



# e-connect

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

## Dubé Centre will be a place for healing

With hard hats firmly in place, an eager group toured the construction site of the Irene and Leslie Dubé Centre for Mental Health early in February, excited to see the progress made on the centre. The group included Maura Davies, CEO of Saskatoon Health Region; Mike Chysowsky, CEO of Quorex Construction; Arla Gustafson, CEO of RUH Foundation; Denise Kayto, Mental Health and Addictions Services; and Irene and Leslie Dubé for whom the centre is named.

Bill Lauinger, Manager of Construction Operations for Quorex, showed off the multi-million dollar centre. Irene and Leslie Dubé in 2007 committed to a \$3 million contribution to *The Future in Mind Campaign* to build a new mental health centre in Saskatoon. It is near the old Hantelman Unit, which has been home to mental health services in the Saskatoon Health Region for the past 20 years .

The new centre is being constructed thanks in part to community support for *The Future in Mind Campaign*. The campaign, headed by the Royal University Hospital Foundation in partnership with Saskatoon City Hospital Foundation, raised over \$10.8 million from individual and corporate donors. The Government of Saskatchewan has committed to fund the remaining 65 per cent of construction costs.

Mike Chysowsky told the tour group that construction is on schedule despite extremely cold temperatures during December and January. The building is



***Maura Davies, Leslie Dubé, Tim Chysowsky, Arla Gustafson, and Irene Dubé enjoy a laugh during a hard hat tour of Irene and Leslie Dubé Centre for Mental Health.***

expected to be completed in late 2009, and opened in 2010.

When the ribbon is cut, the Irene and Leslie Dubé Centre for Mental Health will be home to a 54-bed adult wing and a separate 10-bed youth and child area.

Arla Gustafson, CEO of Royal University Hospital Foundation says, "One of the most satisfying aspects of the hard hat tour was to hear Irene Dubé say how good the building feels to her and I agree.

The space feels right - maybe the light from the windows facing the river, or the high ceilings and sky lights. Whatever the reason, I feel certain that we are building a place where healing and care will happen under optimum conditions. Everything about this new centre - its location, its beauty, the tremendous consultative process that informs the design - speaks to the growing understanding of mental illness and addictions."

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## Exercise helps clients manage mental health issues

Health Region clients living with serious mental illness benefit from 'Fitness Lifestyles', a program offered three times a week by Mental Health & Addictions Services (MHAS). They join hundreds of other outpatients who attend the Fieldhouse for their prescriptive exercise programs.

People living with mental illness are two to three times more likely to experience serious or fatal health conditions like heart disease, stroke, or diabetes factors than the general population.

The Fitness Lifestyles program has worked to change some of the risk factors associated with physical inactivity. The program combines resources from the Region's MHAS and Chronic Disease Management (CDM) care groups, with those of the Canadian Mental Health Association, City of Saskatoon, Community Services, and West Side Community Clinic.

Marg Petty, Recreation Therapist & certified exercise physiologist and May Wong, Community Mental Health Nurse, work with Exercise Therapists and Exercise Specialists Tristan Etcheverry and Kristin Troesch from CDM.

Physical fitness matters in the recovery process for those with mental health disorders. Recently, participants were surveyed using a standardized Quality of Life assessment tool. Results comparing pre-group enrolment and post



*Clockwise L to R: Kristin Troesch, exercise therapist; Tristan Etcheverry, exercise therapist; Peter Warkentin, CMHA; Murray Sackmann, City of Saskatoon; May Wong, register nurse; Marg Petty, recreation therapist.*

group discharged participants showed significant improvement in their quality of life, greater satisfaction with their medications and self-stated feelings of better physical health .

CMHA's Peter Warkentin has seen the benefits of enrolling his pre-vocational students to improve the student's chances of success in pending work placements in the community where physical fitness and endurance is a factor for many jobs. "The fitness group has been a positive addition to the Lifeskills program, says Warkentin..

"Participants are recognizing that

walking and physical exercise not only helps their physical health, but their mental health as well."

Tony, a graduate of the CMHA pre-vocational program stated, "This exercise program helps me to sleep better at night and with my part time job delivering papers".

Mental health clients of all ages benefit from participating in MHAS Fitness Lifestyles, and enjoy a higher quality of life.

*Submitted by Marg Petty, Recreation Therapist, Mental Health & Addictions Services—Adult Community*

## ***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.**

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## Best practice in practice

“Exceptional service”. That is part of Saskatoon Health Region’s vision statement, reflecting both our aspirations and promise to our community. Exceptional service means we meet the needs and expectations of the public. Exceptional service and our core value of excellence also mean that we put into practice the best available evidence regarding how to achieve safer, more effective, accessible, efficient and appropriate care.

Many studies have shown great variation in how care is provided even when ample evidence of leading practices is available. A Rand Institute study identified that more than half of the American patients studied did not receive appropriate care. In Ontario, the Institute for Clinical Evaluative Sciences documented large regional variations in the provision of health care for patients with cardiac disease, stroke, arthritis, asthma, and diabetes despite the availability of evidence-based clinical guidelines in these areas.

### We can learn from others...

Recently, I had an opportunity to learn from health system leaders from the USA, United Kingdom and other parts of Canada regarding how they are applying best practices. There are some examples of success, but all too many examples of limited progress.

Generally, it is not because of lack of evidence. There is ample evidence of practices that improve patient outcomes, safety, efficiency and appropriateness of care. Some of these practices include:

- monitoring and controlling blood glucose and cholesterol levels to prevent complications of diabetes;
- appropriate prescribing of medications for people who have had heart attacks;
- appropriate use of antibiotics, hair removal, blood glucose and body temperature control to prevent surgical infections;
- handwashing;
- elevation of the head of the bed to

between 30 and 45 degrees and other components of the ventilator associated pneumonia (VAP) bundle of practices;

- confirmation (reconciliation) of what medications a patient is and should be taking when a patient is admitted to hospital and is transferred to a different unit or care setting;
- assessment of falls risk for patients/residents and appropriate preventive measures to protect high risk individuals;
- appropriate monitoring, mobilization, hydration and nutrition to prevent pressure ulcers;
- completing a checklist of mandatory safety precautions immediately before and after every surgery.

There is also a growing body of knowledge of leading practices that improve access and reduce wait times. Several health regions (e.g. Winnipeg, Vancouver Island, and Capital Health in Halifax) have improved access to orthopedic surgery by having physiotherapists do the initial assessment of patients referred by family physicians for hip and knee surgery. This has significantly reduced the number of patients needing to be seen by the orthopedic surgeons, freeing them to spend more time performing surgery.

Many regions have developed single waiting lists for orthopedic, cardiac and other surgical procedures, rather than having each surgeon maintain a separate waiting list. When patients are scheduled through a single queue for the next available surgical slot, waiting times have been significantly reduced.

### We’re doing some things well...

So, how well are we doing in putting best practice in practice? In some instances, we are making progress, for example:

- Our orthopedic surgery team is adopting a provincial clinical pathway that standardizes how we deliver care



to patients receiving hip and knee surgery.

- Our cardiac care team has achieved 95 per cent adoption of “Perfect Care” protocols for patients who have had heart attacks.
- We have seen reductions in hospital admissions for patients who are part of our chronic disease management program for chronic obstructive lung disease.
- Anesthesia is examining opportunities to reduce central line infections and vascular surgery is leading the way in adopting a bundle of best practices to reduce surgical site infections.
- Our pediatric units are using consistent practices to monitor children using the Pediatric Early Warning System (PEWS).
- We have implemented ICU Outreach teams at SPH, SCH and on Pediatrics at RUH.
- Our operating rooms have implemented surgical “time outs” prior to starting cases and will continue to move forward and implement the recently promoted World Health Organization surgical checklist.

There are other examples as well.

## Documentary celebrates 60 years of Air Ambulance



***L-R: Marilyn McLean, Flight Nurse (Ret.); Art Davis, Pilot (Ret.); Colleen Kapell, Flight Nurse; Anne Marie Parker, Flight Nurse; Lynette Belyk, Flight Nurse; John Wilson, Engineer; Mary Ellen Lessmeister, Flight Nurse (Ret.)***

To celebrate the more than 60 years of service provided by the service, Air Ambulance and Blue Hill Productions have produced a one-hour documentary, *Lifeguards in the Sky*.

The program was produced in association with SCN and with the financial participation of SaskFilm. It features interviews with former pilots and flight nurses.

Art Davis, one of the first pilots with the service, attended the February premiere in Saskatoon, as did Marilyn McLean, retired flight nurse. Both shared their experiences with the early service. Other retired and current flight crew were among the 60 plus people who attended the event.

Check your local TV listings or visit [www.scn.ca](http://www.scn.ca) to find out when you can next see the film.

## Minute with Maura *(continued)*

### **We have areas needing improvement...**

But this is not good enough. We need to set the bar much higher. Over half of the Canadian hospitals who have adopted the VAP bundle have gone more than a year without a single case of VAP (a hospital in Cincinnati recently celebrated four years without a single case of VAP). We need to continue our work on adoption of the VAP bundle, reduce our VAP rates and avoid putting these vulnerable patients at additional risk.

We continue to experience medication errors, sometimes with devastating results, because of lack of reconciliation of medication orders. On our pilot sites, more than 10 per cent of physicians simply crossed out the list of at home medications and wrote new medication orders, rather than taking and documenting the appropriate steps to reconcile medications at admission.

In a recent review of 38 SHR home care clients, staff identified 78 discrepancies between what medications were prescribed and what the client was actually taking (e.g. different dose, different frequency or client stopped taking the medication).

A recent review of patients admitted to acute care indicated that standard practise for documentation of allergies on admission is only occurring half of the time.

Between July and September, 8.4 per cent of our high risk long term care residents developed pressure ulcers.

In the last three years, we have even experienced "never events"- preventable incidents that should never happen and can have devastating results (e.g. doing a procedure on the wrong patient, giving a patient the wrong blood transfusion or operating on the wrong side.)

What will it take to accelerate our improvement efforts? What will it take for us to be able to guarantee that every patient receives the best care?

That is our challenge. The barriers (and excuses) are many and may include lack of knowledge of best practices, workload, lack of electronic health record and information systems, poor communication among care team members, professional autonomy and resistance to change.

### **We're responding to the challenges we've identified...**

Over the next several months, we will be exploring the structures and roles

within our Health Region to see how we can enhance our ability to put best practice into our practice. This will include establishment of an Interprofessional Practice Council that will develop policies and practice standards. I will be filling the current vacancy in the Senior Leadership Team by recruiting a Vice President of Interprofessional Practice, who will work closely with the Vice President of Medical Affairs.

Our Authority will be establishing our first board Quality and Safety Committee, which will set quality and safety priorities and targets and will closely monitor our results. We will continue to make more public our results, to shine the light on our successes and highlight where we need to accelerate our improvement.

Best Practice in Practice. I did not invent this phrase but I like it a lot. Let's make it a big part of our individual, team and organizational commitment to how we provide exceptional service and live our core value of excellence. Our patients, their families and our community expect nothing less.

*Maura Davies  
President and CEO*