Health minister proclaims Pastoral Care Week
Pastoral Care makes a difference for clients

For patients at the Brandon Regional Health Centre, the small group that works in pastoral care may seem like angels, but they insist they’re just there to listen.

Health minister Dave Chomiak has declared Oct. 19-25 to be Pastoral Care Week in Manitoba.

About six people work in Pastoral Care at the Brandon Regional Health Centre; two are full-time paid employees and four are volunteers, who spend their time on call to make sure patients and families always have someone to talk to.

"To be allowed to share the intense moments of people’s lives, often responding to vulnerable strangers to encourage people of all faiths, or none, to love unconditionally, to give the ministry of Presence as a reminder of the Love of God. Reacting appropriately to demands for an emotional comfort, to share the anguish of a fellow human being and give spiritual care, this is the gentle art of pastoral care," said Mona Franklin, who has been with pastoral care for three years, started in this role after losing two family members unexpectedly in one year. She recognized the need for emotional comfort in those situations.

"It’s probably been one of the most rewarding things I’ve ever done in my life. Anyone can sympathize, but it takes someone to empathize, someone who has been in that situation before,” Chomenchuk said.

“There is nothing more self-gratifying than helping someone at the most traumatic time of their lives and it’s how you handle that situation that could make or break the person’s feeling towards the hospital and the environment for the rest of their lives. If you can make a tragic situation as comfortable as possible, they’ll always remember that.”

John Penner, who has also been with pastoral care for three years, said he finds his skill of listening the most important in his volunteer work.

“In that area, you wear many hats. There can be a death, there can be someone who is just lonely, someone who is distressed. It’s basically lending a listening ear and then taking it from there,” said Penner, who brings a more religious approach.

Jamie Berry, an Addictions Foundation counsellor and the newest pastoral care volunteer, has only had one week on the job but feels he has found his calling.

“It’s answered a pretty big question for me, if I was on the right path and I am,” said Berry. "I feel it is a real privilege to be really
grateful and I find it to be a privilege to be allowed to comfort people. I am very grateful for the opportunity," Wilderspin said.

Wilderspin, Sherry Sawatzky-Dyck, and Mona Franklin, and three other volunteers divide up the year in weeks.

They each take sporadic weeks at a time, carrying around a beeper and responding when the hospital calls them.

These calls are often serious traumas including motor vehicle accidents, heart attacks and deaths.

Kerri Chomenchuk, a pastoral care volunteer for the last three years, started in this role Brandon Council of Indigenous Elders.

What is so amazing about this small group of people is that they are there at someone’s most desperate and troubling times any hour of the day to give what is probably needed most in that moment: Comfort.

For each volunteer and worker, each experience is different.

“Our services are used a lot in emergency situations," said Rev. John Wilderspin, who has headed up the pastoral care department at the Brandon Regional Health Centre since 1998.

“I find it myself to be really

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A national health authority has recognized the Brandon Regional Health Authority for maintaining national standards of service.

The Brandon Regional Health Authority received an "Accreditation with Report" from the Canadian Council on Health Services Accreditation this summer, after spending a year making sure all RHA services were up to standard.

"We're very pleased, this is very good news for us," said Bev Cumming, executive director of planning and evaluation for the BRHA.

The Council’s "Accreditation with Report" requires the Brandon Regional Health Authority to submit two written reports on four of the 11 recommendations the RHA received when it was surveyed by the council in June.

"We're required to submit two written reports as a condition of our accreditation," Cumming said.

The first report is due at the end of January 2004 and is required to address two recommendations, safety issues in the pediatrics unit and the legal relationship between Westman Laboratories and the Brandon Regional Health Authority.

The safety issues in the pediatrics unit, Cumming said, had already started to be addressed before the Council came to evaluate the RHA this summer.

"The issues that were identified by the accreditation office had to do with the standard of the cribs we use, but in fact we had already identified that our cribs may not be up to standard and we had already started the process of replacing those cribs," Cumming said.

"Even before the surveyors came, we had already started the process.

The Brandon RHA identified that eight of its crib mattresses needed to be replaced to meet national standards. Cumming said she expects all eight of the crib mattresses to be replaced by the time the Brandon RHA files its report to the Council in January.

The issue with Westman Laboratories, Cumming said, is a convoluted one.

She said since the Province of Manitoba decided three years ago to establish the all-encompassing provincial lab and imaging system, called Diagnostic Services of Manitoba, progress has been slow.

Since that time, Westman Laboratory, which is a separate entity from the Brandon RHA, has lost a number of board members. Without a functioning board, working conditions and safety issues became a concern at the Laboratory.

When the Canadian Council on Health Services Accreditation walked through Westman Laboratory this summer, they looked to the Brandon RHA to fix up the lab until Diagnostic Services Manitoba takes over.

"They recognized it technically wasn’t the business of the RHA, but raised the question, ‘Well, whose is it?’" Cumming said.

"That has spurred us on. Carmel Olson (Brandon RHA CEO) has in the meantime toured the lab and immediately put in place a plan to get the area cleaned up and make improvements to the working space."

Improvements to Westman Laboratories were started this April and Carmel Olson brought forward a proposal to the Brandon RHA board that eight Brandon RHA board members, also sit as board members on the Westman Laboratory board, to bring back a functioning board to the facility.

In July, 2004, Cumming said, the Brandon RHA will issue its second written report to the council, which will include a policy on Advanced Care Directives and physician appointments and reviews.

With the recommendations, the Brandon RHA also received two commendations for energy conservation and its restraint policy.

Cumming said the accreditation is due to the hard work of about 250 staff members and the work of the RHA team, including Ambulatory Care, Cancer Care, Community Health, Emergency, Environmental Management, Extended Care, Fairview, Home Care, Human Resources, ICU, Information Management, Leadership, Maternal/Child, Medical Care, Mental Health (children, adults and elderly), Rideau Park and Surgical Care, which evaluated themselves before the actual evaluation of the Council.

"I hope that it means that the public can be comforted to know that the Brandon Regional Health Authority has met national standards for the quality of care," Cumming said.

"Accreditation with Report," which hangs in the Brandon RHA office. The framed certificates may be found in each RHA facility.

Bev Cumming, executive director of planning and evaluation, proudly shows off the Brandon Regional Health Authority's award of accreditation.
Report from the CEO

Using optimistic approach

BY CARMEL OLSON

The health care system is very complex; hence, there are associated challenges and if we approach them with optimism, there are usually companion opportunities. The following list highlights activities since the last edition and is not meant to be all-inclusive.

- The annual meeting of the Brandon RHA was held on Sept. 24. Audited financial statements for the period April 1, 2002 to March 31, 2003 were presented and are available upon request from the RHA Administration Office at The Town Centre. An Annual Report is also available and the content includes an overview of activities for the same period, as well as a status report on the 2002-2003 Health Plan.
- The Primary Health Care Steering Committee and User Group have been working diligently to identify programs/services that will be offered at the new Access Centre location on Seventh Street. We are striving for an opening date early in the new year and plan to include a feature article in the next issue of Health Care News.
- Construction for the new structure that will house the MRI began in August; therefore, once again we must ask for patience, as traffic flow at the south entrance will be altered to accommodate progress. The west exit off Van Horne Avenue will be permanently closed, and access to the south entrance will be available via the east driveway off Van Horne Avenue; however, it will become a combined entrance/exit. Signage has been erected to direct the traffic flow.
- Regrettably, I have accepted notice of retirement (effective Dec. 31) from Dr. Charles Wilson as Vice-President Medical Services. We wish him many years of happy and healthy retirement.
- Manitoba Health has provided additional capital funding as follows: $659,810 to upgrade the sprinkler system at Fairview Personal Care Home; $40,000 for specialized equipment for Westman Lab; $1,250,000 for specialized equipment for the Brandon Regional Health Centre; An increase of $104,211 to our annual basic equipment provision.
- A number of new specialist physicians have been recruited to Brandon:
  - Dr. Bernd Helms – Brandon Clinic – Obstetrics & Gynaecology
  - Dr. Janetta Rossouw – Westman Lab – Pathology
  - Dr. Joel Nkosi – Emergency – Courtesy, EMO
  - Dr. Karl Kassier – Brandon Clinic – Urology
  - Dr. Theo Fourie – Western Medical Clinic – Family Practice with Obstetrics
  - Dr. Ray Rivera – Westman Lab – Pathology
  - Dr. James Aidun – Brandon Clinic – Courtesy, Surgical Assist
  - Dr. Michael Davis – Western Medical – Family Practice with Obstetrics
  - Ms. Linda Rodden - Midwifery Services
  - Dr. Dalene Smith – Brandon Clinic – Family Practice
  - Dr. Corne van Rensburg – Brandon Clinic – Family Practice with Obstetrics
  - Dr. Belinda Lategan – Brandon Clinic – Family Practice with Obstetrics
  - Dr. Helmut Basson – ER – Emergency Medicine
  - Dr. Niki Paphitou – ICU – Infectious Disease – Internal Medicine
  - Dr. George Mixides – ICU – Internal Medicine
  - Dr. Elvira Esakia – Westman Lab – Pathology
  - Dr. Noah Carpenter – Brandon Clinic – General Surgery

We are continuing to work with the Physician Recruitment and Retention Committee to confirm a long-term plan for an “ideal complement” of specialists. The process also must include impact analyses on our resources, such as operating room availability, bed occupancy, cost of medical-surgical supplies, and other health professionals that are required to support recovery. It will be necessary to continue to monitor progress and outcomes through a collaborative process involving physicians.
- Unfortunately, we are still experiencing vacancies in other essential categories, such as Physiotherapists, Speech Language Pathologists, and Laboratory Technologists to name a few.
- We have, however, enjoyed some success in our efforts to recruit additional nurses to the Region. Since the beginning of July, 16 nurses have been hired (LPN, Grad nurses, RPN, RN).
- Staff and volunteers throughout the region, in collaboration with physicians and other partner agencies, actively pursue opportunities for improvement through Coordinating Teams and numerous other committee structures. We are grateful for the dedication and innovation and are confident that we will continue to realize progress.
- In closing, I would like to take this opportunity to thank the community for the support that is extended to the Regional Health Authority.

CARREL OLSON

LETTER TO THE EDITOR

Great facility

Dear Editor:

I was very interested to receive Health Care News from my daughter, Heather Hrymak in Erickson, who is a graduate of the B.G.H. School of Nursing. I came to the old B.G.H. in 1957 as the first full time Pathologist at a time when there were only three technologists. At that time my office in the old hospital was in a converted toilet which, with a desk and chair did not allow the door to close. I had done some post graduate training at my old alma mater in Aberdeen, Scotland where I was fortunate to be able to entice Don Ferrier to come to Brandon where he eventually became the Administrative technologist of Westman Regional Laboratory. He was my right hand associate when I became Director of the new Laboratory.

I have seen the Medical fraternity grow from Evans, Matheson and Findlay, Myers clinics and a few independent GPs to a Medical staff never anticipated in size and scope as the community has today. It is unbelievable to see four new Pathologists joining the staff when for many years I was single handed with the part time help of Dr. Lapko at the B.M.H. lab providing the pathology service.

In view of the decimation of services here at the Kootenay Lake General Hospital in Nelson, I envy the excellent facility being constructed for the Brandon region. I look forward to further editions of the Health Care News.

JIM HENDRY,
NELSON, B.C.

(Dr. Hendry is a retired pathologist)
The best medicine for the flu this year is preventative medicine.

The Brandon Regional Health Authority is strongly encouraging all eligible residents to protect themselves and others against influenza, or what is commonly known as the "flu," with the influenza vaccine, administered in one single shot by your doctor or public health nurse.

"Vaccine is one of our best and most economical ways to prevent disease," said Lynda Robar, public health nurse and immunization coordinator with the Brandon Regional Health Authority.

Flu season in Manitoba lasts from December to about April of every year. Each year, influenza causes an increase in hospitalizations.

Symptoms of influenza include general aches and pains, cough, cold symptoms, fever and tiredness.

Robar said so many people come down with influenza each year because the virus is easily spread. The flu virus can be spread to other people by breathing infected droplets from coughs or sneezes or after touching a phone, doorknob or other item a person with influenza has coughed or sneezed on.

Robar said by simply getting the flu vaccine this year from your doctor in October or early November (about three to six weeks before the onset of the flu season) can reduce sickness from influenza by 70 per cent in healthy individuals.

The vaccine, which is made with a dead form of the virus, does not cause sickness when administered. Its effectiveness lasts only about four to six months, which is why residents are encouraged to get immunized annually.

Robar said residents can best prepare themselves for the influenza season by being healthy, knowing their health risks and getting the vaccine. She said getting immunized is especially important for those in high-risk groups which include individuals with chronic health problems, those over 65 years of age, adults and children with chronic cardiac or pulmonary disorders, those of any age who live in chronic care facilities or nursing homes, health care workers, children or adolescents aged six months to 18 years who have had any condition that has been treated with ASA for a long period of time and people travelling.

For these high risk groups, influenza can be debilitating and even deadly, causing complications of bronchitis and pneumonia.

"We view flu as a less serious disease, but it still causes death and complications in people that are at high risks," Robar said.

Each year influenza causes deaths in Canada. Ninety per cent of those deaths occur in people over 65 years of age.

It is also important for individuals who live, work or come in contact with high-risk individuals to get immunized, to not only protect their health, but the health of those high-risk individuals around them.

"If we have regular contact with people who are at risk, even a severe asthmatic or a diabetic, we can be immunized if we live with or work with those people. It prevents them from getting sick and it prevents them from giving us influenza," Robar said.

Health care workers are also strongly encouraged to receive their influenza immunizations each year.

"Health care workers are a very big part in prevention and they should be immunized," Robar said. "Immunization is always optional, but it is strongly encouraged."

Please contact Public Health or your local physician to make an appointment for immunization today.
The Brandon Regional Health Authority made history in September when it signed a partnership agreement along with sectors from government, the workforce and education, to bring education and training to aboriginal people and aboriginal people to health care jobs.

“The current health care workforce is aging and demographics demonstrate that the aboriginal working age population is growing three to five times faster than the non-aboriginal population,” said Carmel Olson, CEO of the Brandon Regional Health Authority, at the signing in September. “There will be increased competition for First Nations and Metis workers and we must be proactive to ensure that there is an adequate health care workforce in the ensuing decades, in order to sustain the health system.”

The partnership agreement, which was signed on Sept. 25, 2003 in the Nurses’ Residence of the Brandon Regional Health Centre, is the first of its kind, meant to capitalize on the growing aboriginal population.

“When I was sitting there signing the agreement, I was thinking that this was really something,” said Brandon Regional Health Authority board chair Larry Hogue, who signed the agreement on behalf of the RHA.

“I sign lots of documents for the RHA, but this is really something. What it does is it actually shows that the aboriginal working age population is growing three to five times faster than the non-aboriginal population, so this is something that is going to provide the services,” Hogue said.

“The partnership agreement, meant to encourage aboriginal people to seek jobs in health care, is the first of its kind in Manitoba,” he said. "It really looks at where the future of health care is going, we have so many people retiring. We really need to take advantage of all the aboriginal youth who will be entering the workforce.”

Hogue, for one, is looking forward to seeing where this ground-breaking partnership will lead for the Brandon Regional Health Authority and for the future of many aboriginal Manitobans.

“What it does is it actually shows that RHA is more diverse than opposed to just health care as we know it by nursing, doctors. With all those tradespeople and with all those health care people, it requires training and that’s where the school division comes in. I think people look at health care as being a hospital or being a doctor or a nurse. I think Manitoba and in the Prairies, there is a large number of aboriginal people and probably in the future that number is going to be bigger and those are certainly the people that are going to provide the services,” Hogue said.
Patients responsible for ambulance bills

If you use an ambulance, you will be billed, but third-party coverage can help ease some of the expense.

"I think it's important that the public understands ambulance services are not covered," said Todd Ward, director of emergency and safety services for the Brandon Regional Health Authority. "If they use the ambulance's services, they will be billed for it. The only caveat for that is if they are on an interfacility transport (from Brandon to Winnipeg) and are returned within 24 hours. But if they have third-party insurance, a good portion of those types of transports will be covered."

The Brandon Regional Health Authority, the Brandon Fire Department and Westman residents have long dealt with the frustrating expense of non-insured ambulance services.

The exception is the 24-hour policy, when a patient must be transferred to a hospital outside of Brandon for medical tests via ambulance. Manitoba Health will pay for the trip, as long as the patient is back at the original hospital within 24 hours.

If the trip exceeds that 24-hour period, the patient will be billed for the ambulance service.

"I think that's the misconception a lot of the time. People think they can call up an ambulance and they're not going to be billed for it, but it's not covered under medicare," Ward said. "I think a lot of people think medicare means anything and everything, but it doesn't."

Ward said third-party coverage, such as Blue Cross, Voyager or CAA, will help cover the cost of ambulance service, but does not cover waiting time.

"Having third-party insurance to cover ambulance bills is important, but again it doesn't cover it all," Ward said.

Garry Bell, deputy fire chief of emergency services at the Brandon Fire Department, said the Fire Department, a division of the City of Brandon which provides ambulance service to the Brandon Regional Health Authority on a contract basis, often gets calls from people who didn't make it back to Brandon within 24 hours.

"It's a very difficult problem because there is a lot of money involved. The 24-hour rule seems to be a bone of contention for just about everybody involved," Bell said.

Bell, too, encourages residents to get third-party insurance, but said even with third-party insurance, patients will still be billed for waiting time.

"At least with third-party coverage you know what your premiums are on a monthly basis and you don't always know when you're going to need an ambulance," Bell said.

Bell said around 40 per cent of patients who require ambulance service have third-party coverage. The other 60 per cent are left to look after the entire ambulance bill, which can start from $733 for a trip from the Brandon Regional Health Centre to a hospital in Winnipeg.

Bell said the main reason ambulance bills are so high is trying to recover costs for staff.

Each time one of the city's four ambulances goes to Winnipeg, which is about once a day, two staff members have to be called in on overtime.

"The ambulance service does not operate for a profit. It's more cost recovery and when we get people who don't want to pay their bill . . . we feel like we're getting penalized and we can't cost recover. What ends up happening is it puts the burden on all of us," Bell said.

The 24-hour rule is not currently under review and will likely not change anytime soon.

"No change is coming in the short term," said Ward. "Our understanding is that we're still bound by the 24-hour policy and we haven't heard any changes that would be coming down in the next little while," he said.

Activity report: Fall moves into Fairview

By Ken Shepherd

Fall is the season of transition at Fairview. Outings, barbecues and fresh vegetable lunches gradually come to a close and we move into planning for fall and winter programs.

The Fairview Recreation staff started the month off by attending the Recreation Enhancement In Health Care workshop on Sept. 5. This workshop was organized and held in Brandon, which gave opportunity for participation by both Brandon and Assiniboine Regional Health Authority staff. Of the 60 participants, 35 were from Brandon and 25 were from other communities in southwestern Manitoba. Facilitator Cindy Greenlay Brown, who has a degree in Adapted Physical Education and Recreation from the University of Alberta, made presentations on topics such as sensory stimulation, interdisciplinary recreation planning, new techniques in exercise programs and tips for avoiding burnout.

Many residents of Fairview stay active by volunteering within the home. These resident volunteers fill valuable roles such as leading reading groups, helping with special events, and working at large group programs such as bingo and cards. One resident volunteer, Bonnie Robson, has been leading a reading group for almost one year. She spends one half hour per week reading to a group of six to eight residents, and usually spends three to four hours per week preparing the material. The residents who attend the reading program seem to enjoy the togetherness that the program provides. Bonnie also recently served as a hostess for the fall tea. This involved welcoming visitors to the tea and directing them to the areas for the tea and for the sale. The other volunteer pursuit in which Bonnie is involved is as an active member of the Resident Council.

Bonnie states that volunteering " . . . keeps life interesting and gives me something to do that requires work and preparation."

Ken Shepherd is the Recreation Director at Fairview Home.
Rideau Park Personal Care Home has entered its 15th year of operation by adapting a real “home sweet home” feel, making it a comfortable and welcoming place for residents, staff and visitors.

“In the last year we’ve really tried to make this place more like home and less like an institution,” said Phillip Horkey, resident care co-ordinator at Rideau Park Personal Care home.

The personal care home celebrated its 15th anniversary in May and has seen a number of changes in the last year, including renovations to the front activity room, an addition of a top-of-the-line ventilated smoking room, a suite for a married couple and a number of personal touches such as more hangings on the walls, colourful rooms and memory walls.

Renovations at the home started this year with the central activity room facing the front entrance.

“It’s more of a visual thing,” Horkey said of the changes to the activity room. “It’s a great big empty room when we’re not using it and it looks a bit sterile. So we put a partition up and we’re going to put a couch and chairs here and sconces on the wall. It will look like a little reading area.”

The ventilated smoking room was completed about a month before the city’s smoking bylaw came into effect last September.

Horkey said the addition of the room has been a real positive change in the home.

“It’s made a real difference. I believe it’s made a real difference to the facility because prior to that people just smoked outside (in designated facility rooms) and we did have a lot of staff, family and residents complaining about the smoke,” Horkey said.

Currently, about 25 per cent of the home population smokes and Horkey said the money spent on the smoking room was well worth it to keep those residents happy and the rest healthy.

“This is their home now and it’s hard to tell somebody who’s 85 they’ve got to stop smoking. Say one of his few pleasures in life is to sit down in the afternoon and smoke his pipe,” Horkey said. “We’ve never felt it’s our role to tell him he can’t smoke his pipe anymore. The room has made an incredible difference.”

A number of other smaller changes at the home are making a real difference for residents and staff, including the addition of a suite – two rooms connected by a private door to allow a husband and wife at the home to share their spaces.

The home has also had two respite care rooms for the last year, which Horkey said are used about 60 per cent of the time.

Walking down the halls of the home, a visitor will see a wide variety of brightly coloured rooms – most of them in different shades.

“We’re letting the residents paint their own rooms the colour they want. We have a colour board and we let the residents and the family decorate their own rooms,” Horkey said.

The families have had a little help decorating the rooms, too. One peek into a room and you will see a memory board – a mirage of photos and memories of the resident who currently lives in the room.

Horkey said the project started with a summer student and has picked up since. He said staff hope to have memory walls soon done for every resident.

Renovations will soon start on two under-used sitting rooms in the home, to create two family rooms for residents and their families.

“Families can come here and visit and talk in privacy without being interrupted by staff or other residents,” Horkey said.

Rideau Park received $5,000 from the Brandon Regional Health Centre Foundation and additional private donations to start the construction of the two family rooms.

The room will be equipped to allow families to spend significant time with their loved one, or even let them stay overnight.

Jill Brown, a social worker at Rideau Park, and Rideau Personal Care Home resident Jacqueline Young stand in one of the facility’s two family rooms.
The FPCH Foundation has been providing those special extras for residents at the home for the last five years.

“We have the condition that whatever we purchase must be for the benefit of the residents,” said Keith Glennie, chairperson of the FPCH Foundation board. “We try to provide the extras for the residents.”

The FPCH Foundation started about five years ago, when the Fairview Personal Care Home was transferred under the auspices of the Brandon Regional Health Authority.

The FPCH Foundation received a significant contribution to the home at the time, which it then put into a bank account to earn interest.

Since then the FPCH Foundation board has been able to add annual private donations to the account and purchase a number of capital items for the home with the interest.

The FPCH Foundation was most recently able to provide the funding for a gazebo which was built on the southeast portion of the Fairview grounds and has purchased in the past large screen televisions for various floors of the home, equipment for the respite lounge and a number of computers with internet access.

“We installed the internet so residents would be able to keep in touch with family members – that was the idea behind it,” Glennie said. “It’s been used fairly well with some of the residents.”

The FPCH Foundation seeks direction from the staff and residents of the home before anything is purchased.

“We have developed a request form that staff or residents can present to the board for major capital additions or other things,” Glennie said. “If the board approves the item, the administration then goes ahead with the purchase of the item and we sign the cheque.”

The FPCH Foundation does no public fund-raising, working only with the private donations it receives.

“We don’t do any fund-raising. It’s simply through donations – either through residents’ estates or family members of residents,” Glennie said.

If the general public would like to contribute to the home in some way, it can always be done through volunteering time to the board.

Seven people currently sit on the FPCH Foundation board, but Glennie said the board is always looking for new people and new ideas.