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Moskaluke
named female
artist of the
year for
third time
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Plain & Valley

Covering Southeast Saskatchewan and Southwest Manitoba
October 2016 • Volume 9, Number 10



Maryfield School and Missoula Children's Theatre presented Rapunzel to a packed house on Saturday, October 1. This is the ninth time the Missoula Children's Theatre has been brought in to Maryfield School.

Anger, frustration at RQHR meeting

BY KEVIN WEEDMARK
Moosomin area residents, health care employees and a long time local physician all expressed frustration and anger with the health system at a meeting of the Regina Qu'Appelle Health Region board of directors in Moosomin Wednesday, Sept. 21. Dr. Ross Kerkhoff, a longtime physician

in Moosomin, expressed frustration with the board.
"The reason, Mr. Chairman, the room is so full, is that people are very concerned, very angry and they have questions as to where we are heading as to health care provision in our area," Kerkhoff told the meeting.

"I've been here for 20 years, I'm a member of the Moosomin Family Practice Centre and we are not part of the primary health care network team. There are two physicians involved and there is a third one joining. We would very much like to collaborate and work as a group because we believe—and I think we've proven—

that working as a group is the best way forward."
"We started as three physicians and now we are six. We started with one clinic and now have six. Through, I believe, our determination and hard work, we have managed to provide a good service to the area."
Continued on pages 16, 17 & 18

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The exterior of the new hall.



Rocanville's new hall now open

Rocanville's new community hall is now open and ready for use.

Construction on the new hall started last fall and was finished at the end of September. The first event was held in the new facility on October 1.

The hall already has a number of bookings.

"We have six bookings already before the end of the year and we have two weddings booked next summer already," says

Steve Fortney, the chair of the hall building committee.

The entire building is 15,400 square feet and features a large hall area, stage, kitchen, bar, and meeting room. The hall area is 25 per cent larger than the Conexus Convention Centre in Moosomin. The new building will also include the rec director's office, ample storage space, a coat room, actors room, and prop storage room. Both round and rectangular tables

will be stored under the stage, and 830 chairs were ordered for the facility, which also includes eight high efficiency furnaces, acoustic tiles, a state of the art sound system, and a loadout area in back of the stage, as well as three extra storage rooms for groups, and a prop room.

Fortney says the only thing the hall lacks right now is curtains, stage lighting and a wheel chair lift for the stage. He says the hall committee is hoping to secure a

number of grants to cover the costs of the curtains, lighting and lift.

Fortney says the project came in on budget, and the committee is ahead of its fundraising target.

"We have fundraised over \$300,000 and that's with no grants," he says. "That's all community donations. Our goal was to fundraise about \$260,000 in the first two years, so we're above that. The community has been a big support."



Some scenes from the end of the construction phase. Above left: Fortney pointing out some of the work that has been done in the nearly complete main hall area. Above right: A view of the hall from the back of the stage.

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Jess Moskaluke at the CCMA awards.

Jess Moskaluke named Female Artist of the Year . . . for the third time

BY KARA KINNA
For the third time in a row, Saskatchewan's Jess Moskaluke has been named female artist of the year at the Canadian Country Music Association Awards. Moskaluke, originally from Langenburg, now calls Rocanville home.

"It feels amazing!" Moskaluke said after the awards. "I'm so humbled, and honoured."

Moskaluke said being honoured with the award was something she didn't expect, especially for a third time.

"I'm as surprised the third time as the second time and the first," she says.

Why does she feel she was chosen a third time?

"It's pretty tough to say," she says. "All of the artists in this category have worked just as hard as I have to have their names up there. That being said, we played a lot of shows this year, all over the country. This year I also released two of my highest charting songs to date, so I think it could have something to do with that."

Moskaluke says the awards mean a lot to her.

"They're a huge pat on the back from your industry peers. It means you're

doing something right!" she says.

Moskaluke says she is thankful for all the fans who support her and her music.

"I honestly have the best fans in the whole world," she says. "And I know that everybody says that, but that's because a lot of us country artists share fans. They're loyal, and thoughtful, and I wouldn't have my dream job without them . . . I don't take that for granted."

Moskaluke also thanked all the female artists who came before her.

"What I really wanted to do was take a minute to appreciate not only women in country music but our Canadian women in country music," she says. "Not only this year's nominees, but I wanted to especially

thank some of the women that have blazed the trail for all of us."

Moskaluke said she is honored now call some of these women friends.

"I grew up in the early '90s listening, watching, and singing along in my hairbrush to women like Patricia Conroy, Michelle Wright, Terri Clark, Carolyn Dawn Johnson. And of course, Shania Twain. I could've never, in my wildest dreams, have imagined I would someday be looking into the crowd at most of those same women, whom I now call my dear friends, cheering me on as I'm singing my heart out. Even more than that, I never pictured my name next to theirs on a list of "Female Artists of the Year." It has been a VERY surreal weekend, once again."



Steven Bonk, MLA

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At PotashCorp Rocanville

Miners briefly trapped underground after earthquake knocks out power

BY KEVIN WEEDMARK
Forty miners were trapped underground at PotashCorp Rocanville after a magnitude 3.8 earthquake hit early on Labor Day Monday morning and knocked out power to the mine.

The earthquake took place at 4:40 a.m. Labor Day Monday, and was centred 32 kilometres southeast of Yorkton.

The PotashCorp mine near Rocanville had to switch to backup power when a power outage occurred.

Normally the mine's backup generators would have switched on automatically, but in this case a switch failed and there was no power for the hoists.

Randy Burton of PotashCorp said the miners underground did as they were trained to do and went to underground refuge stations in the mine with power, air, and water until the power came back on.

The workers were then brought back up to the surface. The last person arrived at the surface at about 11:30 a.m. that day.

The power outage happened just as PotashCorp Rocanville was stopping mining operations for a maintenance shutdown.

"We're just starting our annual maintenance shutdown, so this happened just by coincidence at the same time," said Burton.

Everyone was all right after the incident. SaskPower reported a widespread outage in the area that impacted Moosomin, Rocanville, Whitewood, Esterhazy, Stockholm and Wapella.

According to SaskPower, the quake caused problems at the Tantallon switching station, taking out power to about 2,000 residential customers.

This isn't the first time an earthquake has been felt in the area. There have been



12 earthquakes in the region at magnitude 3.0 or higher since 1981.

Burton said the power outage normally wouldn't cause any difficulty as backup power generation normally comes online automatically.

"Under normal circumstances we would have backup power which would kick back in when the main power goes out. We had a switch problem at the mine and so our backup generator would not kick in," he said.

"I don't know if we could run absolutely everything on it but in this instance it would be enough to run underground operations or certainly the hoist. And that was the issue—the emergency power to the hoist wasn't available because our backup power wouldn't kick in properly.

"It was an automatic transfer switch and it didn't work. It faulted and shut the generator down. So we had to get that fixed which we did, and it took awhile.

"As a result, because we couldn't run the hoist, we had about 40 people who had to stay underground for a period of several hours until we got the switch repaired.

PotashCorp Rocanville employees were able to repair the electrical backup problem on their own.

The incident didn't affect production. "We were in the process of shutting

down production anyway, because Rocanville is now on its annual maintenance shutdown," said Burton. "That was scheduled to start on the same day. They were essentially trying the clear the decks for the maintenance shutdown.

"For safety's sake the 40 people underground all went to one of the refuge stations—they're essentially a big underground room. They are separate from the main shaft area. For example if in the event there is a fire underground it is a separate air supply. You are not part of the main shaft. There is a lot of room in there, water and a clean air supply essentially out of harm's way there. That's where the crews went and when the power came up they came up."

He said PotashCorp employees are now reviewing how to avoid a similar situation in the future.

"Crews at the mine are now reviewing what's happened here and we will take corrective action to hopefully prevent a re-occurrence in the future.

"We've got safety protocols—if there should be an incident of any kind in the mine that makes it unsafe to continue then production shuts down and people go to the refuge stations if there is an issue of people having difficulty getting out, what ever that may be."

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Above: A team putting at the memorial tournament.

Below: Adam Restau from Esterhazy teeing off at the tournament.



Over 150 golfers come out for Tigers memorial tournament

BY KARA KINNA

The Rocanville Tigers' sixth annual memorial golf tournament was held on Saturday, Sept. 17 with 152 golfers coming out have fun on the golf course and to remember four former Tigers and friends—Chad Taylor, Cody Wilson, Brody Parker and Riley Grainger—who lost their lives in a vehicle accident as young men.

Brad Hickman, one of the tournament organizers, and a player on the Rocanville Tigers senior hockey team, says the tournament is a success every year because so many people want to honor the memory of Taylor, Wilson, Parker and Grainger by having a fun day.

"It's a memorial tournament for our lost teammates and friends—Chad, Riley, Cody and Brody," says Hickman. "This just goes to show how much of a legacy they've left on everybody. Everybody just wants to keep on coming back and we're all here for the right reason—to remember our friends and have a good time."

The death of the four young men shook the community to the core at the time it happened, and Hickman says people are eager to support the tournament in their memory.

"It's still the same people. We had a few new teams this year, but it's their friends who are driving from Calgary, Regina—all over," says Hickman.

"It just shows how much of a legacy they left on us. They were all very young. They were always fun to be around, they had great personalities and everyone had a good time with them.

"That's the way they were. They always had a smile on their faces and were just having a good time, making others laugh and having a good time as well.

"Everybody has had a good time (at this tournament) and they like coming back. That's a major thing. Nobody is really coming to win first place. Everyone is here to have a good time, and that's what it's about."

The tournament consisted of a round of golf, a live auction, supper, and awards to the top golfers, followed by a cabaret.

The winners of the tournament were as follows in the various categories:

- Mixed: Jylissa and Brady Wacker
- Women's: Jade Tremblay and Lana Bily
- Men's: Everett Bear and Kirkland Cameron
- Men's long drive: Tony Sparvier
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Threshing was the highlight of the day at the Rocanville Museum Threshing Day held Sept. 17.

Rocanville Museum Threshing Day

More photos on page 9



Marina Craig, six, goes flying into the straw pile



Hay rides were offered at the Museum Day

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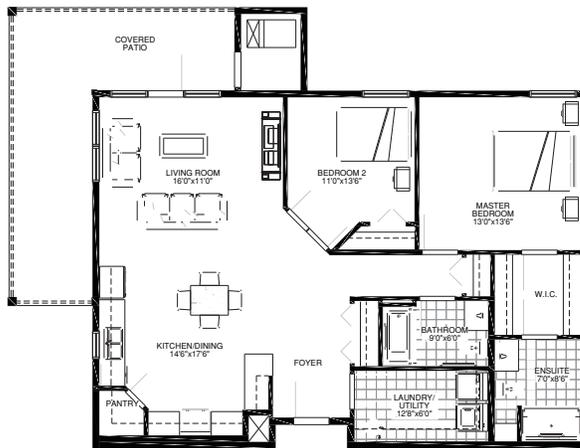
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A crowd gathers around the ducks on the bridge before they are poured into the Qu'Appelle River.



The Tantallon Duck Derby took place on Saturday, September 24. The annual fundraiser involves individuals buying ducks, with a prize going to the person whose duck makes it first from the bridge at the south edge of town to the bridge to the east on the Qu'Appelle Valley road. This year the ducks were battling a headwind as a strong wind from the east slowed their progress. A few people had a close-up view of the ducks progress down the river.

This year around 1,700 little ducks sailed down the river, and 61 big corporate ducks. The event made over \$10,000 for the Tantallon rink. The winning duck belonged to Moosomin's Chris Frape, and the winning corporate duck belonged to A & E Gurney Farms from Tantallon area.



The larger corporate ducks are poured over the bridge into the Qu'Appelle River.



The ducks make their way down the Qu'Appelle River.

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More from the Rocanville Museum Threshing Day. Clockwise: The grain from the threshing machine piles up. Brylee and Rhett Shipp enjoying a piece of homemade pie. Two children enjoy the straw pile at the end of the threshing. The steam engine gets fired up for the day. Cameron and Landon Schoonbaert on the hay ride at the museum.

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St Lazare students raise \$1,450 for Moosomin and District Health Care Foundation

BY KEVIN WEEDMARK

Students from St. Lazare took part in a walkathon on Friday, Sept. 16 and raised \$1,450 for the Moosomin and District Health Care Foundation.

Ecole St. Lazare teacher Andr ea Laferriere said this is the third year that the school has decided to do a walkathon to raise funds for a local project. The walkathon takes the place of the Terry Fox

Run.

"It was a good day with good weather and good participation," said Laferriere.

"About 70 students participated in the event.

"The week before they had a pledge.

"Traditionally it was for the Terry Fox Run but then we decided we would use our donations more locally," she explains. "Two years ago we sent to Birtle

and Russell Palliative Care. Last year we used it for our own play structure.

"This year we will be sending to the Moosomin and District Health Care Foundation. Originally we decided as a school committee that it would be better to use the donations to support local programs. This year we decided on the Moosomin and District Health Care Foundation, because so many people

from St. Lazare use the health system in Moosomin, we felt it was time to give back."

She said the students are enthusiastic about the fundraiser.

"It's usually in conjunction with our beginning of the school year church service," she says. "We have the church service, then a barbecue for the parents and then the walkathon."



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Anger, frustration

Continued from front

"We provided uninterrupted service up until the last year," said Kerkhoff. "Now I'm not pointing any fingers, but just by way of background, in October 2012 we expressed our concerns to the health region stating that since the hospital was opened in 2008 there had been an exponential rise in the demand for health care services and that was based purely on the fact that we have a growing population, an aging population and lack of services in the surrounding areas."

"Because we were a stable group, a lot of people were accessing our area and our practice for care. That was fine when we had the numbers and we had enough service providers but in time we started losing service providers and surrounding communities lost their service providers, so we were expected to do more with less. Some of that I admit was our fault because we were stable and we do provide a good service so people wanted to go to stability."

"We are also skilled, and with that, we were able to treat people locally and not spend more money by sending them to the tertiary centre."

"We addressed those concerns to the region on the principle of too much demand and not enough supply. We needed help. Our way of getting help was advocating for regional status for the local hospital. We met with the ministry of health and because we don't have visiting specialists and there are one or two other reasons, we did not receive designation as a regional hospital, so Moosomin remained a community facility."

"The implications of that was that getting new grads and recruiting new physicians and other health care providers was almost impossible."

"New grads would go to other larger rural areas or urban centres even out of province. That's not just our problem, that happens around the province. We didn't get regional status, we stayed a community hospital. Then it got to the point that we in the family practice, given the community clinics that we have, it was a case of something needed to give. We couldn't keep all the community clinics and treating people where they need to be treated—in their clinics, in their home communities, which is a) safer, with less people on the road, and b) more cost effective because you are seeing people in a clinic, and not in a hospital, and I think everyone would agree."

"Now we've reached a crisis point and that's why everyone is here, because there has been an interruption of service . . . We're in crisis mode and we need to find solutions now."

—Dr. Ross Kerkhoff

"With that, we also had to service the inpatients in the hospital and the outpatients. We did approach the region and we've been collaborating over the last two years for different models of how to provide the service. That's how

we are where we are. The deal currently is that Moosomin Family Practice, which is not part of the primary health care team, does service the community clinics, it does handle all inpatients, obstetric patients, nursing home patients and the ER on weekends. Then the region has employed two SIPPA docs, soon to be a third, to handle the hospital clinic as well as the ER and outpatients Monday to Friday."

"Now we've reached a crisis point and that's why everyone is here, because there has been an interruption of service."

"The question is, where do we go from here? I think we've proven a model where a group setting works, we've had a proposal put on the table. We're waiting to see whether that third SIPPA doc is going to want to join all of us so we have eight physicians working together. To my mind, and in the public's mind, that's the only way a health care team can survive in a rural area, as a group."

"I'm sure there will be many questions as to why the hospital has been closed, why there's interrupted service, why it takes three weeks to get a regular appointment. We've heard a lot about this is wonderful, this is flowery, but it's not. We're in crisis mode and we need to find solutions now."

Earnshaw responds

Karen Earnshaw, Vice President, Integrated Health Services, agreed with Dr. Kerkhoff's concerns.

"I would echo Dr. Kerkhoff's synopsis and the only piece I would challenge is the perception that he Moosomin Family Practice isn't part of the primary health care team," she said.

"I would challenge you to think of the fact that the Moosomin Family Practice has actually been delivering the bulk of primary health care to this community for a very long time. Their model of having core services here and taking clinics out is exactly the same kind of model the province is using to build all of their primary health care teams. I wouldn't see it as the Moosomin Family Practice as not part of that, I would see them as the centre of that primary health care team."

"Where we in the region have been challenged or have not done our due diligence is around building all of that other team around the physicians. That's the piece we're invested in. The concept of a group practice, that's how we're going to stabilize services in our rural communities. That's the only way we're going to be able to recruit to our rural communities. The idea that we would partner together, and we would recognize that service reductions have been occurring, it's not because people aren't paying attention. It's not because people aren't doing the best they can, but when you have limited resources you can't deliver everything. Some of the pieces that haven't been delivered are those acute and emergency services. As we've been able to add more physicians to that pool, we're starting to see those resources stabilize."

"In the past two years, with access to the SIPPA program, we have been able to recruit physicians in Saskatchewan, particularly in our rural communities, in a way that we never have before."

SIPPA allows Saskatchewan to recruit doctors from a

wider pool of countries than was previously possible.

"That's how we got more physicians to this community," said Earnshaw. "Do we have enough? Do we have the right number? Probably not, but we are soon to have a third. We are hopeful with the number the Moosomin Family Practice has, and hopefully they can continue to build on their practice, and we will build on our opportunities with SIPPA. And hopefully we will get to that stabilization. Not only do we need those services after hours, but we need those services at the community level so people have another choice besides coming to the emergency room at 8 at night; We never want that door to be closed for people who truly have an emergency."

"We know that, not just in rural, it's very evident in our smaller communities that we haven't provided them other opportunities not because people aren't working as hard as they can, but when there's just not enough to go around that's when people are at our doors for things that would be better managed somewhere else. You're not going to help people manage their diabetes in a way that's going to be long term when you're seeing them at 10 o'clock at night for something urgent. It doesn't mean that they don't need care, it's just that we haven't provided better options for them."

Earnshaw said each health region is given a limited number of seats in the SIPPA program, and the last three seats the RQHR has been assigned have been earmarked for Moosomin. "We've been fortunate in Moosomin to be able to have that opportunity," she said.

The SIPPA doctors are on three year contracts, and Earnshaw said in some communities the doctors have left the community after their contracts are up.

"One thing we're really hopeful for in Moosomin, is this there's a greater chance of retaining them because the community has something to offer that some of our other rural communities do not," Earnshaw said. "There's already a good practice here. It's a stable community with the ability to encourage one of those candidates to stay here."

Problems staffing lab

Earnshaw said some of the service disruptions have been due to staffing issues in the lab at the Southeast Integrated Care Centre.

"We currently are struggling to get qualified folks in our lab. Not to say that the people working in our lab now aren't doing the very best they can, we just don't have enough of them. We're looking at ways to recruit more, change the model. That impacts our ability to keep the doors open in the emergency room because the legislation says you cannot have emergency services at a site that does not have access to those lab and diagnostic services."

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One person questioned if there are any permanent full time positions being recruited for the lab.

"The lab, their real challenge here is the call and the after hours," Earnshaw said. "Their ability to support the day time and the night time work, that's where we're challenged. I heard someone asking are we recruiting permanent full time. We're recruiting anybody and everybody. Yes, we're posting permanent full time but if someone came to us and said I only want to work three days a week we wouldn't turn those away."

The four publicly posted positions for the Southeast Integrated Care Centre Lab as of Thursday included three were listed as relief/casual positions with hours on call as required, and one temporary full time position ending Dec. 1 of this year. None were identified as permanent full-time.

The RQHR provided the following response Friday when asked about that: "There are multiple postings on the RQHR website including CLXT (Combined Lab / Xray Technician) and MLT I (Medical Lab Technician) positions available for SEICC. We also post for a blanket MLA (Medical Lab Assistant) and any rural resumes are forwarded to our Human Resources consultant."

"The CLXT (Combined Lab / Xray Technician) position has been moved to the informational job board and we just reposted some positions internally and externally today."

Regional Hospital designation

Pansy Taylor asked if there was any way to pursue regional hospital designation for the SEICC.

"There are certain criteria for that and we have been in conversations on that with the ministry," RQHR CEO Keith Dewar said. "It's clear from the criteria they have that it doesn't meet their criteria. Unless we can change the criteria at the ministry, it's not there right now."

"From our conversations with the ministry there seems to be no interest in changing that. We could ask them again but it's not our decision. You can talk to your local MLA and go through that process, but the criteria is set from a provincial perspective."

There are currently five regional hospitals in Saskatchewan—Moose Jaw, Swift Current, Yorkton, North Battleford, and Melfort.

Dewar was asked if additional funding would be available if the facility was designated a regional hospital.

"My assumption is if it meets that criteria the funding would flow through, but I can't guarantee it would, and the amount of funding we get in a broad way has been challenged anyway," Dewar said.

Moosomin MLA Steven Bonk said he has raised the issue of regional status with the health minister.

"I was elected April 4 and I met with the health minister on April 6 to ask him about regional status," Bonk said. "Then there was a shuffle. The day after the shuffle I met with the new health minister, and they are very aware of this, so hopefully we will be hearing something soon."

Dewar questioned

Catherine Dorcas questioned CEO Keith Dewar when he said at the meeting that up to 40 per cent of health care spending is not effective.

"Physicians drive the system," he said. "Physicians are the ones that order tests, order procedures, and determine what gets done. How we structure that relationship with physicians is pretty critical. We have a pretty solid relationship with the Saskatchewan Medical Association. That is leading to conversations about how we can work better together to deliver better quality, better value for the people of the province."

"The current resources being used in our system are not always leading to better health. A lot of the things we spend our money on don't necessarily lead to better health. People find that hard to accept at times when you think of your interactions with the system, but the evidence is quite clear that it could be 30-40 per cent of the expenditure that could be better used to deliver better care."

"Part of the work of the physicians is to ensure that the work they do and the care provided and the care funded provides better outcomes."

"Are you saying the resources not always providing better health care is the physicians' fault?" Dorcas interjected.

"That's not what I said," Dewar replied.

"That's what I heard," Dorcas said.

"The decisions we make may not always be the best decisions," said Dewar.

"Yours or the physicians?" asked Dorcas.

"The physicians as well," said Dewar. "But it's not because things are wrong, it's that they're inappropriate. It's quite clear. We can provide you some evidence if you like, some of the research in those areas to show that some things we order, some tests we order, some things we do because of the past practice or for a number of different reasons, but we understand and know that some of those decisions could be better or could provide better outcomes. The physicians themselves would agree with that as well."

"Appropriateness and choosing wisely was an issue for the Canadian Medical Association. It's all around the types of choices people make and physicians make and how they can improve those decisions to provide better health. It's not that they're wrong, it's just that they could be better."

"Some of the things they do now are appropriate and

done quite well, but there is a fairly significant amount of money spent on health care that could be used better than what it is currently. I'm not saying they're making bad decisions, but the decisions could be better."

"We could all make better decisions," said Dorcas.

"I agree," said Dewar. "I could make better decisions."

"Why I'm so upset is you are putting people's lives in jeopardy, and I think you need to answer for that . . . Every time our hospital is closed every person in this community and surrounding communities is in jeopardy. . . . You just don't get it, do you?"

—Catherine Dorcas

"Putting lives in jeopardy"

"I think we have one of the greatest health care systems in the world," said Dorcas, "but my greatest concern is you are responsible for the people in our health districts, and I believe you are putting lives in jeopardy. I don't know if you've been to open access but it's neither open nor accessible unless you make an appointment far in advance."

"What you're saying is not what you're doing. I know a lot of people from this community who have had their lives saved by seeing one of our usual local physicians at the ER."

"Why I'm so upset is you are putting people's lives in jeopardy, and I think you need to answer for that. That's your responsibility as people on the health board. Otherwise maybe some other people should be on the health board."

"I appreciate your opinions and observations," Dewar responded. "I'm not sure why our decisions are putting people in jeopardy. We are working hard to find physicians, we are working hard to find supports as best we can."

"Every time our hospital is closed every person in this community and surrounding communities is in jeopardy," said Dorcas. "On Friday I took someone to the hospital, and it was closed so you had to go to Virden, Kipling, Broadview, Grenfell or Regina."

"The number of people I'm talking about right now whose lives would have ended if they hadn't had STARS or the ambulance and our physicians . . . You just don't get it, do you?"

"Actually we do get it," said Dewar. "We are working at finding more resources. It's not easy to find people. You can't force people to go somewhere. We're trying to bring them on. Can we go faster? Most likely yes. Are we doing the best we can? We are trying very hard."

Continued on page 18

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Anger, frustration at RQHR meeting

Continued from page 17

"As a board, that is your job and you are responsible to every person who is in this room and all those who are not in this room," said Dorcas.

"We are responsible for 284,000 people and the other 220,000 in southern Saskatchewan and the board takes that seriously and so do I," said Dewar.

"We have challenges across the whole system and unfortunately for us we are responsible for all of those people. We know we can't keep everyone happy. But we know from the work we're doing that we continue to move forward and work hard to improve access to all of those citizens, all 284,000 who are part of our health region and the other 220,000 across southern Saskatchewan. But we can do a lot better, I agree with that."

One person questioned how much work goes into recruiting physicians to cover so the SEICC does not have to go on standby.

"We work on that months ahead," said Earnshaw. "We work on it every day. We work on it on short notice, and long term. We've created permanent locum positions within the health region."

"Unless somebody is sick or something has happened rarely do we find out at 9 o'clock in the morning that they're not available at 4 o'clock this afternoon."

However, staff said they have sometimes been given that little notice. It was also pointed out at the meeting that there is no public notice when the facility has gone on standby. Notice has never been provided to the media of service interruptions and it has been left up to staff to inform people or field calls from the public.

Earnshaw said she believes the situation will improve with the arrival of the third Sippa physician.

"Just make damn sure you don't cut any more services in Moosomin," Neil Russell commented. "Just make damn sure you don't cripple or put handcuffs on the people we have in town here now as doctors, because they're the best damn doctors you will ever see."

Funding basis questioned

Kyla Fingas asked about the census data used to assign funding to health care facilities, as the latest census data available is from 2011, and asked about the impact of people from outside the area using services in the area.

"I'm just wondering if you have an updated number as this area has been continuing to grow. In addition I would like to know how many additional people have been using the health services in Moosomin who are not part of our region."

"We do rely on census data," said Earnshaw. "It's the data the ministry uses to allocate our resources and define our services and unfortunately the census data is always behind. As you know we all just completed a new census and we probably won't get that data now until the spring, but we certainly track the resources that are used, who comes through the Southeast Integrated Care Centre, so we can actually know how many people are from RQHR and how many people are from outside. Approximately 26 per cent of the people presenting are from outside of the region."

"That census data that captures our boundaries, part of that is the health seeking pattern, so people who routinely seek their services here are captured in some of that data. What it doesn't capture is our migrant population. All of you who live in this community know that it's unique to this area. We know on top of that there are the folks who actually come here for work but aren't captured in our data. That is a moving number. We know that we have had times when there is on any given day an additional 5,000 people who are living in this area for work. Those number are not captured."

Fingas asked about the campaign to have doctors order more 'appropriate' tests.

"My other question is how much do you expect to save on the chance that you might miss a diagnosis by asking doctors to prudently order tests," she said.

Dr. David McCutcheon, vice-president of Physician and Integrated Services, responded.

"The appropriateness agenda is a very broad one," he said. "Just an example we had today is how we give blood products. We look at the number of patients who have total knee replacements for example. There are a certain number of those patients who post-operatively have blood replacement. So they get one unit or two units. Some people get two units when one unit is enough, and some people get one unit when they didn't need any blood at all because their blood level wasn't to a threshold that required a transfusion. So what we need to do is make sure all of our physicians are aware of the latest evidence and make sure that all of our patients are properly prepared in advance of their surgery so we won't be ordering blood that is not necessary. As you know, blood products can be dangerous, they can be part of the transmission of illness from one person to another."

"Other examples are antibiotics," added McCutcheon. "Some people will demand of their physician an antibiotic for a viral illness—a flu or a cold—and they're prescribed antibiotics when they're not necessary. We need to make sure that we're very careful that we as physicians understand the latest evidence, we understand best practice in our own area of practice."

Lack of mental health services

One man at the meeting questioned the lack of services provided by the health region in Moosomin relative to the number of physicians practising locally.

"You have visiting people who come into our area, but there isn't enough service provided for the number of people who need the help in Moosomin. There are more doctors looking after people here than there is in all of Twin Valley (a primary health care grouping including Grenfell) and that's where (the medical service providers) are all sitting. I needed help with mental health in Moosomin for a long time, and I

didn't get it. I got ripped off and I want to know why."

"We do struggle with staffing in those areas as well," said Desiree Neville. "Once we are fully staffed it looks much better, but we do go through periods where we struggle with staffing."

"In Regina-Qu'Appelle access to mental health services has been a challenge," said Earnshaw. "It's not unique to Regina-Qu'Appelle but it's certainly a challenge that we've had. This province is challenged by it. We've recruited additional psychiatrists because they like the team model they're offered now, and now those psychiatrists are setting up the ability to visit communities and to visit physician practices. We have examples where in a physician practice we have a psychiatrist visit to manage the cases within that physician practice."

"We're starting to see that in long term care. We've seen that in Regina. We've got some days in Fort Qu'Appelle, we're starting to build into Grenfell, and Moosomin will certainly be on that next radar."

"The ability to attract a specialist to a rural community is a challenge. Their colleague relationship, their ability to work in a team with other specialists like themselves is a challenge. The evidence shows us that if you recruit to a team and then you distribute that out, you're more likely to keep those people, they will have high quality satisfaction in their work, and then people will get the service that they need."

"That answer didn't satisfy the questioner. "When you've got the amount of doctors as you have in Moosomin as well as the ones you send out to Moosomin for the open access, if there are that many physicians in this area looking after so many people why are there not more services offered here?" he asked.

"When you look at the list, it's clear there are disparities," said Earnshaw. "There are disparities between Moosomin and Twin Valley but I would challenge you to look at the disparities even further when you consider the population with the Touchwood Qu'Appelle. So in the ability to distribute resources across that big area, we are challenged. We recognize that we don't have the same provider for every one of those communities, but we have to look at where people live."

"The fact that we have an occupational therapist that might have been located in another community, the fact they can recruit in Moosomin and have someone local, that changes where their base is and where they cover. It's a matter of how do you stretch very scarce resources across the whole population."

"Further than that, we have to look at what the population needs. We have to break down, right at the determinants of health what are the kind of providers we need in that area, based on the demographics. We've never actually allocated our staff across the region in that way, but that is some of the work we've done."

"We have broken our communities into here's what you have here's where your seniors live, here's where the folks that are having babies live, and started to allocate our providers out based on who lives in those communities. In rural that's an even bigger challenge because you have communities that are farther apart, some of them are small but primarily you've got lots of people on both ends of the spectrum. You have lots of seniors but you also have that growing population, which is good, but we don't have all those ones in the middle, and that's where we would attract much of our labor force as well, so we're challenged across those rural communities to distribute evenly. But the real focus is on the population need."

"We know we don't have enough to go around everywhere, but how do we support the providers. How do we help the physicians in this community—by bringing in some of those other providers who would be helpful to them so that physician who actually can do all of those things doesn't necessarily have to take the time to do those things that someone else can do, so that physician can access the dietitian or make that referral to the physiotherapist. It's not that the physician doesn't know those things or couldn't do all those things, but we want our physicians to do the more complex things."

The questioner pointed out that Moosomin serves a huge area with its health care services. "When the demand is there from the people who come to Moosomin, it's not just from Prairie East. Sun Country, Manitoba, you name it. They're coming from right down to the US border," the questioner pointed out. "They're coming to where they can get help and we need more people here to help."

"You're right, many of our people come from outside our borders and we are required to think and act as one," said Earnshaw. "Regardless of where you come from we provide service. When somebody lives in Sun Country and seeks part of their primary health care services here, which is most likely their physician services, we are building those linkages back to those services that exist in Sun Country. So when they need a home care nurse that home care nurse doesn't need to be housed here, we just need to connect them to their home care nurse in their home community. If they need a physiotherapist then we need to be able to better link them to that physiotherapist that is in Sun Country. Do they all need to be housed here if you live in another community and particularly another health region? No, but in the system need to make those linkages better."

Question about long term care

Beverly Yeo raised a question about long term care. "As a family member of a loved one in long term care I have become very annoyed with how it is spoken of that families of long term care residents are to be included in the care of their loved one," said Yeo. "I find that is totally verbal, not much action. I am setting out a challenge this evening to primary health care. We have talked a lot about how people are to take care of themselves. I have been through many crises in my life and I've never been through a crisis like I'm dealing with now with my loved one in long term care. I challenge RQHR and primary health care to address families in the care of loved ones. We need help. It is just unreal the things we

have to cope with on a daily basis, making sure our loved ones are cared for adequately. I have been advocating for some time for a family network within the health region or within our local community. This has to be done apart from people who work with our loved ones because if we speak out as an advocate for a loved one or others in the system there are repercussions against our loved one as well as the family. I have received mental, physical, verbal, emotional and spiritual abuse because I am an advocate for my loved one as well as some other people who don't have advocates in long term care."

"That's a challenge we need to step up to," said Earnshaw. We want you to be an advocate. The idea that you don't feel you can be that advocate because the care of your family member or others is jeopardized, that's something we definitely want to address. We will follow up with you, we will get your information and we will hear your story."

"I am disappointed, but I've heard that before, that sometimes if you say something it feels like it has repercussions and may have actual repercussions in the type of care provided," said Dewar. "Sit down and help us understand a bit more. My commitment to you is that we will help those people understand that when someone raises an issue that needs to be taken seriously we need to work our way through it and do so in a way that doesn't jeopardize the individual you are advocating for or yourself. It would be fair to say there is some fear in the system to speak up and we have a long way to go to address that. We are working hard at it. We will continue to work with you on that."

He said on a recent tour of facilities he tried to meet with residents and families one on one to hear their feelings. "To date the ones I've talked to have been quite positive. There's some really great care being provided but there's much work to be done as well."

Financial crunch

RQHR chair Dick Carter said the health region is facing a financial crunch. The region has a deficit of \$14 million this year, on a budget of \$1.04 billion. "We have a growing population which increases demand," he said. "We have an aging population, which increases demand. With that, we have had funding increases from the government but we've been asked to find efficiencies. We've found them, but not enough to make up for the growth we have in the population and the demographics. It's something we're working very hard on but have not had an easy answer yet and we will continue to work on that."

In commenting on consultations on health care reform in Saskatchewan, Carter said "There's been a lot of talk about administrative costs—that administrative costs are very high. You know what, the figures we see show that we are very comparable or in good shape in terms of the amount we spend as regions in Saskatchewan compared to the Canadian average." You can't just emphasize the administrative costs because you will not achieve the savings you need. You need transformational change, which means some tough decisions. It also means investing. We need to invest to achieve results. It will take time."

Service Reductions at SEICC:

- No lab services - May 19 (15 hours), June 12 (17 hours), July 2 (8 hours) – total 40 hours
- No Physician services- July 2 (24 hours), August 16 (8 hours), August 19 (15 hours), Sept 4 (39 hours), Sept 17 (24 hours) – total 110 hours

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Dale Woods took this aerial photo of construction on the Kennedy-Tantallon transmission line last week. The 230 kV transmission line will run from the Kennedy switching station to the Tantallon switching station to provide more power to the area. The line is being built so it can be doubled in capacity. It will carry power from Estevan generating stations to Moosomin, Rocanville and Esterhazy. Increased power consumption is projected in the area in part because of potash expansions and community growth. In addition, SaskPower has reached an agreement with Manitoba Hydro to import 100 MW of hydroelectricity from Manitoba, and a 230 kV transmission line will be built between Birtle and the Tantallon station.

Dr. Robert Kitchen, MP
Souris-Moose Mountain



Toll Free: 1-866-249-4697
Email: robert.kitchen.c1@par1.gc.ca
www.drrobertkitchen.ca

Construction continues on \$113 million power line from Kennedy to Tantallon

BY KEVIN WEEDMARK

Work continues on a \$113 million power line being built to meet growing demand for power in southeast Saskatchewan due to potash expansions and community growth.

SaskPower says the new line will improve reliability of the power supply in southeast Saskatchewan, as well as accommodate growing demand for power.

The new 230kV transmission line will connect the Kennedy Switching Station (northwest of Kennedy) to the Tantallon Switching Station (north of Tantallon). SaskPower is also expanding the Tantallon and Kennedy switching stations.

The selected 100 km line route was decided with help from public feedback, environmental and engineering studies.

Construction on the project was split into two phases. The first phase is the south section from Kennedy Station to a point approximately 40 km east parallel to the Moosomin-Kipling Road. Construction on this section has been underway since November 2015 and SaskPower expects this phase to be completed next month. The second phase is constructing the north-south section to Tantallon Station. Construction on this phase will begin this fall and SaskPower expects it to be in-service in April 2017.

This isn't the only investment in this area.

A second line will bring Manitoba hydro power to the Tantallon substation, from which power is distributed to Moosomin, Rocanville, and Wapella. A natural gas powered generating station owned by Northland Power

operates near the Tantallon substation to serve the area as well.

SaskPower has reached an agreement with Manitoba Hydro to import 100 megawatts (MW) of hydroelectricity beginning 2020-2021. This purchase is to help SaskPower meet its goal of up to 50 per cent generation capacity from renewable sources by 2030.

As part of this agreement, SaskPower needs to build a 230kV transmission line from the Tantallon Station to the Saskatchewan-Manitoba border. Manitoba Hydro needs to construct a 230kV line from their Birtle Station to the Manitoba-Saskatchewan border.

Right now SaskPower is gathering engineering, land and environmental information. Public consultations regarding preliminary power line routes are expected to start this fall.

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