



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

Culture, Spirit, Recovery: Addictions Treatment at Calder

Saskatoon Health Region's Calder Centre weaves education and counselling with physical and cultural activities. Its 32 adult and 18 youth beds provide residential chemical dependency treatment that is holistic and innovative.

Tim Geissler, Manager of the Youth Program is proud of Calder staff. He says, "We are a team, and we put our clients at the centre of our teamwork. We provide our educational modules on a 28-day cycle, but everything else can be tailored to meet individual client needs, whether it's adapting how long someone stays, or using different counselling methods."

Geissler said that Calder is unique in several ways. "Some clients have a dual diagnosis. They have chemical dependencies and have been diagnosed with a mental illness. A dual diagnosis is common for people with addictions, but it does make the treatment program more complex. The Centre works with a psychiatrist to ensure that clients receive appropriate medication. Because the mental illness and the addiction co-exist, success depends on treating both," says Geissler.

Calder is committed to delivering culturally appropriate programming according to Geissler. "We want to make sure that we meet the needs of all our clients, including the aboriginal population. To be part of an effective treatment plan, cultural programming must be fully integrated, not provided as

an add-on by a visiting resource person for two hours once or twice a week. That's why we have John Cuthand as a full-time Aboriginal Support Worker at the Centre," he says.

The cultural programs, however, benefit all of Calder's clients. Cuthand says that practices like smudging or attending a sweat lodge are highly-rated by clients. "I'm always surprised by how much non-aboriginal people seem to get from participating in aboriginal cultural practices. There's a tendency for some to think about aboriginal cultural practices as if they're recreational activities," says John, "but really, they're about spirit. Not religion, but spirit. People need that. Culture, spirit, recovery - you can't separate them," he said.

Both Geissler and Cuthand note that participation in aboriginal cultural activities are not a requirement of Calder's program. "The Serenity Lounge is available for people to just sit quietly and think, or to smudge, or to pray. They can also sign up to attend my sweat lodge on Friday afternoon," Cuthand says, adding that he loves his job despite its challenges.

"Working with people who have addictions or mental health problems

Tim Geissler (L), Manager of Calder's Youth Programs and John Cuthand (R), Aboriginal Support Worker. Between them hangs beadwork left behind by a client. The stone is a lightning stone, used to bring calm to a place, while the smudge plants are used to purify and prepare a person and place for prayer or meditation.



can be hard, but it can also be rewarding. What makes everything I do worthwhile is that the important things happen right in the moment. We've all gotten our education and knowledge and experience. Then, suddenly everything comes together in a moment with someone, and that moment is different with every person. It feels good when that happens."

Inside this issue:

Dental Care Pilot Has LTC Residents Smiling	2	More Than a Quarter of HealthLine calls from SHR	6
A Minute with Maura	3	Olympic Athlete Shares Medals, Inspiration	7
Releasing Time to Care	4	Taking Care to Core Neighbourhoods	8
"in motion" Challenge Draws 22,000	5		

Dental Care Pilot Has LTC Residents Smiling

Imagine that your loved one has Alzheimer's, lives in a long-term care facility, and has difficulty communicating. Now, imagine she has a toothache and can't tell you or staff that she's in pain.

Her quality of life declines. She may refuse to eat or become aggressive to staff. She may be more susceptible to secondary infections that further decrease her overall health.

That's exactly what a new dental care pilot project involving St. Ann's Home and Saskatoon Convalescent Home is aiming to prevent.

"This pilot is an excellent example of an inter-agency, cooperative partnership providing client-centred care. The information gathered will be used to meet the ongoing needs of long-term care residents," said Dave Gibson, Director, Continuing Care and Seniors Health in the Region.

Twice a month, a dentist, dental hygienist and dental assistant visit the two homes to provide oral assessments and treatments. Initial oral assessments are free. If more work is needed, residents and their caregivers receive a comprehensive dental treatment plan that lists fees for the procedures



Dr. Raj Bhargava and his team provide dental care to a resident of St. Ann's Home.

needed. Clients and their families can then decide to pay the visiting dentist or a private practice dentist for the services.

"Good oral health, which encompasses oral hygiene and basic dental care, is essential for good overall health," said Dr. Raj Bhargava, a dentist participating in the pilot project.

The College of Dental Surgeons of Saskatchewan says an increase in oral health awareness over the years has resulted in more long-term care residents entering facilities with their natural teeth.

"Currently, there is no plan to provide oral health care to these residents, which can lead to poor nutrition, disruptive behaviour, and dental and systemic infections. This pilot is a team approach to address the issue by bringing dental care directly to residents," said Mitch Taillon, President, College of Dental Surgeons of Saskatchewan.

The College of Dentistry agrees. They are excited about the potential of similar grassroots programs in the future.

"We see this as one prong of our community outreach activities where we can serve the needs of society and, in turn, enhance the education of our students," said Gerry Uswak, Dean, College of Dentistry, University of Saskatchewan.

The dental team is compiling data and hopes to expand to include other long-term care facilities in the Region. Results are being shared with the Government of Saskatchewan.

The pilot is a partnership between the College of Dental Surgeons of Saskatchewan, University of Saskatchewan College of Dentistry, Saskatchewan Dental Therapists Association, Saskatchewan Dental Hygienists' Association and Saskatchewan Dental Assistants' Association and Saskatoon Health Region.



Charlie Chew is the mascot for Saskatoon Health Region's Public Health Services Oral Health Program

Responsibility and Accountability for Quality of Care – The Buck Stops with Us All

Two years ago, Saskatoon Health Region approved a strategic plan that was influenced by more than 1500 health care providers, clients/patients/family members and community groups and the general public. A key element of the plan is our commitment to provide exceptional service. Quality and safety are key components in providing exceptional service and enhancing patient/client/resident satisfaction.

Public reporting of the results related to quality, safety, and patient satisfaction has become leading practice in health care around the world. As a publicly funded health system, Saskatoon Health Region is frequently called to account for our actions, decisions and results. This implies that we need to have timely, meaningful ways to regularly “account” for the quality and safety of our care. Recently the provincial Health Quality Council released its first comprehensive report card, *Quality InSight*, which describes some measures of the quality of health services across the province, including region-specific feedback from patients regarding their hospital experience. This report is available at <http://www.hqc.sk.ca>.

For the last three years, Saskatoon Health Region has spent a great deal of effort in selecting, measuring and reporting on a limited number (or dashboard) of quality and patient safety indicators. This development work is ongoing, including developing performance indicators to measure and inform quality improvement at the department, service and care group level.

To date, our quality and safety

dashboard reports have only been provided to the senior leaders and the Authority. It is now time to make these dashboard reports far more available and transparent. This information will help us identify where we are doing well and where we need to improve. Equally important, reporting our results will demonstrate stewardship and increased accountability to the public.

Being more transparent and accountable is much harder than it may appear. In some cases this requires a fundamental shift in organizational culture. We know that by making our results available to the public and the media, we may be subject to more criticism and questions. All of our results need to be understood in context and may be misunderstood or misinterpreted. We will work through these challenges.

Over the next few weeks, our quarterly quality and safety dashboard will appear on our Intranet, followed shortly by posting on our public website. The format and content of our reports will continue to evolve, as we select indicators that are strategically important and we have better access to more timely data.

Ultimately, improving the quality and safety of care is Job #1 for me. Yet, responsibility for the quality and safety of care involving literally millions of patient/client interactions with thousands of care providers, cannot be assumed by a single individual, even when that person holds the most senior administrative position in the organization. That responsibility is shared by many, from the governing body which has a leadership and oversight role regarding the quality and safety of



care, to individual care providers involved in hands on care and staff who support service delivery. We all have a responsibility to make improving the quality of what we do part of our job every day.

We will celebrate together as we are able to demonstrate the progress we are making in enhancing quality and safety and achieving exceptional service, as measured by the experience of those we serve and other quality indicators.

I encourage you all to examine those reports on a regular basis so you are better informed of how well we are doing in providing excellent care and exceptional service. I also invite you to be proud of a Region that will be leading the way in this province in demonstrating publicly our commitment to quality and accountability for our results.

Maura Davies

Releasing Time to Care

- Submitted by Jean Morrison, VP Performance Excellence and Chief Nursing Officer

In late September I was fortunate to join representatives from government, regulatory organizations, union and regional health authorities who spent time in Britain learning about changes in the organization of their health system over the last ten years and a program they are implementing that allows nurses to spend more time in front-line patient care.

The United Kingdom-based program is called "Releasing Time to Care". It empowers nursing units and members of care teams to look at how their ward is organized and to make changes that allow them to spend more time with patients.

In Britain the program has enabled nurses to more than double the time spent on direct patient care (from 20 to 45 per cent), cut handover time on shift changes by a third, and reduced time

spent on medicine rounds by 63 per cent.

As part of the delegation, I met with the following counterparts:

- National Health Services Institute for Innovation and Improvement (which developed the program)
- Nottingham University Hospital
- University Hospitals of Coventry and Warwick (flagship hospitals where the program is in place)
- National Institute for Health and Clinical Excellence (which identifies standards and evidence for best practices).

Seven delegation members were trained as master trainers so they can lead and support the program's implementation in Saskatchewan.

Implementation of a pilot of the Releasing Time Care program has

started in Moose Jaw, and Regina plans to begin implementing soon. Those sites will be working to adapt the program so it fits our context. For example, most of us are not familiar with the terms *Ward Sister* and *Matron*. Moose Jaw and Regina will be working to identify the terms and actions that are not common in our work sites and make the changes necessary so we can easily implement the program.

The plan includes implementation in the Saskatoon Health Region in the new year. Over the next month we will be establishing a team to lead our work on this and other projects related to roles.

Watch for more information to come on the implementation of this exciting work!

Quality Award and Poster Submissions Sought

Saskatoon Health Region staff and physicians work hard to identify, implement and evaluate quality improvement projects throughout the Region.

That's something the Saskatoon Health Region wants to acknowledge and celebrate at the Quality and Safety Summit to be held March 4 at TCU Place in Saskatoon.

There are two ways for teams to share their quality improvement work. Teams in the first stages of a quality journey can submit a poster to the **Poster Fair** to be held during the **Quality and Safety Summit**. All posters will be accepted for display.

Teams of three or more persons

who have completed a quality improvement initiative that has achieved sustained measurable outcomes and resulted in positive changes can submit their work for a **Quality Award**.

The Saskatoon Health Region **Quality Awards** are modeled on the 3M Health Care Quality Team Award which is a national award presented annually at the Canadian College of Health Services Executives conference. View the [3M Health Care Quality Award application / criteria](#) before you make your submission.

Submissions for the Region's Quality Awards will be evaluated on

the following seven-category framework:

- Aim statement
- Alignment with Saskatoon Health Region Strategic Plan
- Team leadership
- Measurement and Results
- Plan Do Study Act Cycles/ Process Improvement
- Outcomes
- Storyboard

The deadline for submission to both the Quality Award or the Poster Fair is January 15, 2009.

For more information, please contact Darlene Spence at 655-4088 or Deb Leek at 655-4152.

'in motion' Challenge Draws 22,000 Participants

It was GINORMOUS! The Fall... *in motion* GINORMOUS record-setting walk held on October 3 was a huge success with over 22,000 people throughout the Saskatoon Health Region registering their activity that day! Over 90 schools participated, along with many workplaces, communities, clubs, families and individuals.

About 400 people participated at the GINORMOUS 30-minute river-bank walk that began at River Landing! Congratulations to those who participated! The *in motion* team handed out over 100 newly designed t-shirts, as well as Frisbees and kick bags.

The GINORMOUS walk kicked off the two-week "Get Moving Challenge". All Health Region residents were encouraged to be active for a minimum of 30 minutes a day over the next two weeks, and then submit their Challenge forms for the chance to win fabulous prizes! Residents who were already active were asked to increase the intensity of activity to ensure they receive health benefits. Inactive folk were asked to try something new and stick to it!

What are the next steps? Stay active all year long! Make physical

activity a part of your daily life. Incorporate small amounts of daily activity to start. Take the stairs, walk to work, walk to the store whenever possible and take a break from sitting at your desk throughout the day. Add

to your activity level until you include moderate activity 3-5 days/week. Just DO IT! Your body will thank you! For more information on staying "*in motion*" visit our website at www.in-motion.ca.



Some of the four hundred people gathered at River Landing on October 3 for the Saskatoon Fall...in motion GINORMOUS Walk. Throughout the Health Region, 90 schools and 22,000 people registered physical activity that day.

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 or article to e-connect, or
- **pass on** feedback or ask a question

Please e-mail:

econnect@saskatoonhealthregion.ca

More Than a Quarter of Healthline Calls from SHR

You're at home and your child slips and bangs his head on the edge of the step. Should you take him to the hospital or the doctor?

That's a decision that the Saskatchewan HealthLine can help you make. It's one of the ways you can access information to make decisions about your health care needs in Saskatchewan.

If you've ever called the HealthLine's toll-free number, 1- 877- 800- 0002, yours might have been one of the 22,443 inbound calls that HealthLine nurses responded to between April 1, 2007 and March 31, 2008. That amounts to 27 per cent of the 85,255

calls answered at HealthLine during this time period. The number of registered calls from SHR residents has remained relatively constant since its launch, ranging from a low of 19,465 (2004-05) to a high of 23,832 in 2006-07.

When a HealthLine user calls about one or more family members, the nurse creates a patient record for each. Calls from residents within the Saskatoon Health Region resulted in the creation of 35,928 individual patient records.

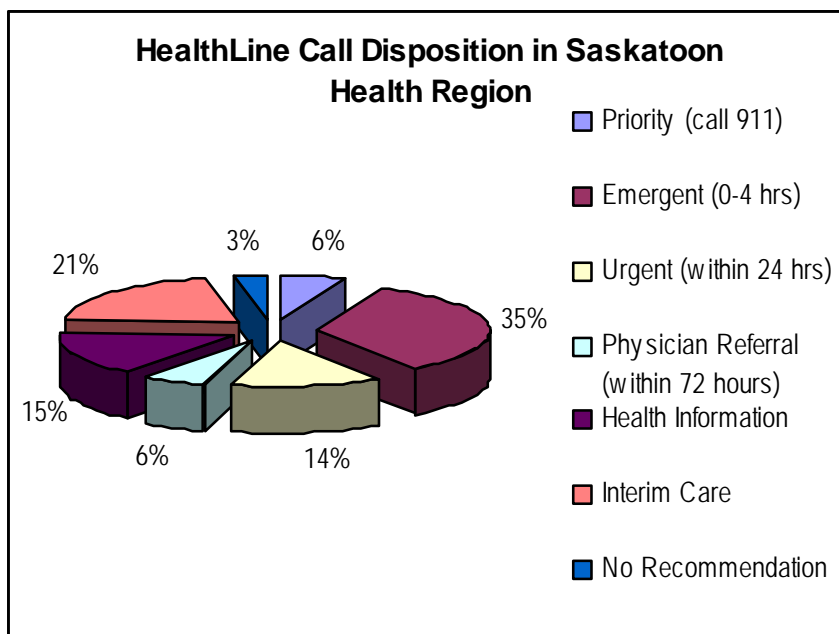
The pie chart below shows the disposition of calls to HealthLine from SHR. Callers may be given **interim care** to manage their symptoms at home, or be referred to primary care

providers other than physicians (i.e. Public Health, Poison Control, pharmacists, etc.); **health information** without going through symptom triage; or **given no recommendation**, which includes health information not being available and caller hang ups.

Mental Health Clinicians were added to HealthLine in November of 2006 to provide a consumer -friendly and readily accessible crisis response option for people who find themselves in a mental health crisis or substance abuse situation.

A total of 392 calls originated from the Region, ranging from 16 to 43 calls per month. The majority of mental health callers in the Region are between the ages of 41 and 60 years of age.

The Saskatchewan HealthLine is a Government of Saskatchewan program delivering health information and professional healthcare advice province wide. HealthLine supports primary health care by enabling callers to make decisions about their health care choices. Since it began in 2003, HealthLine has responded to more than 375,000 calls to the phone service.



1- 877- 800- 0002
TTY: 1- 888- 425- 4444

Health Information Most Frequently Requested by Callers from SHR		
	August 2007	January 2008
1	Pregnancy Problems (Not Labour)	Fever/ Chills (Peds)
2	Bee Sting/ Insect Bite	Pregnancy Problems (Not Labour)
3	Fever/ Chills (PED)	Abdominal Pain
4	Abdominal Pain	Cough/ Hoarseness/ Stridor (PED)
5	Mental Health	Medication Information

Step Into Health Careers

Saskatoon Health Region Pre-Employment Program

- Are you an Aboriginal youth?
- Are you unemployed or underemployed (20 hrs/wk or less)?
- Do you have a Grade 12 Diploma or GED?
- Have you ever considered a career with Saskatoon Health Region in:
 - Maintenance
 - Security
 - Pre-Trades Apprentice (i.e. plumber, electrician or carpenter)

Saskatoon Health Region is offering a 14-Week Pre-Employment Program from November 24/08 to February 27/09. The program includes:

- Employment Readiness Skills ~ Certificate Training
- Mentorship Training ~ Work Experience
- Introduction to the Trades ~ In-house Orientation
- Participants may be eligible for a training allowance

To qualify for the program, you will:

- Have completed Grade 12 Diploma or GED
- Be in good physical condition
- Be able to work shifts (days, evenings, nights, weekends and holidays)
- Provide a current Criminal Record Check

If interested, please BRING YOUR RESUME to an Information Session / Interviews starting at 9:00 am in Room 106 St Paul's Hospital, Nurses' Residence, 230 Avenue R South on Tuesday, November 4, 2008.

Lunch is provided.

Please call Maureen Herzog at 655-2437 in advance to confirm your attendance.

Olympic Athlete Shares Medals, Inspiration

After a 1.5 kilometre swim and a 40-km cycle, and the better part of a 10 km run, Simon Whitfield tossed his cap to the side and sprinted to finish the last 600 hundred yards of the 2008 Olympic Triathlon.

He was tired and sore, but didn't want to wake up the next day wondering if he had really given everything he had to win.

Triathlete Whitfield shared his story of perseverance, determination and humour with more than forty patients and staff at the Saskatoon City Hospital Rehabilitation Unit on October 28.

He also brought his medals, and passed them around the room, telling stories about the dent in the rim of the silver caused by dropping it on the floor during the presentation ceremony.

Whitfield's gold medal has the teeth marks of Jim Cuddy's (Blue Rodeo) wife. She bit into it when being photographed with the medal.

Whitfield's message was surprisingly simple: focus on what you need to do

next rather than the outcome, and have fun.

It's a mindset helped him overcome what he called "the fog, the noise on both the inside and outside that says you can't do it" - an important message for all people, especially those facing significant adversity.

Whitfield was a surprise gold medalist in the triathlon at the 2000 Olympics. When he went to Sydney in 2004, he came in eleventh. He said that it was a humbling experience, but one that taught him a great deal.

He realized that he had concentrated too much on defending his Olympic championship instead of remember to do what came next in the plan.

In preparing for the 2008 Beijing



(L to R) Layne McDonald, Simon Whitfield and Blair Morgan.

Olympics, Whitfield went back to focusing on what came next rather than on winning. It worked for him, and he won the silver medal in the event.

Whitfield believes that a 'can do' attitude can work for everyone—no matter what adversities they face.

Taking Care to Core Neighbourhoods

Gail McAdam is a 26-year-old mother who uses services provided by the Our Neighbourhood Health Centre on Avenue M just off 20th Street South in Saskatoon.

“Being a young mother, I want the best for my children,” she says. “Nobody used to come to this area to give health services. There are lots of mothers and children who live here, so the Health Centre gives us easier access to get immunizations for our children.”

Karen Greyeyes, Manager of the Region’s *Building Health Equity* program, said “Our goal is to provide greater access to care for the residents

of Saskatoon, especially those in lower-income neighbourhoods where getting to and from a health clinic can sometimes be an issue.”

The Health Centre started out at the Food Bank, which was a very central location, according to Greyeyes. She said, “But, it was important to us to partner with Aboriginal organizations, so when CUMFI (Central Urban Métis Federation Inc.) invited us to lease space in their building, we made the change. It’s an ideal location for us, and very accessible for young mothers with children and strollers.”

Our Neighbourhood Health Centre also runs a weekly satellite clinic at the W.P. Bate School. McAdam likes that location even better, because she lives only a few houses away from the school.

The immunization clinic at the school was opened in 2007 as a result of a partnership between W.P. Bate School and Our Neighbourhood Health Centre. It brings child health clinic services into the Meadow Green community, which is far away from other access points for this type of service.

The Our Neighbourhood Health

Left: Public Health Nurse Ang Fast with Gail McAdam at the Our Neighbourhood Health Centre in Saskatoon.

Centre is part of Saskatoon Health Region’s *Building Health Equity*, a program that is reaching out to communities by enhancing existing programs and services delivered in Saskatoon’s core neighbourhoods. The program was launched as part of a response to the Region’s 2007 *Health Disparity by Neighbourhood Income* report.

Below: Building Health Equity Manager, Karen Greyeyes, is very proud of the partnership between CUMFI, Kinistin Saulteaux Nation and Saskatoon Health Region that has given life to the Our Neighbourhood Health Centre.



I got one! Have you?

Free Influenza Immunization Clinics Available NOW!

For more information about immunization and for locations of immunization clinics, visit the [Saskatoon Health Region](#) website.