

Presentation to Saskatoon Chamber of Commerce, April 23, 2006

Thank you for the opportunity to meet with you today and to comment on the State of the Saskatoon Health Region. I particularly want to thank the Chamber of Commerce for your invitation. Prior to moving to Saskatoon, I served on the Halifax Chamber of Commerce, which gave me an opportunity to better understand the perspectives of business leaders and the role of the Chamber in ensuring that our city is vibrant and sustainable. The Saskatoon Health Region is the largest employer in the province. As President and CEO, my role is to ensure that we too meet the needs of our customers, provide quality services, and continue to develop as a vibrant, sustainable health system that provides good value for the money invested by our shareholders, the public.

Many people have asked me why I have moved, from the beautiful city and province where I have lived for 20 years, to a city and province that is new to me and far from my Maritime roots. I have joined you and this wonderful community because I truly believe that we can become one of the leading health regions in Canada. I believe that all the right ingredients are here - talented, dedicated health professionals, a regional structure that promotes integration and coordination of care, and a relationship with the University of Saskatchewan that supports our academic mission. We have critical mass - not too big to be unmanageable, but big enough to make a difference for the whole province. We have strong community support. And above all, we have a rich history of innovation, grounded in the legacy of Tommy Douglas, and prairie values of hard work and commitment to community.

That's what brought me here. What I was not prepared for, however, was the warmth of the people who have extended to me such a generous welcome. The Chamber exemplified this by hosting a reception for me shortly after my arrival. I also

had an opportunity to meet members of the business community at a luncheon arranged for me by Russell Marcoux, who gave me my first exposure to the talent and community commitment of local business leaders. I was also not prepared for the beauty of this city and province, which is a well kept secret to many Canadians. Before I arrived, I did not know what “living sky” meant, but now each day I am in awe of the beauty of the sky, the lovely river and the Meewasin Valley that help make this city and region so special.

Over the next few minutes, I will provide you with a brief description of the size and scope of SHR, highlight examples of the great things that have already been achieved, and discuss what I perceive to be our greatest threats and challenges to future success. Finally I will share with you my aspirations for the future and issue a call to action for all of us to improve the health of our community.

When I first arrived in Saskatoon, as part of my 90 day plan to Look, Listen and Learn, I spoke to many people who told me that the Saskatoon Health Region had an identity crisis – that despite being the largest employer in the province, the Region was not visible and many people both inside and outside the Region had little understanding of the health region, its size or scope. To help clear up this mystery, let me share a bit of information with you. The Saskatoon Health Region was formed in 2002, as part of province-wide restructuring of the health system and a nation-wide movement towards bringing together a broad range of facility-based and community-based health services under the umbrella of a single governing body and leadership team. We serve approximately 325,000 people who live in the region and, as a provincial resource, we provide many services to people from across the province. With an operating budget of approximately \$663 Million, the Saskatoon Health Region employs more than 10,000 individuals and credentials approximately 750 specialists and family physicians. This means that 1 in 14 people who live in our region work for the Health Region. If you are not our employee, chances are that a member of your family, your neighbour or a good friend is.

As an integrated health system, our services include far more than acute care. In addition to 11 hospitals, we have 29 long term care facilities in partnership with our affiliates, 12 community health centres and 4 public health centres. We are also responsible for mental health and addictions services, home care, and ambulance services. Here is a sample of what happened last year throughout SHR. We:

- Hired 700 new employees
- admitted approximately 37,000 patients to hospital;
- provided care to more than 265,000 patients in clinics in Saskatoon;
- conducted more than 47,000 hours of surgery involving 33,000 surgical cases;
- had 143,000 visits to our Saskatoon emergency departments (an increase of 4000 visits);
- conducted 1,177 air ambulance transports, involving almost 610,000 air miles;
- served 1.8 million meals
- performed 13,310 MRIs and 40,216 CT scans;
- Our pharmacists provided 4.2 million doses of medication;
- Our lab conducted 7.6 million lab tests;
- Our poison control line fielded more than 7000 calls;
- Our public health staff carried out more than 77,000 immunizations
- We provided home care to approximately 4300 people each month;
- We provided learning experiences for hundreds of students from a wide variety of health professional education programs; and
- Staff and physicians participated in world-class research.

During the past ten months I have had opportunities to observe first hand the dedication and compassion of the staff and physicians who provide these services. I have also gained an understanding of the challenges they face in delivering excellent care, teaching, and conducting research.

So let's explore our strengths - what's working well? Here are just some examples:

- Government has committed funding for several important initiatives, including the new mental health inpatient unit at RUH, the Humboldt Redevelopment Project and expansion of Oliver Lodge;
- We are expanding addictions services, including a new youth stabilization unit, as part of Project Hope;
- We have some strong community-based programs, including *InMotion*, the program to promote active, healthy living, which originated in our health region and has since spread across this province and been adopted by several other provinces;
- Although patients still wait too long for many services, we are making gains, especially for surgery and diagnostics for which we have received additional funding to increase volumes and reduce waits;
- We are continuing to enhance our relationship with the University of Saskatchewan and improve our teaching programs. Our new West Winds facility, which provides enhanced access to primary care for the west end of the city, and the SWITCH program at the West Side Community Health Centre are good examples of this partnership;
- The Canadian Light Source, Innovation Place, VIDO, and other research activity hold enormous promise for this region. Our

Population Health Research Unit has recently been awarded more than \$1M in external research grants;

- There is a strong commitment to quality, with many initiatives underway to improve quality and patient safety;
- We continue to recruit talented staff and physicians and we have relatively low staff turnover rates (approximately 8% relative to Canadian health care average of 11.6%);
- The success of our foundations (including the successful completion of the \$14 million Royal Care Campaign), strong volunteer programs, and a dedicated board of directors illustrate strong community support and leadership.
- Support from our community has enabled the development of our new Irene and Les Dube Centre of Care for breast health at City Hospital and enhancement of other facilities and services;
- We work hard to live within our means and will ended our fiscal year 2005/06 with a small surplus.

So what's not working so well?

- Feedback from patients, the public, and the Canadian Council on Health Services Accreditation (CCHSA) surveyors confirm there are many opportunities to improve the quality of our care
- We are not yet a fully integrated health system - there are still too many silos, and services are not as coordinated as they need to be, resulting in inefficiencies, far too many inter-hospital transfers, and lack of standardization;

- Too many patients occupy acute care beds while they await more appropriate LTC and other community services;
- Waiting time for many other services are still too long;
- There is too small critical mass in some programs, leading to concerns for patient safety and other aspects of quality;
- Medical staff are spread very thin and in some cases, such as specialist staff in Saskatoon and GPs in many rural communities, recruitment has been difficult. Recruitment of some other professional staff such as pharmacists is also challenging;
- Despite significant investments in training to prevent staff injury and ensure safety, we continue to have high staff sick times rates. We spent \$13.7M in sick time in 05/06 and members of our nursing and provider unions took an average 88 hours sick time last year.
- Many of our facilities (such as RUH and parts of St. Paul's Hospital), are old and in poor condition and we have insufficient capital funding for patient care equipment;
- Our IT systems are woefully inadequate. We spend approximately 1% of our budget on IT, which is less than our peer health organizations and far below investments made in other industries. This makes it very difficult to measure outcomes and manage our business

So what are the challenges ahead? There are many, but I would like to focus on 3:

1. Our population is changing.

- Between 2004-2021, the number of people in SHR will increase by 10.7%;
- Saskatchewan already has the highest rate of people > age 65 (14.7%). Over the next 15 years, the number of people age 60-69 will almost double, as Baby Boomers age and begin to place more pressure on our health system;
- People in Saskatchewan, and across Canada, are living longer, often with multiple chronic illnesses such as diabetes, heart disease, cancer, or arthritis.
- Our First Nations and Metis communities are growing. In SHR, 48% of the aboriginal population is <age 20 (compared with 27.5%) of the general population. Within 15 years, it is estimated that 40% of our kindergarten children will be aboriginal;

These are significant demographic changes and we need to plan now. If we make no changes in how we currently provide our care, then the projected population changes alone would require a large number of additional beds in Saskatoon and would generate a 15% increase in ED volumes by 2021. But we also know that these increases could be significantly offset by changes in how we deliver our care, including program consolidation, increased day surgery and outpatient care, new health care and information technologies, standardization of practices, chronic disease management, enhanced primary care in the community and other changes.

2. Our workforce is changing

Just as our general population is changing, so too is our workforce:

- the average age of our employees is 43.5. Almost half our RN staff are age 45 or older. By 2010, 35% of our staff will be eligible for retirement. Our physicians are aging as well
- Younger workers have far different expectations of their workplace;
- Recruitment and retention of qualified professionals will continue to be challenging, especial in small, remote rural communities. The growth of infrastructure and services in Alberta pose a growing threat as Edmonton and Calgary begin to recruit the additional nurses and other staff they need.

Demographic changes in our population and our workforce are important considerations. But the health status of our community is even more challenging.

3. We are not nearly as healthy as we could be.

Let me give you some examples from the 2004 Health Status Report for the SHR:

- More than half of our population is physically inactive;
- High rates of obesity (the fattest city in Canada?);
- High rates of coronary artery disease;
- Higher than Canadian rates of death and hospitalization due to strokes, prostate cancer, breast cancer and diabetes;
- Falls and hip fractures are rising in seniors;

- We have alarming rates of sexually transmitted diseases (Chlamydia capital of Canada?);
- Vaccination rates for children are well below national targets;
- We have higher than national rates for probable risk of depression and considerably higher than national rates for suicide, especially among males age 35-39.

And the picture becomes even more troubling when you compare measures of health status among different neighbourhoods in our community. Recent research by our Population Health Research Unit has confirmed that residents in the five poorest neighbourhoods (the Core Neighbourhood, where the average income is below the poverty line) have significantly worse health outcomes and use more health services, compared to the city as a whole and especially with the richest parts of the city. If you live in the Core Neighbourhood, you are likely to die earlier, have higher rates of diabetes and many other chronic diseases. Teen pregnancy rates are especially high in the Core Neighbourhoods. Less than half of the children under age 2 in the Core Neighbourhood have the needed immunizations (half the rate of the richest neighbourhoods). Rates of suicide attempts in the Core are 270% higher than the city as a whole and 920% higher than in our richest neighbourhoods.

These are all daunting challenges. So what can we do?

As a health region, there is a lot we can and will do. We will:

- Increase our efforts to improve quality and patient safety;

- Enhance primary care and chronic disease management, including health promotion and disease prevention, especially in the Core Neighbourhood;
- Develop excellence in day surgery, day procedures, and other types of ambulatory care that do not require an overnight stay;
- Increase integration, including realignment of services among our three hospitals in Saskatoon and planning for the new Children's Hospital within a Hospital;
- Ensure our care is based on best practices, and apply principles of lean design and other best practices from other industries;
- Optimize technology such as digital imaging that will improve access to X-rays, CTs and other diagnostic services;
- Continue our efforts to improve access to surgical and other services; and
- Complete the development of our strategic plan, in consultation with many stakeholders, to set the course for the next 3 years in our health region.

These changes will not be easy, and some will not be popular. But even this will not be enough. Because ultimately the health of our community is a shared responsibility. Health services are only one determinant of health. Healthy lifestyles, early childhood development, genetics, education, a clean and safe environment, and social networks also play a big part. But evidence from across the world confirms that the single greatest factor affecting health status is income. If you want to live long and well, ensure that you have a job and enough money to put good food on the table and an adequate roof over your head. The major factor affecting the unacceptable disparities in

health status among different neighbourhoods in Saskatoon is income. The most important thing you can do, as a Chamber and as business and community leaders, is to ensure a strong vibrant economy where there are opportunities for everyone, regardless of age, race, gender or background to live and raise their families in good health. As employers, you can continue to promote healthy workplaces for your staff, and as individuals, you can promote healthy living for yourself and your families. All of these things will make a difference.

So what is the State of the Health Region? I believe we have a good health system in Saskatoon, but we have the opportunity to set the bar much higher and go from good to great. The changes in demographics of our population and our workforce, and the current health of our community will continue to be challenging and will require the health region to make some tough choices. And ultimately, the health of our community requires a collective will for all of us to work together to tackle the complex social and economic factors that influence health status.

The history of Saskatoon and this province have shown that we can be leaders and a model for the rest of country. Let us not rest on our laurels, but rise to this challenge.

I invite you to join me in envisioning what I believe is possible for the Saskatoon Health Region and the community we serve. I ask you to

Imagine:

Imagine... a caring community of colleagues who respect one another and work together for a common goal, where every person sees his or her role in improving the health of our patients/clients and community;

Imagine ... a healthy, joyful workplace where our health professionals and other staff enjoy good health, people feel valued, and the Saskatoon Health Region is considered an Employer of Choice;

Imagine... a health region where quality is job one, we exceed national and professional standards of quality and people across the country turn their eyes to Saskatoon to see how to do things well;

Imagine...an organization where we conduct world class research in targeted areas, our practices are based on best available evidence, and innovation is the way we work around here, in the Science City of the west;

Imagine... a learning organization, where students are welcomed, taught and mentored by passionate teachers, and our staff are continuously learning and improving their knowledge and skills;

Imagine ... a health region where the infrastructure supports the work we do and government and the public know that tax money invested in health care provides good value;

Imagine... a community that takes pride in its health system and knows that we will be there for them when they need compassionate, safe, high quality care;

Imagine That we live in one of the healthiest communities in the country, we have made significant improvements in reducing health disparities, and we are filled with hope and confidence for the future.

I am proud and honoured to join you on this journey.

Thank you.