Community centre celebrates milestone achievement
20 years of connecting culture and health care

With more than 40 dancers and drummers, a traditional powwow and prayers from community elders, the Four Directions Community Health Centre’s 20th anniversary celebration was both powerful and heartwarming.

“This place is important to me,” said Patrick Severight, a parent in the community who utilizes the Focus on Fathers program at the centre. “It was nice to have a cultural event to celebrate and to see people dancing.”

“Being part of a grand entry brought tears to my eyes,” said Rena Kim, public health nurse at Four Directions. “I felt a connection between what Four Directions used to be and the limitless possibilities of what it will become.”

When the clinic opened its doors 20 years ago, in the inner-city neighbourhood of North-Central Regina, it had only three programs: Healthiest Babies Possible Program, Sunrise Health and Aboriginal Community Development.

Twenty years later, the clinic has definitely expanded, now offering dozens of programs run by more than 35 employees.

“It’s important we recognize what’s been accomplished here, and this isn’t simply a Regina Qu’Appelle Health Region (RQHR) success story.

See CLINIC on Page 3
The highest priority for the Regina Qu’Appelle Regional Health Authority Board of Directors (the Board) is to maintain and improve the quality and safety of the services the region provides to its patients, clients and families. In this edition of HealthNews, you will be able to read about some of this work and the lives it most affects.

The Board works with the region to continuously improve and ensure any changes made are made with our patients and families in mind. To do this, the Board works closely with the region’s leaders to set its strategic direction. This year, the region has renewed its commitment to aligning efforts around delivering high quality, safe care; to ensuring you have access to the services you need when you need them; and, to building a system that is sustainable today and into the future. The Board fully supports this work and believes the region has made progress with these efforts.

The Early Pregnancy Assessment Clinic (EPAC) is a prime example of a successful program that was driven by a need in the community for better care, where and when women need it. Since its launch, the EPAC has diverted hundreds of visits from the emergency department. Programs like this not only improve the health of you and your loved ones, they also relieve stress on the overall system – more on this in the next few pages.

Another area of focus for the Board is the region’s infrastructure. It’s aging. We know this. That is why the Board has tasked the region to plan for how it will manage this today and into the future. The Board also knows that the province’s aging demographic is growing and will continue to grow. We need to plan for this too so that your parents, grandparents, aunts and uncles have the support they need when they reach their golden years. To make this all work, we need engaged and accountable teams. This is essential to the delivery of better care.

The Board is also very interested in the transformational changes of the health care system led by the province. We have been engaged as a board and as a region in the process of this transformation and we look forward to working with the province to ensure your system is strong.

The Board appreciates this opportunity to share the great work in this region. We also appreciate the opportunity to engage with and listen to, the patients, client and families of the region. So, I urge you to join us for our public meetings and community consultations throughout the year. For more information on these, please visit the region’s website at www.rqhealth.ca.

Sincerely,

R.W. (Dick) Carter
Chairperson
Regina Qu’Appelle Regional Health Authority

A message from our CEO

As noted in the opening comments, Chair of our Board of Directors, the work being done in this region is focused on you, the people we serve, ensuring you receive the right care, in the right place, at the right time, by the right provider.

The region is committed to ensuring patients, clients and residents receive the best possible health care experience.

To do this, we have built a robust plan to focus our work on initiatives associated with improving the quality and safety of and access to our services while creating a sustainable health system. You’ll learn more about our efforts in each of these areas in this edition of HealthNews.

It is our belief that everyone has a right to expect quality and safety of and access to our services while working on initiatives associated with improving the care experience.

We believe that their combined efforts are key to making improvements in their respective work areas.

Four Directions Community Health Centre 20th Anniversary. A cornerstone of our commitment to providing safe, high quality care is ensuring you and your family have access to the services you need, where and when you need them. The success of this clinic is due in part to its focus on delivering services in the community, from the community’s perspective.

By providing access to information and services that proactively support your health, we can help you and your family live healthier lives while building a system that is there for you when you really need it. Staff and physicians across the RQHR focus daily on making improvements in their respective work areas.

We believe that their combined efforts are key to achieving our goals.

I appreciate the opportunity to work with the patients and families in our region in building a system that improves the quality, safety and access to patient centred care.

Sincerely,

Keith Dewar
President and Chief Executive Officer
Regina Qu’Appelle Health Region

Connect with us!

Stay connected with the Regina Qu’Appelle Health Region on social media.

Facebook: www.facebook.com/ReginaQuAppelleHealthRegion www.facebook.com/justaskregina

Twitter: @rqhealth @RQHRVolunteer @RQHRDocs

YouTube: www.youtube.com/user/rqhr

Pinterest: www.pinterest.com/rqhealth

Linkedin: www.linkedin.com/company/ regina-qu-appelle-health-region

Mobile App: www.rqhealth.ca/mobile-apps

www.rqhealth.ca

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Linkedin: www.linkedin.com/company/ regina-qu-appelle-health-region

Mobile App: www.rqhealth.ca/mobile-apps

www.rqhealth.ca
A MESSAGE FROM THE BOARD CHAIR

On behalf of the Regina Qu’Appelle Regional Health Authority, I am pleased to present to you the 2015-16 Annual Community Report (ACR), which outlines the region’s activities and accomplishments for the year ending March 31, 2016. This report reflects the successes and challenges we faced this past year in delivering safe, high-quality health care to the people of southern Saskatchewan.

Our highest priority has been, and will continue to be, to maintain and improve the quality and safety of services that we provide. We are committed to those we serve and to ensuring they receive the right care, in the right place, at the right time, by the right provider. By addressing these fundamentals, we lay the foundation for a fully sustainable health care system.

Looking back on the last year, I am pleased with what we have accomplished, though I recognize we have more work to do. Our progress has been challenged by significant growth over the last number of years in the population we serve; the impact of our changing demographics; the quality of our building and equipment infrastructure; and our awareness of the significant financial challenge that our province faces. In all of this, our staff, physicians and volunteers continue to focus on the people they serve and are working hard to improve the quality and safety of the care we provide while improving access to our services.

Moving forward, we will continue to build on the successes achieved as a region last year. We know we can do great things thanks to the dedication and commitment of employees and physicians of the Regina Qu’Appelle Health Region (RQHR) and our many partners, including the patients and families we serve and the direction they provided to help enhance patient-centred care.

R.W. (Dick) Carter, Chairperson
Regina Qu’Appelle Regional Health Authority

WHAT IS THE ACR?

The Annual Community Report (ACR) showcases some of the many accomplishments achieved by the RQHR, our employees and physicians during the past year. This report offers highlights from the region’s 2015-16 annual report. For more information, and to view the full Annual Legislative Report, visit www.rqhealth.ca/news-categories/annual-reports.

WORKING TOGETHER TOWARD THE FUTURE

Setting the strategic direction

Acting as a key partner in a single, integrated Saskatchewan health care system is fundamental to our success. The RQHR is a key partner in the provincial planning process and works in collaboration with the Ministry of Health, Health Quality Council, 3iHealth, eHealth, Saskatchewan Cancer Agency and the 12 other provincial health regions. The Provincial Leadership Team (PLT), comprised of CEOs and Board Chairs from these organizations, has adopted four provincial strategies of Better Health, Better Care, Better Value and Better Teams.

RQHR’s Strategic Plan summarizes the direction from the Regina Qu’Appelle Regional Health Authority (the Board), from the Minister of Health and the Provincial Health Care System. It also addresses gaps and opportunities identified through our yearly planning process enabling the region to accomplish its goals and address the immediate and longer-term needs and requirements of the people we serve.

The region utilizes provincial and regional quarterly report events and a dashboard for Board monitoring. The measures chosen represent targets the Region is striving for in the current year that will enable us to achieve the desired outcomes.

R.W. (Dick) Carter
Chairperson of the RQRHA

REGINA QU’APPELLE HEALTH REGION

ANNUAL
2015-2016
COMMUNITY REPORT

RQHR STRATEGIC FRAMEWORK

VISION
Healthy People, Families and Communities

MISSION
We are a provincial and community provider of a full range of quality health services, education and research that inspires public confidence. We achieve success in meeting the diverse health needs of our communities through the strength of our people, partnerships and personal responsibility for health.

VALUES
Compassion
Respect
Collaboration
Knowledge
Stewardship

Better Teams
Culture of Safety ▪ Patient & Family Centred Care ▪ Continuous Improvement ▪ Think & Act as One System

Better Health

Better Care
Better Value
The 2015-16 fiscal year was marked by many accomplishments with the launch of new initiatives and programs supporting our focus on delivering services from the patient’s perspective. Here are some examples of what the region has achieved in the past year by focusing on delivering safe, high quality health care, ensuring patients and families have timely access to that care and creating a sustainable system today and into the future.

Patient safety has improved because of a provincial initiative to provide new pumps for intravenous medication. More than 80 per cent of staff members are trained on this new technology.

Residents of southern Saskatchewan now have improved access to information about the region’s programs and services because of a redesigned website: www.rqhealth.ca.

Patients are receiving more consistent care with their primary health care providers, as a result of establishing six Primary Health Care Networks and programs like Connecting to Care.

A Pediatric Simulation Lab program was implemented with help from the Hospitals of Regina Foundation, helping providers practice necessary skills for our smallest patients.

Patient safety has improved because of a provincial initiative to provide new pumps for intravenous medication. More than 80 per cent of staff members are trained on this new technology.

Patients are receiving more consistent care with their primary health care providers, as a result of establishing six Primary Health Care Networks and programs like Connecting to Care.

A Pediatric Simulation Lab program was implemented with help from the Hospitals of Regina Foundation, helping providers practice necessary skills for our smallest patients.

Those experiencing a mental health crisis are receiving intervention sooner, because of a partnership between the RQHR and the Regina Police Service.

Medical and surgical supply costs per surgery have decreased by 14.5 per cent as a result of key improvement initiatives.

Patients, staff and physicians have taken part in 18 large-scale improvement projects, streamlining complicated processes and eliminating waste in the system.

7,000+ staff and physicians now have access to Sunrise Clinical Manager, a technology that will enable us to eventually provide a complete electronic health record for patients, as well as integrated care management and Emergency Department management, including Computerized Provider Order Entry.

Patients are better protected from hospital-acquired infections, now that staff and physicians are demonstrating 79% compliance on hand hygiene audits – a 10% increase over last year.

Staff safety achievements qualified RQHR for a $4.3M return from the Workers Compensation Board. Since 2011-12, we have achieved and sustained a 34 per cent reduction in lost-time injuries.

Managers have reduced overtime by more than 34,000 hours over the last year, saving the region $1.2 million.

Patients are spending less time in the Emergency Department – 10 minutes less, despite a three per cent increase in patient volumes.

Patients at the Pasqua Hospital’s Accountable Care Unit 4A are more involved in their health care plan.

Care teams are better connected through the implementation of Canada’s first Accountable Care Unit pilot project.

Patients, staff and physicians have taken part in 18 large-scale improvement projects, streamlining complicated processes and eliminating waste in the system.

A Pediatric Simulation Lab program was implemented with help from the Hospitals of Regina Foundation, helping providers practice necessary skills for our smallest patients.

Those experiencing a mental health crisis are receiving intervention sooner, because of a partnership between the RQHR and the Regina Police Service.
THE MOST NOTABLE BUDGET CHALLENGES IN THE 2015-16 FISCAL YEAR WERE:

• Managing human resource costs in 2015-16. Operating expenditures of $1.055 billion were incurred by the region in 2015-16, compared to budgeted expenditures of $1.016 billion, an unfavourable variance of $38.9 million. This is an increase of $26.0 million, or 2.5 per cent, compared to 2014-15. Salary and benefit costs, including medical remuneration, accounted for approximately 73.7 per cent of total operating expenditures (72.9 per cent in 2014-15) and these costs contributed to 71 per cent of the unfavourable expense variance. This unfavourable variance was offset by more revenue than budgeted bringing the region’s deficit to $15.2 million.

• The region experienced volume increases due to a growing and demographically changing population, resulting in an increase to services provided. Although progress was made at reducing overtime expenditures (reduction of 9.8 per cent over 2014-15) the RHA did not meet its target reduction of 33 per cent. The RHA continues to experience high levels of staff movement resulting in high orientation costs.

• Aging building infrastructure resulted in an increase of 4.7 per cent to repair and maintenance costs over 2014-15.

• The region is a tertiary referral centre for southern Saskatchewan. While the region has a covered population of 289,362, it serves approximately half a million people as a tertiary health care provider. Approximately 50 per cent of those who receive day surgery or inpatient hospital services live outside of the region’s geographic boundaries.

FINANCES

RQHR Revenues (in thousands of dollars), 2015-16

<table>
<thead>
<tr>
<th>Description</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health</td>
<td>$496,312</td>
<td>$501,031</td>
<td>$516,217</td>
</tr>
<tr>
<td>Other</td>
<td>$54,244</td>
<td>$55,222</td>
<td>$56,054</td>
</tr>
<tr>
<td>Total</td>
<td>$1,051,556</td>
<td>$1,056,253</td>
<td>$1,072,271</td>
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</table>

RQHR Expenditures (in thousands of dollars), 2015-16

<table>
<thead>
<tr>
<th>Description</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient and resident services</td>
<td>$385,399</td>
<td>$393,244</td>
<td>$399,878</td>
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<tr>
<td>Community health services</td>
<td>$132,031</td>
<td>$135,772</td>
<td>$138,748</td>
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<tr>
<td>Support services</td>
<td>$239,782</td>
<td>$241,842</td>
<td>$243,729</td>
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<td>Other</td>
<td>$317,479</td>
<td>$318,281</td>
<td>$320,040</td>
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<tr>
<td>Total</td>
<td>$1,039,490</td>
<td>$1,051,647</td>
<td>$1,064,587</td>
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</tbody>
</table>

WORKFORCE

Physicians

Approximately 686 physicians have privileges in the RQHR and the region employs some 19 physicians.

Employees

The RQHR has approximately 7,997.7 full-time equivalent (FTE) positions and a further 973.21 affiliate FTEs. More than 1,600 volunteers support the region’s staff and physicians, and together they provide health care services throughout the region.

RQHR Employees (full-time equivalents)*

<table>
<thead>
<tr>
<th>Description</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>2,621.66</td>
<td>2,673.42</td>
<td>2,694.56</td>
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<tr>
<td>Physician</td>
<td>20.75</td>
<td>19.50</td>
<td>19.60</td>
</tr>
<tr>
<td>Professional</td>
<td>759.52</td>
<td>771.64</td>
<td>785.89</td>
</tr>
<tr>
<td>Support Staff</td>
<td>3,427.53</td>
<td>3,532.40</td>
<td>3,527.98</td>
</tr>
<tr>
<td>Technical</td>
<td>561.97</td>
<td>590.29</td>
<td>599.00</td>
</tr>
<tr>
<td>Management</td>
<td>363.17</td>
<td>368.78</td>
<td>370.67</td>
</tr>
<tr>
<td>Total</td>
<td>7,754.60</td>
<td>7,956.03</td>
<td>7,997.70</td>
</tr>
</tbody>
</table>

RQHR Affiliate Staff (full-time equivalents)

<table>
<thead>
<tr>
<th>Description</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>162.04</td>
<td>162.04</td>
<td>162.04</td>
</tr>
<tr>
<td>Professional</td>
<td>23.76</td>
<td>23.76</td>
<td>23.76</td>
</tr>
<tr>
<td>Support Staff</td>
<td>748.60</td>
<td>748.60</td>
<td>748.60</td>
</tr>
<tr>
<td>Management</td>
<td>36.81</td>
<td>36.81</td>
<td>36.81</td>
</tr>
<tr>
<td>Total</td>
<td>971.21</td>
<td>971.21</td>
<td>971.21</td>
</tr>
</tbody>
</table>

*Classifications as follows:
- Nursing: Classifications in one of the three regulated nursing professions. (e.g. registered nurse, registered psychiatric nurse, licensed practical nurse)
- Physician: licensed physicians
- Professional: Allied Health Care Professionals distinct from nursing who provide direct patient care (e.g. Physical Therapist, Occupational Therapist, Respiratory Therapist, Pharmacist, Social Worker)
- Support Staff: Classifications that provide support to manage day-to-day operations. (e.g. Continuing Care Assistant, Clinic Assistant, Office Administrative Assistant, Environmental Service Worker)
- Technical: Classifications that provide diagnostic, therapeutic, and analytical functions. (e.g. Cardiologist, Nuclear Medicine Technologist, Orthopedic Technician, Analyst, Coordinator, and Specialist)
- Management: Out of scope classifications that provide either a managerial or a managerial support function. (e.g. Vice President, Director, Manager and Consultant)

RQHR AT A GLANCE

As a vital partner with the provincial government and the Ministry of Health, the RQHR is the major health care referral centre for southern Saskatchewan. While the region has a covered population of 289,362, it serves approximately half a million people as a tertiary health care provider. Approximately 50 per cent of those who receive day surgery or inpatient hospital services live outside of the region’s geographic boundaries.

LEADERSHIP

Governance

The Board is accountable to the Minister of Health to achieve the provincial and regional goals and objectives for health services in the region, ensuring all health care programs are planned, delivered, monitored and evaluated effectively on behalf of the residents of the RQHR.

The Board schedules frequent public meetings throughout the year in Regina and in rural locations across the region.

All Board members are residents of the RQHR. There were 12 Board members at the end of the 2015-16 fiscal year, including:

- Dr. Dr. Dicks Carter, Chairperson
- Dr. Brian Barber, Chairperson
- Jody Davis, Vice Chairperson
- Dave Gurney
- Lloyd Gwilt
- Linda Jian
- Jocelyne Lang
- Larry Milikan
- Sean Quinlan
- Grant Ring
- Lois VanDerVelden
- Peter Woodyla

Senior Leadership Team

As of March 31, 2016:

Keith Dewar, President and Chief Executive Officer

Dr. Tania Diener, Medical Health Officer

Karen Earnshaw, Vice President, Integrated Health Services

Dr. Patricia Parlee, Chief Medical Officer

- Primary Health Care Service Line
- Sharon Gerratt, Vice President, Integrated Health Services
- Surgical Service Line
- Women’s & Children’s Health Service Line
- Specialized Ambulatory Care Service Line
- Shawn Stott, Vice President, Integrated Health Services
- Patient Flow, Pharmacy & Respiratory Services
- Medical Imaging
- Laboratory Services
- HealthLine
- Rehabilitation, Spiritual Care & Native Health Services
- Support Services & Central Scheduling

Dr. David McCutcheon, Vice President, Physician and Integrated Health Services

- Physician Services
- Medicine Service Line: Emergency Department & EMS, Critical Care & Cardiosciences, Medicine Units & Neurosciences
- Michael Redenbach, Vice President, Integrated Health Services
- Mental Health & Addictions Service Line
- Facility Based Continuing Care Service Line
- Mike Higgins, Vice President, Human Resources and Communications
- Carol Klassen, Vice President, Knowledge and Technology Services
- Robbie Peters, Vice President and Chief Financial Officer
- Marlene Smadu, Vice President, Quality & Transformation

RQHR AT A GLANCE

ANNUAL COMMUNITY REPORT 2015-16

ON THE RIGHT PATH TO A SUSTAINABLE HEALTH SYSTEM

While striving for a balanced budget throughout the 2015-16 fiscal year through focused efforts on delivering high quality, safe care; ensuring patients have appropriate access to this care and by working to implement initiatives supporting system sustainability, it ended with a deficit of $15.2 million – 1.4 per cent of the RQHR’s total operating expenditures. This deficit represents approximately five days of average spending and is nearly a one million-dollar improvement over last year.
Building better teams and providing better care continues to be the goal of those involved in academics and research within the RQHR.

In 2014, the RQHR was formally established as an eligible institution to hold research funding. This positions the region well to be a driving force in practical, innovative, patient-oriented health research in Saskatchewan. In addition, the partnership helps to educate future physicians, nurses and health professionals, and to attract and retain some of the best clinicians in the country.

One of the region’s goals is to act as an academic and research centre for a variety of health science learners in southern Saskatchewan. The following information shows snapshots of some of the RQHR’s key research projects for 2015-16.

The following stories are snapshots of key research projects in the region for 2015-16, take a look:

Optimal health care for children

Dr. Juliet Soper is a general pediatrician and Head of the Department of Pediatrics in the RQHR. As a hospital based general pediatrician, she is part of a team who provide care to ill children in the pediatric unit and high acuity area at Regina General Hospital. Dr. Soper also works with the therapy team at Wascana Children’s Program, providing anticipatory guidance for children with developmental concerns and with community based organizations such as Regina Children’s Justice Centre to provide assessment, necessary treatments and support to children suspected of being victims of child maltreatment.

Since moving to Regina from New Zealand in 2012, she has focused her research efforts on improving systems that facilitate the delivery of appropriate and optimal health care. Her training abroad has provided her with a unique perspective from which to view local processes.

Deeply rooted in real-world, front line care issues, Dr. Soper has been a champion for young people in the RQHR. Her research seeks to ensure that they are receiving the best possible care while in our care. Sometimes, however, the best possible care means receiving fewer interventions. As such, Dr. Soper’s studies have examined the overuse of standard procedures that can be traumatic to young children and/or that can lead to greater harm. For example, young children with fever and no identifiable focus for infection often receive IV antibiotics until blood cultures are negative at 48 hours. Minimizing the number of peripheral intravenous lines a child needs during an admission is desirable due to the anxiety and trauma that occurs with insertion. Other targeted areas for improvement include the reduction of unnecessary suctioning of babies born by cesarean section, and reducing unnecessary neuroimaging (CT or MRI) of children with simple febrile seizures.

Hospital malnutrition – two small questions can make a difference

A recent study revealed that 45 per cent of people admitted to medical and surgical units in Canadian hospitals are malnourished. Being malnourished places you at a high risk of experiencing delayed wound healing, more complications, and longer hospital stays. Hospital malnutrition is not new, but until recently there was little information on how big of a problem it was in Canadian hospitals.

Thanks to a nationwide study led by Dr. Heather Keller from the University of Waterloo, there are important changes underway in the RQHR. A simple two question screening tool is being used to identify patients who are malnourished. Answering yes to both is considered a positive screen and means more nutritional assessments are needed.

- Have you lost weight in the past 6 months WITHOUT TRYING to lose this weight?
- Have you been eating less than usual FOR MORE THAN A WEEK?

The RQHR was selected as one of five locations in Canada to participate in the 18-month “More 2 Eat” study, which aims to find ways to improve the food intake and nutrition status of patients in the hospital by screening patients with those two simple questions. The local oversight team includes Dr. David McCutcheon, VP; Medicine; Lori Hopfnauf, ED; Medicine; Stephanie Czup, Sharon Cowan, Roseann Nasser, Brandon Miller. The study was reviewed and approved by the RQHR Research Ethics Board.

THE STATS IN 2015-16

- 108 new research studies were approved by the RQHR Research Ethics Board.
- 79 ROHR-affiliated physicians and staff members conducted research.
- 49 clinical specialties were represented in this research.
- The RQHR was actively involved in 290 studies during the 2015-16 fiscal year.

THE HEALTH RESEARCH WEEK 2015
Miscarriage and its aftermath

Treating women in their time of loss

In the middle of the night, she woke up to cramping and bleeding. Terrified as they drove to the hospital, Laura Strem and her husband hoped for the best. At the emergency department at the Regina General Hospital (RGH) they received the news. At nine weeks pregnant, she had miscarried. It was the fall of 2013.

"It was an awful experience. We spent about 14 hours in the emergency department, waited two hours before even going into a room. It’s not a place I wanted to be," Strem explained. "We were lucky to have a private room for the first few hours but were then transitioned into a room with six other people, while we just sat there and cried." While not ideal, Strem said she understands. Staff in the emergency department must treat patients with critical needs first. This can mean families like Strem’s have to wait.

"Medically, they did everything they could for me. We had to move when more emergent patients came in. The emergency department just didn’t seem like the place to be when experiencing this kind of loss," she explained.

For Strem, that was the first of three miscarriages she would experience.

Miscarriage not uncommon

About 20 per cent of pregnancies end in miscarriage, usually within the first eight weeks. The cause is usually unknown and often there is no way to stop them from happening. However, there are ways to ensure women in the region experiencing early pregnancy complications or losses are more comfortable.

"We knew women needed holistic care when experiencing early-pregnancy complications or loss. Of course their physical needs require attention but emotionally they need support as well," said Dr. Corrine Jakx, the region’s obstetrics and gynecology department head at the RGH. "That’s why in May, thanks to the hard work of so many, we were able to launch the Early Pregnancy Assessment Clinic (EPAC)."

"Bleeding in early pregnancy is a stressful experience for the patient and family involved. Being able to access the EPAC means patients are evaluated quicker and discussions happen in a more ideal environment without the chaos of the emergency department," said Dr. Tiann O’Carroll, a physician in the ED. "The EPAC team really helps the patient by offering their time, sensitivity and expertise."

EPAC offers ideal environment

"My second miscarriage was even more devastating than the first. I lost the pregnancy at 14 weeks again in the emergency department. So, when I was having my third miscarriage, I was expecting much of the same," Strem said.

Just like the first two times, Strem headed to the emergency department. This time though the triage nurse sent her for an ultrasound right away. Then, she headed right to the EPAC in the Women’s Health Centre.

"They knew I was coming before I even got there," Strem explained. "And my ultrasound results were there before I was." Since opening in May, EPAC has divested hundreds of visits from the emergency department, while at the same time, delivering the care women need in a shorter time frame. This is the result of delivering the right care, in the right place, at the right time, by the right provider. For patients like Strem, who experienced multiple miscarriages, the EPAC team is also better equipped to recommend follow-up care.

"Everyone were so compassionate. They had the time and background to understand how devastating miscarriage can be," Strem said. "I also felt there was a much better system of follow through in place with the EPAC. In the emergency department the follow up care was not there. I keep wondering if we had gone back in there again, and the EPAC would not have been there, would we have been referred to a specialist," Strem asked.

Follow up care is important for both the physical and emotional health of these women. That is why the EPAC nurses ensure they are reaching out to patients the day, week or month after the initial visit to plan follow up care, work that ensures these women don’t have to head back to the emergency department.

"Pregnancy loss is a unique journey for women and their families and we’ve made it our responsibility to recognize and support that," said Jacki Shannon, manager of the Women’s Health Centre. "The team of nurses, physicians and social workers here work together to care for these women as individuals, supporting them as they need it."

"Nobody seems to talk about miscarriage until it happens to them or someone close to them and even then it can be uncomfortable. I’m just so thankful that there’s now a better way to receive the care we need, when we need it," Strem said.

Patients are referred to the EPAC by their primary health care provider or through the emergency department. For more information visit rghhealth.ca.

The EPAC team includes nurses, physicians, social workers, admin staff and more.

CLINIC

Continued from Page 1

This centre would not be what it is today without the support of this community throughout the last two decades," said Natalie Jones, primary health care manager at Four Directions. "This centre is for this community, a safe place that brings together culture and health care.

A main goal of the centre is to offer support to community residents, particularly Indigenous people, in taking greater control over their own health, while striving to balance physical, emotional, mental and spiritual well-being. It’s a place of caring, learning and healing that addresses personal needs and the cultural, social and economic realities that determine health.

The centre’s success is built on the fact it collaborates with community groups and agencies to co-ordinate services delivered from the client’s perspective.

"If life gets overwhelming, I can go to the centre. They ask me if I need help. They can tell when I do," Severight, a father of five said. "They have so many programs that improve lives, but it’s not only the lives of the people that go. When we talk to our community about what we’ve learned, those who listen benefit too."

"We’re here to enhance the quality of the community by encouraging caring and compassionate relationships," Jones said. "We work with the changing needs of our clients. We want to enrich their lives through supportive and nurturing services."

Jones believes that’s what has allowed the centre to remain strong over the last 20 years.

Strem with her husband and baby boy. She had one healthy pregnancy after her first miscarriage.

"If every neighbourhood like mine had a centre like this there would be less anger and violence, that’s for sure," Severight said.

The team at Four Directions would like to thank their partners at the Eagle Moon Health Office for all their support in making this celebration possible.

Laura Strem and her husband hope for the best. In the middle of the night, she woke up to cramping and bleeding. Terrified as they drove to the hospital, Laura Strem and her husband hoped for the best. In the emergency department at the Regina General Hospital (RGH) they received the news. At nine weeks pregnant, she had miscarried. It was the fall of 2013.
Three residents in a region long-term care home in Indian Head have each reached extraordinary milestones. At more than 100 years old, Ann Emerson, Mary Inglis and Roma Inglis are three of Golden Prairie Home’s oldest residents – but according to staff there, age is no limit for these three.

“From taking part in our joke telling session to stealing the balloon in our competitive balloon tossing games, these three ladies have a zest for life I hope to have at their age,” said Karen Souchotte, recreation co-ordinator at the Golden Prairie Home in Indian Head.

Having celebrated her 102 birthday, Ann Emerson still loves to sing, dance, take part in exercise programs and listen to stories.

“Once when I was young, I sat on a flag pole. It was called flagpole sitting. A boy and I sat on a 32-inch round platform for 60 hours. Everything we needed, like food, came up in a bucket. We peed in the bucket and sent it down a rope,” Emerson said while remembering her past.

A poet from a very young age, Ann published 82 years of her poetry through desktop publishing. As she grew older, her daughter Lynn Emerson recognized her mother needed care assistance, so they relocated to Regina. After her third stroke, Ann moved into Golden Prairie Home, a 38-bed facility that provides residents with their own private room and washroom, and with high quality, safe care.

“Staff at Golden Prairie take wonderful care of my mother. She loves them all and they have really restored her quality of life. I am very grateful,” said Lynn, one of Ann’s three children.

Mary Inglis

Just one year younger, Mary Anaka shares Ann’s zest for life. Up until the age of 93, Mary grew a beautiful and bountiful garden. Now living at Golden Prairie Home, Mary is inspiring staff there with her love of music and the gift of her entertaining spirit.

“Dear sweet Mary, until recently, loved to be front and centre when we have musical events here, either dancing or standing with the entertainers listening carefully to their instruments,” said Souchotte.

“Our first impressions of Golden Prairie Home were very positive. Everyone was so welcoming and the home was so clean,” Mary’s daughter Sharon Planeuf said. “Mom was so excited that she had her own room and bathroom. She was so happy she could sit in either room as long as she wanted to and no one would be hurrying her out.”

At 100 years old, Mary was still dancing with Souchotte at the annual Christmas party.

“Even at Golden Prairie at mealtimes eye-opening. For years Mary has said ‘they sure don’t make sugar as sweet as they used to,’ so watching the kitchen staff swirling the sugar container over her teacup – to ensure that her tea was sweet enough – was very special,” said Planeuf. “The atmosphere at Golden Prairie is so positive. The residents are happy and the staff members are happy, too. I am so pleased to see the extra TLC that the residents receive.”

For Roma Inglis, the youngest of the three at 101 years old, her fulfillment comes in the form of laughter.

“I love all the music here. I love to sing and dance,” Inglis said of her time at Golden Prairie Home. “If I sit in my room too long I get bored. I like to keep busy.”

“I always look forward to my time with Roma because I always know I’m in for a good laugh,” Souchotte said. “When we play our balloon games, my stomach hurts sometimes from laughing so hard. There probably isn’t a game that goes by that Roma’s shoe doesn’t come flying off as she kicks at the balloon. She gets her arms swinging and her legs kicking, I laugh so hard.”

Despite her age, Inglis still talks to her sister on the phone every week. When her granddaughter comes to visit, she still plays cards with her, too.

“It was my granddaughter who suggested I come live at Golden Prairie Home because it was close to her,” Inglis said. “I like it here, it’s a lovely place. The meals are good here. It’s the best place I’ve been.”

Golden Prairie Home is just one of the RQH’s many high-quality long-term care facilities. For a tour of each of the facilities in the region, both rural and urban, visit the region’s YouTube channel for detailed videos of each facility where residents can join dedicated staff like Souchotte and others.

“I feel blessed for the time I get to spend with all our residents,” Souchotte said.

As for Golden Prairie Home’s centenarians, Ann has some wisdom to share.

“I am proud of everything I have done in my life,” she said. “My advice to people would be to be yourself and be happy.”

## Psychiatry restructuring, improving mental illness and addictions care

A responsive system that treats patients in a streamlined fashion is the goal of the region’s Balanced Care Model for mental health and addictions services.

Long waits and care disruptions were common for patients needing mental health and addictions services. This led to some of the region’s most vulnerable patients falling through the cracks.

We knew we needed to do something. “As an organization, we are committed to delivering safe, high quality care from the patients’ perspective. When deep diving into some of the issues in our Mental Health and Addictions service line, we knew we could improve it,” said Lori Carlson, executive director for the region.

In the past, the two streams were functioning separately. The Balanced Care Model has forced us to break a barrier and make all mental health care workers part of the same team,” Dr. Senthil Damodharan, dyad lead for the region.

“An issue we had was patient care on discharge to manage all patient needs efficiently and effectively. The result is enough psychiatry resources in each stream to limit, or if they can wait for an office appointment a month or so,” said Carlson.

Community based work

“In the past, patients needing mental health and addictions services, so nobody gets missed,” Carlson explained.

To do this, the region is focusing on four key areas.

**Common referral pathway**

This means a single point of contact for patients needing any mental health or addictions services.

The system is now set up to triage and assign services to patients according to their needs.

“There is one point of contact that sets patients up with the care they need, when they need it,” said Dr. Senthil Damodharan, dyad lead for the work.

“We are not fully there yet, but we are in a much better place than we were four or five years ago,” said Damodharan. “We have staff dedicated to organizing referrals based on need. Clinical staff assess if the patient’s need is urgent, or if they can wait for an office appointment a month from now.”

The common referral pathway means patients experiencing crisis connect with a crisis team immediately. With experienced clinicians at the helm, fewer patients are falling through the cracks.

**Hospital based work**

In the past, psychiatrists worked both in the community and in the hospital. If a person experiencing a crisis came to the emergency department, they would have to wait until the psychiatrist came to the hospital after their clinic work. Conversely, psychiatrists seeing patients in the hospital would be away from those in the community, limiting how many patients they could see overall.

“We worked together for the solution,” Dr. Damodharan said. “We divided all the psychiatric work in the region.”

Now, there are psychiatrists dedicated to hospital work, others are staying to work solely in the community and a few will continue to do both. The result is enough psychiatry resources in each stream to manage all patient needs efficiently and effectively.

“In the past, we had patient care on discharge from hospital. They often struggled to access timely community psychiatric care. Now that there is a dedicated community team, patients are referred automatically upon release,” Dr. Damodharan explains.

**Community based work**

With psychiatrists now focused in hospital, those providing care in the community are able to see more patients.

“In the past, the two streams were functioning separately. The Balanced Care Model has forced us to break a barrier and make all mental health care workers part of the same team,” Dr. Damodharan said. “We have made the conscious decision to bridge the gap.”

**Electronic health record**

The fourth and last component to the Balanced Care Model involves implementing an electronic system that stores all hospital and diagnostic information for each patient. In the past, patients may visit multiple sites for service and have multiple paper charts. Staff often had no way of knowing this. Now the mental health information is part of the patient’s electronic health record. Clinicians document in real time so information from each visit is available to the same day to clinicians with access, on a need to know basis.

“This improves the safety for high risk patients who may have suicidal ideas and visit detox, the emergency department or who are visited by the Community Outreach and Stabilization Team,” said Carlson.

“Any clinician needing to access a patient record now can. This means care plans can be updated more efficiently and patients can move through the system with fewer delays,” Dr. Damodharan said.

For more information on mental health services in the region, visit rqhealth.ca.

## Well Wishes

Send an e-greeting to a patient in the hospital or a resident of a long-term care home.

Go to www.rqhealth.ca and click on the Well Wishes yellow flower.