When care members are better connected with one another, patients receive the safest, highest quality care possible. That’s the philosophy of Unit 4A at the Pasqua Hospital in Regina, where patients are reaping the benefits from a new care model, called the Accountable Care Unit.

Created by Dr. Jason Stein at Emory University Hospital in Atlanta, the Accountable Care Unit, or ACU, incorporates a team-based approach to patient care, where daily visits are provided in patient’s rooms by physicians, nurses and other care staff. The team, sometimes four or more people in size, travels from patient to patient to share information and updates about care plans at the same time every day. In every way, the rounding that occurs is patient and family-centred. Patients are actively engaged in discussion and decisions around their care, and care providers are held accountable by patients, family members and each other for their part in ensuring care is delivered.

“Accountable care gets rid of the chaos and fosters teamwork with all people providing care and with a much improved relationship with the patient and their families,” said Dr. Ron Taylor who is a co-lead for the project. “It’s so obvious to me that this is what we’re supposed to be doing.”

Though it’s a model of care that has been introduced in a few leading hospitals around the globe, the RQHR’s Accountable Care Unit is the first pilot project in Canada. The plan is to demonstrate a transformation in the way that care is delivered to the patients on 4A. Miscommunications that can occur when care teams are not in the same place at the same time are significantly reduced, and patients are talked with instead of talked at. In fact, it’s not unheard of to hear laughter at the bedside; a far cry from the traditional experience of a hospital stay.

Establishing the Accountable Care Unit is a key project for the Regina Qu’Appelle Health Region this year; one that aligns to our Strategic Priority of enhancing the patient experience and improving quality and safety. It also has a positive impact on how patients flow through our system. According to Dr. Taylor, in hospitals with established accountable care units, patient mortality rates have been seen to drop between 30 and 50 per cent and length of stay falls 10-15 per cent.

If we can achieve this same success in our Region, positive effects will be seen in all corners of the health system, including in our Emergency Departments, a key entry point for most of our in-hospital patients. Decreasing the overall Emergency Department length of stay is a priority both for the RQHR, and our partners at the Ministry of Health.

Though the pilot project won’t officially kick off until January, the unit has already begun integrating elements of the Accountable Care model into their care approach, and the feedback to date has been overwhelmingly positive. Patient complaints have been significantly reduced; instead replaced with patient letters indicating the way healthcare should be.”

One recent piece of patient feedback says it all: “This is the way healthcare should be.”

“Transforming health care as a team - the Accountable Care Unit”

The Accountable Care Unit team that are part of this transformational change. PHOTO CREDIT: MEDICAL MEDIA
Getting the fundamentals right
A message from our CEO

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

In the 2014/15 fiscal year, the Region made much progress towards achieving its strategic priorities, highlighted in the Regina Qu’Appelle Regional Health Authority’s 2014/15 Community Report which is part of this edition of HealthNews. I would like to thank all the members of 2014/15 Board for their dedication and the role each played in improving the quality of health services through a commitment to support the provision of high quality, patient focused, sustainable health care throughout the Region.

We have recently had a change in our Board members and I would like to take this opportunity to wish our departing members Lloyd Boutilier, Jacqueline Carter, and Summerberry, Lloyd had a 33 year career with CP Rail that had him working from one end of Canada to the other and parts of the USA. For most of his career he worked for corporate headquarters stationed throughout Saskatchewan, Winnipeg and Calgary in their system Fleet and Shop Management. With some good business sense, wise investments and a lot of hard work he managed to leave CP early at the age of 51. Since his return to Grenfell he has been President of the local Lions chapter, a Director of the Grenfell CO-OP, and subsequent Hometown CO-OP, Director/ Treasurer of the Grenfell Museum, Town Councillor, and is currently Chair of the Grenfell District Health Foundation, Chair of the Grenfell Community Trust Fund and Mayor of the Town of Grenfell.

Lois VanDerVelden, RN, MA
With a nursing career of 38 years, Lois VanDerVelden offers a wealth of experience, including policy and procedure development, quality, risk and strategic planning, and risk mitigation. Working her way up from the front line as a nurse; Lois became a manager of the RGH emergency department in 1999, then director of both Regina’s emergency departments in 2006, helping to launch and oversee the re-design and leading the emergency and ambulatory care accreditation project. Following retirement from RGH in 2012, Lois worked with the Saskatchewan Registered Nurses Association (SRNA) as an Advisor, Competent Assurance/Investigator. Lois is a Registered Nurse with a graduate degree in leadership and training from Royal Roads University in Victoria B.C. In January 2014 she then took on the role of the Board Chair of the SRNA, now a Vice-President when Condon was acquired as the President and CEO of the SRNA.

A graduate of Queen’s University, Grant Ring holds a Masters of Business Administration. He is a Chartered Professional Accountant (CPA) and his contributions to the financial community were recognized in 2008 when he was named a Fellow of the Society of Management Accountants (FCA).

Grant has been Vice President of Procurement and Supply Chain at SaskPower since June 2015 and served as its Acting Vice-President of Aboriginal Relations, Stakeholder Engagement Consultation & Procurement since July 2013. He served as the Chief Executive Officer and President of NorthPoint Energy Solutions Inc., as Vice-President of Business Development, as Acting Vice-President and as chief financial officer of Corporate and Financial Services at SaskPower.

P’tit Sénateur, Lloyd Wiltiham

A strong manager with extensive geomatics experience, Dave Gurnsey champions unparalleled client service and adherence to superb quality and rigid technical standards.


He was still President of the Saskatchewan Land Surveyors Association (1987 and 2009) and Chairman of the SLSA Board of Examiners (1998-2007). Dave has five members of the Professional Surveyors Canada professional liability insurance committee since 2010, and Chair since 2012.

Dave began his geomatics career as a Survey Technician with Condon Survey Ltd. in 1974 and was subsequently promoted to the position of Survey Crew Chief and in 2013 became a Vice-President when Condon was acquired by Altus Geomatics in 2007 and 2007 and the current partner in 2013.

Sincerely,

R.W. (Dick) Carter, Chairperson
Regina Qu’Appelle Regional Health Authority
A MESSAGE FROM THE BOARD CHAIR

The Regina Qu’Appelle Health Region (RQHR) had many successes and challenges in the 2014/15 fiscal year, and this Annual Community Report (ACR) is an opportunity to share with you, the members of our Region, some of the highlights.

During the 2014/15 fiscal year, we made significant progress in reducing surgical wait times, improving client access to primary health care services in the community and providing timely, safe care to our patients, clients, residents and families.

2014/15 taught us we can achieve great things by continuing to emphasize the fundamentals and having the entire team focus on achieving our objectives while fully engaging our patients, clients and residents.

We recognize there is more work to do to meet our goals as an organization and to achieve our provincial priorities; however, we believe we have a strong foundation in place. The successes we achieved as a Region this past year were due to the dedication and commitment of employees and physicians of the RQHR and our many partners, including the patients and families we serve. The direction they provide helps enhance patient-centred care, and I encourage you, the members of the public, to continue offering your feedback and to join us in our community consultation and public meetings.

Respectfully submitted,
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 2014/15 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

The Region’s Vision, Mission and Values set a clear direction for our organization and for those who work within it. The RQHR is a key partner in the provincial strategic planning process that works in collaboration with the Ministry of Health, the Saskatchewan Cancer Agency, 3Health, Health Quality Council, eHealth and the 12 other provincial health regions.

Acting as a key partner in a single, integrated Saskatchewan health care system is fundamental to our success. The RQHR is committed to creating a system that focuses our services from the perspective of the patient journey.

Our multi-year strategic plan aligns with the provincial strategies of Better Health, Better Care, Better Value and Better Teams as well as the Saskatchewan Plan for Growth and is built upon the guiding principles of balanced growth and “thinking and acting as one system.” It directs our efforts and provides clear focus as we work towards achieving our Vision of “Healthy People, Families and Communities”, and improving access, quality and safety for the people we serve.

The plan addresses gaps and opportunities in the following areas:
- Addressing immediate and long-term needs and requirements of our Region and the people we serve.
- Foundational work that will enable us to accomplish our goals and the provincial health system strategies.
- To support the delivery of our multi-year strategic plan goals, we have developed a robust strategic planning cycle for our organization that will guide strategic planning within the Region. This planning cycle ensures that every level of our organization from the Regional Health Authority through to frontline managers are engaged and embedded in the planning process and have a clear understanding of what they are required to do to support regional and health system goals and ensure those we serve receive the best possible health care experience.

Accountability

Considerable effort is put into working with the Ministry, other health partners and within the RQHR to ensure we are measuring and reporting on progress towards our strategic objectives on a regular basis. A reporting cycle has been developed to ensure we are monitoring progress, and as a means of updating the organization and stakeholders – including the public – on a regular basis.

The RQHR’s Senior Leadership Team reports regularly on the progress of the multi-year strategic plan and one-year business plan. This includes quarterly reports on strategies and weekly Senior Leadership Team reports on business plan progress. These activities are supported by a communications plan to ensure transparency to the organization and our stakeholders.
THE REGION’S 2014/15 ACCOMPLISHMENTS

The 2014/15 fiscal year was marked by high points which saw the launch of new initiatives and programs in support of improving the client experience. RQHR also recognized the efforts of staff and physicians in improving patient care and the overall patient experience. Here are some examples:

- In April 2010, 6,000 patients were on the Region’s surgical wait list.
- As of March 2015, only 182 patients waited longer than 3 months for a surgery date.

- Partnership between Regina Qu’Appelle Health Region and the Saskatchewan Health Research Foundation.

- X-ray turnaround time improved by 75%.

- The Mental Health Clinic reduced its waitlist from 400 clients to 7 clients.

- Multidisciplinary rounds are now conducted at the patient’s bedside, resulting in improved communication with patients, and the opportunity for all patients and their families to take part in, and be informed of, their discharge plans.

- Hand hygiene compliance rate reached 70% since May 2013.

- Resident falls at Wascana Rehab’s Unit 3-5 reduced from 13 falls in the 6 months before safety initiative, to 0 falls in the 6 months after safety initiative.

- Access to home care services for clients was improved by adding an additional 19,770 hours of service, further reducing wait times.

- Increased access to primary health care services in the community.

- Reducing germs reduces unnecessary harm to patients.

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TO A SUSTAINABLE HEALTH SYSTEM
ON THE RIGHT PATH

THE MOST NOTABLE BUDGET CHALLENGES IN 2014/15 WERE:

- An increasing and demographically changing population in the Region and in other southern Saskatchewan health regions who use our services has resulted in a significant increase in our service delivery costs over the last four years;
- Staffing the equivalent of 140 Full Time Equivalents more than budget;
- Commitment and investment required to support provincial initiatives, which included:
  - Saskatchewan Health Care Management System; and
  - 3Health shared service opportunities.
- Increased operating expenditures for repairs and maintenance due to deferral of capital improvements and aging infrastructure;
- High-level of employee movement (both internal and external), which results in instability in the workplace, a large amount of administrative time to fill vacant positions, diverting time away from patient care and multiple job assignments which result in vacant shifts that often must be filled at premium pay;
- Overtime expenditures exceeded budget by $4.1M.

Actions and results

The RQHR strongly believes that a better financial result can be achieved by focusing on foundational long-term sustainable initiatives in the key areas of quality and safety, patient flow and enhancing primary health care.

FINANCES

RQHR Revenues
(in thousands of dollars), 2014/2015

- Ministry of Health
  $925.914
  91.45%
- Patient and client fees
  $38.815
  3.83%
- Other
  $47.788
  4.72%
- Total
  $1,028.663

RQHR Expenditures
(in thousands of dollars), 2014/2015

- Inpatient and resident services
  $386.763
  37.60%
- Community health services
  $124.747
  12.13%
- Support services
  $207.448
  20.17%
- Other
  $309.705
  30.11%
- Total Expenditures
  $1,028.663

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ROQHR AT A GLANCE

The RQHR is the major health care referral centre for southern Saskatchewan with a population of nearly 287,000, though the Region serves approximately half a million people as a tertiary health care provider. Approximately 30 per cent of those who receive day surgery or inpatient hospital services in the RQHR live outside its geographic boundaries.

LEADERSHIP

Goverance

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 effectively and efficiently planned, delivered, monitored and evaluated on behalf of the residents of the RQHR.

The Board schedules frequent public meetings throughout the year that are held in Regina and in rural locations across the RQHR. All Board members are residents of the Regina Qu’Appelle Health Region. There were 10 Board members at the end of the 2014/15 fiscal year, including:

- Brian Barber,* Acting Chairperson – Regina Beach
- Colleen Bryant – Regina
- Jacqueline Carter – Fort Qu’Appelle
- Judy Davis – Regina
- Linda Jiian – Regina
- Jocelyne Lang – Regina
- Larry Miskiman – Mosaic
- Sean Quinlan – Regina
- Gary Semenchuck – Regina
- Peter Woidyla – Indian Head

* Effective April 7, 2015, Dick Carter (Regina) assumed the position of Board Chairperson.

Senior leadership team

Keith Dewar, President and Chief Executive Officer
Dr. Tania Diener, Medical Health Officer
Karen Earnshaw, Vice President, Integrated Health Services
  - Primary Health Care Service Line
  - Mental Health & Addictions Service Line
Sharon Garratt, Vice President, Integrated Health Services
  - Surgical Service Line
  - Women & Children’s Health Service Line
  - Specialized Ambulatory Care Service Line
Mike Higgins, Vice President, Human Resources & Communications
Carol Klassen, Vice President, Knowledge and Technology Services
Dr. David McCutcheon, Vice President, Physician and Integrated Health Services
  - Medicine Service Line
  - Physician Service Line
  - Facility Based Continuing Care Service Line
Dawn Calder, Acting Vice President, Integrated Health Services
Robbie Peters, Vice President and Chief Financial Officer
Michael Redenbach, Vice President, Integrated Health Services
  - Mental Health & Addictions Service Line
  - Facility Based Continuing Care Service Line
Marlene Smadu, Vice President, Quality & Transformation

ANNUAL COMMUNITY REPORT 2014/15

WORKFORCE

Physicians

Approximately 605 physicians have privileges in the Regina Qu’Appelle Health Region (RQHR). Some 21 physicians are employed by the RQHR.

Employees

The RQHR has approximately 7,956.03 full-time equivalent (FTE) positions and a further 971.21 affiliate FTEs.

Staff and physicians are supported by more than 1,000 volunteers; together they provide health care services throughout the Region.

RQHR Staff (full-time equivalents) 2012/2013 2013/2014 2014/2015

- Management
  366.18
  397.10
  417.13
- Nursing
  2,610.35
  2,621.76
  2,673.42
- Physicians employed by RQHR
  21.71
  20.75
  20.50
- Professional
  828.25
  778.26
  787.70
- Support staff
  3,395.66
  3,425.62
  3,531.09
- Technical
  499.39
  511.11
  526.19
- Total
  7,721.54
  7,754.60
  7,956.03

Affiliate Staff (full-time equivalents) 2012/2013 2013/2014 2014/2015

- Management
  34.73
  36.81
  36.81
- Nursing
  163.93
  162.04
  162.04
- Professional
  24.76
  23.76
  23.76
- Support Staff
  766.52
  748.60
  748.60
- Total
  989.94
  971.21
  971.21

While in 2014/15 the RQHR continued to strive for a balanced budget through enhanced attention to the areas of quality and safety, patient flow and primary health care, it ended with a deficit of $16.1 million dollars – 1.6 per cent of the RQHR’s total operating expenditures.
The following stories are snapshots of key research projects in the Region for 2014/15; take a look:

**Surgery Research**

Over the last few years, the Regina Qu’Appelle Health Region (RQHR) has made improving the surgical experience for patients a top priority. Patients now have better access to treatment, are seen faster and receive more appropriate care. Improvements in patient outcomes are also being driven by the innovative research conducted by our RQHR surgeons.

Vascular surgeons Dr. David Kopriva and Dr. Donald McCarville have been researching ways to help identify and treat patients who have life-threatening conditions such as aneurysms and strokes. They are collaborating with surgeon and trauma specialist, Dr. Jagadish Rao, in a physician-initiated clinical trial investigating the effectiveness of a commonly used blood clotting drug in patients with ruptured abdominal aneurysms. This study aims to vastly reduce the proportion of people who die from this condition. Dr. Kopriva is also collaborating with biologists at the University of Regina on research using sophisticated techniques to characterize carotid artery plaques, which will guide our understanding of stroke prevention.

General surgeon Dr. Gordie Kaban and Orthopedic surgeon Dr. Jeremy Reed are particularly interested in improving patient safety in current surgical practices and developing new techniques that will result in better care and improved outcomes for patients in the RQHR. Dr. Kaban collaborates with many surgical residents on projects, including evaluating complications and outcomes associated with weight loss surgery for patients in the Bariatric Clinic and studying infection rates associated with hernia surgeries. Dr. Reed and Dr. Megan Dash are collaborating with researchers from the University of Regina in diverse areas ranging from concussions and mental health in athletes, to the visual cues necessary for a surgeon’s preparation for surgical procedures.

This busy group of specialists is committed to providing undergraduate medical students with first-hand opportunities to learn about research and the impact it can have on clinical care. Through effective mentoring and guidance, many of their students have won awards for their research.

**Cardiology Research**

Cardiovascular research in the Regina Qu’Appelle Health Region (RQHR) has had a significant impact on the treatment of patients with heart disease. Collectively, this busy group of clinicians has published over 140 peer-reviewed articles, presented their research at numerous national and international conferences and are currently involved in over 40 studies. They have been part of several large, ground-breaking clinical trials and have acquired several million dollars in funding from granting agencies, the government of Canada and industry sponsors for their research.

Dr. Omar Sultan is the Medical Director of the Group Medical Services Cardiac Rhythm Device Clinic. He is currently involved in several studies that look at the relationship between fainting and sudden cardiac death related to heart rhythm disturbances. The effectiveness of treatments for this condition, particularly the use of cardiac rhythm devices, has been a significant focus of his research.

Dr. William Semchuk’s research assesses the effectiveness of current medication therapies and best practices in cardiovascular disease and thrombosis. The aims of his research are to understand the challenges that patients experience with regard to their medication use and to investigate ways to ensure that they are receiving optimal pharmacological treatment.

Dr. Andrea Lavoie and Dr. Payam Dehghani have built an effective team that investigates both the prevention and optimal treatment of cardiovascular disease. Dr. Lavoie conducts research that aims to reduce the time it takes for patients who experience a cardiac event to receive life-saving treatment. Dr. Dehghani is actively researching novel techniques to enhance cardiac surgery, specializing in adults with congenital heart disease and treating myocardial infarction. Teaching and research mentorship for medical students and residents is an integral component of their research program.
Something needed to change
A patient advocate tells her story

First, it was her father. “My father had a heart operation and spent a lot of time in the ICU where he contracted MRSA,” said Cindy Dumba.

MRSA along with VRE and ESBL are antibiotic-resistant organisms that can stop certain antibiotics from treating infections. Patients can contract these organisms through unwashed hands or surfaces that have been contaminated.

“One of four priority areas as a Region are the Primary Health Care services we provide, and a lot of work has gone into improving access to the services you need in your community.”

Why are you focused on Primary Health Care?

“Primary Health Care is often the first point of contact people have with a health care provider when they have a health concern. That contact may involve a visit to a family practitioner, asking for advice from a pharmacist, getting a check-up or preventative care. One of our four priority areas as a Region are the Primary Health Care services we provide, and a lot of work has gone into improving access to the services you need in your community.”

Navigating your health care
How to use the system to your advantage

What is Primary Health Care?

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Why are you focused on Primary Health Care?

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How are you working to reduce emergency department wait times?

“Our patient flow team is instrumental in reducing wait times by helping to ensure patients get the right care by the right provider in the right location. One issue that leads to longer ER waits is admission times for patients waiting for a bed when there are none available. To help reduce this issue we use patient flow tools like the Flow Cast tool that can predict with 90 per cent accuracy capacity pressures at the unit level five days in advance.”

Another area of focus is providing care for those with chronic disease. In the community, we know chronic diseases are better served in the community, but often patients end up in the ER. It takes time to make these changes, but already we have improved the services those living with COPD can access, and more work is underway.

Have wait times gone down?

“Not necessarily, but progress has been made. Despite the number of patients coming to the ER increasing by 10 per cent – that’s about 10,000 more patients – we have been able to keep wait times stable.”

Is there anything I can do to help reduce wait times?

“It’s important to keep in mind that in the Emergency Department, patients with life-threatening conditions are treated immediately, whereas those with non-urgent complaints like chronic back pain, or a sore throat will have the longest waits. To help avoid long waits, utilize the services in your community to keep yourself and your loved ones healthy. Visit your family practitioner or a walk-in clinic for non-urgent medical needs. If you need help finding a family doctor visit rqhealth.ca to find doctors accepting new patients.”

Pictured above, an example of the RQHR’s FloCast tool. The above is an example, and does not represent actual data.
The point is to connect people living with mental health crisis. Living with mental illness or experiencing a mental health professional with a police officer those living with a mental illness receive.

of PACT.

after the amalgamation meetings.

many facets of the pediatric system.

about the new design as parents who had experienced

pediatric ward in 2012,” said Sherri Melnychuk. “Things

Sadly, their beautiful daughter Ava passed away

Saskatchewan and Alberta.

Cancer Agency, as well as other health regions in

Qu’Appelle Health Region (RQHR) when their daughter

Melnychuk, Maggie the dog, Alivia Melnychuk. PHOTO CREDIT: BROWN/EYED GIRL PHOTOGRAPHY

Committee member spotlight: Change can be positive

From left to right: Back row: Sherri Melnychuk, Randy Melnychuk, Elmo the dog. Front row: Ava Melnychuk, Ariaya Melnychuk, Maggie the dog, Alivia Melnychuk.

Mental illness, police and the healthcare system

Sgt. Colleen Hall and Jess Barre are the two members of PACT.

A new initiative in Regina aims to improve the care those living with a mental illness receive. The Police and Crisis Team (PACT), a partnership between the Regina Police Service (RPS) and the Regina Qu’Appelle Health Region (RQHR), pairs a full-time mental health professional with a police officer to hit the streets of Regina and offer support to those living with mental illness or experiencing a mental health crisis.

“The point is to connect people living with mental illness or experiencing a mental health crisis to the health care system, not the criminal justice system,” said Jess Barre.

Barre, a mental-health professional and one of two current PACT members, works alongside Sgt. Colleen Hall of the RPS. The pair, who responds to calls from the RPS dispatch, has been working together since June and became fully operational in early September.

“We want to keep people out of the criminal justice system, and make a step towards improving the relationship between police and the community. Living with mental illness and addictions is not a criminal activity. However, more often than not, people are sent to cells or jail, or are missed altogether,” Hall explains.

As a result, they teach their clients how to navigate the healthcare system.

“We have been identifying individuals who are in need of mental health and addictions support, but have been falling through the gaps in our current system of service delivery. PACT has the capacity to fill this gap in service for both the police and health care,” Barre said.

The Regina Police Service has long acknowledged the need to focus on improving the response to those living with mental illness or in crisis. Often these individuals are struggling with substance abuse and access to basic needs like shelter.

“Our Service’s investment in PACT is already paying dividends. We believe the program will lead to fewer arrests arising from mental health crisis, a decrease in time and volume of avoidable emergency room visits; and increased, long-term stability for our PACT clients,” said Chief Troy Hagen of the Regina Police Service.

In the RQHR, reducing Emergency Department wait times is a priority, and a lot of work has been done in this area. PACT is one more initiative helping to bring wait times down.

“By identifying and prioritizing response to individuals in need, we anticipate many mental health clients in Regina will receive better, more immediate access to services appropriate to their needs, rather than experiencing repeated Emergency Department visits or repeated interventions with police,” said Michael Riederbach, RQHR Vice President Integrated Health Services.

In the summer of 2014, Saskatoon introduced the PACT program in an effort to eliminate Emergency Department wait times by the year 2017. In November of the same year, they expanded the program – and it’s expected the success will be mirrored in our Region.

“We’ve needed a program like this for a long time, the people have needed a program like this and I’m just incredibly appreciative to be a part of it,” said Barre. “I just love my job. I don’t think I’ve ever been hugged as much as I am now. What we are doing matters to the people we are working with, and that’s really important,” Hall said.

The team works closely with existing Mental Health and Addiction Services outreach teams, providing real-time response to real-time crisis. There are also opportunities for follow-up contacts with clients to assess any continuous access to the appropriate services identified and make progress in their journeys to mental wellness and productivity.