

Focus

Saskatoon
Community
Clinic
"Your Health
Care Co-op"



Fall, 2020
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Community Health Services (Saskatoon) Association Ltd.
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Long-Term Care in Canada: Need for Change

By John Sheard and Michael Finley, Seniors Advisory Council Members

There is no question that the devastating impact of COVID-19 on elders in long-term care homes across the country has brought to light a need for fundamental change. Saskatchewan was fortunate to not experience the ravages of COVID-19 that occurred elsewhere in the country. Nevertheless, the virus exposed shortcomings in the long-term care system everywhere. Now that we are learning to live with COVID-19, it is time to begin planning for a revitalized long-term care system in the province.

As many as 85 per cent of Canadian deaths from COVID-19 have taken place in long-term care homes, one of the highest rates in the world. How could this happen in a country like Canada, with a world-renowned health care system?

The reality is that long-term care falls outside of the

Canada Health Act and is chronically underfunded. Low wages for continuous care assistants, lack of benefits such as sick leave, reliance on too many part time workers with no benefits at all, and the scarcity of personal protection equipment contributed to the worker shortage that led to so many deaths.

One measure of the quality of care in long-term care is the number of nurse and continuous care assistant hours spent with each resident per day (hprd) to help them with bathing, toileting, meals, mobility and importantly, personal connection. The often-quoted national standard for nursing and continuous care assistant staff is 4.0 hprd.

Some provincial rates are: B.C. 2.25-3.5, Ontario 2.55-3.1 and Saskatchewan 1.47 hprd. Saskatchewan's minimum standard of care in 2004 was 2.0 hprd, however the newer guidelines do not include any hprd standards. That is unacceptable.

Now is the time for change, given that the number of elders in Canada is projected to double in the next ten to twenty years.

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Community Health Services (Saskatoon) Association Ltd.

Annual General Meeting

Due to COVID-19 social gathering restrictions the AGM will be held virtually. Pre-registration is required.

September 29, 2020, 6:30 p.m.

Registration: You must pre-register for the meeting by September 22, 2020 by emailing AGM@communityclinic.ca or phone (306) 664-4265.

The AGM will include elections for three Board members, and one Communications Committee member.

See page 5 for further details.

One-third of Canadian seniors over the age of 85 already live in a group residential setting. In Saskatchewan there are 152 special care homes serving care Level 3 and 4 residents, of which five are currently private for-profit facilities. The total number of beds declined from 9,240 in 2001 to 8,517 in 2018. There have been a subsequent 126 bed closures. This is a loss of beds at a time when demand is increasing.

The recent budget announcement of funding for two new long-term care homes is a much-needed step in the right direction.

There are concerns around the quality of care in the private system. In Ontario, there have been four times as many deaths in for-profit care than there has been in not-for-profit care homes. In British Columbia, about 2.7 per cent of publicly managed homes experienced an outbreak, compared to about 12 per cent of for-profit facilities. In British Columbia, not-for-profit care homes spend \$9,000 a year per resident more than for-profit homes and pay care aides close to 30 per cent more.

Research in many countries has consistently demonstrated that residents in private, for-profit care homes generally have poorer health outcomes than those in not-for-profit care. We do not have for-profit hospitals in Canada, and neither should we have for-profit long-term care.

The lack of transparency and accountability in long-term care continues to be an ongoing problem.

Independent seniors' advocates in other provinces have

the ability to investigate care home practices and report publicly, providing a level of oversight and community accountability that would be welcomed by patients and families in Saskatchewan.

Denmark and other European countries are leading the way in long-term care reform. Expanded and upgraded homecare services, limiting long-term care homes to no more than fifteen residents, and locating them in residential neighborhoods provides a more homelike experience and community involvement. There is no reason why Saskatchewan should not do the same.

Expanded homecare services should also be promoted. One Canadian health care executive recently stated, "Two of the key lessons of the pandemic are: home is a safe place to be and home is where people want to be."

To make this a reality, let's focus future elder care spending on a balance of quality, affordable and accessible homecare and public, not private, long-term care homes in community settings. Let's create the kind of long-term care system that reassures Canadians that they can age with the safe, competent supports they need.

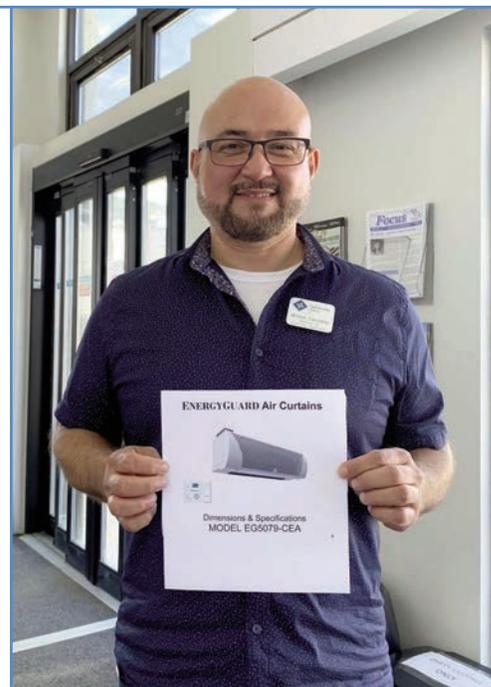
Sheard is a retired biology professor with a family member in long-term care. Finley is the retired research director of the Saskatchewan Law Reform Review Commission. Both are members of the Saskatoon Community Clinic Seniors Advisory Council. This opinion piece was original published in the Saskatoon Star Phoenix and the Regina Leader Post. A follow-up letter has also been sent to Premier Moe. ♦

Thank you to the Foundation

The Saskatoon Community Clinic Foundation recently approved funding to install an air curtain for the back entrance of our downtown building. According to Wilson Carcamo, Director of Facility Operations, "Installing this air curtain will save on energy costs, increase patient and staff comfort, minimize dust and fumes entering the building and decrease a number of maintenance problems we experience at the back entrance on cold days."

The air curtain is only one of many equipment purchases for the Clinic thanks to donations made to the Foundation. If you wish to donate to the Foundation, you may drop by the main reception at the Downtown Clinic, phone the Member and Public Relations Department at 306-664-4250, or contribute through canadahelps.com.

All donations, large and small, are greatly appreciated.



Statement from the Board of Directors on Anti-racism Actions

The CHSA Board of Directors believes that our co-operative should acknowledge the issue of anti-Black, anti-Indigenous and anti-people-of-colour racism. The Board reaffirms our commitment to being an anti-racist and anti-oppressive organization and to date has taken the following actions:

1. We have a strategic focus on Indigenous persons' health and well-being guided by the Truth and Reconciliation Commission's Calls to Action and our Indigenous Advisory Council.

2. We continue to seek out, and participate in opportunities to increase our awareness and understanding of issues that impact our clients. For example, we conduct Kairos blanket exercises with clinic staff, board members and representatives of partnering agencies. This 90-minute

workshop aims to foster understanding about our shared history as Indigenous and non-Indigenous peoples.

3. The Board's advocacy priorities include improvements in health and social policy as it affects Indigenous persons and refugees.

4. We are championing trauma-informed care in our clinical settings.

5. We continue to support the refugee health clinic held weekly at our Downtown Clinic.

We will continue to work with members of racialized communities to determine other actions we might take to support their calls for justice in addition to asking our Values Committee to articulate reflections and/or actions into the future. 

New! Child and Youth Counsellor

The Counselling Department is pleased to announce that our new Child and Youth Counsellor will be starting work on September 14th. He will be seeing patients age 5 to 18 and their families. Parents may contact Reception at 306-664-4283 to provide referral information. This is a new, long awaited service for Clinic families and we look forward to this addition to our team.

Consent for Electronic Communications

Due to the COVID – 19 pandemic the Community Clinic's health care providers are communicating with patients electronically by email or text when appropriate.

In order for members of the health care team to communicate with you electronically regarding any private health care information, patients must complete a consent form. This helps ensure that that any risks are explained and understood and that email and cell phone numbers are accurate.

The consent form will be provided to you if this form of communication is recommended. A member of the Health Records team is available if you require assistance in completing the consent form or have questions by emailing HIM@communityclinic.ca.



Thank you for your understanding as we increase the amount of electronic communication with patients. 

Saskatoon Community Clinic Foundation Contact Opt Out

As you know, the Saskatoon Community Clinic and the Saskatoon Community Clinic Foundation have worked together since 1968 to improve the services, and ultimately the health outcomes of the members and clients we serve.

The Saskatoon Community Clinic Foundation, on occasion, may contact Community Health Service (Saskatoon) Association members directly regarding Foundation activities, updates, and donation requests.

Should you wish to opt out of this direct communication, please contact the Saskatoon Community Clinic: member.relations@communityclinic.ca or 306.664.4265 to notify us accordingly.

Board of Directors Year-End Report

By Karen Cederwall, President

It has been another exciting year of growth and collaboration, which would not have been possible without the dedicated work of our staff, volunteers and our Board of Directors. Due to physical distancing requirements the AGM will be held virtually with the meeting details provided in this issue of Focus.

The end of the fiscal year, March 31, 2020, has, with the onslaught of COVID-19, reaffirmed our theme of focus over the past 12 months: as the world around us changes we must also be willing to do so and by being responsive, timely, and strategic, we continue to serve at the very heart of the community. We are committed to building upon the success of the past to create a stronger future, strengthening organizational capacity by managed growth of our programs and services based on resources and expectations.

We strongly believe that working in collaboration and partnership is the key to addressing health equity issues and we continue to build, maintain and forge these important partnerships for the health of our society, working collaboratively to innovate and deliver services. Over the past year we have shared with you the successes realized through the efforts of many working toward a common goal: the fruitful campaigns of the Saskatoon Community Clinic Foundation and resulting benefits to our members; expansion of service delivery as part of Connected Community Care (Phase II); and the foundational planning of the One Roof initiative, a one-stop service hub to serve people where it is needed most.

Another noteworthy collaborative is our work with the Community Health Co-operative Federation, of which the Saskatoon Community Clinic is a member. To many this work is invisible, but of the utmost importance. The Federation, consisting of four community clinic cooperatives in the province, works collaboratively to promote and protect the principles of the primary health co-op model, identify common strategic priorities, and continues to advocate as one voice to government on the importance of health promotion, disease prevention, and holistic, interdisciplinary approaches to care.

Addressing the social determinants of health and

improving health outcomes and quality of life in our city will always be of paramount importance to the Association. Believing that CHSA has a key role to play in advocating for the populations we serve while remaining true to our values, our Values Committee upon evaluation of staff and member feedback, has developed a new proactive advocacy plan to be unveiled this next year. We remain committed to addressing and advocating on matters that affect our communities as brought forward by our members.

As a Board we will be continuing to work on all of the strategic planning efforts that are required to move forward with our capital plans, and for us as an organization to be able

to continue to meet the needs of the community as we reposition CHSA for stronger future growth. Our strategic plan is in the final stages; while our overall goals primarily remain steadfast our approach to achieving them will be refreshed and innovated in alignment with the principles of our association. As part of our strategic planning process an independent, unbiased evaluation of the organization was completed, affirming many of the perceptions heard from members, board and staff on where our focus should be directed. One especially important initiative this next year will be defining and sharing with the wider public what makes our

co-operative the most excellent choice for health care. While we continue to provide service to people who have been members of the CHSA, some for a span of over 50 years, it is also imperative we reach out and involve the many new individuals, families, and communities that share and fundamentally support our vision.

In closing to this message and my term on the board, I would like to say thank you to my fellow board members for their dedication in ensuring we remain true to our strategic objectives and providing exceptional governance. Thank you to our Executive Director Lisa and the leadership team, your skill and commitment to our members, patient health and wellbeing, and the organization as a whole is recognized and greatly appreciated. Thank you to our front-line staff and care givers, administration, volunteers and students who contribute in so many unique ways to make our clinic(s) the exceptional health care co-operative our members know it to be. Last but not least, thank you to our members, who continually support us along the way. ❖



L-R: Heather Hale, Patrick Lapointe, Karen Cederwall, Marianne Jurzyniec, Fran Forsberg, Sherri Swidrovich, Gertie Paul
Not Pictured: Jaris Swidrovich, Patti Warwick



Annual Meeting Notice



Community Health Services (Saskatoon) Association Ltd.

Due to COVID 19 social gathering restrictions the AGM will be held virtually. Pre-registration is required.

Date and time of virtual meeting: September 29, 2020, 6:30 p.m.

Registration: You must **pre-register** for the meeting by September 22, 2020 by emailing AGM@communityclinic.ca or phoning (306) 664-4265.

Your membership status will be confirmed and a confirmation email will be sent to you with the meeting information.

Agenda

- | | |
|---|---|
| 1. Call to order | 7. Resolutions, recommendations and bylaws |
| 2. Reading and disposal of minutes of preceding annual general meeting | 8. Election of directors and Communications Committee |
| 3. Business arising out of minutes | 9. Reports of special committees |
| 4. Reports of President, Directors, Administrator, Medical Director, Treasurer and other Officers | 10. Unfinished business |
| 5. Report of Auditors and consideration of financial statements | 11. Appointment of auditors |
| 6. Discussion, consideration and disposal of reports set out in Items 4 and 5 | 12. New business |
| | 13. Adjournment |

Elections

Members will elect three Board Directors and one Communications Committee Member at this meeting. If you are interested in running for the Board of Directors or the Communications Committee, please complete and submit the candidates package posted on our website, or contact the Board secretary at (306) 664-4240 for additional information. Biographies received seven days in advance of the meeting will be included in the meeting package.

Members are eligible to vote as follows:

Upon approval of the Board of an application for membership, the member shall be entitled to attend any general or special meetings of the Co-operative and be entitled to vote. Each member will be entitled to one (1) vote only, and no member may vote by proxy. In cases where a member has a spouse or a spouse and dependents who are members (joint or family memberships), the spouse and any dependent who is eighteen (18) years of age or over shall be entitled to vote and shall be eligible to be elected as a director.

Deadline for Resolutions

Resolutions from members are welcome. Members may introduce resolutions from the floor. However, the Board urges members who would like to put forth a resolution to submit them ten days in advance of the meeting. Early submission allows for members to read and consider them in advance of the meeting.

Meeting Materials

Meeting materials are available seven days in advance and will be posted on the Community Clinic website. A link to the materials will be provided to those registered for the meeting.

For more information, phone Member and Public Relations at (306) 664-4265.

Community Clinic Team Adapts Quickly to Continue Meeting Needs of Clients, Patients During Pandemic

By Greg Basky, Medical Writer

When COVID-19 struck Saskatchewan in mid-March, the Community Clinic -- like other health delivery organizations -- was forced to quickly change how it provided care, to prevent the spread of infection among patients and its staff. Here's how the pandemic impacted the day-to-day operations of three of the Clinic's service areas (medicine, therapies, and counselling), including some of the biggest challenges providers faced, and positives that have emerged through the first four months of the pandemic.

Medicine



Dr. Leane Pask

With provincial messaging about social distancing and the importance of staying at home came a marked decline in patients visiting the Clinic. The Clinic's physician group transitioned from having 12 doctors in the Downtown Clinic at any given time to having just two, to treat patients who needed to be seen in person and who had been cleared as virus-free through screening. All of the other doctors and nurse practitioners began doing phone

consults from home, recalls Dr. Leane Pask, who is pandemic co-lead for the Clinic's medical group, alongside Dr. Morris Markentin.

One challenge Pask says she and her colleagues faced -- particularly in the early days of COVID -- was the pace of changes flying at them. Provincial guidance on screening protocols, for example, seemed to change on an almost daily basis, which required the team to have a staff member continually monitoring the government website for updated direction.

The shift to providing the majority of care by phone also meant the Clinic's physicians weren't able to pick up on subtle visual cues they get when seeing patients in person. Pask says it is challenging trying to manage treatment based on your best educated guess -- "empiric management" -- without the benefit of confirmation through physical examination or lab results.

Still, there have been a number of bright spots over the past four months, according to Dr. Pask. Patients are appreciating being able to have scheduled phone calls with their doctor. "You still hear that every day, that they hope that this continues into the future," says Dr. Pask. The pandemic

has also brought the Community Clinic's already tightly knit interdisciplinary team even closer together. "There was a lot more communication and it was validating and reinforcing the team model," says Pask. "It was communication that actually got things done. Things happened as a result of it. You could really see the benefits of everyone being on the same page."

Therapies



Trudy Myers

No sooner had the Clinic's therapies team sorted out how to serve clients virtually, through phone and video conferencing, than the province announced Phase 1 of Reopen Saskatchewan -- which included in-person treatment of non-urgent clients by Physical Therapists (PT) and Occupational Therapists (OT). Client health and safety was the top priority. For patients with

serious health concerns, the Therapies Department walked through the risks and benefits of in-person treatment. Working with her team, Director Trudy Myers sorted out the necessary logistics, which included screening, personal protective equipment, staggered appointments to avoid any overlap of clients in their small treatment area, scheduling therapists so only two were working in clinic at a time -- with the other two serving clients by phone or videoconferencing, and establishing processes to ensure ongoing disinfecting of surfaces. Dietitians shifted to doing most of their appointments by phone, while PTs are supporting clients through a combination of phone, video conferencing, and in-person treatment, and OTs continued to see urgent cases in person in the community, serving some of their clients by telephone, and gradually moved to doing more appointments out in the community.

The Clinic's OTs and PTs have found it challenging to assess clients' condition and progress without seeing them move in person. "As good as video is, it isn't as good as hands-on," says Myers. It can also take longer for patients to describe things over the phone, and video consults bring with them the usual IT hiccups plus the added wrinkle of needing to get camera angles just right so therapists have a clear view of clients. Still, clients have appreciated the care they've received virtually.

Initially, when Therapies shut down all face to face visits, many clients were feeling isolated, particularly the large

seniors population they serve. “There’s the therapeutic part of what we do as Physical Therapists, Dietitians and Occupational Therapists,” says Myers, “but there are also the social connections that are really important, that people appreciate too.”

There have been a number of bright spots though. For Dietitians in particular, follow up visits by phone are considerably more efficient; they can do two 15-minute appointments in the same time it typically takes for one in-person, follow-up session. That translates into additional capacity to serve more clients. As well, many PT clients were able to follow instructions on how to self-manage their own conditions rather than relying on in-person visits -- never a bad thing when demand for appointments outstrips supply.

Myers expects her team will continue providing phone visits and telehealth. “Now that we’ve opened that door, I think it’s another tool that we will be able to continue to use,” she says. It can be effective in treating people who can’t easily leave their home, or who live out of town. Myers acknowledges it’s not the best form of care for everyone, but says there are definitely situations where it is a good fit.

Counselling and Community Services



Joanne Schenn

The transition from in-person appointments to telephone visits working from home was relatively seamless for the Community Clinic’s Counselling and Community Services team, according to Director Joanne Schenn. After some initial hiccups with getting staff connected to office computer networks and phone systems at home, Counsellors quickly pivoted to carrying on “business as usual, except by phone” with their regular clients.

One of the positives from the past four months is that they’ve continued to provide urgent service to clients in-person. Schenn says the pandemic caused a significant uptick in urgent cases. “The virus really increased the general

anxiety in our patient population.”

Clients have been grateful to be able to continue to get counselling -- albeit by telephone. Still, many are looking forward to being seen in person again. Schenn and her counselling team also miss the face-to-face contact with clients. Much of their work involves reading cues and information from body language, gestures, and facial expressions.

The pandemic forced Schenn’s staff to suspend the various health support groups they host in person at the Clinic, including anxiety, depression, and seniors groups. Schenn has been particularly concerned about their large seniors group, many of whom are quite isolated because they live on their own.

“We’ve been trying to stay in touch with the people in our groups without actually coming together as a group,” says Schenn. “But they really miss each other. So that has been a big hole.” Given this age group’s risk of infection and provincial restrictions around gatherings, it will likely be some time yet before they are able resume meetings. The team’s Seniors Counsellor has been making an extra effort to do home visits, most of which take place outside, wearing masks.

Schenn is very much looking forward to having her group back serving clients from their office and “just having the team together.” We’re very team oriented, says Schenn. “And by team, I mean my team, but also the entire interdisciplinary team at the Clinic.”

Looking back over the past four months, Dr. Pask believes the Community Clinic team rose to meet the challenge of COVID-19. Strong communications -- at all levels in the organization -- was key in staying connected as a team and in continuing to meet the needs of the clinic’s members.

“It’s been a time of rapid change and adjustment, and I feel like it really tested our organization’s ability to adapt,” says Pask. “We did a pretty good job. I think we get high marks.”

New! Appointment Reminders

Upon booking an appointment with our Downtown Clinic physicians, nurse practitioners and counsellors, patients will now receive an automated reminder in three ways: text, email and phone call.

You will be prompted to either confirm or cancel your appointment.

If you do not want a reminder, you must choose to opt out by informing the receptionist each time you book an appointment.





Gifts to the Saskatoon Community Clinic Foundation

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John Brockelbank from Gordon & Illa Knudsen
Delores & Art Clarke from Fran Eldridge
Verne Heggstrom from Donna Heggstrom
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From the Estate of Alfred Driedger

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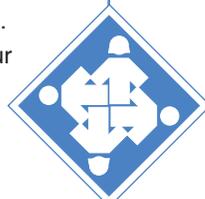
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