residents identify as Aboriginals.

45.5%

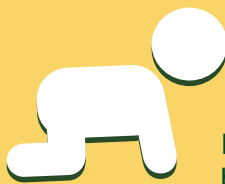
Accidental falls accounted for 45.5 per cent of all hospitalizations as a result of injury.

46%

About 46 per cent of RQHR residents say they are inactive.

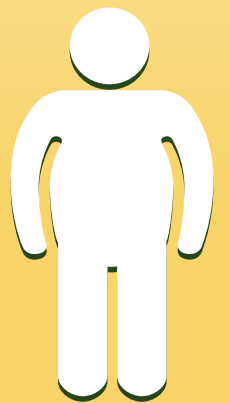
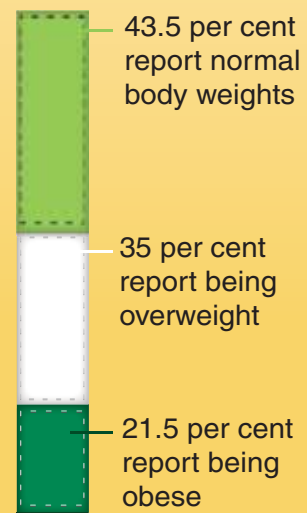


Hospitalization rates decreased between 1998-1999 and 2008-2009.



22%

In 2009, there were 3,376 babies born in RQHR, an increase of 22 per cent from 2005.



Deaths from cardiovascular diseases decreased from 223 in 2000, to 163 in 2009.



21%

In a 2009 survey, 21 per cent of respondents said they were current daily or occasional smokers, down from 25.5 per cent in 2008.

vaccine and 71.1 per cent were up to date for their measles, mumps, and rubella (MMR) vaccine.

- Between 2006 and 2010, there was a 5.2 per cent increase for DTP immunizations and a 12.9 per cent increase for MMR amongst two year olds.
- Hospitalization rates (all causes) decreased between 1998-1999 and 2008-2009.
- Accidental falls accounted for 45.5 per cent of all hospitalizations as a result of injury between 1999-2000 and 2008-2009.
- The number of men diagnosed with lung cancer dropped between 1998 and 2007 – from 68.5 to

66.5 per 100,000 males – and rose among women – from 39.5 to 54 per 100,000 females.

- Approximately 2,000 people die each year in RQHR. The top cause of death are diseases of the cardiovascular system, however, the number of people dying from these diseases is dropping. In 2000, 223 died from cardiovascular diseases; in 2009, 163.

The health status report is available in public libraries and on the RQHR website at www.rqhealth.ca.