

Annual Report

2004-2005



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"Your Health Care Co-op"
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Board of Directors' Report

By Cheryl Loadman, CHSA President



Cheryl Loadman, President

The mission of providing accessible and quality patient focused health care to all who need it is the goal that binds us, Board of Directors, staff, donors, friends, and community, together at CHSA. It brings us all together not because it is easy, but, in fact, because it is so amazingly hard to accomplish. By choosing to make a difference, we measure ourselves against a goal that demands our utmost energy and skill.

Today, CHSA serves the mission better than ever before. This is a bold statement considering a history of 43 years of service to Saskatoon and region, yet, the facts sustain it. We are serving more people who need our care than ever before. Over the past year, more than 12,000 patients depended on us for their regular source of medical care. The quality of care we deliver is better than ever.

We are not afraid to be innovative and to adapt to ensure our patients have access to the latest medical thinking and procedures. Continuous development and re-focusing of services approach based on new understandings of patient needs and issues includes collaborating with other practitioners, community members and researchers, and integrating newly gained knowledge.

We believe in patient-centred health care services that are responsive and accessible to the needs of each individual. All our services, including medical and counseling, integrate health promotion and empowerment goals. In this way, we work with our community to increase their capacity to make decisions to benefit their health and help to link them with appropriate resources.

Working in partnership with various communities concerned about health and building on the strengths and interests of partners, including volunteers, clients, service

providers and other members of the community are an important part of our mission. Over the past year a major strength of CHSA has been the links and partnerships we have formed between academic disciplines and community groups, agencies and organizations. For CHSA, meaningful connections with communities include the exchange of knowledge and skills with our community and its members.

We are also connecting low-income patients with the comprehensive health care services they deserve using our Westside location. Good health begins before the person enters the health system so CHSA is working at the federal, provincial and regional levels to promote strategies that support and bring attention to determinants of poor health such as poverty, income disparity, housing and education.

CHSA recognizes the importance of on-going review and evaluation of our approaches and services to ensure we meet the health needs of our diverse population. Throughout the course of the year members and patients have participated in a number of consultations and provided us feedback through letters and comments to our staff. This is valuable information for CHSA.

All the while, CHSA has moved forward to establish a solid financial position and we are striving to find new and better ways to further the mission in the years ahead. Sound financial footing is the base from which we look and begin to plan for the future.

CHSA Board of Directors 2004-2005

Cheryl Loadman, President
Evan Carlson, Vice-President

Gary Beaudin	Marlene Decker
Georgia Bell Woodard	Anne Doucette
Deb Chobotuk	Joan Feather
Margaret Crossley	Roger Herman
Warren Crossman	M. Peggy MacLeod

Highlights of some of our Board activities this past year include:

Strategic Planning Committee

The strategic planning committee has completed its work helping us review our mission and vision and setting our directions for the next few years. I thank the strategic planning committee, particularly Deb Chobotuk the very able chair of the committee, for the tremendous effort they put into helping us chart the future course of the organization. We are now developing and acting on new operational plans to achieve our mission of providing excellent co-operative primary health care.

Operations Committee

The Operations Committee has had a very busy year giving direction on and monitoring the operational and financial affairs of our Association. They also acted to ensure our organization was in compliance with new privacy legislation. They are now developing principles and policies on revenue and profit generation to ensure our actions in these areas are in keeping with our values.

Primary Health Care Committee

Our key direction out of our strategic planning process was to ensure we provide excellent primary health care. To ensure we do, we established an ad-hoc committee this winter of board and staff to establish goals, objectives, and outcome measures and processes to monitor and enhance our services to ensure they are excellent. This committee is well down the path in the development of these directions.

Political and Social Action Committee

The Political and Social Action Committee has had a busy year advocating on issues of concern to our Board, members and clients. The Committee submitted a resolution calling for an increase in social assistance rates to the Saskatchewan Association of Health Organization's annual



The Political and Social Action Committee has been working with the CHSA Seniors' Advisory Council on pedestrian safety issues. Seen here discussing safety concerns, from left, are Kathleen Storrie, Committee member; Sandy Hagele, Seniors' Volunteer Coordinator; Const. Alex Solie, City Police and Alex Brooks, Committee member.

meeting. It was carried unanimously at the meeting. The members have been working with the Seniors Advisory Council on pedestrian safety issues. Meetings have been held with representatives of the City police service to discuss strategies to improve the situation. The Committee continues to work closely with the Canadian Health Coalition on publicly funded health care issues; committee members have written articles for Focus and organized public meetings on issues of concern. Lastly, the committee has advocated to City Council that there be a ban on the cosmetic use of pesticides.

Member Services Committee

The Member Services Committee has begun to look at mechanisms to implement the following strategic planning goal: "All clients are members and all members are informed, involved and take ownership of the organization".

Based on the statistical information we have gathered, feedback from our current membership, and input from various committee and staff members, the Member Services is in the beginning processes of recommending to the Board, policy and some new processes that we believe will attract and sustain our membership.

The Committee has also been active throughout the year in organizing a special strategic planning meeting for members as well as regular members meetings; providing feedback on client concerns and serving as members of the Nominating Committee.

The CHSA has benefited from the high commitment and skill of many community members. Thanks to all involved with the Board and our Committees and to our many volunteers and supporters. We are very grateful to all our members and our community for their generous support. Lastly, we also enthusiastically acknowledge our dedicated paid staff and thank them for their excellent work. The CHSA is very fortunate to have so many committed individuals involved in supporting, serving and working under the mission of CHSA. Thanks to these people and people like you, we are one of the most highly regarded non-profit, community health centres in the country. ♦

Volunteer Participation at the Community Clinic

Advocacy Network.....	51
Board of Directors and Committees.....	16
Good Food Box.....	6
Handicraft Club.....	20
Membership Volunteers.....	18
Volunteer Gardener.....	1
Volunteer Program with the Elderly.....	32
Total Number of Volunteers	144

Administrator's Report

By Patrick Lapointe, Administrator



Patrick Lapointe, Administrator

2004-05 A Year of Planning and Innovation

This year was an exciting and challenging developmental year at our clinics as we implemented Advanced Access to improve client access to their family physician. We also engaged in planning and implementing many new initiatives to prevent and manage chronic diseases. Our core goal as an organization is to provide excellent primary health care. As part of achieving

this end, we are working much more closely with our clients and partners in the community to do all we can together to prevent chronic diseases and manage them well if they do occur. These new initiatives have been done by our staff while they attended to their busy day-to-day challenges of direct service delivery. We need to applaud them all for the extra effort they are all making to make these new innovations possible. I thank the Client Care Committee for managing them so well. We are confident our initiatives in these areas will lead to better health for our clients.

We provided similar levels of service this year as in the past few years with the exception of nurse practitioner services, which we increased by 50%. This increase was largely due to the six month addition of a nurse practitioner on a contract basis at our main clinic. We contracted with the nurse practitioner, using our general operating funds, to explore the role a nurse practitioner could play at our main clinic and to help us build a case for getting permanent funding from the provincial government for the role. We learned a great deal from this short-term experience that we will be able to apply to successfully introduce the role on a permanent basis at the main clinic. I am pleased to announce we are going to get permanent funding from the provincial government for the position via the Saskatoon Health Region. This funding is part of our being designated a "Central Primary Health Care Team" of the health region. As a designated central team we will also get increased funding for team building and primary health care program development in the areas of health promotion, disease prevention and chronic disease management. We are currently recruiting a full time nurse practitioner

We thank both Saskatchewan Health and the Saskatoon Health Region for their work in having our Association declared a central team and for the additional resources and opportunities that designation provides.

We work in partnership with the health region on many initiatives and are developing more as part of our shared interest in providing excellent primary health care delivery in the region. We have a particular shared interest in ensuring high quality care is available to the vulnerable in our region such as those living in poverty, at-risk young families and children, Aboriginal persons and the elderly. We are formalizing our work together into a general partnership. I hope to be able to announce the formation of this partnership at our annual meeting.

We will complete the year with a financial surplus of about \$250,000. This was a greater surplus than we were expecting due to staff vacancies. The sad part about this is the vacancies meant we were not able to deliver all the service we could have. The surplus will enable us to complete the establishment of the 7% operating reserves we want to maintain and to establish the capital expense reserve we need to replace capital equipment and engage in the renovations and retrofits necessary to maintain our facilities and respond to our evolving program focuses. We intend to use the capital reserves to expand our pharmacy operations, modify the main clinic to enable more efficient day-to-day client services and to provide the space we need to better provide health promotion, disease prevention and health education services. We will also use part of them to provide a long overdue upgrade to our computer based client information system. We intend to use remaining general reserves to support one time and on-going costs of the new program initiatives I described to you earlier.

Foundation's Fundraising was a Great Success

The Saskatoon Community Clinic Foundation raised \$66,068 in 2004. This was down from 2003 in which \$88,000 was raised. The previous year we had received a bequest of over \$30,000, which explains, in large part, the difference in the two years. Our 10-year average for donations is \$46,615 so overall 2004 was a good year for your Foundation. We need to thank the entire Foundation board for their success at increasing donations, particularly Margaret Shearer, President of the Foundation, for her devotion to enhancing our fundraising.

Plans for 2005-06

While we expect to provide similar levels of one-on-one client services in 2005-06 in most of our direct service areas, we will expand services in a number of areas including:

- increasing our capacity to provide counselling and physical therapy this year on a one year temporary basis by filling two half time positions which were left vacant for two


years to manage our costs;

- adding a nurse practitioner; to expand our direct service delivery and improve our care to at-risk groups at our main clinic;
- expanding our health promotion, disease prevention and chronic disease management at both our main and West Side clinics to improve programming in such areas as diabetes and arthritis prevention and management; and
- expanding our pharmacy space and services to provide you with more non-prescription products such as vitamins and natural medicines and to provide for a more private space for personal pharmaceutical counselling.

Providing excellent primary health care is the core mission of our Association. Your Board and staff have been working very closely together over the last year in our strategic planning processes in devotion to this mission. We are now at the stage of developing and implementing specific goals, operational plans and outcomes expectations and measurements to ensure we are now and will continue to provide excellent primary health care in the future. As

part of our introduction of Advanced Access we did a major survey of our clients to determine their satisfaction with our services. You told us you were very satisfied. We want to continue to do all we can to ensure you continue to be.

We could not have done all we did this year without a tremendous contribution by our Board and our staff of their time, energy, skill and wisdom. They work so well as a team. We should all feel deeply blessed by these peoples' tremendous commitment to ensuring we provided the best primary health care possible. I feel so fortunate to have the opportunity to work with them all. In particular I thank our chairperson Cheryl Loadman for the terrific leadership, vision and energy she contributes as President of our Association. Her work was so pivotal to the progress we made this year.

Finally I would like to acknowledge the great service over many years of two department heads who have left CHSA this year. Judy Weenk, Head of Physical Therapy and Shelley Newfeldt, Head of Diagnostic Services have provided excellent leadership and patient care for close to thirty years at our Clinic. We miss them! 

Department Reports

Clinical Support Services

By Bev Brown, Director of Clinical Support Services

Reception

The Reception Department provides frontline support to patients, staff and members. We handle numerous requests and inquiries, arrange appointments both inside and outside the clinic, register new patients, maintain physicians' appointment schedules, provide data entry services and statistics, and promote the benefits of membership in the organization.

In September of 2004 the organization introduced a new way of booking appointments called "Advanced Access". The aim of the new system is to ensure that patients get in to see their family physician or another healthcare provider in two days. Recent surveys in early 2005 have indicated patients, staff and physicians are very satisfied with the new system. We encourage patients to call us the day or the day before they wish to be seen. However, we will pre-book patients who may live out of town, have transportation needs that have to be made in advance or have personal reasons for needing to pre-book appointments. And, we do ask patients to pre-book complete physicals. Otherwise, call us within a day or two of needing to be seen.

Many thanks to all the receptionists who have done such

a great job of educating patients about the new "Access" system.

We did, in 2004, experience a modest increase in new patient registrations with the addition of a new physician in September. And, we hope to see more new patients join the organization.

Health Records

Health Records consists of four full-time and four casual employees providing services to all healthcare providers in our organization who require access to patient information. The Records staff ensures charts are current, accurate, and handled in a secure and confidential manner. The department manages over 30,000 files operating in a centralized chart system.

The primary purpose of the health record is to document the course of an individual's healthcare and provide a medium for communication among health care practitioners in order to assist with current and future patient care.

The health records staff continues to do an excellent job.

Billing

The Billing department, with the assistance of the receptionists, compiles and submits office, home, and

hospital visits to MCIB. In addition, Billing processes third party medical services that are not covered by Medicare (i.e. insurance forms, highway traffic medicals, Workers' Compensation claims) and maintains an accounts receivable system that was computerized in 2004. Statistics are compiled from data entered by the Billing and Reception departments. Thanks to Bernie Maines and all those who have helped to make changes in the Billing Department over the past few years. ♦

Counselling and Community Services

By Dennis Morrison, Department Head

The Counselling Department's goals for clients are: recovery from emotional distress; recovery of, or development of, fulfilling interpersonal relationships and social roles; and, restoration of, or improvements in, the social, financial, and living conditions that affect a client's well-being.

The Seniors Program services (1.32 positions) include counselling, case management, advocacy, seniors groups, and a volunteer visiting program. This year we secured a grant to do an evaluation of the seniors' group program. This qualitative research project, conducted in conjunction with a U of S research team, will help determine the benefits and future directions of the program.

The Aboriginal Seniors Program (.5 position) provides counselling, case management, advocacy, translation, cultural connection, and a group program for Aboriginal seniors. A growing number of Aboriginal seniors are joining the group program. Volunteers make an important contribution to this program. Presentations were made to the Saskatchewan Association of Health Organizations on the health needs of Aboriginal seniors and on our program model.

The General Service Program (3 positions) provides individual, couple, and family counselling. A half-time position vacated in October 2002 was filled in April 2005 for a one year term. This has reduced the wait time for counselling that is not 'urgent'. A presentation on "Counselling in Primary Health Care" was made to the Canadian Association of Social Workers national conference in March. A year long project on client satisfaction was completed at the end of March and a project on an outcome indicator for counselling was begun in April. We had significant turn over in staff in this area this year.

The Aboriginal Counsellor (1.0 positions) at the Westside Clinic provides counselling, case management, advocacy, and matching with cultural and other community services for low-income Aboriginal clients. The social worker in this

position, and other Westside staff, are very busy responding to the mental health and social needs of this population.

Counsellors were active on Clinic committees and in partnerships in the community that contribute to achieving CHSA's goals of equity in health outcomes and healthy public policy. ♦

Diagnostic Services

By Joan Spicka, Deputy Director

Diagnostic Services at the Clinic continue to develop as more information is required to provide for suitably effective support of client care.

Diagnostic Services includes the Laboratory, ECG, and Radiology departments. Laboratory performs 50 tests on site. Home visits to draw blood are available if requested by the doctor.

Radiology offers all basic x-ray procedures. Ultrasound and special procedures are booked through the Radiology Technologists. ECG tracings are performed and read on-site.

Our workload continues to cause concern. Units and client visits are on the rise. It is an on-going challenge for staff to accommodate increasing demands for direct service, technical requirements, and continuing education. Your patience is appreciated if you experience a short wait as we do our best to provide the highest quality service possible.

Modern analyzers make test results available more quickly and in a more standardized format. Newer analyzers also incorporate increased safety features into their designs to protect Technologists' health. Donations toward



Karen Kallio, Lab Technologist using new hematology analyzer.

equipment purchases are very important and very much appreciated.

In the last year the lab has implemented a new hematology analyzer. This instrument combines quick, consistent testing with compact, quiet technology. We report 400 - 500 results per month from this analyzer. Thank you to those members who directed donations towards the analyzer.

In February, 2005 we began to use an information management system specific to our Lab. It collects results and control values from three analyzers. All results are now reported in a single unified format. Our need to buy, print, store, and file multiple forms has been much reduced. Our goal is to maximize time spent maintaining and improving lab services.

In April, 2005 the Lab and Clinic said goodbye to our leader, co-worker and friend, Shelley Newfeldt. In her 32 years at the Clinic, Shelley made outstanding contributions to the Lab and Clinic as a whole. She leaves us to become Cluster Chief at the Cowichan Health Region in British Columbia.

Many consider the Lab to be a work area occupied by technologists and equipment. In fact, the medical laboratory is a process that begins and ends with the client. If you want to give us feedback, contact Joan Spicka, Deputy Director, Diagnostic Services. ♦

Environmental Controls

By Patrick Coulterman, Department Head

The Department oversees the operations of the Clinic's physical environmental controls, which includes housekeeping, building security, stationary equipment maintenance, grounds, and the general maintenance for Clinic property and non-medical equipment.

We have the on-going challenges of maintaining a safe, healthy and pleasing environment while incorporating constant improvements to achieve efficiency and conservation. It is essential that we work closely with the Clinic's Occupational Health and Safety Committee, in which we generally have at least one of our department staff participate. Many of the issues that this committee deals with usually involves our Department, for example, fire safety, security, air and space issues, building cleanliness and other emergency measures.

<i>Saskatoon Community Clinic Foundation</i>			
	2002	2003	2004
Number of Donations	415	506	348
Amount of Donations	\$49,275	\$88,420	\$66,068

Our staff includes three regular cleaners, one part-time maintenance worker and one full-time maintenance supervisor. This department also shares some relief staff from the Westside Clinic and Records/Reception for housekeeping. We would also like to thank Ms Shirley Parsons, volunteer gardener, who has contributed so much for all these past years in keeping our flower garden so beautiful.

Some of the major costs for this past year has been the windbreaker addition at the rear entrance, the air conditioner cooling coil replacement, and some new armchairs in the waiting areas for easier mobility. In the new year we hope to improve our humidification system to make it more energy and cost efficient.

The Saskatchewan Environmental Society hopes to continue monitoring for us, over the next few years, our energy consumption with relation to on-going upgrades. We engage in these energy efficient programs not only for the purposes of dollar savings, but also in hope of making some effective contribution towards the betterment of the whole environment.

We'll also be continuing to upgrade some flooring and woodwork throughout the physician, nursing and examining rooms.

The Clinic, with the support of the Saskatchewan Environmental Society, was involved in an Energy Conservation Audit. The purpose was to determine where it might be able to conserve energy, thus reducing costs, as well as implementing measures to benefit the environment. We hope to implement some of their recommended strategies over the next year or so. ♦

Information Systems

By Karen McClarty, IT Co-ordinator

The Information Systems (IS) Department is responsible for IS project development and management, as well as on-going operation of all components of the computerized Information System. This includes support for users, hardware, software and network management; supervision of contracts with vendors; and managing licensing obligations. The department functions to assess and respond to system changes and must facilitate upgrades, communication, reporting and training.

The IS department continues to provide support for a number of reporting initiatives and projects including the Advanced Access initiative. We continue to provide monthly and quarterly departmental statistical reporting services to the Clinic.

The majority of our computer equipment has become obsolete. We will be replacing most of our hardware and software in 2005-2006.

Member Relations

By Ingrid Larson, Membership Director

The primary functions of the Member Relations Department are to:

- Retain, recruit and involve members in the affairs of the Association;
- Undertake member and public communication activities including the member newsletter Focus, the web page, media liaison, brochures, videos, information displays and Foundation promotional materials;
- Handle member complaints, concerns and compliments;
- Advocate for the health interests of the Association's members and users both within the Clinic setting and the community-at-large.

The Member Relations Department, working with members of the health care team, has played a central role in the implementation of Advanced Access. Ingrid Larson, has chaired the Advanced Committee and provided research support to the project. Prior to implementing the model the Department, with the assistance of student, Kristen Holfeuer, surveyed over 300 clients to gain their views on access and other issues of care at the Community Clinic. A post-program administration of the "General Practice Assessment Questionnaire" will be conducted in October 2005. Thank you to the all the clients who participated in this survey. Your feedback is very important.

A special members meeting was held November 30 to provide feedback to the Board on key strategic planning goals. The department is now working with Political and Social Action Committee and the Member Services Committee to develop strategies to implement those goals.

We were pleased to continue to support the Political and Social Action Committee in many of its actions that it took during the year on issues ranging from improvements in social assistance rates to pedestrian safety to the cosmetic use of pesticides. This committee is an example of how a small dedicated group of individuals can make a significant impact in the community.

Thank you to all of our volunteers, Board and committee members, and the staff of the Member Relations Department for your dedication and commitment to our health care co-operative. ♦

Student Experiences 2004/2005

Counselling Research Student	1
Dietetics and Nutrition Undergraduate Students	6
Education Students (Group Presentation).....	1
ICUSP 1 - Day Plunges.....	100
Medical Students/Medical Residents	60
Nursing Students	2
Nurse Practitioner	5
Physical Therapy Clinical Practicum	1
Youth Care Program Students	3

Medical Group

By Dr. Carla Eisenhauer, Head of the Medical Group

We welcomed Dr. Ibrahim to the Medical Group in the fall of 2004. Drs. Haigh and Loftus entered into a job share in July 2004. We are saying goodbye to Dr. Friggstad in May 2005. We wish him well. Dr. Eisenhauer has resigned as Head of the Medical Group effective September 2005, or sooner, if a replacement is found.

We have worked hard in the last year to improve access, for our clients, to family physician care. Our backlog of clients was eliminated and the Advanced Access process was initiated in September 2004. We have weathered a few bumps in the road and are now thrilled with the positive outcomes and comments we have received about Advanced Access. The results are impressive. On average a client waited 36 days in March 2004 for a complete physical; in March 2005 they waited on average 3 days. For regular appointments a client waited on average 9 days for an appointment in March 2004; in March 2005 they waited on average 3 days. Thanks to clients and all our staff for your great support of this venture!

Our physician group continues to be actively involved in teaching of medical and other healthcare students and residents. Dr. Eisenhauer won the 1st Community Family Physician of the Year award for teaching. She was nominated for her presentation to first year medical students on "Poverty and Health" and for teaching medical ethics. The Poverty and Health presentation was a collaborative with other Westside Community Clinic workers; Del Doucette, Cheryl Hand, and Mary Dunlop.

Dr. Louise Gagné received her fellowship in Integrative Medicine from the University of Arizona in 2005. Practitioners of integrative medicine aim to offer patients the best of both conventional and alternative medicine. We congratulate Dr. Gagné on her work in this area.

From all family physicians in the Health Region, Dr. McMahon was voted by readers of Planet S magazine as the #1 family physician in Saskatoon with Dr. Rajakumar receiving the runner-up award. We were very happy to hear

about these results and congratulate Drs. McMahon and Rajakumar for this well-deserved recognition.

The Medical Group has worked co-operatively with others to assess quality and continuity of care, physician utilization data, role review, and physician workload analysis.

The Medical Group is proud to be involved in the development of primary health care central teams and has especially enjoyed working with our Nurse Practitioners. We are pleased to be working co-operatively with the CHSA Board on Strategic Planning and future primary health care developments. ♦

Nursing Department

By Cheryl Hand, Director of Nursing

Nurses work with the community, families and individuals, to provide clinical care, to advocate and support healthy lifestyles and health promotion practices and to ensure safe, caring and quality nursing care.

All of the Clinic's nurses provide primary health care and work as part of an inter-disciplinary team. We have office nurses who work at the main clinic; community mental health nurses who work from our Mel Langer building, and an office, primary care nurse practitioner and a part time outreach nurse at our Westside Clinic. We continue to offer footcare, diabetic teaching, influenza (flu) immunization, and pre-school immunizations. This year we added ante-natal and post-natal screening of the women's feelings as part of our obstetrical care. We plan on introducing diabetic screening shortly.

Last year we expanded the nurse's role at Westside Clinic when we hired Delvena Doucette as Nurse Practitioner. This year the Clinic was approved as a primary health care site so we are presently recruiting a Nurse Practitioner for our main clinic.

Staff from the nursing department are actively involved with many internal Clinic committees. This year there has been a particular emphasis on development of chronic care management for arthritis and diabetes and advanced access introduction. The nursing role at the Clinic continues to evolve and expand as we further develop our primary health care teams.

Health Information Centre

Linda Main, Health Information Centre Co-ordinator, responds to individual requests from clients, family caregivers and health care providers and keeps our printed and audio visual resources up-to-date. In addition, she supports many of chronic disease management programs at the Clinic and puts up timely health promotion displays in the Clinic.

Awasis KidsFirst Program

The Awasis KidsFirst program is a home visiting program which works with high-risk families in six westside Saskatoon neighbourhoods. The program is a partnership with the Saskatoon Regional Health's, Women and Children's Health, Primary Health and Public Health Services. It is a voluntary program where mothers are initially screened during the pre-natal period or at Royal University Hospital at the time of their child's birth. We have two home visitor co-ordinators and ten home visitors.

The KidsFirst Program is a strength based support program to help families become the best parents they can be and to have the healthiest children possible. We are presently working with 87 families in the program, and have 25 families waiting for assessment. KidsFirst has initiated a new provincial data collection system called KIMS this past year. Saskatoon KidsFirst is just completing an evaluation with families on how the program is doing. ♦

Nutrition

By Carol Armstrong-Monahan, Department Head

The primary responsibilities of the Clinic's Nutritionist are to provide counselling for diet related medical problems, develop and implement education programs, and participate in community development initiatives. Carol Armstrong-Monahan fills this position.

The past year has been one of additions and changes in the Nutrition Department. The nutritionist position has been split into two major focuses: diet, nutrition counseling and health promotion. Health promotion includes chronic disease management and community development. In the area of chronic disease management, Carol is instrumental in developing a computer program that will assist in the follow-up and care of people with diabetes, pre-diabetes conditions and those at risk of developing Coronary Artery Disease. To accommodate the large number of people requiring education and support for these chronic diseases, she has introduced group educational programs.

Carol's work in the community includes continuing involvement in the Collective Kitchen Partnership, an initiative to establish and support collective kitchens in the Saskatoon community. This initiative is very busy. Each year the initiative offers a 2 ½ day collective kitchen leadership training workshop, a 7-session Healthy Eating/Active Living series and three to four "Grub and Gab", community discussion and learning events. The goal of the Partnership is to offer learning opportunities for community people to strengthen their knowledge and skills in the area of food, nutrition, food security and active living.

Diabetes prevention and management for Aboriginal people is another focus. Carol, together with two

representatives from the Saskatoon Health Region, have worked hard to secure two year funding for a half time Community Diabetes Outreach Worker. This individual will be hired in May, 2005 and will provide programs and services to people with diabetes living in the core neighbourhoods. The Outreach worker will work out of the Westside Community Clinic. With the addition of the Outreach Worker, the Westside Clinic will move from offering diabetes management programming once a month to weekly sessions. Development of this position, jointly funded and of benefit to the Clinic and the Saskatoon Health Region, is a great example of the Clinic's efforts to partner with the Region in providing needed programming for people living with chronic diseases.

Every year is full and busy in the Nutrition Department. The focus for the upcoming year will be split between enhancing diabetes management programming at the Westside Community Clinic and developing chronic disease prevention and management programs for both Westside and the Main Clinics.

The Nutritionist also promotes the use of the Good Food Box for our Clinic members, users and staff. The Good Food Box is an alternative food distribution system that provides a variety of nutritious foods at an affordable price. For Clinic members and users who do not have easy access to transportation, volunteers drop off the boxes at their homes. ❖



Member Michael Brockbank with Nutritionist Carol Armstrong-Monahan at educational group.

Occupational Therapy

By Brenda Goossen, Department Head

The Occupational Therapy Department provides community based services. The goal is to assist clients with disabling health conditions to achieve their occupational goals in areas of self-care, work and leisure.

Services include recommendations on how to cope with self care, household and leisure tasks while living with disabling conditions. Recommendations can also be made regarding equipment and work practices that reduce risk of repetitive injuries at work.

The Occupational Therapist (OT) works in partnership with other Clinic staff to provide two group programs: one for seniors living in the community and a women's cooking group.

Within the organization, the OT is a member of the Client Care Committee and the sub-group looking at chronic disease management. The OT, along with a number of other Clinic staff, attended the Get A Grip workshop, sponsored by the Arthritis Society, geared at ensuring best practices are followed in the treatment of those with arthritis. This initiative has supplied the Clinic with a number of educational resources for Clinic clients as well as practice guidelines for staff.

At the community level, the OT is a member of the Saskatoon Falls Prevention Consortium, which is working on strategies to reduce the risk of falls in the senior population. Fall injuries often lead to long term disability, loss of independence and even death and so are an important focus for prevention efforts.

The OT is also involved with a group of other OTs whose focus is to review the best practices in dealing with pressure sores, a growing issue for community health workers and their clients. This initiative involves both lobbying government and advocacy on behalf of clients.

The department has one full time OT. ❖

Pharmacy

By Marilyn Mearns, Department Head

The Pharmacy Department provides pharmaceuticals, patient counselling and drug education to patients, staff and members.

Our current staff complement consists of pharmacists, pharmacy technicians, and delivery personnel. We welcomed recently to our department, Pharmacist, Janice Brenner who brings a wealth of information regarding wholistic and botanical medicines.

All of our pharmacy staff provide the best in pharmaceutical care and work as part of a multidisciplinary team. We continue to provide delivery of prescriptions; when requested, bubble packaging of medications; patient counselling; drug interaction information; and continually strive to provide pharmaceuticals at the lowest price by utilizing generic products whenever possible. We purchase pharmaceuticals directly from manufacturers. Our pharmacists regularly communicate with your physician and other health care providers so that your care is coordinated and right for you.

It is a challenge to balance our workload in a timely manner. Despite these challenges, we wish to thank our many clients for their cooperation and patience especially at

busy times.

We encourage those who use our services to order prescription refills a few days before the refill is needed. This helps us significantly in ensuring that you have your medications in a timely manner.

I would like to extend my heartfelt thanks to all my staff for their dedication and their hard work and continued commitment to our department and for providing the best in client care. We look forward to serving you again this year.

Physical Therapy

By Judy Weenk, Department Head

The Physical Therapy Department provides assessment of physical function, treatment of physical problems caused by pain, injury, disease or other condition, client education and health promotion activities. The goal of physical therapy is to work with our clients to develop, maintain and maximize their independence and to prevent future dysfunction. All physical therapists are licensed by the Saskatchewan College of Physical Therapists.

Besides providing individual clinical services, staff members participate in Clinic activities and on various committees (Client Care, Occupational Health, and management committees). We provide clinical placements for U of S School of Physical Therapy students and we continue to work closely with Saskatoon Health Region Physical Therapy Services. Staff are taking active roles in Chronic Disease Management programming and are participating in the research project "Getting a Grip on Arthritis", sponsored by the Arthritis Society.

Physical Therapy is a busy department, providing service to 912 different clients in the past year, an 11% increase from the 2003-2004 year. We accept referrals from our Clinic doctors or referring specialists. We are a primary treatment center for Worker's Compensation Board and Saskatchewan Government Insurance.

The department completed a Client Satisfaction Questionnaire in January and February in order to get feedback on the service we provide. Our clients/patients were very pleased and satisfied with the physical therapy treatment they received.

Because the Director of the department is retiring this spring, the department will be short staffed for a while, but still hopes to provide timely quality service as in the past. ♦

Secretariat

By Coreen Usselman, Department Head

The Secretariat Department provides secretarial services to Administration, the Board of Directors, Department Heads, the Medical Group, the Saskatoon Community

Clinic Foundation, and the Saskatchewan Community Health Co-operative Federation Ltd.

Staffing remained the same this year.

Coreen Usselman serves as Board secretary. Our Board of Directors is always happy to hear from our members. If you would like to leave a message for a Board member, please call Coreen and she will forward your message to them. ♦

Community Clinic - Westside

By Cheryl Hand, Westside Clinical Coordinator

Westside Clinic provides primary health care services to meet the physical, emotional, and social needs of our clients. We are an inner city satellite of the Community Clinic located on 20th Street in the Riversdale area of Saskatoon.

We provide physician services at Westside for five drop-in mornings and four afternoons. Dr. Stephen Helliar works seven half days there and Dr. Margaret McMahon works the other two. Delvena Doucette is our full-time Nurse Practitioner at Westside. We have one full-time office RN, an Aboriginal counsellor and a Native Health worker. We have 1.75 reception positions and a part time community outreach nurse. The demands on our services continue to increase daily and we are always looking for creative ways to partner to increase our resources at Westside.

Several programs continue to be offered at Westside. The parenting classes and parent support program are offered twice a year. We continue to offer a drop-in Kids Clinic for childhood immunization and parent resource centre.

We have drop-in prenatal and postnatal classes offered by Food for Thought on Thursday afternoons and our kitchen is used by Food Not Bombs on Sunday afternoons to offer soup to the community.

Diabetes Morning is offered once a month but we are presently recruiting for a Diabetic Outreach Worker whose job will include expansion of diabetic programming. This position is a two-year joint partnership with some funds coming from the Saskatoon Health Region. The project is described more fully in the Nutrition report.

We continue to work with a large number of student placements at Westside along with sessions called Community Plunges organized through IICUSP (International Interdisciplinary Community University Student Partnership). Their purpose is to provide community experience for students. We have also been involved with the Student Wellness Initiative Towards Community Health (SWITCH), an interdisciplinary group of university and community college students who are hoping to establish an evening and weekend health care clinic with related health promotion programming in the core neighbourhoods. ♦

<i>Statistical Overview</i>		2002/03	2003/04	2004/05
Awasis KidsFirst	Families Supported	90	88	87
Counselling	Referrals	173	226	243
	Visits	6028	5861	5618
Laboratory	Visits	16215	16056	16234
	ECG	1396	1194	1267
Membership	New	201	109	86
	Voluntary assessments paid	3590	2861	2743
	Current member households	5005	4794	4676
Native Health Worker	Visits	1662	2375	2870
New Patients Registered	Main Clinic	1141	703	1163
	Westside	303	364	316
Nursing				
Nurse Practitioner		N/A	1573	2259
General Nursing (Main/Westside)	Visits	13550*	41075	42405
Community Mental Health Nursing	Referrals	23	24	16
	Visits	1526	1611	1509
Footcare Nursing	Referrals	22	18	18
	Visits	326	333	368
Community Outreach Nursing	Visits	798	568	926
Nutrition	Referrals	238	218	220
	Visits	764	669	666
Occupational Therapy	Referrals	260	369	313
	Visits	1096	1148	1110
Pharmacy	Rx Filled	35119	34908	34893
Physical Therapy	Referrals	758	862	952
	Visits	4939	5071	4472
Physician Services	Total Visits	48780	48613	48325
Radiology	Visits	2477	2164	2298
Westside	Physician Visits	4205	4189	3167

Departmental Summary

Administration
Patrick Lapointe,
Administrator

Accounting
Grant Ward,
Department Head
3.40 fte*

Awasis KidsFirst
Cheryl Hand,
Department Head
12.21 fte

Clinical Support Services
Bev Brown,
Department Head
15.99 fte

Counselling
Dennis Morrison,
Department Head
6.51 fte

Diagnostic Services
Shelley Newfeldt,
Department Head
9.40 fte

Information Systems
Karen McClarty,
Co-ordinator
0.50 fte

Maintenance
Patrick Coulterman,
Department Head
4.00 fte

Member Relations
Ingrid Larson,
Department Head
1.50 fte

Nursing
Cheryl Hand,
Department Head
9.38 fte

Nutrition
Carol
Armstrong-Monahan,
Department Head
1.00 fte

Occupational Therapy
Brenda Goossen,
Department Head
1.00 fte

Pharmacy
Marilyn Mearns,
Department Head
4.61 fte

Physicians
Dr. Carla Eisenhower,
Head of the Medical
Group
13.0 fte

Physiotherapy
Judy Weenk,
Department Head
4.44 fte

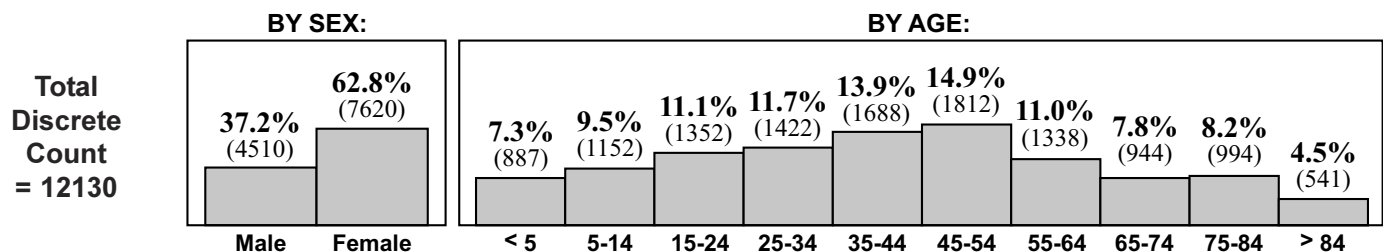
Secretariat
Coreen Usselman,
Department Head
2.79 fte

Westside
Cheryl Hand
Co-ordinator
6.71 fte

* full time equivalent staff

* December 1, 2002 - March 31, 2003

Community Clinic Discrete Count Statistics for the period from April 1, 2004 to March 31, 2005



Discrete Count Definition: The Total Discrete Count represents the number of different patients who had at least one contact with a service provider at either the Main or Westside Community Clinics within the date range selected.

Did You Know?

- Community Health Services (Saskatoon) Association was founded in 1962 by pro-Medicare doctors and citizens. The Association sponsors the Saskatoon Community Clinic. It is one of five similar Associations in Saskatchewan united under the Community Health Co-operative Federation.

- The Community Health Services (Saskatoon) Association has approximately 5,000 member households representing close to 11,000 adult members. Most members live in Saskatoon and the surrounding rural areas.

- Close to one hundred and thirty staff are employed by the Association. They work out of four sites located at 2nd Avenue, 1st Avenue and 20th Street West. The Clinic also provides physician and laboratory services to the Delisle Community Health and Social Centre.

- The Clinic's annual operating budget is approximately \$9.2 million, the majority of which comes from Saskatchewan Health. Additional funds are received from other government sources, fee-for-service and member fees. Some Clinic programs are also funded through donations received through the Saskatoon Community Clinic Foundation.

- The Saskatoon Community Clinic Foundation, founded in 1968, is a registered charity established to provide funds for health research, the provision of programs at the Community Clinic and support for new and innovative projects.

Community Health Services (Saskatoon) Association Ltd.

Mission

Our mission is to help our members, the people who use our Clinic and those who live in our community gain health and well-being through a co-operative partnership of consumers and providers of health services.

Values

In search of a better future, we are guided by a set of values.

We believe:

- People who use our health services should help decide what our services will be and how our services will be offered to the community.
- People's health needs are best met by an active partnership between the people who use health services and people who offer them.
- Co-operative community clinics, run by the people from the community, are an ideal way to provide health services.
- Health care services people need should be: universal; accessible; comprehensive; portable; and publicly administered.
- When health care providers work together as a team, our users benefit.
- People have a responsibility and a right to support and control their own health. Our role is to support them to act on their responsibility and right.
- Social and economic factors such as racism and poverty can profoundly compromise the health of the people we serve. We will act socially and politically to eliminate the negative effects of these factors on people's health.
- People should have equal opportunity to achieve health and well-being. They should also have equal opportunity to receive health services according to their needs.
- We must make responsible use of the public and member funds provided to support our services by ensuring they are used effectively, economically and efficiently.
- We need to dedicate ourselves to ensuring our services are accessible to all individuals and groups in need of them in our community.

The CHSA Mission and Values statement was developed as part of the 1994-95 strategic planning process.