Meet the Region’s midwives

Providing continuity of care during pregnancy

They each chose the profession for different reasons, but what keeps them all coming back is the same.

“My clients are my greatest motivation. The feeling that I am making a difference in their lives inspires me to come to work daily. I love talking to my clients and their families,” said Bridget Mensah, a midwife in the RQHR. “Above all, I love babies and their smile is a rewarding part of being a midwife.”

“My midwifery team is fantastic. We are like a little family at the office,” said Teegan Odell, a RQHR midwife.

There are three midwives in the Region. Their role is to provide families with care, support and guidance during pregnancy, labour, birth and the six weeks after the baby is born.

They have specialized education and are registered and licensed with the Saskatchewan College of Midwives. They work with a team in the Region to provide thorough care throughout the pregnancy.

“I was drawn to midwifery as a career after the birth of my first child. I had a very positive homebirth experience and wanted to support other women to have the same choices,” said RQHR midwife Joanna South Perras.

According to the Saskatchewan College of Midwives, the practice of midwifery is founded on the understanding that pregnancy, labour and birth are profound experiences, which carry significant meaning for a woman, her family and her community. Midwives strive to enhance these life experiences by providing continuity of care in a relationship of mutual respect with a woman and her family.

For the midwives working in the Region, this couldn’t be truer.
What difference can 10 seconds make?

For 40 per cent of residents on Unit 2-6 at Wascana Rehabilitation Centre, 10 seconds may be the difference between life and serious injury or death. These residents – 14 in all – receive mechanical ventilation, either full- or part-time. Each of them is connected by a breathing tube to a ventilator which moves air into and out of their lungs. If their tube isn’t properly connected to the ventilator, they either can’t breathe or their breathing is compromised.

Ten seconds is how long each staff member now takes – every time a continuing care aide, nurse, resident care coordinator or registered respiratory therapist has contact with a resident – to ensure that their ventilator is operating properly.

“Everyone’s got 10 seconds,” said Ann Ritson, a member of the respiratory therapy team that supports the unit. “The onus is on everyone to keep residents safe.”

The 10-second ventilator check was implemented in September. At that time, staff were able to correctly complete seven per cent of the required steps. When audited again in November, staff completed 100 per cent of the steps correctly.

The ventilator check was the result of a Ministry of Health/3S mistake proofing project hosted by the RQHR. A team of four participants from the Ministry of Health and 3SHealth worked with Unit 2-6 staff and managers over several months to understand the root causes of the oxygen defects they were experiencing and test new ideas for improvement.

The overall goal of mistake proofing work is to achieve zero harm to residents and staff.

Defects, reported in the system as “occurrences,” were defined as either the oxygen or humidity (which keeps the air moist) being turned off or the ventilator tubing being disconnected from the machine. From January to June, the unit documented 34 occurrences of oxygen delivery defects. No critical incidents have been recorded.

“The vent check is a hands-on touch of the connections,” said Carla Wekerle, Unit Manager, who noted that residents can have multiple connects and disconnects throughout the day as they move from their bed and bedside ventilator to their wheelchair and a portable ventilator and back to their bed again. “Sometimes a tube can be connected but loose. By touching, staff can ensure all connections are sound.”

To help staff adapt, the team created posters about the process to encourage discussion and a pocket checklist for newer staff to follow.

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Communicating with refugees
*RQHR interpretation tools*

As Canada welcomes Syrian refugees and other newcomers, it’s important to know that the Region has tools available to ensure that staff and refugees in need of care will be able to communicate effectively.

To provide accurate, expedient and reliable interpretation, the RQHR uses the telephone service provider **CanTalk Language Services** for non-English language interpretation and translation services.

“It’s really important we get the message out there that we have this service. This is the most reliable, professional interpreting service we have, and it’s free to access for every department,” said Ray Brady, Manager, Volunteer Services.

“This is the best choice for interpreting services, whether it’s an emergency situation or counselling service,” Brady notes, explaining “that it’s quick and done over the phone.”

**How it works**
For anyone in need of an interpreter, they simply need to contact CanTalk by phone using the conference feature. A Language Service Facilitator will answer the call, gather information from staff and connect them to an interpreter. It all happens in 30 to 60 seconds.

“People really need to know that this is the most reliable service available. It may at times seem impersonal, but when providing care is the goal, accuracy is very important,” said Brady.

While RQHR Volunteer Services will create a list of staff willing to assist with interpretation services for Syrian refugees, using the CanTalk service is preferred. If there are staff members who speak Syrian languages such as Arabic or Kurdish, Armenian and French, there are opportunities for you to volunteer your services, too.

Sign language interpretation services are provided by the Saskatchewan Deaf and Hard of Hearing Services, Inc.

If you have any questions, contact Brady at 306-766-5218 or ray.brady@rqhealth.ca.

New addition to inpatient mental health
*Consultant psychiatric nurse hired*

As a result of the increasing numbers of consultations, inpatient mental health has made some improvements to augment this service.

In November, a consultant-liaison psychiatric nurse joined the team in an effort to improve consultation services, as well as improve average length of stay, and provide inpatient services when required.

The consultant-liaison psychiatric nurse will provide:
- assessment, to collect relative and collateral data;
- psychosocial support;
- medication review;
- recommendations; and
- follow-up care as required by the consulting team that further supports a mental health service plan.
RQHR’s midwives, cont’d

“My favourite thing about working in the RQHR is the interdisciplinary approach to caring for women and their families. Furthermore, the staff team approach to the midwives is difficult to overlook,” Mensah said. “The nursing staff in both Labour and Delivery, and the Mother Baby Unit are readily available to answer questions and give support whenever clients are brought to the ward.

The obstetricians are equally receptive of midwives and respect our decision making around client care.”

And, Mensah is not alone. “I love the interdisciplinary collaboration here in Regina. We have the opportunity to join a community of health care professionals who are all working to help women and their families achieve the best possible outcomes during pregnancy, birth and in the postpartum period,” Odell adds.

In the Region, the midwife program has been running since 2010.

“I really appreciate the progressive, up-to-date, women-centered care provided in the Region, that’s one of my favourite things about working here,” South Perras said.

10 seconds to safety, cont’d

Registered respiratory therapists also do an education blitz one week each month.

“We’re seeing a difference,” said Wekerle. “Seasoned staff are teaching new staff, and staff are picking up errors before they become a crisis.” Occurrences numbered 16 between July and November.

The most important change taking place, said Wekerle, is the culture shift. Staff now discuss occurrences at their daily huddle. “People now feel safe to talk.”

Linda Trail, a Continuing Care Aide, said “Things have changed. If there were incidents before, we didn’t hear about them.” Checks were the responsibility of registered nurses, who conducted them three times every 24 hours.

Wekerle, who became unit manager in June, said due to the mistake proofing project, she now tracks occurrences and their causes.

The need for rigour around vent checks has become increasingly important as Unit 2-6’s population changes, said Ritson.

“We’re seeing more acutely ill people. Four years ago, it was rare for a resident to be on oxygen. Now, it’s rare not to be.”

Inpatient mental health, cont’d

The team will huddle daily Monday to Friday to prioritize the consults as reflected in the medical bylaws in relation to the urgency of the consultation.

Through the initial stages the nurse consultant will provide services in a soft roll-out to:

• RGH medical/surgical units;
• Pasqua Hospital will join after three months;
• Introduction to geriatric psychiatry consultation services will be added; and an
• Introduction to adolescent/child psychiatry consults will follow.

If the clinical situation is urgent and a response is required before the team can respond the next working day, the on-call psychiatrist will be contacted.

Upcoming events

Presentation Tips
February 16
WRC Hotel Rooms 1-2-3

For more information, contact Suzanne Esch at 306-766-7265 or email suzanne.esch@rqhealth.ca.

To register online, click here.