

No longer a frequent flier

Programs help "revolving door" patient heal himself, help others

Ken Manitopyes can name three things that have saved his life: jail, Eagle Moon Health Office (EMHO) and Connecting to Care.

Without the food and health care jail provided, he believes he would have died on the streets from illness or starvation.

EMHO, because staff there – who take a holistic approach to health – have always been supportive, listening and linking him to services that have helped him regain his health.

And Connecting to Care, one of the services Eagle Moon put him in touch with, for giving Manitopyes the help he needs to stay out of hospital and participate in the community. Connecting to Care is a program that helps patients with complex needs, and who repeatedly require hospital services, receive more appropriate services and follow-up care in the community. Support is wide-ranging, spanning from

help with medical issues to support with housing and social needs.

Before learning about Connecting to Care, "I was in and out of the hospital," said Manitopyes, who has a number of chronic illnesses. "It was like a revolving door. I would get better and then go back."

It was the same with jail.

"I was raised in foster care, followed by the residential school," he said. "I was not taught respect for authority or given proper social skills. It wasn't long after leaving school I became involved with the legal system, ending up in jail."

Three years ago, things changed.

"I couldn't breathe," said Manitopyes, a member of the Muskowekwan First Nation. "It all hit me. I fell down and I was getting dizzy. I was blacking out. A friend picked me up and took me to the hospital.

"That's when I found out I had COPD [chronic obstructive pulmonary disease]. I was terrible looking. Besides COPD, I had hep C, diabetes and high blood pressure – I never got any doctoring for high blood pressure. I felt like I was barely living but I didn't care. I just wanted them to give me drugs. I didn't care about nothing back then.

"Then I met some people who wanted to show me that there's more to life."

He credits EMHO's aboriginal health consultant Harry Desnomie, director Stephanie Cavers and especially community urban representative advisor Dorothy Lloyd "for taking me under her wing and connecting me with Connecting to Care. Lori [Robertson, a registered nurse (RN) with the program] came to my rescue. After that my healing was on the way."

Robertson, who is part of a care team that includes a paramedic, two social workers and another RN, said she first spoke with Manitopyes about Connecting to Care while he was in the hospital.

"I told him we could connect him with educational programs, hook him up with a GP [general practitioner] who could help him manage his COPD and diabetes, transportation, housing, advocate for appropriate services for oxygen needs, whatever he needed for supports that our team could provide. Our goal is to connect him to services that exist and to always support him."

As a result, Connecting to Care entered Manitopyes' life and nothing's been the same since.

"They give me rides, they make sure I get my meds on time, make sure I get to my appointments," said Manitopyes.

The Connecting to Care team linked him with a United Way service which will prepare his income tax for free. Some funding programs are connected to a person's income tax, such as the general sales tax. Without a current tax return, the funding will not be provided. Robertson advocated for him to receive more oxygen tanks than the usual 14 per month that are allotted. This allows him to leave his house more frequently for appointments, weekly Bible studies and for coffee with his friends. Each tank provides about three hours of continuous oxygen.

Through rehabilitation and educational programs, he's learned to better manage his COPD and diabetes, and understands what he needs to do to stay well.

Manitopyes said his health journey has taught him to ask for help when he needs it – not wait until he's sick.

"Now I'm seldom in the hospital, unless I get stubborn with myself. I don't like bothering people. Lori [Robertson] always tells me not to do that. I have to keep my head up and out of water."

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Ken Manitopyes, client, flanked by (L-R) Sheila Anderson, executive director, Primary Health Care; Nicole Bachynski, client wellness advocate, Connecting to Care; Harry Desnomie, aboriginal health consultant, Eagle Moon; Stephanie Cavers, director, Eagle Moon; Dorothy Lloyd, community urban representative advisor, Eagle Moon; and Lori Robertson, registered nurse, Connecting to Care.

INSIDE THIS ISSUE

Change is good

While a lot is about to change, one thing will remain constant – our commitment to you.



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New lifesaving procedure

It's serving the region's most frail and shows how collaboration can lead to improved patient care.



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Veteran crafts

Making a connection is the goal of this multi-sensory program for veterans.



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Connect with us



With change comes opportunity



Keith Dewar

While a lot is about to change in how health care is structured in the province, one thing that will not waiver is our commitment to you. Your health is our priority, our job is to continue ensuring you and your family have access to high quality, safe care where and when you need it.

Having been through change like this before, I know that keeping the needs of those we serve at the forefront of all we do is how we will achieve success. That is why I, along with our Senior Leadership Team, continue to reinforce the importance of staying focused on our current work as outlined in the

region's Interim 2017-18 Business Plan, which you can read about on rqhealth.ca.

This plan supports a successful transition to the new Saskatchewan Health Authority while maintaining our continued focus on ensuring you have access to high quality, safe care in a safe, sustainable system. No matter what, providing safe, high quality care is paramount and therefore we will continue to prioritize our work with this in mind.

I am proud to say that in so many ways, RQHR has been a leader in Saskatchewan health care: from the foundational work happening in Primary Health Care, to pilot projects such as the achievements in our Accountable Care Unit and how, as an organization, we have embraced the importance of high quality, safe care. You will read about some of this work in this edition of *HealthNews*, work like what our long-term care team achieved in reducing patient falls.

Our success is thanks to all 11,000 hardworking staff and practitioners, our affiliates and our many patient and family advisors. Together we have achieved a lot and the region's Board chair touches on these successes in the *2016-17 A Year in Review* inside this edition of *HealthNews*.

In closing, I am very proud of our accomplishments and would like to congratulate the RQHR team for their continued commitment to our patients, clients, residents and their families.

Sincerely,

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

Lifesaving cardiac procedure now available in Saskatchewan

Jerome suffered daily. "His aortic valve was failing and he had cardiac pain all the time. The immediate effect (after the procedure) was astonishing and Jerome continues to marvel how there is no pain," says Geraldine Perron, wife of 78-year-old Jerome Perron, who received the transcatheter aortic valve implantation (TAVI) on February 28 in Regina.

The aortic valve separates the heart from the aortic artery, which delivers oxygenated blood from the heart to all parts of the body. TAVI is a procedure where surgeons utilize a long narrow tube called a catheter inserted in a large blood vessel in the groin or through a small incision in the chest to implant a new aortic valve in patients who are too fragile for open-heart surgery.

Once the new valve is implanted, the catheter is removed and the new valve starts working immediately.

"I had my procedure and two days later I was home," said Joseph Lorenz, another recipient of the TAVI procedure who at 90 years is impressed with how well he recovered. "It was nice to be so close to home."

Wanting to be close to home is something Dr. Jeff Booker, a cardiologist with the Regina Qu'Appelle Health Region and the lead physician on Joseph's procedure, fully understands.

"It is so important this procedure be available to patients here in the province," Booker said. "A lot of work has gone into setting up the program and it's

been amazing working together and watching the team grow."

Booker along with Dr. Rashpal Basran, a cardiologist with Saskatoon Health Region who was the lead physician for Jerome's procedure, have specially trained to allow them to perform this procedure for Saskatchewan patients.

"It has been my privilege to help Jerome and his family," says Dr. Basran. "And I am excited for all the future patients, families and the province of Saskatchewan."

Prior to being recommended for the procedure, patients are referred to a cardiologist and to a TAVI co-ordinator in either Regina or Saskatoon, and undergo several tests including an electrocardiogram, echocardiogram, a CT scan and an angiogram to ensure eligibility. Following the minimally invasive TAVI procedure, done in the catheterization laboratory (Cath Lab) in Regina General Hospital, patients typically stay in hospital for up to three days and are then discharged home. They receive follow-up care in either Saskatoon or Regina.

"The ability to have the TAVI procedure done in Saskatchewan, thus saving us from the unknown in Alberta, meant so much," continues Geraldine, who lives with her husband in Kelvington. "We can only hope many others will have the same opportunity."

Twenty-five patients will receive the TAVI procedure here in Saskatchewan over the next year. Basran and Booker, as well as the TAVI co-ordinators, continue

to work together to review potential cases and co-ordinate procedures. 🌱

FREQUENT FLIER

Continued from Page 1

When Manitopyes first entered the program, Robertson said her team saw him two to four times a week. Now, they see each other about once a week or "as needed."

She said the biggest reason Manitopyes is having success staying out of hospital is because he wants to heal himself. "He's driving his own care. I've seen him move mountains compared to others who aren't nearly as ill."

Manitopyes is turning that motivation into inspiration by telling his recovery journey to others so they can either improve health care services or take courage and heal themselves. He's participated in Primary Health Care's lung function planning sessions, COPD educational sessions and, as a former foster child, EMHO's children-in-care support group.

His daughter, Toni, said his positive actions have rubbed off on others, including herself.

"After he quit smoking I decided to quit. Kyle, my partner, quit. It's had a domino effect."

Family has proven a big motivator for Manitopyes, who has five children and 19 grandchildren. "It's good to be able to see them."

He said that with the support of others he's become a wiser man.

"I know lots more about my health. I learned that your life doesn't end when you have COPD. You've got to take one day at a time and know there are a lot of people who can help you. You have to reach out and ask."

"I thank God for everyone in this room for helping me, for giving me the initiative to keep going," he said, referring to Robertson, Desnomie and Toni, with whom he lives. "I thank them all from the bottom of my heart." 🌱

Comments? Questions? Please let us know.

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Dr. Booker and Dr. Basran together with the surgical team start the first TAVI procedure done in the province.

2016-2017 A YEAR IN REVIEW

PUTTING YOUR NEEDS AT THE FOREFRONT

The primary goal of the Regina Qu'Appelle Health Region Board, employees and practitioner staff is to ensure you and your family receive safe, high-quality care provided in a safe environment. Putting your needs at the forefront of all we do in health care is how we will accomplish this.



R.W. (Dick) Carter,
Chairperson of the RQRHA

Looking back, I'm reminded of the growth, innovation and success that the RQHR has seen in recent years. We not only provide in-hospital care, we also provide a wide range of services in the community that address the needs of a growing and diverse population. The success our Primary Health Care team has had in building networks of care is both exciting and important. This work ensures patients and their families can get the care they need as close to home as possible and this work is

important in ensuring the long-term health of the people in southern Saskatchewan.

As our services have changed over the years, we have called on employees and practitioner staff in the region to embrace change, as well. This coming year we will be faced with our biggest change yet as we transition to one Provincial Health Authority. This will require the continued dedication of our team to ensure we continue delivering the best care experience. Through it all, our focus will remain on our patients, clients and their families.

The Board is proud of what the region has achieved and is pleased to share some of these successes with you in this exciting Year in Review publication. The work done on the Pasqua Hospital's Accountable Care Unit is work the team should be proud of. This is the first unit of its kind in Canada and has transformed the way care is provided in the region, resulting in better patient outcomes.

This is just a snapshot of what the RQHR team has been able to accomplish this year and on behalf of the Regina Qu'Appelle Regional Health Authority Board of Directors, I would like to acknowledge the continued dedication and excellent work of our team members. Thank you for your hard work.

As we continue the work to move into a single Provincial Health Authority, we remain committed to ensuring you and your family receive the best possible health care experience.

R.W. (Dick) Carter, Chairperson
Regina Qu'Appelle Regional Health Authority

LEADERSHIP

Governance

The Board is accountable to the Minister of Health to achieve the provincial and regional goals and objectives for health services in the region, ensuring all health care programs are planned, delivered, monitored and evaluated effectively on behalf of the residents of the RQHR.

The Board schedules frequent public meetings throughout the year held in Regina and in rural locations across the region.

All Board members are residents of the RQHR. There were 11 Board members at the end of the 2016-17 fiscal year, including:

R. W. (Dick) Carter, Chairperson	Jocelyne Lang
Brian Barber, Vice Chairperson	Larry Miskiman
Judy Davis	Sean Quinlan
Dave Gurnsey	Grant Ring
Linda Jijian	Lois VanDerVelden
	Peter Woidyla

Senior Leadership Team

As of March 31, 2017:

- Keith Dewar, President and Chief Executive Officer
- Dr. George Carson, Senior Medical Officer
- Carol Klassen, Vice President, Knowledge and Technology Services
- Dr. David McCutcheon, Vice President, Physician and Integrated Health Services
 - Medicine and Physician Service Lines
- Jan Besse, Acting Vice President, Integrated Health Services – Clinical Support
- Karen Earnshaw, Vice President, Integrated Health Services
 - Primary Health Care Service Line
- Michael Redenbach, Vice President, Integrated Health Services
 - Mental Health & Addictions and Facility Based Continuing Care Service Lines
- Michele Vogt, Acting Vice President, People and Safety
- Robbie Peters, Vice President and Chief Financial Officer
- Sharon Garratt, Vice President, Integrated Health Services
 - Surgical, Women & Children's Health and Specialized Ambulatory Care Service Lines
- Terri Carlson, Acting Vice President, Integrated Health Services – Clinical Support

WORKFORCE

Physicians

Approximately 686 physicians have privileges in the RQHR and the region employs some 19 physicians.

Employees

The RQHR has approximately 7,997.7 full-time equivalent (FTE) positions and a further 971.21 affiliate FTEs.

More than 1,600 volunteers support the region's staff and physicians, and together they provide health care services throughout the region.

RQHR Affiliate Staff (full-time equivalents)	2014-15	2015-16	2016-17
Management	36.81	36.81	36.81
Nursing	162.04	162.04	162.04
Professional	23.76	23.76	23.76
Support Staff	748.60	748.60	748.60
Total	971.21*	971.21*	971.21*

*Total funded FTEs

RQHR Employees (full-time equivalents)*	2014-15	2015-16	2016-17
Management	368.78	370.67	369.6
Nursing	2673.42	2694.56	2714.6
Physician	19.50	19.60	20.09
Professional	771.64	785.89	794.19
Support Staff	3532.40	3527.98	3460.97
Technical	590.29	599.00	596.84
Total	7956.03	7997.70	7956.29

*Classifications as follows:

- Nursing: classifications in one of the three regulated nursing professions. (e.g.: registered nurse, registered psychiatric nurse, licensed practical nurse)
- Physician: regulated physicians
- Professional: Allied Health Care Professionals distinct from nursing who provide direct patient care (e.g.: Physical Therapy, Social Work)
- Support Staff: Classifications that provide support to manage day-to-day operations. (e.g.: Continuing Care Assistant, Clinic Assistant, Office Administrative Assistant, Environmental Service Workers)
- Technical: Classifications that provide diagnostic, therapeutic, and analytical functions. (e.g.: Cardiovascular Technologist, Orthopedic Technician, Analyst, Coordinator, and Specialist)
- Management: Out of scope classifications that provide either a managerial or a managerial support function. (e.g.: Vice President, Director, Manager and Consultant)

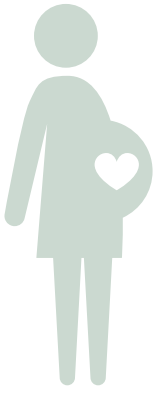
RQHR AT A GLANCE

As a vital partner with the provincial government and the Ministry of Health, the RQHR is the major health care referral centre for southern Saskatchewan. While the region has a covered population of 297,945¹, it serves approximately half a million people as a tertiary health care provider. Approximately 30 per cent of those who receive day surgery or inpatient hospital services live outside of the region's geographic boundaries.

¹The Government of Saskatchewan, eHealth Covered Population 2016. <https://opendata.ehealthsask.ca/MicroStrategyPublic/asp/Main.aspx>

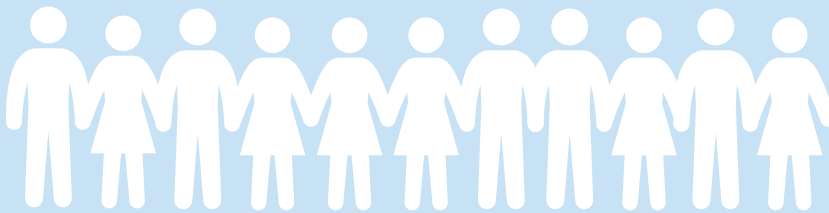
THE REGION'S 2016-17 ACCOMPLISHMENTS

The region is committed to providing patient and family-centered care to ensure you receive the best possible health care experience. Below you can read about the many accomplishments from 2016-17 marked with the launch of new initiatives and programs supporting our commitment to delivering high quality, safe care where and when you need it.



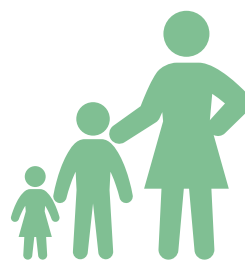
Expecting mothers experiencing complications during early stages of pregnancy now have timelier, specialized access to care, which made 1767 patient contacts from May 2, 2016 – March 31, 2017.

Canada's first-ever accountable care unit has benefitted staff, patients and the health care system: improved employee job satisfaction, fewer patient complaints to the patient advocate office, and an improvement in staff-supervisor relations.



RQHR removes visiting hours to support a policy of open family presence.

Native Health Services supports pediatrician visits to First Nations communities in the RQHR, and secured federal funding to support these visits.



The NICU received approval to use STARS air ambulance, decreasing time to scene by



50%



MRI wait times reduced by

52%

from September 2016 – January 2017. Patients now receive MRIs faster in RQHR than anywhere else in the province.

Immunization rates are up thanks to dedicated work from the Primary Health Care team.



Life-saving naloxone kits are now available to those at risk for opioid overdose.



Specialized respiratory services are now available in community clinics AND client homes, improving access to services and overall health.

ON THE RIGHT PATH TO A SUSTAINABLE HEALTH SYSTEM

Through accountability, stewardship and commitment, and through ensuring key foundational structures are in place to support our patients, clients, residents and families, we will achieve sustainability. Throughout 2016-17 the region worked to continuously use resources responsibly, eliminate waste and add value. The goal is ensuring the right care and service providers are in the right place at the right time. Below are examples of the work done to continue providing high quality, safe care within available resources while also managing the demands of an increasing population base.

All mental health and addictions patient information is accessible to any health provider electronically, improving the continuity of care for these patients.



The RQHR partnered with the U of R engineering faculty to provide motorized pediatric cars to assist in early mobility of children with disabilities.



The Seniors House Call program is serving even more Regina seniors with mobility or complex medical issues that frequently visit the ER.



EMS improved response times without adding any additional resources.

More patients benefit from expanded use of the **electronic patient record.**

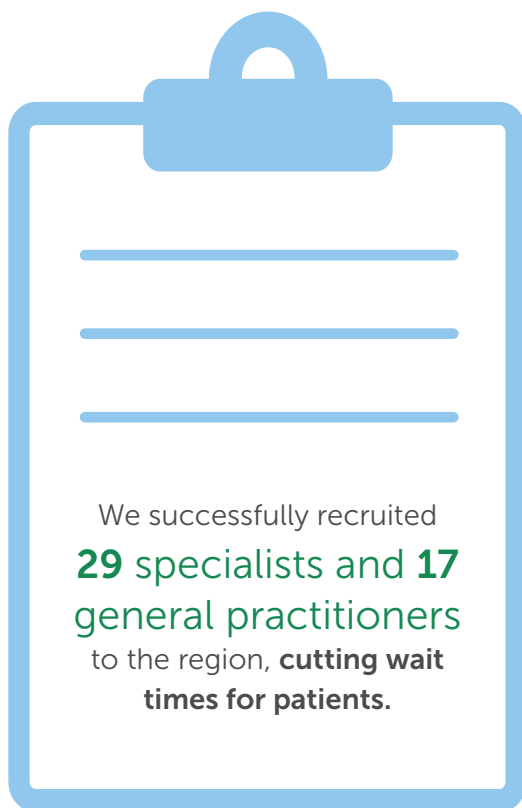


In one weekend, the region's stores and distribution area removed **150+** slow moving items and gained **260 sq. feet** of space to use for **50+** high moving items that provide better value to clients.

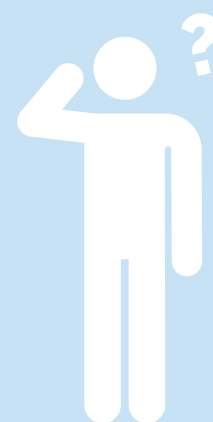
COPD patients have improved support to transition from hospital to home thanks to the support of a community RN.



We successfully recruited **29 specialists and 17 general practitioners** to the region, **cutting wait times for patients.**



High needs dementia patients in southern Saskatchewan now have access to **the first Dementia Assessment Unit, which opened in April 2016.**



IMPROVING THE PATIENT EXPERIENCE

WHY AN OPEN FAMILY PRESENCE POLICY MATTERS: ONE WOMAN'S STORY

When Allison Wells and her large extended family gathered to be with their hospitalized mother and grandmother, Dorothy Curtis, the facility's open family presence policy meant they could experience every moment of the cherished woman's last days together.

"This initially meant eating, laughing, chatting and reminiscing with Gram," said Wells. "As time progressed, it meant allowing us to keep her comfortable by fluffing her pillows, moisturizing her lips and mouth and holding her hand through pain."

And, in the final days, having an open family presence allowed the close-knit multi-generational group to gather together and bear witness to a beloved woman's last moments.

"It meant having the great honour of being there in silence with her as she slipped unconscious.

"It allowed me to spend the night with Gram after I finished work, dozing next to her like I did as a child, wrapped in her love and strength.

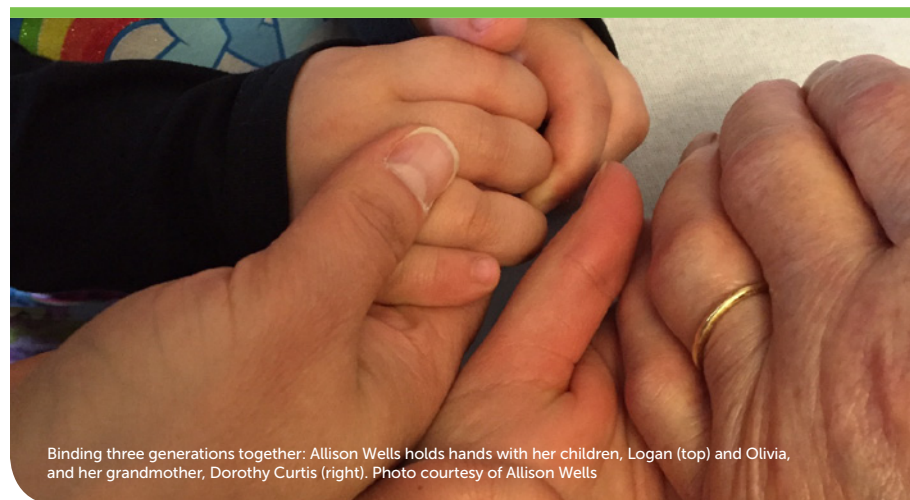
"It meant my parents, uncles, aunts and cousins could get a few hours of sleep before continuing the day shifts with her as I returned home.

"It meant watching her life slip away but having the time and space to say proper goodbyes.

"It meant our family, my young children included, witnessing a good death and understanding that death is a part of life and can be beautiful and calm."

In short, being there meant everything. The privilege of being present for the bitter sweet experience is something Allison and her family will carry with them always and forever be grateful for.

The region continues to implement the provincial Open Family Presence policy. The policy enables patients to designate family members or other caregivers to have unrestricted access to them while they are hospitalized.



Binding three generations together: Allison Wells holds hands with her children, Logan (top) and Olivia, and her grandmother, Dorothy Curtis (right). Photo courtesy of Allison Wells

STROKE PREVENTION CLINIC REDUCED PATIENT WAIT TIME BY HALF

Changes at RQHR's Stroke Prevention Clinic mean people with stroke-like symptoms are seen by a neurologist 50 per cent faster.

"We're providing timely care in a more efficient way that's convenient to the patient," said Dr. Zia Rehman, one of four neurologists who work at the clinic. "Early action can prevent future strokes. It can save mobility, or save a life."

Patients now wait, on average, three to four days for a clinic appointment – rather than the previous six to eight.

"We know from recent evidence that 10 per cent of patients who have a stroke-like event are at risk of having a stroke within one week," said Tom Stewart, clinic manager. "Getting them seen in a timely manner can mean the difference between life and death."

Stroke-like symptoms include facial drooping, weakness on one side of the body, slurred or loss of speech, extremely painful headaches, trouble walking, talking or understanding things and vision loss in one or both eyes.

A stroke occurs when the blood supply to part of the brain is interrupted or severely reduced. During a stroke, brain cells die at a rate of approximately 1.9 million per minute.

Clinic service has changed to Monday, Wednesday and Friday mornings. Because the team is in its own space, clinic hours can also be extended when necessary.

"Having more frequent clinic days and as much time as we need to see patients allows us to see the more urgent patients in a timely way. This is better for the patient and takes some of the load off of Emergency," said Stewart, noting that all patients are triaged and scored for stroke risk with only the most urgent patients being directed to Emergency.

The team has reserved CT, ultrasound and cardio-neuro diagnostic testing times, leading to quicker diagnosis and stroke prevention. Patients who previously needed to be admitted to, or remain in hospital, can receive a range of diagnostics through the clinic.

Follow-up appointments are now booked before patients leave the clinic to ensure continuity of care.



Pictured are members of the Stroke Prevention Clinic team (L-R): Cheryl Loucks, registered nurse/clinic co-ordinator; Tom Stewart, clinic manager; Dr. Zia Rehman, neurologist; Leah Evans, registered nurse; June Richter, educator; and Kim Gilbert, office administrative assistant. Photo credit: Medical Media Services



MRI WAIT TIMES DROPPED 52%

RQHR has the best MRI wait times in the province thanks to the great work of many in Medical Imaging. "We took a common sense approach to a large issue and were able to solve the problem without extra staffing," said Micheline Menard, executive director of Medical Imaging. "It wasn't necessarily a difficult task. We had to take the time to focus on the details while ensuring we adopted appropriate wait time management techniques and applied appropriateness of care principles. "Doing so led to MRI wait times dropping from 239 days to 114 – a 52 per cent reduction from the year before. "We found some people in the queue have been waiting a long time." Then they dug deeper and found not everyone in the queue was actually waiting. "Some of the data was old, and no longer relevant."

This 'old' data left in the queue led to an increase in the average wait time. "Once we were able to clean up the data and assess who was truly waiting and what our demand truly was, we were able to better plan," Menard said. That's when they got

strict about the wait time management plan. "One of the things about wait times is you have to do things in first in first out order or you end up with queue jumping and that creates backlog," Menard said. "We had to tackle the queue jumping issue."

Some of the longest wait times of over two years in Cardiac and Musculoskeletal (MRI Arthrogram) imaging are still there; however, RQHR has since recruited two Cardiac MRI Radiologists and more Radiologists are available to do Arthrography exams. This entire project required a focused effort over a period of six months. "I am very happy with the result and the hard work from my team," she said. "I definitely think this is an accomplishment worth celebrating."

A five-month-old baby's emergency journey

A parent never wants to call 9-1-1, but when your five-month-old baby is struggling to breathe, you do it.

Around midnight, Maria and David Guzman heard, through the baby monitor, their son Mateo gasping for air. They rushed to him and knew immediately that he needed help.

"At first we thought we could drive ourselves," David said. "We soon realized we needed help *now*."

They called 9-1-1, and within minutes, paramedics Mathieu and Trisha were at their door.

"Mateo's airway was closing due to a bad case of croup," David said.

Mathieu administered a dose of epinephrine to open Mateo's airway and continued to monitor him on the way to the Regina General Hospital.

Once in the ER, a physician took over right away.

"It was stressful," Maria said. Mateo was admitted to pediatrics for two days before being discharged to continue his recovery at home.

"Once the excitement died down, we realized we'd forgotten something important," Maria said. They hadn't yet thanked the paramedics that saved their baby.

It wasn't just the care and attention toward Mateo that impressed them David said, it was the way Mathieu spoke to Maria on the way to the hospital. "If it wasn't for the way he talked to me and calmed me down, I wouldn't have been able to function in the emergency room," she said.

Paramedics like Mathieu rarely get to meet their patients again, but the Guzman family knew they needed to reach out to say "Thank you."

It started with a letter to both Mathieu and Trisha, then, a meeting in person. "The letter the family wrote was



Maria and David Guzman with son Mateo meet Regina Paramedic Mathieu. The Guzman family was so grateful they asked to meet the team that saved their little one.

very kind. It's nice to see my patients on the other side and doing well," said Mathieu. "Meeting the Guzman

family after the fact was the highlight of my career and something I will remember for years to come." 🌱

Veteran's Arts and Crafts, Multi-Sensory Program

It's one of the best feelings in the world; making a connection with someone. That's why reaching out to others is one of the main goals of the Canadian Red Cross Veteran's Arts and Crafts and Multi-Sensory Program at the Wascana Rehabilitation Centre in Regina, funded by Veterans Affairs Canada.

"A lot of negative behaviours stem from not getting enough meaningful stimulation throughout the day," said Program Co-ordinator Heather Dash.

It's that kind of stimulation that residents receive in the arts and crafts program. The participants, who are mostly men, will do activities like painting, sanding and woodworking. Dash says doing these

activities from their past will allow them to use their 'muscle-memory'.

"I've had residents who I've asked, 'do you know how to paint a fence?' and they'll say no. But then I'll put the paint in front of them and they'll just start painting without even thinking," said Dash.

The Multi-Sensory program continues to keep the resident engaged but on a different level. The staff may bring in lights that look like stars to shine on the walls, or play some new sounds for the resident. The program is new each day and is tailored to suit the individual abilities, needs and enjoyment of the resident.

The importance of the Multi-Sensory program was highlighted when nurses reported a problem at the facility with "Sundowning"; that's when some patients with dementia experience increased agitation, and may even try to run away ("exit seeking"), in the evening. But when Dash and her team worked with these patients during that time, she says they noticed a huge improvement.

As human beings, Dash says it's important to understand the effect our own personal environment has on us.

"If the television is too loud, you and I can turn it down with just a simple action. But for some of our residents... they can't," Dash pointed out.

A great example of this is the story of one resident who desperately wanted to remove his safety lap belt on his chair. He was very frustrated that he was being instructed to leave it on.

"So, one of our staff members worked with him on an art project, and by the end of the morning, he was happy and laughing. He had no concern about his belt at all," said Dash.

Other times, especially in cases of severe dementia, success can be measured by simply making a small connection with the resident. It could simply mean that person spoke to you, or even just that they opened their eyes. Dash says some of the best feedback has come from families of the residents, who notice a more positive and happier person.

"I had one woman come to me and say 'I like the person my uncle is when he's in your program'," smiled Dash.

"Now that was just the best." 🌱



The Canadian Red Cross Veteran's Arts and Crafts and Multi-Sensory Program is hosted at Wascana Rehabilitation Centre in Regina and is funded by Veterans Affairs Canada.



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.

Experience fulfilling, says LiveWell volunteer

I am a volunteer leader and master trainer of the LiveWell with Chronic Conditions and Self-Management of Chronic Pain programs.



Roselyn Veitch received a certificate of appreciation at a recent RQHR volunteer appreciation event held at the Regina Flower Conservatory.

LiveWell provides workshops offering participants practical ways to deal with pain and chronic conditions. I took the training to become a volunteer peer leader 10 years ago when the program started in Regina and have been with the program ever since.

This past decade has been a most rewarding and enjoyable time in my life. I have met so many wonderful people as participants and facilitators of the program.

Many participants come with a feeling of hopelessness. After sharing the problems their condition causes them, they realize they are not alone. Even those with different conditions experience many of the same symptoms. As the sessions continue, we see many changes come about. The pain-stricken faces change and smiles begin to appear; just like watching flowers bloom.

Through interaction and sharing information, the participants learn many coping skills and new ways to manage their chronic condition. The participants leave knowing they are not alone and are good self-managers of their condition.

I have learned so much from the participants and fellow facilitators over the past 10 years. I feel so blessed to have the opportunity to be part of people helping people.

Thank you,
Roselyn Veitch

Get involved

The region recruits, screens and provides orientation and volunteer-related education for hundreds of volunteers. Volunteer opportunities abound throughout the region, in a variety of facilities and programs.

The region is currently recruiting volunteers for the LiveWell program as well as for the Pediatric Unit and Regina General Hospital Emergency Department. For more information on how you can get involved, go to rqhealth.ca/volunteer.

Reducing patient falls

A symbol as simple as a falling leaf is helping prevent injuries and save lives in long-term care.

It's one of a handful of tools and techniques implemented by Regina Qu'Appelle Health Region's (RQHR's) Long Term Care staff to prevent and manage falls amongst our residents and patients.

"We are striving to create a safe, falls-free culture," said Lindsay Olson-Weir, an improvement specialist. "Falling can be costly for our residents, not only on their physical health but on their psychological well-being, too."

Staff attach the leaf symbol to wheelchairs and room doors to identify residents at risk of falling. A coloured dot on the leaf signifies an increased risk due to a temporary change in medication, condition or other factors.

When a resident does fall, staff huddle within 30 minutes to determine the root cause and find a preventative solution.

"It really is all about the level of communication happening. We started by listening to what employees needed to make this strategy meaningful for them, then we implemented processes that included more face-to-face communication for the team and visual tools that

helped identify patients at a higher risk for falling," said Olson-Weir.

"Adopting communication tools like these ensures everybody is speaking the same language," said Ngaire Woodroffe Brown, director of Long Term Care's Quality and Strategy Business Unit.

The results are impressive.

During a four-month period, Balcarres Integrated Care Centre reduced the number of patient falls from 10 per month to 5. "This is a 50 per cent decrease, which is a target worth celebrating," said Olson-Weir. At Echo Lodge Special Care Home, falls dropped from 5.25 per month to four, resulting in a 24 per cent decrease.

"The plan is to work with long-term care facilities in the region to roll out the falls prevention program," Olson-Weir said. "Our goal is to allow each facility to adopt the tools in a way that works best for employees in that facility."

The initiative supports RQHR's 2017-18 Interim Business Plan, which has set a goal of reducing falls causing harm by 50 per cent.

"Despite our early success, I know we have a lot of work to do still. We also know it will be worth it," Olson-Weir said. "The quality and safety of our residents is always our top priority." 🍀

During a four-month period, Balcarres Integrated Care Centre reduced the number of patient falls from 10 per month to 5.



Reducing falls is one of the region's priorities and is part of this year's Business Plan, with the goal of reducing falls causing harm by 50 per cent.

HRF, GMS campaign to support trauma care

A new partnership between Hospitals of Regina Foundation (HRF) and Group Medical Services (GMS) will help pave the way for improved trauma care in Regina's hospitals.

On April 19, the Foundation launched its Trauma Care Campaign with a major commitment from GMS, and also the establishment of the GMS Trauma Care Fund. Through the fund, GMS will match donations up to \$1 million in support of the Trauma Care Campaign. This exceptional commitment means every donation from individual and corporate donors will have twice the impact. The GMS Trauma Care Fund will support the growing needs within Regina's hospitals, ensuring doctors and nurses are equipped with the technology they need to provide life-saving care to those requiring critical care.

"The need for trauma care can happen at any moment. It could be a vehicle collision on a busy highway, a head injury at a sporting event, a farm accident, or even a significant fall at home," says Dino Sophocleous, president and CEO, Hospitals of Regina Foundation.

Trauma cases impact all services in Regina's hospitals. The demand on Regina's emergency departments, surgical, intensive care and medicine units continues to grow. Trauma cases have a direct impact on many areas within our hospitals. In 2016 alone, the Regina General Hospital and Pasqua Hospital saw 1,547 serious trauma care cases. That is more than four per day.

"The tremendous support we have received from GMS will play a critical role in making better lives in our community by ensuring our hospitals are equipped to provide the very best in trauma care," says Sophocleous. "It means a great deal to us to work with such an outstanding partner. Together, we're committed to making a meaningful difference in the lives of critically injured patients and their families, and to bringing hope to the people of southern Saskatchewan for years to come."

Sophocleous says the Foundation's investment in trauma care is far-reaching in the health care system and will help treat non-critical patients as well. He says much of the equipment and technology used in a trauma case is the same for many other diseases, illnesses and conditions such as ultrasound machines and patient monitoring systems.

Group Medical Services President and CEO John Salmond shares the Foundation's vision of ensuring patients across southern Saskatchewan receive exceptional trauma care, now and for years to come. He says, "We care deeply about the health and well-being of this community and its people. GMS' support of the Trauma Care campaign builds on our long-standing partnership with HRF and our commitment to making lives better."

With the community's support, the Foundation has committed to raising \$3 million in support of Trauma Care campaign. Funds raised will support the purchase of life-saving equipment and technology in all areas of our hospitals. For more information or to donate visit www.hrf.sk.ca. 🍀