



e-connect

Our Vision: Healthiest people, healthiest communities, exceptional service.

Innovative clinic improving dementia care

An interdisciplinary team is working to improve the care of people living with dementia in Saskatchewan's rural and remote areas.

"We know that seniors are overrepresented in rural areas of Saskatchewan. They make up over 22 per cent of small towns and villages, compared to about 15 per cent of cities," said Dr. Debra Morgan, principal investigator for the Rural and Remote Memory Clinic demonstration project.

"We know that there's a large number of people with dementia in the province — over 18,000 — and that's growing all the time as our population ages."

The Rural and Remote Memory Clinic, which has operated since 2004, was developed as a research project to evaluate a new model for increasing access to specialized dementia care in rural and remote areas of the province. The research funding for the evaluation project is scheduled to end in 2008.

The Rural and Remote Memory Clinic operates out of the Dentistry Building on the University of Saskatchewan campus. The aim of the clinic is to provide assessment, diagnosis and management of early stage dementia to individuals who live more than 100 kilometres from a tertiary care centre.

The one-day weekly clinic currently includes assessment by a neurologist (Dr. Andrew Kirk), neuropsychology team (led by Dr. Margaret Crossley), geriatrician (Dr. Jenny Basran), physical therapist (Dr. Vanina Dal Bello-Haas) and neuroradiologist (Dr. Sheri Harder). Other



The Rural and Remote Memory Clinic's interdisciplinary team

team members bring expertise in program evaluation, representing the disciplines of nursing (Dr. Norma Stewart, Dr. Dorothy Forbes), sociology (Dr. Carl D'Arcy) and human geography (Dr. Lesley McBain).

"The whole challenge here is to bring a place like Royal University Hospital to rural and remote areas," said Kirk, professor and head, Division of Neurology, College of Medicine, University of Saskatchewan.

"The goal was to develop and evaluate a streamlined, integrated clinic for patients from rural and remote Saskatchewan for diagnosis and

management of dementia and to evaluate Telehealth as a means of delivering follow-up care to patients and their families.

"The idea was to have a multi-disciplinary, 'one-stop-shopping' kind of approach," he said.

Telehealth is the name given to videoconferencing technology used to help deliver health-care services and education throughout the Region, the province and beyond. Saskatoon and Regina are the primary providers within the Telehealth Saskatchewan system.

(Continued on page 2)

Inside this issue:

A minute with Maura	3	Region congratulates SHEA winners	7
Funding to enhance training, equipment	4	Exercises test emergency preparedness plans	9
Region recruits Filipino nurses	5	Department investigates infectious diseases	10

Continued: Team uses Telehealth

(Continued from page 1)

Kirk said his team has found that Telehealth “is a valid way to care for people with dementia.”

How does a patient receive diagnosis and treatment from the clinic? The first step is a referral to the clinic done on behalf of the patient by a family physician. The clinic’s nurse, Leslie Holfeld, then contacts the patient and his or her family and arranges an initial Telehealth visit, during which time they are seen by the nurse and neuropsychologist. That enables patients to be seen in their own communities and reduces the cost and time associated with travelling to Saskatoon.

Following the initial Telehealth visit, the patient and family participate in a full-day clinic in Saskatoon. The patient and family members begin by completing questionnaires and a joint interview with the clinical team.

“It’s very much a family assessment for people with memory problems because dementia affects the whole family, but also because the patient – because of cognitive problems – often can’t tell us the proper history. We really have to rely on the family,” Kirk said.

What comes next is a neurological examination of the patient, a neuropsychological assessment, an assessment by a geriatrician, a CT scan and a physiotherapy and gait assessment. At the end of the day, a meeting of the clinical and research

team takes place, which often includes the referring family physician via telephone. Before heading home, the patient and his or her family members meet with the neurologist and neuropsychologist to discuss the diagnosis and treatment plan.

Kirk said the pros of the clinic day include saving travel time and money for patients and their families, since all of the assessments are done on a single day. As well, the referring physician can be involved. After the clinic day, follow-up with the patient takes place at six weeks, 12 weeks, six months and 12 months, and then yearly.

Kirk said patients are randomly assigned to have their first follow-up visit via Telehealth or in person in Saskatoon, except for remote northern patients, who are offered Telehealth for all follow-ups. The alternating appointments provide patients and families with exposure to both delivery modes so that satisfaction and feasibility can be evaluated. Previously, little information was available on the use of Telehealth in a dementia clinic. Data show patients are responding positively to the videoconferencing technology.

So far, the clinic has seen more than 200 patients.

“We’re collecting a tremendous amount of data in this study, so it’s a real wealth for research purposes,” Kirk said.

Patients and families have identified benefits of the one-stop clinic model,

including the timely diagnosis of dementia. That means treatment can be initiated early, which has implications for a patient’s quality of life and reduces costs to the health-care system.

Another advantage is the team approach to care, since all of the team members can consult with each other. As one family member stated: “I just can’t imagine doing this any other way. It’s how health care should be.”

Families also appreciate the reduced travel burden resulting from the one-stop approach and the use of Telehealth. The average travel saved by attending a Telehealth appointment versus an in-person appointment is 440 km.

The Rural and Remote Memory Clinic also provides exposure to interprofessional care and research for students from various disciplines. The clinic has facilitated research projects for six summer students from physical therapy and medicine, eight graduate students and post-doctoral fellows and 13 clinical placements for psychology students.

The Rural and Remote Memory Clinic’s funding partners include the Canadian Institutes of Health Research, the U of S, the Saskatchewan Health Research Foundation, the Alzheimer Society of Saskatchewan and Telehealth Saskatchewan, through in-kind support.

For more information on the clinic call Dr. Andrew Kirk at **966-8372**.

e-connect: Telling our stories

What is e-connect?

- **E-connect is Saskatoon Health Region’s employee newsletter. E-connect publishes articles related to SHR’s strategic directions.**
- **E-connect is e-mailed to all SHR e-mail users and is posted on SHR’s external website.**
- **Please visit InfoNet to view our updated submission guidelines, new online submission form and new photograph consent form.**

How can we help you?

If you would like to:

- **add** your e-mail address to our distribution list,
- **submit** a news idea to e-connect, or
- **pass on** feedback or ask a question

Please e-mail:

econnect@saskatoonhealthregion.ca

Service alignment update

Two years ago, after a great deal of consultation and deliberation, Saskatoon Health Region approved a model for distribution of acute care services among Saskatoon City Hospital (SCH), Royal University Hospital (RUH) and St. Paul's Hospital (SPH). The realignment of services is intended to improve access and quality of care and enhance our teaching and research mission. It will help us achieve our strategic direction of building a more sustainable and integrated health system, by reducing duplication of services, optimizing scarce human resources and standardizing and improving how we deliver care.

Our planning considered current and future utilization of services, demographic changes and the efficiency of our care relative to other health regions. Our consultation with 16 Clinical Program Groups composed of SHR staff and physicians resulted in the development of several alignment options. All of the options projected the need for additional space, beds and other resources to meet the need of a growing and aging population. Analysis of these costs and the impact of the many changes on patients and staff were factored into our final decision.

Details of our service alignment model have been communicated on many occasions to SHR staff and physicians. Basically, the plan defines the future roles of our three urban hospitals. Saskatoon City Hospital will continue to provide inpatient rehabilitation and geriatric services and medically complex care for patients who need to be in hospital but have completed the acute phase of their care (for example, following strokes or major orthopaedic surgery). SCH will also be the centre for most ambulatory care and day surgery. This means SCH will be an extremely busy hospital, as more and more care is provided on an ambulatory and day surgery basis. All of the SCH operating theatres will be in full use and there will be a wide range of diagnostic services.

SPH and RUH will be the two sites for inpatient acute care, including surgery requiring hospital admission, medical beds, critical care, emergency departments and related diagnostic and support services. RUH is the future site

for both the new mental health facility and the new maternal child centre (which will include a new and expanded Emergency Department).

This plan will be implemented over 5-10 years. Some service changes can be done sooner, while the timing of other changes will depend on government approval and funding for new construction (such as our maternal child centre) or renovated space (for example, to add more beds at SPH). We need time to design more efficient and patient-centred ambulatory care. We need to explore leading practices in complex medical care and incorporate those into our plans for SCH. We need to enhance parking capacity at all three sites.

We are committed to working closely with the affected staff, physicians and unions in implementing these changes. Over the past year, we completed the first phase of service alignment by concentrating pre-scheduled orthopaedic surgery at SCH and trauma orthopaedic surgery at RUH. We consolidated general surgery at RUH and SPH. We learned a great deal during the planning and implantation of these changes and benefited from the advice and expertise of the many staff involved in delivering these services and related support services.

We also initiated planning for ambulatory care. A consulting firm, Corpus Sanchez, is helping us identify leading practices and opportunities to transform the way we deliver ambulatory care. This planning requires a great deal more work.

In 2008/09, we will implement the next phase of our service alignment. Discussions are being initiated with staff and physicians to consolidate adult critical care at SPH and RUH. This means that the ICU at SCH will merge with and relocate to the ICU at SPH. At this point we do not know the timelines for these changes and there are many details to be sorted out regarding how the care will be provided and the implications for the involved staff.

There are many reasons for moving forward on a two-site critical care model at this time. We need to add more critical care beds to meet the needs of our pa-



tients. Our plans include adding three critical care beds at RUH and increasing capacity at SPH, where we already have available space to expand in the existing ICU.

By adding beds on these sites we will reduce the number of critically ill patients currently being transported from RUH and SPH to SCH. Since realignment of orthopaedic and general surgery, more than three-quarters of the ICU patients at SCH have come from the other two hospitals. We need to put the critical care beds where patients need them most.

We have a shortage of critical care nurses and can best use these valuable staff by clustering them in two, not three, locations. There will be many operational efficiencies by running fewer, larger units. This will help us standardize our care practices to ensure safer care and better patient outcomes.

Until we make other changes to the distribution of medical and surgical services, we will maintain the Progressive Care Unit at SCH.

We will also explore adding additional observation beds at RUH and SPH to meet the needs of patients who require higher levels of care but do not need to be in an ICU.

Over the next year, we will continue to work with the Department of Surgery and other staff regarding consolidation of other surgical services on fewer sites.

(Continued on page 4)

Funding to enhance training, equipment

The provincial government is providing Saskatoon Health Region with more than \$4.7 million for safety equipment and training and improvements to hospital surgical equipment.

"Our government's first priority is the safety and security of patients and staff," said Saskatoon Sutherland MLA Joceline Schriemer.

"We recognize the pressing need for new equipment in the facilities," she said.

Saskatoon Northwest MLA Serge LeClerc said the investment will be valuable for people who work in health-care facilities.

"New safety equipment will reduce on-the-job injuries, which is especially important when you consider the staffing challenges faced by health regions," he said.

The funding is part of \$18 million being distributed to all health regions.

Jackie Mann, Vice-President of Acute Care, Saskatoon Health Region, said the funding allows the Region to focus on two of its priorities: quality patient care and safety for health-care workers. She said \$1.9 million will be used to purchase new and replacement hospital operating room equipment.

"Equipment will be purchased for all three hospitals in Saskatoon and will include such items as video equipment, monitors and technology to aid in surgical procedures.

"A new microscope for patients undergoing neurosurgery as well as new anesthetic gas machines required for patients undergoing anaesthesia are some of the key investments for our operating room," said Mann.



From left: Saskatoon Sutherland MLA Joceline Schriemer, Saskatoon Northwest MLA Serge LeClerc, Director of Worksafe and Employee Wellness Shelly McFadden and Vice-President of Acute Care Jackie Mann

"In addition, I'm very pleased to say that with some of this new technology, we'll be able to support improved teaching and learning for our students as well."

Another \$1.4 million will be dedicated to long-term care, including the purchase of more than 500 beds for Parkridge Centre in Saskatoon and rural facilities in Lanigan, Cudworth, Wynyard, Strasbourg, Watrous, Nokomis, Wadena, Watson and Humboldt.

"This important investment helps us meet the needs of both our urban and rural populations," said Mann.

She said \$2.7 million will go toward equipment that will enhance staff safety, ensuring employees have the tools they need to perform their work safely. The

Region will invest in lifts and bariatric equipment.

Health Minister Don McMorris has also announced \$718,000 in funding for 12 projects recommended by health professionals. The funding is part of the \$6-million Health Workforce Employee Retention Program, which supports grassroots initiatives designed to help keep health employees working in Saskatchewan's health-care system.

Saskatoon Health Region will receive \$75,000 for a regional dietitian to consult with and support dietitians working in rural areas.

The Region will also receive \$70,033 for developing a personal safety training program for community-based health-care workers.

Continued: 'This is complex work'

(Continued from page 3)

We will continue to examine ways to streamline the delivery of ambulatory care, better coordinate diagnostic tests and clinic visits, optimize interdisciplinary care and use technology to provide exceptional ambulatory care services. We are also planning for further consolidation of patients awaiting long-term care, at the SCH site.

I realize that many of these changes may be stressful for the staff involved. You have many important questions about how it will affect you, personally and professionally. At this stage, we do not have all the answers. But we are committed to work with you and many others to realign our services in ways which are consistent with our overall plan, while improving the quality of our care and efficiency of our health

system. This is complex work and change is never easy. By working together we will get it right, for our patients and our community.

Maura Davies

Maura Davies
President and CEO
Saskatoon Health Region

Saskatoon Health Region recruits 105 Filipino nurses

Saskatoon Health Region is pleased to announce that 105 Filipino nurses have accepted offers to work in the Region.

SHR was one of five Saskatchewan health regions that sent representatives on a nine-day nursing recruitment trip to Manila, Philippines. The delegation also included representatives from the Saskatchewan Registered Nurses Association, the Saskatchewan Union of Nurses, the Ministry of Health and the provincial government.

SHR surpassed its target of having 75 to 100 nurses accept job offers in the Region. In total, nearly 300 new

nurses from the Philippines are expected to begin working in Saskatchewan health facilities by this summer.

"We are seeking every creative option for securing health professionals in a highly competitive environment across North America. It is fortunate that the Philippines trains more nurses than it needs and many nurses in the Philippines are seeking work in other countries. We want to make sure they have the option of choosing Saskatchewan," said Health Minister Don McMorris.

"When done in an ethical way, I believe the recruitment of nurses from the Philippines will benefit and enrich

both of our communities. We will receive highly qualified, dedicated nurses, and the candidates will have good paying jobs to support their families and their communities, thus benefiting their native country's economy," said Bonnie Blakley, SHR's Vice-President of People Strategies.

"We care about the communities we serve. We want to ensure we have the health professionals we need to provide a continuum of services. We are recruiting nurses to make this happen."

For more information on the SHR team's trip to the Philippines, visit www.saskatoonhealthregion.ca.

The Future in Mind Campaign receives \$1 million

The Children's Health and Hospital Foundation of Saskatchewan (CHHF) is contributing \$1 million to The Future in Mind Campaign in support of the Irene and Leslie Dubé Centre for Mental Health.

The money will be used to further develop the centre's child and youth wing.

"Our sponsorship, funding the child and youth component of this new facility, is especially important for the enhancement of Saskatchewan children's health care, which is the absolute mandate of our foundation," said CHHF board chair Bryan Richards.

The new mental health centre, to be built on the banks of the South Saskatchewan River west of Royal University Hospital, is slated to open in late 2009.

The centre will provide patient-focused, family-centred care for people facing mental illnesses and addictions. The centre will have space for 54 adults, and 10 beds will be dedicated for children and youth.

"Caring for children and adolescents in a physically separate environment ensures sensitivity to the unique needs of this population," said Carol



Ian Buckwold (left) and Bryan Richards

Heusdens, clinical nurse educator at the Hantelman Unit, which is the current mental health hospital.

Currently, children and youth are not separated from the adult population at Hantelman.

The Irene and Leslie Dubé Centre for Mental Health is a \$20.5-million project. The provincial government will fund 65 per cent of the total building

costs, while the remaining 35 per cent is being raised by the community-wide campaign. So far, The Future in Mind Campaign has raised \$5,859,563.

"Thanks to the generosity of organizations like the Children's Health and Hospital Foundation of Saskatchewan and its thousands of supporters, we are closer to our goal," said Ian Buckwold, honorary campaign co-chair.

Saskatoon Health Region to hire four midwives

Saskatoon Health Region and Regina Qu'Appelle Health Region are introducing regulated midwifery services in the regions' urban communities in 2008, under *The Midwifery Act* proclaimed by Health Minister Don McMorris on March 10.

The two health regions are the first in Saskatchewan to offer midwifery services and both have been planning the process throughout the past year. Saskatoon's planning team consists of members from across the Region, but the program will be offered by Primary Health in the Community Services portfolio.

Information is currently being provided to health-care professionals in the Region to ensure midwifery services are understood and effectively integrated.

"We're striving to meet the needs of our diverse and growing communities to ensure mothers, families and babies have the healthiest start possible," said Sheila Achilles, Director of Primary Health, Saskatoon Health Region.

"Midwives will work with pregnant women in our community during pregnancy, assist in their delivery and provide support for six weeks after birth.



"Throughout the process, the midwife, mother and family will discuss focused care and birthing decisions, including the choice to deliver in a hospital or home environment."

Four midwives will be hired in Saskatoon Health Region. Each must be licensed by the Saskatchewan College of Midwives and practise in accordance with provincially and nationally-approved standards and competencies.

Midwives will be able to order tests such as ultrasounds and will also be able to prescribe and administer drugs commonly used during and after pregnancy and birth.

"The government supports innovative programs that help ensure Saskatchewan women have healthy preg-

What is a midwife?

- A midwife is a health-care professional who has specialized education in midwifery and is registered and licensed with the Saskatchewan College of Midwives.
- A midwife works with a pregnant woman and her family to provide care and support during pregnancy, labour, birth and the six weeks following birth.
- A midwife collaborates with doctors, nurses, public health nurses and others to provide the best care for the woman, her baby and her family.

nancies," McMorris said in a news release upon reconvening the first session of the 26th legislative assembly.

"This legislation broadens the options for women and their families."

Midwives are celebrated each year on May 5 — International Day of the Midwife.

Manager takes on community reviewer role

Submitted by Laurel Duczek, Director, Strategic Health Information & Planning Services (SHIPS)

Joanne Franko, Manager, Research Services Unit, has been invited by a selection committee of the Canadian Institutes of Health Research (CIHR) to become a community reviewer of an Operating Grants Program Peer Review Committee.

To ensure the excellence of the research CIHR funds, applications to CIHR for funding of research projects are evaluated by peer review.

Peer review is carried out by committees of experts (grants committees) which cover all four pillars of health research (biomedical, clinical, health systems and services, and population

and public health). The community reviewer is an individual who is not currently an academic or researcher, but who has a demonstrated interest in health and science.

The community reviewer is present on the committee panel to provide a mechanism for public accountability and transparency of the peer review process. He/she is a non-voting member who comments on the lay abstract of the application, specifically the extent to which the proposed research's intent and importance is well explained and in a language clear to members of the general public.

His/her duties include:

— providing feedback on the lay abstracts in order to highlight strong

and weak lay abstracts;

— participating in the panel discussion by providing other comments if invited to do so; and

— commenting at the end of the committee meeting on the general processes of the meeting such as the quality, quantity and variety of science reviewed by the committee, the structure of the discussions, the objective nature of the discussions and any other general comments.

This is an opportunity for Joanne and the Region to learn more about the CIHR grant review process. The knowledge will be valuable as the Region builds its partnerships with researchers and develops internal research capacity.

Psychologist speaks about safety culture

Health-care workers must do their jobs perfectly every day, or adverse events can occur, says Dr. Mark Fleming.

Fleming, an associate professor at Saint Mary's University in Halifax, was the keynote speaker at Saskatoon Health Region's second annual Quality and Safety Summit on March 5 at TCU Place. He said most health-care workers have not been involved in an incident that resulted in harm – but that doesn't mean it won't happen in the future.

"Because your job is so important you have to do it well every day," said Fleming, the director of the CN Centre for Occupational Health and Safety, a centre of research excellence at Saint Mary's University.

Fleming, an applied psychologist with more than 12 years of experience working with public and private-sector organizations, including Air Canada Jazz, Capital District Health Authority in Halifax

and Petro-Canada, said 70,000 preventable adverse events happen each year in Canada. Those events contribute to between 9,000 and 23,000 preventable deaths.

Fleming also noted that one in 150 people admitted to a hospital die due in part to a preventable adverse event. That illustrates the necessity of a safety culture in health care.

Fleming said each unit within a hospital or health-care facility tends to have its own culture. He asked the conference attendees to think about what the culture is like where they work.

"Cultural change happens by changing the things that we do," he said.

About 300 people attended the Quality and Safety Summit, which supports one of SHR's strategic directions – transforming the care and service experience – and the Region's vision of "healthiest people, healthiest communities, exceptional service."

The excellent work SHR



Dr. Mark Fleming speaks at the second annual Quality and Safety Summit on March 5

employees are doing was also celebrated at the one-day event. This year, three SHR teams received Quality Awards:

AMI Collaborative

Lead: Kelly Johnson, Clinical Nurse Specialist, Heart Health

Changing Practice: Improving Safety Culture

Lead: Bette Boechler, Director, Maternal and Children's Services

Optimizing Skin and Wound Care

Lead: Janice Seeley, Manager of Nursing, Quality Services

Congratulations to the teams! For more information, visit www.qsitieshr.ca.

Region congratulates SHEA winners

Saskatoon Health Region is proud to announce the three teams who recently won the prestigious Saskatchewan Healthcare Excellence Awards (SHEA) at a gala event on March 1 in Regina.

The three winners are: **Joy of Jammin'**, a mix of recreational and occupational therapists and mental health advocates who are changing public perceptions about mental illness through music and storytelling; **Dr. M. Suzanne Sheppard**, Director of Physical Therapy, whose innovative approach to evidence-based programs is improving the quality of life for people living with chronic diseases; and **Drs. Bill Bing-**

ham, Maryam Mehtar and Michelle DuRussel, who collaborated with local community groups to establish the first pediatric clinic in a Canadian school, including after-school programs complementary to the medical care, as well as developing a second school clinic and ancillary program.

"Dedicated physicians and staff are critical to successfully delivering client-centred care. All of these individuals have demonstrated excellence in their areas of expertise and have shown the power of what can happen when you combine client-centred care with innovative programming. Congratulations to all the winners and nominees for your lead-

ership. We are proud of you," said Maura Davies, President and CEO of Saskatoon Health Region.

"I think I can speak for all the nominees when I say what an honour winning the SHEA is, both personally and professionally. It is so nice to be recognized for the work we do and love. There truly is no greater reward than the ability to make positive changes in someone else's life," said Marg Petty, 2008 SHEA winner (with the Joy of Jammin' team).

This is the seventh year for SHEA, which was founded by Dr. Roberta McKay to promote excellence in Saskatchewan health care.

Social workers strengthen connections

(Submitted by Melanie Grace, Senior Social Worker, Department of Social Work, Saskatoon Health Region)

On Nov. 2, 2007, 37 acute care medical social workers from across Saskatchewan gathered in Saskatoon to discuss their work. The goal of the day was to develop a framework for practice, as well as to strengthen connections between the acute care workers in Saskatchewan.

The idea of the conference originated with nine acute care social workers at Royal University Hospital who meet every Monday morning for an hour to discuss challenging cases and issues and to review journal articles. Unable to find meaningful literature about social work in acute care, they

Did you know . . .

Social Work Week is celebrated from March 10 — March 15?

found themselves reviewing literature from other disciplines. Dissatisfied with this state of affairs, they set a goal to publish an article about the work they do in acute care.

An e-mail was sent to each acute care medical social worker in the province informing them of the conference and inquiring about their interest in attending. From the response received, it was clear that there would be great interest in such a meeting.

The conference was held at West Winds Primary Health Centre. Darlene Chalmers, Coordinator of Field Education, Faculty of Social Work, University of Regina, Saskatoon Campus, facilitated the conference.

Of the 37 social workers attending the conference, 31 evaluations were completed. They were resoundingly positive. The networking that occurred was very beneficial and the majority of the social workers who completed the evaluations requested that there be more conferences of this nature.

An article is currently being written about the work generated by the social workers at the conference. It is expected to be published in the near future.

Hand hygiene helps prevent spread of disease

Practising good hand washing and respiratory etiquette helps prevent the spread of disease in health-care facilities, says Bev Young.

“Our department is there to prevent infections, not only with patients, but also with staff and visitors,” said Young, Interim Manager, Infection Prevention and Control, Risk Management.

“The No. 1 way to prevent the spread is hand hygiene.”

Last year, Young’s department focused on soap and water washing, reminding Region staff and hospital visitors to wash their hands thoroughly with soap and water before and after contact with patients.

This year, the department is focusing on hand hygiene, specifically the use of alcohol-based hand sanitizers. The department is also focusing on respiratory etiquette, which includes

covering your mouth and nose with a tissue when you cough or sneeze and disposing of the tissue properly. If you don’t have a tissue, cough or sneeze into your upper sleeve.

Young said respiratory etiquette and hand hygiene can help stop the spread of influenza, which is currently circulating in the community. Hand washing can also prevent the spread of other illnesses, such as norovirus, *Clostridium difficile* and *Methicillin-resistant staphylococcus aureus* (MRSA), a bacterial infection resistant to antibiotics.

Infection Control has educational material for staff about respiratory etiquette and the proper use of hand sanitizer. A short quiz is included with the material. The information will be distributed to departments.

“It’s important to educate people because the primary means of transmitting infec-



Hand sanitizer is available at health-care facilities

tions is hands,” said Young.

Visitors to the Region’s health-care facilities are also reminded about good hand hygiene practices through posters and hand sanitizers are placed throughout the facilities. Hand cleaning be-

fore and after visiting a patient protects both the patient and the visitor.

For more information on infection control, visit SHR’s website at http://www.saskatoonhealthregion.ca/your_health/

Mock exercises test emergency preparedness plans

(Submitted by Elaine Leite, Emergency Preparedness Program Coordinator, Saskatoon Health Region)

Tabletop or mock exercises are vital for testing the accuracy and completeness of emergency preparedness plans.

As all of the nursing units' emergency preparedness code plans at the three Saskatoon hospitals required updating, it was decided to concentrate on Code Green (evacuation) and that Royal University Hospital's fifth floor would draft and trial the plan. The first step was to identify gaps in the plan and in staff knowledge. A planning team met a number of times to develop the departmental Code Green response and to plan for a mock exercise.

Staff education days were planned for October and November. Education included showing "Mission Possible" – a DVD, a PowerPoint presentation based on the draft code and an overview of the Code Green plan, identification and discussion of the zones on Unit 5300 and refuge areas.

The core team met in December and invited a fire inspector from Saskatoon Fire & Protective Services. The draft was reviewed and timelines were established for the exercise, which was scheduled for Jan. 18, 2008.

RUH Volunteer Services recruited volunteers to replace eight actual patients and one visitor, which allowed us to practice evacuating patients in beds, wheelchairs or walking.

The exercise began at 2:30 p.m. by pulling the emergency call system. The first staff responder was told there was a fire in the room. The fire quickly escalated, resulting in an evacuation. Observers recorded the response activities. It took almost eight minutes to evacuate the unit to the refuge area.

Debriefing sessions with respond-



Left to right: Gayton Bonin (5300 staff); Jeanne Blackmon (volunteer); Cheryl McNally (incumbent 5300 Manager of Nursing); and Carleen Sutherland (Manager of Safety — Acute Services)

ers, volunteers, staff and observers were held immediately after the exercise to capture observations and reactions. Lessons learned were captured and the code response was revised accordingly. It was decided to hold a second exercise within the next few weeks to practice the recommendations.

The second exercise was held on Feb. 12 based on the same scenario, but a smoke machine was used to simulate an actual fire this time. The same number of volunteers were recruited to fill the patient/volunteer roles. Observers were stationed in designated areas to record the specific response activities in that area. This time it took five minutes, 35 seconds to evacuate everyone to the refuge area. Debriefings were again held, lessons learned captured and recommendations acted on.

Next steps:

The Code Green team will meet to review the two exercises, fine tune the Code Green template and exercise template and determine a plan to move forward on the nursing units at the three acute care sites.

A plan will be communicated to the nursing units in March.

Time for staff education should be allotted into nursing units' 2008 Education Day when possible and more information and direction will follow.

Sharing of the planning process and lessons learned will be provided to the appropriate departments.

For more information on this and other emergency preparedness exercises, visit the SHR InfoNet Emergency Preparedness webpage or contact Elaine Leite at **655-6024** or elaine.leite@saskatoonhealthregion.ca.

Celebrate achievement at the Bravo Awards

Join your peers in a celebration of excellence at this year's Bravo Awards on March 18 at TCU Place. The evening begins at 6:30 p.m., with a performance by Joy of Jammin' and hors d'oeuvres, followed by a cake ceremony. The awards program begins at 7:30 p.m.

Tickets are available at any cashier office until March 14.



Department investigates infectious diseases

Communicable disease control is an interesting area of employment because it is always changing, says Brenda Brown.

"There's never two days that are the same," said Brown, Supervisor, Disease Control, Public Health Services, who has been working for Saskatoon Health Region for 25 years.

"Things are always changing and there are always new things to learn. I find it very interesting."

Brown's department focuses on the investigation and surveillance of numerous reportable infectious diseases, such as hepatitis and pertussis, which can be spread from person to person, and malaria and West Nile virus, which can be spread to humans via vectors such as mosquitoes. The department also monitors antibiotic-resistant organisms that are now present in the community, such as *methicillin-resistant Staphylococcus aureus* (MRSA).

In addition to monitoring the presence of infectious diseases in the Region, Brown's department follows up with clients who have been infected and offers them information about their condition. For example, the summer of 2007 was busy for Public Health staff as they interviewed and provided information to dozens of people infected with West Nile virus.

"We are generally looking at the clients' history," Brown said. "We start off with determining what the symptoms were, when they got ill, whether others around them were ill and whether there are still others at risk of acquiring that disease."

Brown, a public health nurse, joined the health region in December of 1982. She said the field of disease control has changed and grown during the



Brenda Brown has worked for Saskatoon Health Region for 25 years

last 25 years, with new infectious diseases emerging such as hepatitis C, invasive Group A Streptococcus, West Nile virus and MRSA. Today, her staff in Saskatoon is comprised of three public health nurses, an administrative assistant and a public health inspector, while eight rural health centres follow up on communicable diseases outside of the city.

Brown said Public Health employees strive to improve protection against communicable disease for people living in Saskatoon Health Region, investigating infections transmitted by animals, insects, blood, food, water and respiratory contact. For example, community needle-stick injuries are investigated by her staff, as are food-borne illness complaints following restaurant outings.

Community and institutional outbreaks are also investigated, such as bouts of norovirus and respiratory illness in long-term care facilities. In addition, Public Health staff provide counselling, immunization and educational presentations on topics such as disease transmission and prevention, childhood diseases and bloodborne pathogens.

Brown said it's important to take precautions against infection. Her department promotes cough etiquette and good hand hygiene as ways to break the chain of infection at home and at work.

"A chain is only as strong as its weakest link," she said.

For more information about communicable disease control, please call **655-4612**.

Your opinion matters — complete the staff opinion survey

We have almost completed the first year of our strategic plan, and it is important to hear from the staff who have been asked to implement the plan.

Please participate in the brief staff opinion survey available on InfoNet.

