The Regina Qu’Appelle Health Region (RQHR), together with the province of Saskatchewan, has made it a priority to have no patient waiting longer than three months for surgery.

The RQHR has made, and continues to make significant progress towards this provincial target. “Over the past five years, incredible progress has been made to reduce the number of people waiting, and the length of time they are waiting for surgery,” said Sandy Euteneier, Executive Director of Surgical Care Services.

“In April 2010, approximately 6,000 patients were on our surgery wait list who had been waiting more than three months for their procedure. As of March 31, 182 patients had waited longer than three months without a scheduled surgery date.”

How quickly a patient can move through the health care system greatly affects their quality of care and satisfaction, and there has been an associated 49 per cent decrease in patient surgical wait concerns.

Much of the RQHR’s surgical success can be attributed to the system-wide teamwork of many disciplines within the RQHR. This success was made possible by the hard work of all RQHR nursing and support staff, physicians, and the input of patients in improvement efforts.

As surgical volumes increased, the number of hours staff worked to achieve these targets increased also.

Many staff worked weekends to help patients receive their surgery sooner. Staff also helped design short stay units to increase inpatient capacity. Surgeons and anesthetists worked outside of their normal hours to perform elective procedures. Third party surgical service providers provided appropriate outpatient procedures. Additionally, the RQHR Hip and Knee Treatment and Research Centre contributed to the improvement of surgical waits by providing different care management options to orthopedic patients.

Lean, which is the RQHR’s approach to continuous quality improvement, was instrumental in the surgical success and will continue to be used to further enhance patient safety and create a seamless surgical journey for patients.

The RQHR’s surgical team will continue to make improvements in the coming year, while working to further reduce the Region’s wait times for surgery. Efforts will be made to better manage the pre-operative time patients spend in the hospital, and to reduce the time that patients wait after they receive a physician referral to see a specialist.

Pooled referrals have been implemented in some services, which will help to achieve this goal. “We recognize that we still have work to do. We continually strive to have our resources in the right places so that we can deliver timely urgent, emergent and elective surgery to our patients,” said Euteneier. With the RQHR’s surgical success, it is important to note that surgeries are being offered sooner, and therefore patients should be prepared for the opportunity to have their surgery within three months after they have met with their surgeon.
Message from the Board.

A s the recently appointed Board Chair of the Regina Qu’Appelle Regional Health Authority (RQHRA), this is my first opportunity to introduce myself and share my early observations about the Region.

I have a keen interest in supporting a sustainable, patient-focused health care system in Saskatchewan. I believe that my experiences as a former partner with KPMG Chartered Professional Accountants, and as CEO of the Crown Investments Corporation, along with the skills my fellow Board members bring, will assist the RQHR team in the continued transformation of health care in our Region and our province.

Looking at what has been accomplished to date, the Board is impressed with the Region’s significant progress during the 2014/15 fiscal year 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. As the Region continues its improvement work and evolution in the new fiscal year, it will maintain a similar focus for 2015/16 with four priority areas: Quality and Safety, Patient Flow, Primary Health Care, and an additional priority area – Mental Health and Addictions.

I would like to thank the Region’s previous Board Chair, Lloyd Boutilier – who resigned from his position after 14 years as a Board member and subsequent Chair – for his many years of dedicated leadership and service supporting safe, quality health care in our Region; and also to Brian Barber who took on the role as the Acting Chair before my appointment.

As the largest health care delivery system in southern Saskatchewan, and one of the most integrated health delivery agencies in the country, the Region offers a full range of hospital, rehabilitation, community and public health, long-term care and home care services to meet the needs of more than 261,000 residents covering an area of approximately 26,663 square kilometres.

The Board appreciates the opportunity to make a difference for patients and families in this province and welcomes the challenges that can inspire creative solutions. We are committed to supporting the work of the Regina Qu’Appelle Health Region to provide the best possible health care for those we serve.

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

Message from the CEO.

Celebrating success and a continued focus.

A s we move into a new financial year for the Region, it provides an opportunity to reflect on the successes and challenges of the past year and to confirm our priorities for 2015/16.

The Board has approved the Region’s continued direction to focus on Quality and Safety, Patient Flow, Primary Health Care and Mental Health and Addictions as key priorities for 2015/16.

Last year continued to challenge us to provide services within available resources and manage the demands of an ever-increasing population base; however, 2014/15 has shown us that we can achieve success by continuing to focus on the fundamentals right and having the entire team focus on achieving our objectives while fully engaging our patients, clients and residents in our efforts.

Our most significant success has been in reducing the number of people waiting more than three months for their surgical procedure. In April 2010, approximately 6,000 people were waiting; by March 31, 2015 less than 200 people were waiting. This is a huge accomplishment only achieved with a lot of very hard work by a wide group of people from porters, environmental service workers, technologists, therapists, nurses, physicians and patient advisors, all coming together and working as a team.

While we have much to celebrate, we recognize that 2015/16 will be a challenging year. The coming year will see us building on our successes, but also focusing on where we can do better.

With an annual budget of just over $1 billion, and daily operating costs in excess of $2.8 million, the Region has undertaken a thorough and diligent review of the costs to deliver on the priorities established for our health system in an environment of changing demographics resulting in increasing demands, increasing salary and operational costs, and challenging facility, equipment and technology needs.

The Region has been able to balance its operating budget for much of the last 10 years, and is committed to continued fiscal responsibility for the money entrusted to us; however, with the challenges previously noted, our ability to continue to improve access to safe, quality and timely health care will require significant effort by our staff and physicians and those we serve.

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

How to contact Patient Advocate Services:

The Regina Qu’Appelle Health Region encourages patients, residents, clients and families to speak with staff, physicians and unit managers when they have suggestions or concerns. If you need further assistance, patient advocates are available to help you.

To reach a Patient Advocate:
Toll-free outside Regina: 1-866-411-7272
Regina residents: 306-766-3232
Fax: 306-766-7068
E-mail: client.rep@rqhealth.ca
Mail: Regina Qu’Appelle Health Region
2nd Floor, 2550 - 15th Ave.
Regina, SK
S4P 1A5

Connect with us!

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

On Facebook at www.facebook.com/ReginaQuAppelleHealthRegion
Twitter @rqhealth
On LinkedIn at www.linkedin.com/company/regina-qu’appelle-health-region
YouTube at www.youtube.com/user/RQHR
Through our mobile app button at www.rqhealth.ca/inside/mobile/index.shtml

New RQHR Social Media Channels!

RQHR Volunteer Department –
On Twitter @RQHRVolunteer
Just Ask Regina –
On Twitter @justaskręgana
On Facebook www.facebook.com/justaskręgana

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

The Regina Qu’Appelle Health Region (RQHR) is committed to improving how we design and deliver services so that patients and their families come first. We are reducing wait times and improving safety and care for patients, while improving work environments for staff and physicians. Patients and families are telling us the improvements are already making a difference to them.

Olga Dillman

Olga Dillman is certain the new post-surgery group therapy classes offered by the Hip and Knee Treatment and Research Centre at 1621 Albert Street are helping her recover more quickly from knee surgery.

“I monitored and my progress is phenomenal,” said Olga, who had surgery to replace her left knee in January. “Everyone around me would say, ‘Boy are you doing good.’ And I would encourage others and say, ‘It’s going to come.’ You feed off each other and encourage and compete yourself with others.” The group sessions were developed during the redesign of the new centre using Lean tools.

Through group therapy classes, patients work with more than one therapist, each with his or her own way of explaining end goals. “Experiencing multiple teaching methods leads to a clearer appreciation of what you need to achieve,” said Dillman.

She also appreciated the phone call she received from a nurse 72 hours following surgery – another new service of the centre.

“You’ve been through something major, through an emotional situation, and now somebody is keeping track of you. You don’t feel like you’ve been lost in the system. You feel that someone actually cares.”

Rick Balliett

Rick Balliett has been a patient of the Heart Function Clinic in Pasqua Hospital since it opened in 2008. He’s noticed that, in recent months, he waits less and he receives quicker care.

“Once I get here – it’s really fast. All our stuff’s right on schedule,” said Balliett.

“You go to one section for the electrocardiogram (ECG) and walk about 40 feet away and everything else gets done. The doctor, the pharmacist and Brenda (the registered nurse) are all right there.”

The changes are the result of Lean (Continuous Quality Improvement) improvement work which took place at the clinic in January 2014. The project helped cut the patient wait list in half to about 20 patients; resulting in far fewer cancelled appointments with the reduction in cancelled clinic days from 40 per cent to 17 per cent; gave patients access to pharmacists, a dietitian (when requested), a nurse and a cardiologist at every appointment; and changed appointment delivery so that patients are assigned a room and health care providers come to them, not the other way around.

Olga Dillman, a client, with Senior Physical Therapist Kimberly Woycik.

Brenda Heibert, Registered Nurse, with Rick Balliett, a client, at the Heart Function Clinic.

A Strong Team Keeps Growing Stronger

Update on Physician Recruitment

From September 18, 2014 to March 1, 2015, Practitioner Staff Affairs has recruited 21 physicians.

We extend a warm welcome to new physicians now practising in the Regina Qu’Appelle Health Region. They join a strong medical community with a tradition of committed service to the residents of southern Saskatchewan.

Photos not available for physicians providing locum services.
M
in Regina in addition to a monthly dermatology practice. Currently, Dr. Asiniwasis has a dermatology practice at the Four Directions Community Health Centre. The centre, located at 3510 5th Avenue in Regina, provides services for the North Central community, including at-risk clients. "It's not a one-size fits all approach or practice; we tailor our practice to meet the needs of the patient," says Furman-Pelzer of the unique population. "It is a privilege to work amongst diverse people. I continue to learn a lot from the patients I serve."

"It is so important to bring the message that we need to have more First Nations representation in health care professions. The health care field is in desperate need of more First Nations representation to enable the talent and positive contributions of our own people." Another passion Dr. Asiniwasis has as a First Nations woman in medicine is to break what she refers to as silent stereotypes.

I have had many experiences where I’ve had to work twice as hard to prove myself, and I’ve been questioned to prove my knowledge; to prove that I am not just here as an underrepresented minority, and that this is not a situation just given to me – I had to work twice as hard to prove myself, and I’ve been working hard for it.”

Dr. Asiniwasis moved back to Regina after completing her medical residency in Toronto in 2014, and has big plans to give back to Regina and surrounding Aboriginal communities. Currently, Dr. Asiniwasis has a dermatology practice in Regina in addition to a monthly dermatology clinic at the All Nations Healing Hospital in Fort Qu’Appelle.

Meet Dr. Rachel Asiniwasis. She’s a young First Nations physician who practices in the Regina Qu’Appelle Health Region, and has a passion for giving back to the community and improving Aboriginal health.

Dr. Asiniwasis moved back to her hometown of Regina after completing her medical residency in Toronto in 2014, and has big plans to give back to Regina and surrounding Aboriginal communities. Currently, Dr. Asiniwasis has a dermatology practice in Regina in addition to a monthly dermatology clinic at the All Nations Healing Hospital in Fort Qu’Appelle. She sees a variety of often challenging cases within general and medical dermatology. "One of my personal interests and passions is to work with underserviced populations," explains Dr. Asiniwasis. "I find that underserviced populations are the ones most often in need, and such a big difference can be made just by doing simple things."

In addition to her passion to serve underserviced populations, Dr. Asiniwasis also has a passion for giving back to her community and motivating and encouraging Aboriginal youth. She has been involved with the Pre-Professions Health Club and Saskatoon’s Aboriginal Student Society to provide mentorship and support, as well as to help organize and lead students in large and small group sessions. She strives to be a role model, leading by example.

"I hope to encourage Aboriginal youth to pursue professional fields such as medicine by visiting schools and university groups and getting more involved in the community," explains Dr. Asiniwasis. "It is so important to bring the message that we need to have more First Nations representation in health care professions. The health care field is in desperate need of more First Nations representation to enable the talent and positive contributions of our own people."

Another passion Dr. Asiniwasis has as a First Nations woman in medicine is to break what she refers to as silent stereotypes. "I have had many experiences where I’ve had to work twice as hard to prove myself, and I’ve been questioned to prove my knowledge; to prove that I am not just here as an underrepresented minority, and that this is not a situation just given to me – I had to work twice as hard to prove myself, and I’ve been working hard for it.”

"It is greatly fulfilling for me to work where there is a need and at the same time to be working with First Nations people. I feel a strong tie with many of my patients." The Regina Qu’Appelle Health Region is proud to have physicians like Dr. Asiniwasis practicing within the Region. 
Patients with complex medical needs in Saskatchewan will be better served thanks to a new health care initiative. Two planned “hotspotting” pilot projects are now underway in the province.

**What is Primary Health Care?**

Primary Health Care is a coordinated approach to your every day, health care needs.

Primary Health Care is client-centered. Together, you and a team of health care professionals work to prevent illness, promote healthy living, and manage your unique health needs.

**New initiative connects patients to care**

Connecting to Care uses an innovative, patient-centred care model that identifies patients with complex needs who repeatedly need hospital services or visit emergency departments. A team of providers helps these patients receive alternative, more appropriate services in the community and follows up to ensure they are supported in improving their health.

“Our health system needs to better meet the needs of patients who have complex health issues,” Health Minister Dustin Duncan said. “This innovative pilot project will mean more coordinated, accessible and appropriate health services for these patients, and fewer preventable visits to the hospital.”

A Regina pilot project has enrolled 25 clients so far. It focuses on patients with chronic health conditions who have repeatedly been admitted to hospital for acute care.

“These clients have taught us a lot about the need to deliver services differently. By offering consistent support and helping clients connect to community services, we have been able to make a real difference,” said Sheila Anderson, Executive Director Primary Health Care Services Urban, Regina Qu’Appelle Health Region. The multidisciplinary team coordinating client care includes a primary health care nurse and primary health care counsellor who provide services based on individual needs.

Two client wellness advocates assist with health education, help clients navigate health services and act as patient liaisons. The team works with physicians and other health care providers in the community to develop coordinated patient plans that complement and support existing care.

“It has been a unique and exciting opportunity to work with the Connecting to Care team. With our focus on prevention and timely, effective community-based support, I have already seen a positive change in our clients’ lives,” said Jon Heathcote, Client Wellness Advocate.

Recent national and international analysis shows that a very small number of patients account for most health system costs. Data from the Health Quality Council indicates that in Saskatchewan, one per cent of patients account for approximately 21 per cent of hospital costs. Connecting to Care is expected to help avoid preventable hospital admissions for patients and over time, improve the sustainability of the health care system by curbing health care costs.

A second pilot project is underway in Saskatoon. It focuses on patients with mental health and addictions issues. The Saskatoon Health Region is in the process of putting together the team, comprised of a manager, nurse practitioner, psychologist, case managers and an Elder, to work on this initiative and will begin working with clients as soon as hiring and orientation is complete.

The Saskatchewan government provided $1.5 million in 2014-15 for Connecting to Care, including the two pilot projects. Future funding and program expansion will be based on positive evaluation results.

Connecting to Care will support other provincial health care priorities, including the Emergency Department wait time project and the Mental Health and Addictions Action Plan.

**Update on services for children.**

In our efforts to provide high-quality, safe services that will improve health outcomes of children in southern Saskatchewan, the Regina Qu’Appelle Health Region (RQHR) has made a number of changes. We continue to provide a range of services for children living in Regina and southern Saskatchewan.

**In-patient Services**

Children access in-patient care at the Regina General Hospital that is provided by specialists and health professionals with pediatric expertise in pharmacy, therapies (physical, occupational, respiratory), social work, child life, dietetics and clinical nursing. A recent addition is the availability of a pediatrician on-site during the day.

Inpatient services include medical, surgical, oncology (cancer), adolescent psychiatry and high acuity care. High acuity care is for children who are very ill, but do not require the services and specialists of an intensive care unit.

**Outpatient Services**

Oncology care is provided through the Saskatchewan Cancer Agency’s pediatric oncologists and team at the Allan Blair Cancer Centre.

The Pediatric Outpatient Unit at the Regina General Hospital provides a wide variety of services including clinics for surgery, neurology, asthma, cardiology, cystic fibrosis and nephrology. Pediatric specialists travel from Saskatoon to the Regina General Hospital to conduct clinics and provide greater access to specialty care for children in southern Saskatchewan. The units’ pediatric nurses provide specialized treatment for children and families.

The Children’s Program, located at the Wascana Rehabilitation Centre in Regina, provides support and therapy services for children and youth who have physical disabilities, developmental challenges and/or communication disorders.

**Pediatric Home Care Services**

Home care services are provided by a specialized pediatric team for children in Regina and surrounding area who require support while living in the community.

**Emergency Services for Children**

Emergency services for children are provided at both the Regina General and Pasqua Hospital Emergency Departments.

**Intensive Care**

Neonatal Intensive Care (for newborns) is provided at the Regina General Hospital. A Neonatal Transport Team supports the care of neonates born in southern Saskatchewan communities, and accompanies them en-route to the Regina General Hospital.

Children requiring pediatric intensive care services are assessed, stabilized and transported to the provincial Pediatric Intensive Care Unit in Saskatoon to get the care they need. In many cases, children return to Regina General Hospital to recover when they are well enough after their critical illness.

**Consultation Services**

All pediatric professionals in our programs will provide consultation and advice at the request of managers, nurse practitioners, psychologists, case managers and an Elder, to work on this initiative and will begin working with clients as soon as hiring and orientation is complete.

The Saskatchewan government provided $1.5 million in 2014-15 for Connecting to Care, including the two pilot projects. Future funding and program expansion will be based on positive evaluation results.

Connecting to Care will support other provincial health care priorities, including the Emergency Department wait time project and the Mental Health and Addictions Action Plan.

**RQHR Pediatric Services:** www.rqhealth.ca/programs/pediatrics/index.shtml

**Neonatal Intensive Care Unit:** www.rqhealth.ca/programs/in_hospital_care/nicu/nicu.shtml

**Children’s Therapy:** www.rqhealth.ca/programs/rehabilitation/childrehab.shtml

**Allan Blair Cancer Centre:** www.saskcancer.ca/
Patient flow: bringing you better care, sooner.

Patient flow is how patients move through the health care system from community-centred primary health care services, visits to the Emergency Room, admission to the acute care system, and return back to their home or community-provided care.

Effective patient flow ensures that the patient is able to get the right care, in the right place at the right time. How effectively a patient can move through the health care system greatly affects their quality of care and satisfaction.

The Regina Qu’Appelle Health Region (RQHR) patient flow program is a strategic priority that looks at all elements of the patient’s health care journey and seeks to provide the client with timely access to services by improving access to the right services and reducing delays and blockages within the health care system. The goal is to provide the client with the right care, in the right place, at the right time. There are several elements to effective patient flow; in this article we will be looking at the Flo-Cast tool and the work of Primary Health Care; in a future article we will look at the work underway to improve seniors’ care.

The RQHR’s Primary Health Care team has been working with our family physicians to provide community-centred, client-based, team-delivered primary health care services. This work helps to prevent unnecessary visits to the Emergency Department (ED), unnecessary admissions to the acute care system, and returns clients back to the community in a safe and timely manner. To support this patient-focused goal, the Primary Health Care Team has been working on several key initiatives:

- Expanding the ability of acute care assessor coordinators to facilitate discharge planning from five to seven days a week and on stat holidays. This enables patients to leave the hospital in a timely manner once they no longer need acute care service;
- Launching a new program that is part of the provincial seniors Home First Program. The Region is looking at using community nurse practitioners who can work closely with Home Care to better support clients in the community so that they are less likely to need ED or acute care services.

Flo-Cast tool.

In an acute care (hospital) setting, it is very important to understand patient flow to help plan for demand of services and beds. There are several initiatives related to this piece; one of them is the RQHR Flo-Cast tool.

In late 2013, as a part of the RQHR’s continued work to reduce ED and surgical wait times, the Region began developing tools and process to identify and meet patient demand in advance. Over the past number of months, the Region has developed a tool that can predict with greater than 90 per cent accuracy capacity pressures at a unit level five days into the future. In support of this modeling, each inpatient area has established a plan that identifies specific actions and accountabilities three days in advance of any potential demand shortage. The RQHR predictive work and supporting action plans have contributed significantly to improving overall patient flow.

The Region has also committed significant time over the past few years to support similar work across the province, including that being used in the Saskatoon Health Region, as part of thinking and acting as one team.

Healthy recipe: Mango Lassi.

Makes two servings
Preparation time: Five minutes.

This recipe is considered by the Regina Qu’Appelle Health Region to meet the healthy choice criteria for healthy eating!

Ingredients
- 1 ripe mango, peeled and chopped
- ½ cup low-fat plain or vanilla yogurt
- ½ cup milk
- Liquid honey
- ½ cup ice cubes

Instructions
In blender, on high speed, blend mango, yogurt, milk, honey to taste and ice for two minutes or until smooth.

Tips
If fresh mangoes are not available, you may be able to find frozen mangoes in the freezer section of your grocery store. Substitute 1 cup (250 mL) frozen mango chunks. This drink keeps well in the refrigerator overnight.

Nutrition & Notes

**Very high in:** Vitamin A, vitamin C and vitamin B12  
**High in:** Calcium, riboflavin, vitamin B6 and folate

**Diabetes Food Choice Values:**
- 2½ Carbohydrates

**Contributor:** Eileen Campbell.

Simply Great Food - Dietitians of Canada. 2007. Published by Robert Rose Inc.

Original recipe available at www.cookspiration.com/recipe.aspx?perma=C3049128DC3&d=19&i=2&s=4

Nutrition Information

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**Calories / Calories** 136
**Fat / Lipides** 2.4 g 4%
Saturated / saturés 1.1 g
Trans / Trans 0.1 g

**Cholesterol / Cholestérol** 9 mg
**Sodium / Sodium** 74 mg 3%
**Carbohydrates / Glucides** 24.8 g 8%
**Fiber / Fibres** 1.9 g 8%
**Sugars / Sucres** 22.7 g

**Protein Protéines** 5.8 g
**Vitamin A / Vitamine A** 13%
**Vitamin C / Vitamine C** 48%
**Calcium / Calcium** 18%
**Iron / Fer** 1%

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Antibiotic-resistant organisms.  

Antibiotic-resistant organisms are germs that cannot be killed by some common antibiotics used to treat infections. A person can be colonized with an antibiotic-resistant organism without even knowing it because, like other bacteria, they can live in or on our bodies without causing problems.

However, if a person does develop an infection with an antibiotic-resistant organism, it can be more difficult to treat. People who have weakened immune systems and chronic conditions are at higher risk of developing infections from antibiotic-resistant organisms. Two examples of antibiotic-resistant organisms are Methicillin-resistant Staphylococcus Aureus and Vancomycin-resistant Enterococci.

The most common way antibiotic-resistant organisms are transmitted from one person to another is by unwashed hands. Germs like these can be found on door knobs, elevator panels, and other frequently touched surfaces. In health care facilities, where people often have weakened immune systems and chronic illnesses, all staff, patients, residents, and visitors are required to clean their hands with soap and water or alcohol-based hand sanitizer upon entering and leaving the facility, unit, patient/client/resident room, as well as before eating, touching their face, and after sneezing or coughing.

Even if a surface is contaminated with an antibiotic-resistant organism or other germs, proper hand hygiene can prevent illness-causing germs from entering your body and making you sick. You should wash your hands with soap and water or hand sanitizer for at least 15-20 seconds.

TRIVIA QUESTIONS

1. What is the most important way to prevent getting or giving an antibiotic-resistant organism?

Answer: The most important way to prevent getting or giving an antibiotic-resistant organism to another person is by cleaning your hands with soap and water or alcohol-based hand sanitizer for at least 15-20 seconds. Hands often transmit germs because we use our hands to perform many tasks.

2. Within health care facilities, what percentage of common infections are spread by health care workers, patients/clients/residents, and visitors?

Answer: 80 per cent of common infections within health care facilities are spread by health care workers, patients/clients/residents, and visitors. (Information from the Public Health Agency of Canada).

3. Are gloves a substitute for hand cleaning?

Answer: Gloves are not a substitute for proper hand cleaning. By not cleaning hands before putting on gloves, a person can contaminate the outside of the gloves. Dirty gloves allow germs to be spread to people and to surfaces, much like our hands can spread germs. It is also important to remember that hands must be cleaned after removing gloves, as gloves contain little holes that can allow germs to leak through.

Clean hands save lives!

The Region has developed three new Clean Hands Save Lives hand hygiene videos to help staff, patients and visitors understand the importance of good hand hygiene.

Check out the videos and learn more about good hand hygiene practices by visiting the RQHR’s YouTube channel. Or, see the direct video link at www.youtube.com/watch?v=b7yxjfhY3pM

Calling all patients!

The Regina Qu’Appelle Health Region is making its services better for patients through Lean improvement work and other projects.

We need patients and family members to help.

We are looking for people who can work with a wide range of people and, when working on Lean projects, commit one week of their time.

If this sounds like you, please contact Patient and Family-Centred Care Specialist Tamara Quine at 306-530-5665 or email patient.participant@rqhealth.ca

To learn more about Lean, go to www.rqhrlean.com

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.
Quicker care for sick patients.

Blood test turnaround times improved.

Two improvement projects at the Regina General Hospital (RGH) are getting laboratory test results of our sickest patients to the hands of Emergency and Cardiac Care physicians more quickly. “There were 10 per cent of Emergency patients a week where the turnaround time for stat testing exceeded the 70-minute benchmark,” said Virginia Marsh, Assistant Laboratory Manager, Regulatory Affairs. “Now, patients who truly need the stat service get the stat service.”

Staff and improvement teams have reduced the average turnaround time for stat orders from 8,000 to 600. At CCU, dedicated laboratory personnel respond to collection points every 30 minutes for transport to the lab. Portering staff pick up urgent specimens at the Emergency Department, lab staff immediately enter lab orders are received and specimens transported. In the Emergency Department, lab staff immediately enter patient data, and collect and transport stat specimens to the lab. Portering staff pick up urgent specimens at collection points every 30 minutes for transport to the lab. At CCU, dedicated laboratory personnel respond to requests for stat and urgent collections.

“Once the specimens are in the lab, the staff process stats and urgent orders immediately. Before, urgent orders were treated in the same way as routine orders,” said Marsh. Marsh says she’s pleased with the changes and says the lab will continue to follow up with staff to hear their concerns and ensure the work is fine-tuned and embedded.

“The standard work, education and monitoring is working. And it’s patient first.”

The Emergency Department at the Pasqua Hospital will replicate these improvements.

Be Dog Smart, Dog Bite Prevention Program.

The Regina Qu’Appelle Health Region and the Regina Humane Society are partnering to promote the Be Dog Smart program. The Be Dog Smart is a dog bite prevention program that focuses on children under the age of 12. Why are we promoting Be Dog Smart?

The Regina Qu’Appelle Health Region follows up all reported animal bites to ensure that there is no risk of rabies transmission, as rabies is 100 per cent fatal. In 2007, 300 animal bites were investigated, and by 2014, that number increased to more than 500 reported animal bites. Of these bites, dogs were responsible for over 70 per cent of all reported animal bites. Unfortunately, in 2014, children aged 12 and under accounted for 33 per cent of all reported dog bite victims. When the severity of the animal bite is taken into account (i.e. bites to the head), 63 per cent of those bite victims are children, with the majority requiring a visit to the emergency room.

Dog bites are considered a public health problem.

The goal of the Be Dog Smart campaign is to educate the public, focusing on children under the age of 12. The key messages to the public are:

• How to prevent dog bites from occurring.
• How to approach/handle dogs (messoing to both adults and children).
• How to be a responsible pet owner.
• Explaining the animal bite follow up process.
• Explaining the risk of rabies.

For more information about Be Dog Smart please visit our website at www.rqhealth.ca/bedogsmart. If you would like to request printed material please email environmentalhealth@rqhealth.ca or call 306-766-7755.