



HEALTH CARE NEWS

SPRING 2008 VOLUME 5 ISSUE 3



Working on the Queue

Health Care News

Your feedback is encouraged and appreciated.

Please send feedback to:

Annette Wiebe, Communications Coordinator
Brandon Regional Health Authority
 150A - 7th Street
 Brandon, MB R7A 7M2
 Phone: (204)571-8410
 Fax: (204) 726-8505
 email: wiebeA@brandonrha.mb.ca
 www.brandonrha.mb.ca

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Health Centre working at improving wait times

A new Wait List Facilitator position has been assisting the Brandon Regional Health Authority to improve the manner in which business is done when waiting for tests or surgery. There will be time in between a doctor request for a procedure and when it actually will occur. The goal is to decrease the length of time waiting for procedures

or therapies as much as possible. Val Karton has taken on this role and will strive to help people navigate through the health care system.

"The areas that are being looked at closely are surgery, rehabilitation and diagnostic services," Karton said "any services a patient might have, such as Cat Scan, MRI, Echocardiography or a surgery someone may be having. There

is a focus on ortho surgery or scope procedures in the Gastrointestinal Unit (GI Unit)," explained Karton. "as well as occupational therapy and speech therapy. Those are the wait lists we are concerned about."

Over the past year, the Brandon RHA has accomplished huge gains in reducing wait times for major services that are offered:

BRHC Wait Times:

Surgical Wait List as of February 1, 2008 - **1,094**, One year ago - 1,407
 Knee replacement - **13 weeks** (national benchmark is 26 weeks).
 Cataract surgery - **8 weeks** (national benchmark 16 weeks).

	Currently	1 year ago
CT Scan	2 - 3 weeks	11 weeks
Echo	3 - 4 weeks	26 weeks
Bone Densitometry	3 - 4 weeks	18 weeks

The wait times above have improved significantly over the last few months as a result of increases in hours of service and in the cases of Echo and CT, technology enhancements.

"Even with these reductions," Karton explained that "some people may experience significant wait times, and so concerns about why would be directed to her office and she will work with the patient and family to help understand questions such as "How come the wait? Where am I on

that list? When can I expect to have it done? Why am I not being done right away?" The wait list facilitator will act as an intermediary between the patient and physician. "I am the person that is here to help the patient through the processes. As we go along and I see how the processes are working, I hope to be able to see a way to improve those processes. I need to be looking at that as well."

Karton will also be submitting the waitlist data to MB Health and work-

ing with partners and other stakeholders to determine efficiencies to decrease the lengths of wait.

There is access on the Manitoba Health website for provincial waitlist times. Patients can go and see how long the wait list is for a procedure like an MRI or knee surgery. If interested you can click on the link found on the Brandon RHA website at www.brandonrha.mb.ca.

brandonrha.mb.ca

To contact Val Karton call 578-2155

New Vice-President



Jayne Troop is the new vice-president of community and Long Term Care within the Brandon Regional Health Authority. It is a position that encompasses a broad spectrum of services.

Troop graduated from the University of Manitoba in 1981, and initially worked at the Brandon General Hospital, with short stays in Portage and Gladstone, before returning to the Wheat City in 1984 to work with the Manitoba Government in Home Care. Troop assumed her new role in October of 2007, "and officially moved into the position with Heather Kirkham's retirement January 4, 2008."

"This portfolio is responsible for the services delivered in the Community Programs," explained Troop. "That includes Public Health, Audiology, Mental Health, Home Care, Seventh Street Health Access Center and in Long Term Care."

The two long term care homes that fall under the portfolio are Rideau Park Personal Care Home and Fairview Home. Three other care homes, which are privately run, are Valleyview, Hillcrest and Dinsdale. While they are privately operated, Troop said her position is ultimately responsible that the provincial standards for personal care homes are met.

Each department that falls under Troop's portfolio has a myriad of responsibilities as well. Public Health for example, includes pre and post-natal care, families first home visitors, the midwifery program, sexual health programs, travel health and immunization services, health protection and communicable disease information and follow-up, diabetes and heart health education services, and health promotion and education services for groups and individuals.

Audiology is responsible for hearing screening and audiological testing for infants through to adults.

Mental Health services are also very comprehensive and include the facilities of Centre for Geriatric Psychiatry (CGP), Center for Adult Psychiatry (CAP), and Child and Adolescent Treatment Center (CATC). It also includes community programs such as Westman Crisis Service (a crisis stabilization unit and a mobile crisis team), community mental health services for the adult and elderly populations, psychosocial rehabilitation services, and residential care and support services.

Home Care services provide supports to assist individuals with care needs to remain at home living as independently as possible and to facilitate discharge home from hospital. 7th Street Health Access Center offers a variety of resources including: access to showers, laundry services, computer/internet, and phone for individuals at risk without these services, access to a variety of staff such as service navigators who help link individuals up with the appropriate resources, community health nurses, travel health nurse, housing coordinator to assist with housing needs, itinerant services of AFM, Family Services and Housing, Child and Family Services, and the delivery of programs such as the volunteer income tax program, YWCA family violence outreach programs, and improving access programs to assist our immigrant populations.

"I have had many years of experience with most of my experience being in the world of Home Care and I really felt it was time for me to broaden my horizons to some of the other great services of the Brandon

RHA."

Troop added her 14 years of experience in management would be an asset in the job. "I have come from a very positive work environment and definitely learned a lot in that role, and felt that I have much to learn from and share with the other areas of the organization."

Like most other managers in similar environments, recruitment and retention of staff tops her list of challenges as a vice president. "Particularly in some of areas we are short of resources such as nursing and health care aides. We are working with our human resource department to be creative and proactive in strategies to recruit and retain these valuable human resources. It is essential to have the right staff to work in these areas. Staff that can excel are those who love working with people, are compassionate, committed to excellent service, have a positive attitude and belief in continuous quality improvement, are dedicated and responsible to their work, and who work well in a team environment."

As well, Troop said the continual demand to be responsive to the changing needs of the population within the realities of the financial and human resources of the organization. "We work as an integral partner with all providers of health care. We are at the planning table with both internal RHA partners and external organizations. All our programs have 3-5 year action plans of activities they are working on related to improvements in client services. Our departments will be focusing on continued progress on these activities while maintaining excellent services to clients."

Retirement for Brandon RHA VP

Heather Kirkham officially stepped away from her career in health care on January 4 of this year.

"It's a good feeling," explained Kirkham. "It is one of those life transitions that has been mostly very positive." Kirkham said the transition was made easier, because as she put it, "in large part I have resumed complete control over my life."

The former VP said, like most working people, you put a lot of yourself into the job and not always on your terms. "In May of 1969, I started my career. I had my first professional role as a social worker for what was then the Department of Welfare in Saskatchewan."

"I grew up in a sheltered community and I had no idea that there would be people in my community

who might be on social assistance, might not be able to work or had family problems that would bring them into contact with social service agencies." Those early experiences were very influential in where she would go, and how she would go about, "doing my bit to make life a little better for some of those people."

In 1969 Heather Kirkham came to Brandon, by way of Thunder Bay, Ontario, where she had been working in the Children's Mental Health Agency. Through the ensuing years, she became the Director of Social Work at the Brandon Mental Health Centre, and retired as Vice-President of Community Services and Long Term Care. "I feel very fortunate to have had my career unfold the way it did."

Kirkham said there were many

pivotal events throughout her working career but a major reform of the Mental Health Program, played a key role in her work in Brandon. "It was amazing and it was mostly quite exhilarating. The reform was done so well. I give full marks to the government of the day for leading us through it in the way they did."

Kirkham said the consultation process put the government in touch with the people who were moving services forward at that time. "From a political perspective it wasn't just a matter of closing down a facility. Rather, it was building a delivery system that was very focused on the people that would be served by it."

"It is the most pivotal thing I ever did."



Community Volunteer Income Tax Program

7th Street Health Access Centre has a partnership with the Canada Revenue Agency to assist people who are unable to complete their own returns.

Drop off service: Will run everyday from 11 a.m. - 7 p.m. This service lets people drop off their tax information and papers with the Access Centre and a Volunteer will complete the return within approximately 2 weeks time. This service will run from February 20 until the end of September.

Income Guidelines: \$25,000 or less income for a single individual
\$30,000 or less for a married/common-law couple plus \$2,500 or each additional dependant

Returns cannot be completed for the following:
Self-employed, a deceased person, anyone with farming income, anyone with professional or business income, complex returns.

Check it out!

New Standards for reviewing medications

Chances are, the next time you get admitted to the Brandon Regional Health Centre (BRHC), you will be asked if you have a current list of your home medications with you, or if you have brought your medications with you, or what 'over-the-counter' and herbal medications do you use regularly?

Medication Reconciliation is being introduced in numerous hospitals across Canada, including here in Brandon, to improve patient safety. Earlier this year, after 1 and a half years of preparation, the Brandon Regional Health Centre introduced a Medication Reconciliation process for all admissions to the hospital. This initiative is being supported by the Safer Healthcare Now (SHN) Campaign. The BRHC participates in the Western Node of the SHN Medication Reconciliation campaign, which allows hospitals in the western provinces to share their work with each other via teleconferences, quarterly Learning Sessions and an interactive website. The sharing of ideas, successes and failures has helped many sites move towards a successful Medication Reconciliation process for their institution.

Kim Wallis is the program educator for orientation and policy procedure. Her job is to orientate all new hires to the BRHC Department of Nursing. Wallis said the medication



reconciliation process will try to catch any variance between what a doctor has prescribed, and what medication the patient is actually taking. The goal is to catch any variances the moment the patient enters the hospital.

Mary Lou Lester, a pharmacist at BRHC and member of the Medication Reconciliation team explained this new process involves the gathering of the best possible medication list for a patient's home medications, using as many sources as possible. These sources can include the patient or a family member, the community pharmacy, a list the patient has with them, or the actual medication containers. Once this list is made, the physician can use this information to write admission orders. All home medications will be reviewed by the physician, who will either continue, discontinue, or change the medication to a more appropriate dose or drug.

Wallis said that process will require bringing an awareness into the existing procedures of an already busy facility. It will require education for physicians and nursing staff as well as the pharmacists.

This process does involve more work for health care staff to obtain the necessary information regarding a patient's home medications, but it also has been proven to decrease the risk of an adverse event occurring while in hospital due to a home medication being missed or given at the incorrect dose.

In addition, the process encourages the patients themselves to create a home medication list, including all prescription, over-the-counter and herbal medication, as well as supplements. Careful detail is given to review all topical creams, patches, eye drops, nasal sprays & inhalers – items that often can be missed without specific mention.

Lester added, "for this medication list to continue to be valuable, you must maintain the list as changes occur to your medications. Your community pharmacist or doctor's office will be able to assist you with this maintenance of a current list, as well as the hospital pharmacist prior to discharge".

By knowing your medications and keeping an up-to-date medication list, you are taking responsibility for your medication safety.

End of life care collaborative

Joining the Canadian Intensive Collaborative: A commitment to improvement and safer health care.

In May of 2007, Brandon Regional Health Centre's Intensive Care Unit (ICU) joined the Canadian ICU Collaborative (CIC). The Collaborative's aim is to improve patient care and safety in ICUs across Canada. There are 90 ICU teams in the Collaborative. From the six improvement projects supported by the Collaborative, each team chooses a project to work on. Our ICU has chosen to work on end-of-life care (EOLC).

End-of-life care or dying is not something people always like to think or talk about. When people think of critical care units, they often think they are places that can save lives, no matter what. Some television programs show emergency rooms or intensive care units in this way. This often leads to the belief that a person can be saved even when their condition is beyond healing. Furthermore, critically ill patients are at high risk for death.

When intensive care has done all that it can to save someone's life but the outlook is poor and survival not likely, it is important for us to provide comfort care or end-of-life care. A person can choose to die peacefully, with dignity and with his/her family at their side. This is a very difficult time for everyone.

One of our EOLC project goals is to make communication better between the health care team, patient and family. In order to do this well, it is important for us to

know who makes choices about care. It is usually the patient. However, if the patient is no longer able to make choices, we need to know who will do this for him/her. Also, we have to know if the patient has an "Advanced Health Care Directive" or "Living Will", and find out his/her wishes, should emergency care or cardiopulmonary resuscitation (CPR) be necessary. Questions about these things are now being asked routinely when a patient is admitted to our ICU.

Unfortunately, many people have not talked to their family about these issues when they are healthy. Suddenly, they become critically ill, making these issues more difficult to sort out.

Our ICU has always tried to provide the best possible comfort care for our patients. Comfort care means the patient will not suffer. Medications are given for pain and anxiety. Tubes may be removed for comfort. The family is allowed to sit with the patient at the bedside. Spiritual support can be arranged for both the patient and the family. To make sure best practices are used, we recently adopted a set of EOLC guidelines for our patients.

The family's experience, good or bad, has always been of great value when planning to make improvement. The Collaborative has chosen a standard survey for families about communication and EOLC. We are asking families to complete this survey for us. Then we can see if there are things we could do for them, that

we haven't thought of in the past. In addition, we can look at the results from other ICUs to help us improve our communication and care.

Caring for a patient who is dying and supporting the family is hard on some care providers. We develop a caring relationship with patients and families. It is important for staff to be comfortable with the EOLC process as well. The Collaborative thought it was important to find out how staff feel about EOLC before planning for improvement. A standard survey, chosen by the Collaborative's membership is being used to collect data from care providers across the country. Our staff has completed this survey and are looking at the results.

This project is one of the more difficult ventures that our ICU has taken on because it deals with experiences and behaviors that are sometimes hard to measure. We need to know if changes we make result in a better experience. All members of the Critical Care Program (physicians, nurses, respiratory therapists, spiritual care workers, social workers) are very dedicated to making a difference for both our patients and their families. We are very lucky to be working with other ICUs to improve EOLC, sharing ideas, challenges and successes. We hope it makes a difference for our patients and their families.

Thank you to Laura Eberling, RN and Carla Christiansen for their submission on behalf of the ICU End of Life Collaborative team.

At the Health Resource Centre (Library)

Irritable Bowel Syndrome Awareness Month.

Often, Irritable Bowel Syndrome (IBS) is first identified in adolescence and can resolve unexpectedly for periods of time throughout an individual's lifespan, reoccurring at any age. It is a chronic, often debilitating, functional gastrointestinal disease with symptoms that include abdominal pain, bloating, and altered bowel habits such as constipation or diarrhea, or alternating between the two stool consistency extremes. (Canadian Society of Intestinal Research, 2008)

The Health Resource Centre has a variety of books on IBS. We are open from Monday to Friday - 8:00 am to 4:30 pm. To contact us, call 578-4080 or email library@brandonrha.mb.ca
Books:

- Irritable Bowel Syndrome: A National Approach
Cons. Hlth WI 520 N634i 1999
- Mayo Clinic on Digestive Health: Enjoy Better Digestion With Answers to More Than 12 Common Conditions
Cons. Hlth WI 113 M473 2000
- Gastrointestinal Health: The Proven Nutritional Program to Prevent, Cure, or Alleviate Irritable Bowel Syndrome (IBS), Ulcers, Gas, Constipation, Heartburn, and Many Other Digestive Disorders
Cons. Hlth WI 140 P377g 2004
- Eating for IBS: 175 Delicious, Nutritious, Low-Fat, Low-Residue Recipes to Stabilize The Touchiest Tummy
Cons. Hlth WB 405 V217e 2000
- IBS Relief; A Doctor, A Dietician & A Psychologist Provide a Team Approach
Cons. Hlth WI 520 B972i 1998
- Inflammatory Bowel Disease
WI 420 A439i 1998

Several pamphlets focusing on IBS are available as well. Please enquire at the front desk of the library.



Located on the main floor of the Clinical Services Building at the Brandon Regional Health Centre.
150 McTavish Avenue East

Regular Hours:
Monday - Friday 8:00 - 4:30
Closed weekends and statutory holidays.

Adolescent Breast Health Resources:

Getting Manitoba's Youth "Living the 'P.I.N.K.' Life"

What have you learned about breasts lately? If you're thinking, "what's to learn?," you may want to check out an important new educational resource created by the Manitoba Breast & Women's Cancer Network, with leadership from CancerCare Manitoba and the WRHA Breast Health Centre.

The Adolescent Breast Health Resource Package (BHR) is a school and community group's educational resource package that addresses an important health issue facing all girls and women in Manitoba and around the world.

In 2006, over 22,000 women were diagnosed with breast cancer in Canada. 810 of these women came from Manitoba. The BHR creates awareness for adolescents in Manitoba about breast cancer and risk reduction lifestyle behaviors for breast cancer.

"By administering evidence-based education and awareness about risk-reducing lifestyle factors, we may empower adolescents to make the appropriate decisions and changes throughout their lifetime to reduce their risk for developing breast cancer," says Kim Templeton, Project Manager for the Adolescent Breast Health Promotion Initiative.

The BHR provides ready-to-use, interactive, age appropriate activities, educational materials and lessons that reflect current, evidence-based core messages around issues of breast cancer, genetics, physical activity, nutrition, alcohol, tobacco use, information gathering/myth-busting, breast anatomy and development, breast and body familiarity and healthy decision-making. The resource encourages youth to "be 'P.I.N.K.'": to Practice what they

already know about healthy living, to Investigate the information so they can decipher fact from fiction, to know what is Normal for their body and breasts, and to know that Knowledge is power. Games, class discussions, quizzes, power-point presentations and more are all used to facilitate the learning outcomes for each lesson.

Teachers in Manitoba will be excited to know that the BHR aligns with the Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles as it reinforces and supports existing active healthy lifestyle messages in the Physical/Health Education Curriculum. In addition to the province's Physical/Health Education Curriculum, there is opportunity for the BHR to integrate into and support the learning outcomes outlined for Grade 11 and 12 Biology.

What sets this resource apart from other school and community group resources is that it was developed by cancer experts, as well as a significant involvement from female youth. Beth Szuck, a Registered Dietitian with the WRHA's Breast Health Centre, and co-chair of the Adolescent Breast Health Promotion Initiative explains: "Our goal was to provide evidence based information about reducing the risk of breast cancer in a way that adolescents can relate to...Our commitment to this was demonstrated by the fact that we included youth, and the health care professionals who work with them in the development process."

The BHR was also pilot tested in four high schools across the province. The feedback was very positive and gave the adolescent breast health committee some important considerations that were improved upon. Kim Templeton explains that "it has been encouraging for us to hear the positive feedback from not only the teachers, but the students as well."

One participant's comments reflected many of the adolescent's feelings about the resource. On her evaluation she explains, "I think the information was not only good but necessary to increase awareness and decrease breast cancer...the presentations were awesome and we all learned something new. The pro-

gram was informative and relevant..." Another recipient of the resource explained how it was, "very fun and I learned a lot; a great program to be taught everywhere for young females."

Many of the teacher evaluations reflected the ease for which they could use the resource. Feedback indicated that the background references and instructions for delivery of package and activities were easy to understand. The adolescent breast health committee anticipates that all of these features will encourage many other health educators in the province and beyond to use the resource.

The BHR is available for public use, and can be viewed and downloaded for FREE from the CancerCare Manitoba website (www.cancercare.mb.ca/abhr). This initiative was generously funded by the Canadian Breast Cancer Foundation, Prairies Chapter.

Kim will be presenting and featuring the Adolescent Breast Health Resource Package at the 5th World Conference on Breast Cancer in Winnipeg, Manitoba, June 4th to June 8th, 2008.



2008 Ambulance Service Fees



The City of Brandon Fire Department Ambulance Rates (January 1—December 31, 2008):

Within the City Non-Emergency
 Brandon Resident - \$322
 Resident of Manitoba - \$483
 Non-resident of Manitoba - \$593

Within the City Emergency
 Brandon Resident - \$320—\$515
 Resident of Manitoba - \$450—\$677
 Non-resident of Manitoba - \$560—\$787

(Costs are dependent on type of response)

Winnipeg Trips
 Base Rate - \$965

Long Distance Trips (Excluding Winnipeg)
 Hourly Rate - \$113 per hour

Out of Province Residents - an additional charge of \$200 will be added to the Resident of MB rate.

Manitoba Health will fund the patients cost of land ambulance inter-facility transports when the patient is from Manitoba, the transfer is medically necessary and is between designated health facilities.

Cancellation Fee of \$396 will be charged if a trip is cancelled after personnel have been called in to provide the service.

For more information on Ambulance Service Fees, please call the Brandon Fire Department Emergency Services at 729-2409.

Ambulance Services are **NOT** covered by Medicare

What does this mean to you? As a patient, you will be billed for emergency ambulance services and would be responsible for payment.

Are there any ways to cover the costs of Ambulance Services? It is a good idea to have extra insurance (through a third-party provider such as Blue Cross, Voyager, CAA or a company plan of your choice) so that if an emergency arises requiring ambulance transportation, you will be covered for part of the costs. Make sure the insurer explains the services that will or will not be covered by the plan you choose.

Fees in effect until December 31, 2008

WANTED

PERSONAL STORIES, ART WORK, POETRY
 for EXPRESSIONS 2008

The Expressions 2008 Committee will once again be publishing a small volume of material contributed to by individuals or family members who have had experience with mental health issues.

It is our intent to organize all contributions into a booklet for distribution.

PLEASE DIRECT ALL INQUIRIES AND CONTRIBUTIONS TO:

Expressions 2008
 Town Center
 B13, 800 Rosser Avenue
 Brandon, MB R7A 6N5
 (204) 571 - 8305

Your contribution is gratefully accepted



GUIDELINES

- Contributions may include personal stories, poetry or artwork (photographs of artwork accepted). Other forms of expressing feelings related to experiences will also be accepted.
- Contributions may be handwritten (legibly) or typed.
- Drawings or artwork should be no larger than 8 X 10.
- Contributors may be acknowledged in any way they choose, e.g. full name, initials, pen name.
- All contributions, when received, must include the full name and telephone number of the author and be accompanied by the consent form.
- The author will be requested to sign a release indicating his/her consent to have the contribution published. Persons under 18 will need Parental/Guardian consent.
- A maximum of 2 submissions per person may be included in the booklet with selections of material for publication being by Committee.
- **Contributions will be received up to June 23, 2008**