RHA Central Board supports merger with South Eastman Health

AT A SPECIAL Board Meeting held on Tuesday, April 17, 2012, members of the RHA Central Board passed a motion to amalgamate the Regional Health Authority – Central Manitoba Inc. and South Eastman Health/Santé Sud-Est Inc. and form a new Regional Health Authority (RHA).

As part of Budget 2012, the Manitoba government announced on April 17, 2012 that the number of RHAs across the province would be reduced from eleven to five. With the goal of merging RHAs to build organizational capacity and improve efficiencies, clients and their families will continue to have access to the same health services available today.

"In addition to safe quality care, the Board's prime consideration is to ensure health services continue to have sustainable value for people in Central Region," said Denise Harder, Chair of the RHA Central Board of Directors. "We will work collaboratively with partners and stakeholders to make this a smooth transition and for future success in the new health region."

"We would like to express gratitude and thanks to our staff, physician and communities whose ongoing cooperation and encouragement have supported our work in RHA Central," said Kathy McPhail, CEO, RHA Central. "Our purpose remains the same. As our Board Chair stated, we will continue providing safe, quality service to the people we serve." McPhail adds, "The next number of months will be a time of change and, throughout this transitional period, we will keep you informed with new developments as they happen." (see page 2)

Aboriginal Support Workers Provide Culturally Appropriate Healthcare

THE ROLES AND responsibilities of Aboriginal Support Workers are many, but it all begins with listening to the needs of the client and the healthcare workers involved in his or her care.

"Communication is really important," says Norma Goulet, an Aboriginal Support Worker at the Portage District General Hospital. "I help to verify the client's needs so the healthcare provider can get right to the problem."

Goulet provides support to First Nations, Métis and Inuit people and helps them to successfully navigate the healthcare system in order to have their self-defined health care needs met. She is often the first point of contact for Aboriginal clients and their families arriving at the hospital for care and assists them in accessing the services they need. Goulet, who is fluent in Ojibway, can also provide translation services as required. This helps make things easier and less stressful for the client and is helpful for the healthcare providers. "There are still a lot of language barriers for Aboriginal people who are trying to access healthcare," says Goulet. "Through interpretation, I can interpret, explain and offer support in the emergency room or any other area if they need me to do so."

Goulet works closely with the client's family and acts as a link back to the community. "When families can't be here physically for their loved ones, they take comfort in knowing that Aboriginal Health Services are here," she says.

"The Aboriginal Support Workers provide many services," says Doretta Harris, Regional Director Aboriginal Health Services. "They are involved in every aspect of the client's care. They work with numerous multi-disciplinary teams in the hospital and personal care homes to provide consistent, culturally appropriate healthcare."

Culture is very important to Aboriginal people, says Goulet. This is why Aboriginal Health Services provide traditional healing practices, such as smudges and sharing circles, at the hospital and personal care homes in the area.

"Sometimes, there is follow-up work with communities after the client returns home," says Goulet. "Most of the clients and their families are very thankful that there is help for them when they get here and they really appreciate the care provided to them in a culturally sensitive way. It has a lot to do with building trust and I do a lot of listening to give them the support that they need."

"Aboriginal Support Workers play an integral role in helping First Nations, Métis and Inuit people access culturally appropriate healthcare services and to empower Aboriginal people to become active partners in their own health and wellness journey," says Harris.
Healthy as can be

Dear Staff, Physicians, Stakeholders and Partners of RHA Central,

As was recently shared with you, the RHA Central Board of Directors passed a motion to amalgamate the Regional Health Authority – Central Manitoba Inc. and South Eastman Health/Santé Sud-Est Inc. to form a new Regional Health Authority in accordance with the Manitoba government announcement reducing RHAs across the province from eleven to five.

In addition to safe quality care, the Board’s prime consideration in making this motion is to ensure health services continue to have sustainable value for people in Central Region. Always striving to make decisions with integrity and accountability, the Board is reassured that clients and their families will continue to have access to the same health services available today. With the goal of merging RHAs to build organizational capacity and improve efficiencies, front-line health services will be maintained throughout the transition. There will be no reductions of front-line staff and the services provided.

As amalgamation progresses and legislative amendments are realized, the Board of RHA Central will soon cease to exist. We would like to take this opportunity to express our most sincere appreciation to all of you. As validated in the recent Accreditation Canada survey, we acknowledge the talented people who do extraordinary work every day: “Staff across RHA Central consistently demonstrate client-centred values. There is a strong attitude amongst all staff to continue to create improved and quality service.” It has been a true pleasure serving with you, seeing so many great accomplishments throughout the years and admiring how uncompromising you are in living our core values of Integrity, Caring and Excellence. It is said that change always comes bearing gifts. Although we will all retain fond memories of RHA Central, we anticipate that you will experience excitement about the future. Looking forward to working with your contemporaries in South Eastman Health/Santé Sud-Est Inc., your efforts will be combined in a way that will enable the new organization to achieve outcomes. We are confident that you will continue to work collaboratively with partners and stakeholders to make this a smooth transition. At the end of the day, we are all really about people and relationships – dedicated, skilled, passionate people who are committed to “together … making a difference”.

We also would like to thank the entire community for its support. Your collaboration and active engagement have been key ingredients to the many achievements in Central Region. Your input has been invaluable in guiding the Board in its job. We are indebted to all of you for your numerous contributions and for the insight that you brought to our discussions across the Region. It has been a privilege working with you. We know that the passionate work to have people “as healthy as can be” will carry on. Thank you for everything you do, every day.

Regional Health Authority – Central Manitoba Inc.
Board of Directors

Manitoba Government Announces RHA Mergers

As part of Budget 2012, the Manitoba government announced on April 17, 2012 that the number of RHAs across the province would be reduced from eleven to five. With the goal of merging RHAs to build organizational capacity and improve efficiencies, patients and their families will continue to have access to the same health services available today.

For more information, visit the provincial web site: http://www.gov.mb.ca/health/rha/index.html

To provide feedback or to direct any enquiries related to the mergers, please call the provincial toll free line @ 1-855-260-8250 or email RHAmergers@gov.mb.ca
CancerCare Hub to Shorten the Cancer Journey

MANITOBA’S FIRST REGIONAL CancerCare Hub was announced in RHA Central as part of a provincial cancer strategy, with the ultimate aim of reducing the duration of the cancer patient journey to two months or less.

The regional CancerCare Hub model (the first of ten planned for the province) is still conceptual but it is hoped that it will provide better coordination and access to expanded services such as cancer screening and early detection services, cancer-risk reduction programs and palliative care. Each CancerCare Hub will have a lead clinician, who will be the region’s primary contact for cancer expertise, support and resources.

“The concept of a CancerCare Hub is a grouping of people, resources and tools into a localized area that has linkages with the people in their homes and at other facilities and sites throughout the region,” says Dr. Denis Fortier, Vice-President Medical. “It’s a centre of excellence offering quality cancer care services.”

In many ways, the CancerCare Hub is a continuation of efforts that have already been underway for many years at Boundary Trails Health Centre (BTHC) – efforts in motion towards achieving that very same goal. “BTHC was selected to start this process in the region and indeed, in the province, because of the innovations that have already been done,” says Dr. Cornelius Woelk, who is the Lead for implementation of the Hub. “Through our CancerCare Program (CCP), we have been providing help with the diagnostic workup of cancer patients and potential cancer patients. We have also been providing some follow up care, and help with palliative care, as well as the delivery of chemotherapy.”

“Currently, patients come for chemotherapy from communities all around the southern part of the region,” says Dr. Woelk. “However, many of those do not take advantage of the services of the CCP to help with workup and early psychosocial support. We hope to expand this part of the program to a larger part of the region, achieving this through more structure, and the help of patient navigators and supportive care personnel.”

CancerCare Hubs are part of the Province’s five-year, $40-million, system-wide cancer transformation strategy that is looking at streamlining and fast-tracking all aspects of cancer care for Manitobans. “The CancerCare Hubs are one piece of the whole initiative,” says Dr. Shelley Buchanan, Medical Officer of Health for Central Region. Dr. Buchanan sits on an evaluation and monitoring working group of the provincial steering committee. She adds that there are many other components which are also being looked at.

“Our comprehensive strategy for improving the cancer patient’s journey will help Manitobans and their families connect with compassionate and responsive care when they need it, as close to home as possible,” said Health Minister Theresa Oswald.

Innovation and Excellence

What is a CancerCare Patient Navigator?

Being diagnosed with cancer is traumatic enough, but sorting out the complex maze of cancer care services that follow can add to the stress and sometimes delay access to the care needed. A province-wide program should help alleviate a lot of that stress by assigning every cancer patient to a navigator, with the aim of accelerating his or her cancer journey from diagnosis to treatment, to two-months or less.

“A common complaint for patients and families is how long it takes to get a diagnosis and see the oncologist for a definitive treatment plan,” says Dr. Cornelius Woelk, who is the lead for implementation of a CancerCare Hub at Boundary Trails Health Centre. “One of the ways we have attempted to speed this up is to change consecutive waiting to concurrent waiting – in other words, waiting for more than one test at the same time, rather than one after the other. Having the support of a navigator basically means being able to connect with someone who knows where you are in the process and what is happening next. They will be able to help make the wait times shorter, and will be able to offer more supportive care and support along the way.”

The CancerCare patient navigator will connect with patients as early as possible to guide them through all the stages of their cancer journey. “At the moment, I think we do a good job when cancer patients enter our treatment system, but we are hoping we will be able to help them further upstream in the future,” says Kathy McPhail, CEO of RHA Central.

The navigator will follow patients’ referrals, testing, diagnosis and treatment to make sure they get the care needed without delay and will act as a patient advocate to speed up care as necessary. “Navigators will ensure that every single question is answered and every single concern is addressed,” says Dr. Denis Fortier. “It’s a really hard time for these people and navigators will be able to help patients and their families to alleviate some worry when navigating the system.”

Smokers’ Helpline You CAN quit smoking

Whether you’re thinking about quitting or have already begun the process, the Smokers’ Helpline can DOUBLE your chance of success. The Smokers’ Helpline is a free, confidential, bilingual service staffed by Quit Specialists who can assist you in cutting down or quitting. We offer smokers the support they need to succeed, and in fact, 90% of callers say they would recommend the Smokers’ Helpline to family and friends.

What can you expect when you call?

You’ll speak one-on-one with a trained Quit Specialist who can help whether you’re thinking about it, ready to quit, or have already tried. Our Quit Specialists are there to answer your questions about quitting or anything else smoking-related. They can offer you advice on how to quit, and even help you come up with a personal quit plan including follow-up calls if you are ready. Or they can just listen if you need to talk about smoking.
THE PROVINCE OF MANITOBA has stated that it wants every Manitoban to have access to a primary care health provider by 2015. Nurse practitioners (NP) and Physician Assistants (PA) represent a new model of healthcare, which is assisting in that goal.

In September 2011, Brenda Dow commenced her duties as Nurse Practitioner at Pembina Manitou Health Centre, making it the first clinic in Central Region to operate under the new model. Dow is a registered nurse with advanced master's level training as an NP who is authorized to do many of the things that a family practitioner does, like order diagnostic tests and lab work, perform physical exams, and prescribe medications.

“Healthcare professionals do not want to work in isolation these days,” says Dr. Denis Fortier, Vice-President Medical for RHA Central. “So as we develop these new models of care with different primary care providers, we also try to build in some collaboration with other providers so that they are not alone - they have support, and this reduces turnover.”

Dow consults with two physicians at the Agassiz Medical Centre in Morden and is also able to make referrals to these physicians and other specialists. “Nurse Practitioners complement and offer an alternate port of entry into the healthcare system,” says Dow. “One of the things we emphasize is our collaboration with other healthcare professionals like physicians, dietitians, physical therapists, pharmacists, mental health workers and all members of the healthcare team.”

In September 2011, Brenda Dow commenced her duties as Nurse Practitioner at Pembina Manitou Health Centre. MacGregor Health Centre expanded its primary care services last fall with the addition of a Physician Assistant (PA), Sean Kelcey, who also performs similar services to a family doctor. He has access to a supervising physician at the Portage Clinic for consultations. “We act as physician extenders,” says Kelcey. “Instead of people having to wait to see their doctor to get a referral, we can identify problems earlier and get them the help that they need.”

Kelcey says patients seem happy to have continuous access to care closer to home. “It’s good to see the same face all the time,” says Kelcey. “You get to know the person and vice versa and, when you know what is going on with them, if something seems untoward, you can deal with it before it leads to something else.”

The introduction and integration of these new healthcare professionals into the communities they serve, plus their collaborative working relationships with off-site physicians and other healthcare professionals will eventually facilitate access in other small, rural healthcare clinics. “I think access will be better because we will be able to provide more stable, long term care which factors greatly towards better healthcare outcomes in the region,” says Fortier.

RHA Central Awarded Accreditation Status

AS A RESULT OF A recent survey, the Regional Health Authority – Central Manitoba Inc. has been granted Accreditation status from the Accreditation Canada. Accreditation is a process that organizations use to evaluate and improve the quality of their services.

The report states, “RHA Central is committed to community engagement and working closely with their partners in the community. There is clear evidence of a strong patient and client safety culture. There are a number of innovations and best practices that characterize their leading edge approach.”

“RHA Central strives to ensure strong community inclusion and broad region-wide representation,” says Accreditation Canada. “The clinical services staff are characterized by their passion for providing quality care. Staff across RHA Central consistently demonstrate client centred values. There is a strong attitude amongst all staff to continue to create improved and quality service.”

Accreditation Canada is a not-for-profit, independent organization that provides national health care organizations with an external review process to assess and improve services based on standards of excellence.

“We are extremely proud of this achievement,” says Kathy McPhail, RHA CEO. “Our success is attributable to the outstanding effort and teamwork demonstrated by staff, physicians and volunteers.”

The recommendations and opportunities for improvement, as identified in the 2012 RHA Central Accreditation Report are provided to assist RHA Central to continue the pursuit of continuous quality improvement. A final report is available on our website at www.rha-central.mb.ca
Michael and Dorothy Andrews are grateful to have excellent rehabilitation services, which they access regularly, close to home at the Boundary Trails Health Centre.

From Rehab to Recovery

Generously donated Métis sashes and other strong partnerships, the Manitoba Metis Federation accessing health services in RHA Central. Through First Nation, Inuit and Métis people who are strategy to improve the healthcare experience their own facility.

Appropriate healthcare services such as smudges in Central staff will have access to provide culturally around the Region so that all RHA have created Cultural Resource Kits that have been distributed around the communities that we serve.

The cultural resource kits are part of an overall strategy to improve the healthcare experience of First Nation, Inuit and Métis people who are accessing health services in RHA Central. Through strong partnerships, the Manitoba Metis Federation generously donated Métis sashes and other resources to be included as part of the Cultural Resource Kits. David Charttrand, Manitoba Metis Federation President and Leah LaPlante, Vice-President Manitoba Metis Federation SW Region are demonstrating their commitment to provide culturally appropriate health care services for the Métis population. These Cultural Resource Kits will assist RHA Central with their goal in becoming a more culturally competent organization by offering culturally appropriate care that is open to the expectations, perceptions, and realities of the diverse communities that we serve.

Healthy People!

Manitoba Metis Federation partners with RHA Central

RHA CENTRAL ABORIGINAL Health Services have created Cultural Resource Kits that have been distributed around the Region so that all RHA Central staff will have access to provide culturally appropriate healthcare services such as smudges in their own facility.

The cultural resource kits are part of an overall strategy to improve the healthcare experience of First Nation, Inuit and Métis people who are accessing health services in RHA Central. Through strong partnerships, the Manitoba Metis Federation generously donated Métis sashes and other resources to be included as part of the Cultural Resource Kits. David Charttrand, Manitoba Metis Federation President and Leah LaPlante, Vice-President Manitoba Metis Federation SW Region are demonstrating their commitment to provide culturally appropriate health care services for the Métis population. These Cultural Resource Kits will assist RHA Central with their goal in becoming a more culturally competent organization by offering culturally appropriate care that is open to the expectations, perceptions, and realities of the diverse communities that we serve.

When Lloyd Andrews had a stroke in 2004, his wife Dorothy would not have been able to bring him back home if it hadn’t been for the rehabilitation services.

“I don’t know how people managed before these programs were in place,” says Dorothy, who suffers from Multiple Sclerosis and arthritis and would not have been able to care for her husband, who lost his ability to walk and talk as a result of his stroke.

Lloyd worked with the physiotherapist and speech pathologist whilst in the hospital, and afterwards as an outpatient, to learn to walk and speak again. He had more than one incentive to regain his mobility. Dorothy made him a promise that he would go to their cottage at Pelican Lake in the summer as they usually did, provided he worked hard and learned to walk again. With the help of the physiotherapist, Lloyd did learn to walk, as well as navigate steps so he would be able to manage the entrances to both his apartment and the cottage. An avid curler prior to the stroke, Lloyd was also able to go and watch his friends curl, once his occupational therapist had visited the curling rink to evaluate accessibility.

“Although one of the main goals of rehabilitation is to restore physical and functional abilities to pre-injury status, there are times when this is not always possible,” says Jackie Derksen, Regional Director Rehabilitation for RHA Central. “So we may also need to consider the impact of the disability on the client’s quality of life. When we do that, we can help them to do the things that still provide purpose and enjoyment in their lives, maybe not the same way as previously, but in a way that works for them now.” Rehabilitation therapists and support staff work together in a team setting. “Sometimes the teams are small, only the therapist and the client,” says Derksen. “Most often, therapy services are part of a larger team which may include other healthcare professionals such as nurses, social workers, physicians, dietitians, pharmacists, home care staff, and other team members. Our teams can also include other agencies such as Education and Family Services. The client and their family remain the centre of that team, and we work collaboratively to meet their needs.”

Rehabilitation Services in RHA Central is a regional program that encompasses occupational therapy, physiotherapy, speech and language pathology and audiology. These services are based out of two regional sites – Portage District General Hospital and Boundary Trails Health Centre. The program offers therapy services to children, youth, adults and seniors in a variety of settings that may include acute care and long term care facilities, on an outpatient basis, in people’s homes and even in schools and daycares.

Dorothy has a deep appreciation of the rehabilitation services that all her family have accessed many times over the years. She well remembers the long trips to Winnipeg with her son, Michael, who has cerebral palsy, before the occupational therapy and surgical services he needs from time to time, were available in Morden.

But as important as the treatment services are to the family, the advice and support that they have received over the years is equally valuable. “They help you by telling you what you need and how to deal with things,” says Dorothy. “The occupational therapist did a complete in-home assessment before Lloyd was released, making suggestions about what would need to be changed or added to make the apartment accessible for him in his wheelchair. She also helped Dorothy get the equipment she needed, like a hospital bed. The therapy team also taught Dorothy and Michael how to care for Lloyd and help him practice his speech at home.”

“They were very supportive,” says Dorothy of the rehabilitation staff and services and of the home care workers, who came daily to help out and also for respite, so that she could have a little time for herself once a week.

“At no time did they make me feel like I was asking for something I wasn’t supposed to. Everybody was great.”
Everyone Belongs Here

THROUGH A SIMPLE GROUP activity called Cup Stomp, a group of high school students at W.C. Miller Collegiate in Altona delivered a strong message that everyone in their school belongs. Miller High School’s Peer Support Network (PSN) used this simple and fun activity as part of a school inclusion initiative. Cup Stomp was one of the activities used during the spring of 2010 as part of a Health Week held annually in conjunction with Canadian Mental Health week.

The idea for the Cup Stomp came from results of a Youth Health Survey (YHS) conducted at Miller, which showed that around 30% of Miller students did not feel socially connected to the school. This statistic was concerning enough for the PSN students that they decided to do something about it.

“What was really important was that from the Youth Health Survey they asked what can we do about this?” says Dorothy Braun, Chair of Altona’s Chronic Disease Prevention Initiative (CDPI), a five-year demonstration project in partnership with Central Region. The CDPI, jointly funded by Manitoba Health and Healthy Living and the Public Health Agency of Canada, is designed to help communities address smoking, physical inactivity and unhealthy eating, the three major risk factors that lead to chronic disease. “That one event isn’t necessarily going to break down all the barriers but what it did do was it showed those kids that they could make a difference.”

During each lunch hour of Health Week, students from the PSN invited other students to come to the gym and learn the Cup Stomp, a set of repeated, rhythmic actions performed using a plastic cup. The aim was to have as many students and teachers participate in Cup Stomp on the final day of the week. “The message was to come and help us, we need you because everybody belongs here,” says Braun. On the Friday, 104 students participated in the final Cup Stomp, around a quarter of the entire school population.

“It was a simple, engaging, fun activity that helped us reach some of those students who don’t have as many social connections as some other students do,” says Warren Friesen, Guidance Counsellor at Miller, who helped facilitate the Cup Stomp, together with resource teacher, Lindsay Lawrence and Dorothy Braun. “The PSN students were awesome in terms of making students that are not naturally connected, feel very at ease in joining a small circle at first and then the larger group towards the end.”

“As it relates to the Youth Health Survey, the initiative really accomplished its goal of involving youth in learning about themselves and implementing meaningful initiatives to address real time issues” says Cheryl Pearson, Healthy Living Facilitator for Central Region, who has worked with Altona on their CDPI initiatives during the past six years and provided information and planning support about the YHS data. “They should be so proud of what they accomplished and the visible product that can be sustained for their school and shared with others.”

The Cup Stomp idea was so successful a DVD of the event has been shown at regional and national health conferences and eight students from Miller were recently invited to a student leadership conference in Brandon, where they taught the 118 participating grade 5 to 12 students how to take the activity back to their own schools.

“It was almost like an “aha” moment for our school,” says Friesen. “For a brief moment, it unified a quarter of our students in one activity, and that doesn’t happen very often. Helping a student feel connected to their school does not need to involve an overly complex plan. Our Peer Support Network students are constantly being encouraged to step out of their regular social circles and saying a simple ‘how’s it going’ to a student they may not normally connect with. If passing cups around a circle of a large group of students can help a teen feel part of a group, then the possibilities are endless in terms of other school inclusion activities.”

Friesen also added that much of the research around academic performance suggests that students are “more likely to engage in the classroom if they feel engaged at school as a whole.”

Learn how to do the Cup Stomp

Check out this YouTube video demonstrating the Cup Stomp made by students of W.C. Miller Collegiate in Altona:
http://www.youtube.com/watch?v=LXUGx8UcYIA

Get the dirt on clean hands!

When you touch a doorknob, computer mouse or a shopping cart that has germs such as viruses or bacteria on it and then touch your mouth or eyes, you can become ill yourself or you can spread the illness to someone you care about. Serious infections can be picked up anywhere and without you knowing it.

Hands spread about 80% of infectious diseases like the common cold and flu.

Soap and water gets rid of germs but doesn’t kill them. When you scrub, the soap traps the germs and the water rinses them off your hands.

Regular soap is best for hand washing. It comes in two forms:

1. Liquid soap - this is a good choice because it is clean and easy to use. Clean the outside of the dispenser and wash the inside of the container before you refill it.

2. Antibacterial soap is not a good choice for regular hand washing. Even though this soap contains antibacterial substances to kill germs, it needs to be scrubbed into the hands for 30-45 seconds for it to work. It not all the germs are killed, they can become resistant to the antibacterial substance. Also, antibacterial soap can’t kill viruses that cause colds and flu. If used too often, it can be harsh on skin.

Using alcohol-based hand rubs:

When you can’t wash your hands with soap and water, use an alcohol-based hand rub. The alcohol in the hand rub kills germs. Use the products that have 60-95% alcohol. There are times when alcohol-based hand rubs are less effective than soap and water.

1. Alcohol-based hand rubs can’t kill germs when there is dirt, so wash your hands with soap and water if your hands are visibly dirty.
2. If you eat foods that could cause an allergic reaction in other people, wash afterward with soap and water. Alcohol-based hand rubs don’t remove food.
3. Alcohol-based hand rubs are not effective against Clostridium difficile Associated Diseases (CDAD) so use soap and water after using washroom.

Alcohol-based hand rubs are safe for children when used correctly. Make sure children rub their hands until they are completely dry. This will allow the alcohol in the hand rub to evaporate and children can safely touch their mouths and eyes. Store container safely after use.
Partnerships & Successes

The Age-Friendly Wellness Trail, which will have outdoor fitness equipment alongside it, will be used by everyone in the community, including children, teens, adults and seniors.

Val Emerson, Coordinator for Gladstone Area Senior Support Program, says the Seniors Drop-in Centre has become almost a community drop-in centre as Gladstone has adopted an all-ages friendly approach that has made the facility much more inclusive of all generations.

When the Manitoba community population census figures were released recently, you may have heard a huge “whoop” from the citizens of Gladstone. “When we saw that our population was up — that was our big hoorah,” says Gladstone Mayor, Eileen Clarke. “We have been working really hard to rebuild our community and the eight pillars of the Age-Friendly initiative gave us the direction we needed and has proven very valuable to us.”

Gladstone was among the first Manitoba communities to become Age-Friendly about five years ago, and, according to Clarke, they have been five exceptionally good years. “I think that since we became Age-Friendly, it has completely changed the whole tone of our community,” says Val Emerson, Gladstone Area Senior Support Program coordinator and co-chair, with Clarke, of the Gladstone Age-Friendly Committee.

The Seniors Drop-in Centre has become almost a community drop-in centre as Gladstone has adopted an all-ages friendly approach that has made the facility much more inclusive of all generations. It’s now common for the centre to be full of members’ grandchildren during school holidays participating in the various activities.

The positive spin-offs to the community that have come as a result of being an Age-Friendly town are many, and another signature project is on the way. The Age-Friendly Wellness Trail, which will have outdoor fitness equipment alongside it, will be used by everyone in the community, including children, teens, adults and seniors, are being invited to participate in the construction of the trail this spring. “By involving all the different ages in our project, they will take ownership and that is what helps strengthen the community and makes people feel more connected,” says Clarke.

Communications in Gladstone have definitely improved over the last five years. “More groups within our community are doing newsletters and people are much more connected and know what is going on,” says Clarke. “They know how to reach services and how to access other information that they may need.”

Twelve more communities joined Manitoba’s Age-Friendly initiative last December, bringing the total to 85 in Manitoba. These communities will find that they begin to look through a different lens, says Clarke. “I think that is the real success of the program,” she says. “It gives you a more holistic perspective to make constant, ongoing changes that take into consideration everyone in the community.”
Changes to Existing Stroke Protocols were initiated in August, 2011 as part of an overall provincial strategy to provide better access to consistent, quality care and ensure the best outcome for all stroke patients.

Part of the new provincial stroke protocol is a standardized emergency procedure that is automatically put into action whenever a patient calls 911 with a suspected stroke diagnosis and is aimed at getting the stroke patient to an acute care centre as quickly as possible.

Patients who suffer a severe stroke, caused by a blood clot in the brain, can sometimes be treated with a clot-busting drug called tPA, which must be administered within four and a half hours to be effective. First, however, it must be established that it is safe for the patient to receive tPA, which requires a CT scan that needs to be reviewed by a neurologist. Although there are 10 CT scanners in facilities throughout rural Manitoba, only Winnipeg and Brandon currently have the 24-hour emergency coverage by qualified neurologists required.

Once the stroke symptoms are identified, patients are picked up by ambulance or helicopter (depending on location) and taken directly to Winnipeg or Brandon to assess the patient and determine if tPA treatment is appropriate. The transfer must occur within three hours as the clot-busting drug tPA is most effective within 4.5 hours of onset of stroke symptoms. The helicopter service (STARS) which has on permanent standby in Winnipeg, receives the calls as the rural ambulance dispatch centre in Brandon and can be airborne within minutes when required.

The Province has stated that its ultimate goal is to make tPA and hyperacute stroke services available in all facilities with a CT scanner in rural Manitoba using a model called Tele-stroke, which has been successful in Alberta and Ontario, and Telehealth videoconferencing technology to link an on-call neurologist in Winnipeg or Brandon with the treating physician at the local facility. Eventually, facilities in rural Manitoba will offer similar services.

Despite extensive public education efforts by organizations like the Manitoba Heart and Stroke Foundation, around fifty percent of people suffering a stroke in Manitoba either fail to recognize the symptoms and seek care, or do not access care quickly enough, often delaying care by having someone drive them to the nearest emergency room. “We are really trying to reinforce that if people are having those symptoms of the nearest emergency room. “We are really trying to reinforce that if people are having those symptoms of the

New Stroke Protocols Help Improve Outcomes

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Once the stroke symptoms are identified, patients are picked up by ambulance or helicopter (depending on location) and taken directly to Winnipeg or Brandon to assess the patient and determine if tPA treatment is appropriate. The transfer must occur within three hours as the clot-busting drug tPA is most effective within 4.5 hours of onset of stroke symptoms. The helicopter service (STARS) which has on permanent standby in Winnipeg, receives the calls as the rural ambulance dispatch centre in Brandon and can be airborne within minutes when required.

The Province has stated that its ultimate goal is to make tPA and hyperacute stroke services available in all facilities with a CT scanner in rural Manitoba using a model called Tele-stroke, which has been successful in Alberta and Ontario, and Telehealth videoconferencing technology to link an on-call neurologist in Winnipeg or Brandon with the treating physician at the local facility. Eventually, facilities in rural Manitoba will offer similar services.

Despite extensive public education efforts by organizations like the Manitoba Heart and Stroke Foundation, around fifty percent of people suffering a stroke in Manitoba either fail to recognize the symptoms and seek care, or do not access care quickly enough, often delaying care by having someone drive them to the nearest emergency room. “We are really trying to reinforce that if people are having those symptoms of stroke like sudden dizziness, difficulty speaking, severe headache, numbness in a limb, sudden vision problems or weakness, that they should immediately call 911,” says Eileen Vodden, Regional Director – Acute Care Services for RHA Central.

Even though around 94% of patients who have a stroke will not be eligible for tPA (depending on the type of stroke), they will almost certainly require medical care in a hospital setting and support services to aid recovery. Another major part of the provincial stroke strategy is to ensure that everyone receives the same, quality care wherever they may be, by implementing best practices that have been established in consultation with the Canadian Stroke Network (CSN). Training has been initiated province-wide to train ambulance attendants, nursing, therapy and medical staff in every region in the "best practices" and ensure there are protocols in place at each medical facility in the province to deal with incidences of stroke. Aggressive rehabilitation following a stroke is proven to be very beneficial for patients. We also know that stroke prevention is also imperative. Ongoing education about prevention of stroke is just as crucial as access to rapid care and both form a large part of the Province’s overall stroke strategy. “It is important that our care providers throughout the province have all of the knowledge they need to ensure they are providing best practice care to patients throughout their stroke care journey – be it as an inpatient, a patient in rehabilitation, a long term care resident, or a person managing their risk and taking steps to prevent stroke in primary care,” says Brie DeMone, Executive Director of Health System Innovation for Manitoba Health.

Shirley Richards was transported by helicopter when she suffered a stroke, thanks to a new provincial stroke protocol which was implemented last year and the STARS provincial program.

Shirley Richards wondered if she had a premonition just before she suffered a stroke on October 23, 2011, Richards, a Registered Nurse, was driving a bit faster than usual to a client’s home south of Manitou and she thought vaguely to herself what would happen if she had a heart attack at that moment. Thanks to a new provincial stroke protocol which was implemented last year, little more than four and a half hours later she was in the Health Sciences Centre in Winnipeg and had received a clot-busting drug, for a severe stroke caused by a large blood clot in her brain. Richards was transported directly to Winnipeg by helicopter, which picked her up at the client’s home where she suffered the stroke. Time is a critical factor when suffering a stroke. For patients who suffer from ischemic stroke, caused by a blood clot in the brain, there is a very small window of opportunity – only 4.5 hours – in which they can be treated with the drug tPA, which disperses the clot and prevents it from hemorrhaging and causing permanent, severe disability. Around 4% to 6% of patients who suffer a stroke could benefit from tPA treatment, but the patient first requires a CT scan and blood tests, which must be reviewed by clinicians experienced in interpretation of diagnostic image to make sure it is safe to administer the drug. This means that acute stroke services are currently limited to two sites in Manitoba – in Winnipeg and Brandon where 24-hour coverage by the specialized staff neurologist required is available.

The new protocol sets into action an automatic emergency response procedure as soon as 911 is called and a stroke diagnosis is suspected. Once a quick assessment has been done and a stroke diagnosis is confirmed, the patient is immediately taken directly to either Brandon or Winnipeg by ambulance or helicopter, depending on the location and situation. The aim is to try and ensure any stroke patient will be able to receive tPA, if required, within the 4.5-hour window.

Extensive training for the new protocol has been given to nursing staff, medical staff and ambulance attendants across the province and the same procedure is followed whether a patient is present at a hospital emergency department, a clinic or calls 911.

Warning Signs and Symptoms of Stroke

• Weakness: Sudden weakness, numbness or tingling in the face, arm or leg
• Trouble speaking: Sudden temporary loss of speech or trouble understanding speech
• Vision problems: Sudden loss of vision, particularly in one eye, or double vision
• Headaches: Sudden severe and unusual headache
• Dizziness: Sudden loss of balance, especially with any of the above signs

Action: Call 9-1-1 or your local emergency number IMMEDIATELY.

Heart and Stroke Foundation of Canada, www.heartandstroke.com
Helicopter Lifeline

In the last six months, since the STARS helicopter service began, 17 people in Central Region have been transported to Winnipeg or Brandon by helicopter and at least eight people were administered IFA. Richards, who has made an almost complete recovery following the stroke, knows she was lucky that Nicol Sawatzky, healthcare aide, was also at the client’s home and acted immediately when she realized Richards had suffered a stroke, and called 911. Even with such quick action, Richards was on the borderline for treatment. Her husband and son were told when they arrived at the hospital that the drug wasn’t working and surgeries might need to operate. Thankfully, 20 minutes later, the drug was beginning to break up the clot and surgery was avoided. Richards urges anyone who may suspect they are having a stroke or recognizes the symptoms in someone else to call 911 right away and not waste precious time by driving to the nearest emergency room. “I have made a very good recovery from my stroke, but if it were not for the rapid response and knowledge of Nicol Sawatzky, the RHA ambulance attendants, the STARS helicopter nurse and attendants, Dr. Schmidt and the Health Sciences staff, I know that the outcome would have been a lot worse,” says Richards. “I am so fortunate that Nicole was there.”

The Surgical Information Management System (SIMS) project has the overall goal of coordinating the surgical booking process to improve patient access to surgical services and providing them with care closer to home. Surgical centres of excellence for some surgeries have been developed at different facilities. Joint and orthopaedic surgery is performed at Boundary Trails Health Centre (BTHC) in Morden/Winkler; dental surgery is performed at the Altona Community Health Centre; ear, nose and throat surgeries at the Portage District General Hospital and some of the colonoscopy cases at the Carman Memorial Hospital.

“We began to look at our operating rooms as not being in any one site in particular, but as part of the total surgical capacity of the region,” says Dr. Denis Fortier, Vice-President Medical for RHA Central. “And we then began to plan surgery based on the existing resources that we have as a region.”

Crucial to coordinating and managing the region’s surgical program across the eight operating rooms in four facilities is the Surgical Information Management System, which tracks all surgeries, where they are performed and by whom. It has also helped standardize procedures, protocols and guidelines, so there is more consistency between each facility. The improved, real-time data which is now generated, allows for more effective planning and the region’s surgical team can meet and analyze the data and re-allocate programs or consider the introduction of new ones, based on changing demands and available capacity. “We now have a much more dynamic view of what is going on in our operating rooms at all times,” says Eileen Vodden, Regional Program Director – Acute for RHA Central. “So we can better determine the best way to deliver services and better focus training for all the staff.”

Since 2006 there has been an annual “Surgical Vision” meeting with all stakeholders including surgeons, anaesthetists, radiologists, nurses, therapists, etc. to plan for improvements in accessing surgery for the residents of Central Region. Implementation of SIMS in 2011 has validated that vision, and with focused coordination of surgery, wait times have been reduced and increased options for patients are provided. “We are using our existing resources better and are constantly looking at areas that have longer waiting lists to see if we can move things around and speed things up,” says Dr. Fortier. The number of day surgeries in Central Region has increased by 58.3% since 2006. In total over 5,000 surgeries are provided in the region each fiscal year.

RHA Central was recently awarded a Health Innovation Award (Patient Centred Care) by the Manitoba Patient Access Network. Accepting the Patient Centred Care Award on behalf of RHA Central were (lt.-rt.): Daren Van Den Bussche, Board Member, Kathy McPhail, CEO, Eileen Vodden, Regional Program Director – Acute, Dr. Denis Fortier, VP Medical and Donna Harasznyoe, Board Member. The Surgical Team members are: Valerie Askin, Vicki Cote, Maureen Gannache, Brenda Lyon, Beth Lovell, Marie MacLean, Shannon Raymack, Johann Schaefer, Eileen Vodden, Heather Werbioki, Kathy Winter & Tammy Wuerch.

Increasing Patient Access to Surgery

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The right service at the right time!
Please Take a seat... and a Disc

A VISIT TO THE DOCTOR can be a little bit like going to your favourite restaurant these days, but it’s all designed to make that visit more efficient and effective for both the patient and the physician.

To help with patient flow in their new centre built in 2007, the Clinic in Notre Dame de Lourdes introduced new technology in the form of a “disc” provided to the patient at check-in – a disc which vibrates when it’s his or her turn to see the doctor.

“The program has improved patient flow,” Anne-Marie Chanel, Clinical Systems Analyst for RHA Central (and previous Clinic Coordinator of the Clinique Notre Dame Clinic), “Many patients have indicated that they like the anonymity of receiving a buzzer and being “buzzed” versus having your name called out in a large waiting area.”

The project began by mapping patients’ journeys through the clinic and identifying areas where there were inefficiencies that slowed down their progress or unnecessarily used a physician’s time. The disc idea arose because staff recognized that physicians were wasting time walking to the waiting room to call for patients or checking rooms to see if the next patient had arrived. The patient, once alerted that his or her turn has come, is tracked through the clinic via a new computerized management system, which includes a “Traffic Manager” component that creates a virtual, electronic representation of the client that tracks the client’s progress through the clinic.

“Staff, especially front office, report ‘Traffic Manager’ as being a real asset,” says Chanel. “Now they know when an exam room is available and if a patient has left the building or has moved from the exam room to the nurse’s room.”

Another piece of the puzzle has been optimizing organization of the clinic, so making sure procedures, wherever possible are standardized and items are where they need to be. Most forms have also been switched to an electronic format. “Providers are no longer wasting minutes by printing things like lab test requisitions, leaving the exam room to pick up the print job in their office, and then returning to the exam room to give to the patient,” says Chanel. “Now, while the patient is still in the examination room, they electronically send this “paperwork” to front staff to arrange appointments and redirects, etc.”

Increased signage has also helped patients find their way from the front desk to the consulting room, all of which are now numbered to make them easy to identify. This has reduced the need for patients to be accompanied to rooms.

“The Clinique Notre Dame Clinic was recently awarded a Health Innovation Award by the Manitoba Patient Access Network, recognizing its efforts to improve patient access to services, but the ultimate goal is also about the patient spending more quality time with the healthcare provider.”

“The ultimate goal is to spend more face time with the client,” says Dr. Denis Fortier. “I can maybe see one or two more patients a day and spend a few extra minutes with each client, which is much more valuable use of time.”

The Clinique Notre Dame Clinic was recently awarded a Health Innovation Award (Managing Effective Patient Flow in a Clinic) by the Manitoba Patient Access Network, recognizing its efforts to improve patient access to services. Pictured are some staff at the Notre Dame Clinic (front row): Lynn Dacquay, Marilyne Hellwell, Anne-Marie Chanel; (back row): Anita Jenin, Lysanne Delaququis, Dr. Holly Hamilton and Dr. Denis Fortier (missing from photo: Dr. Frances Berard, Lucille Hague & Dr. Afzal Muhammad).


Join us for a Provincial Walk during lunch hour on June 15, 2012 at Island Park, Portage la Prairie

For more information, contact CMHA at cmhaplap@shawbiz.ca or tel.: 204-239-6590

Your Health Care Experience

Our goal is to provide you with the best possible quality care and for you to have a safe passage through your healthcare experience.

As an active participant in your health care, we value your feedback. If for any reason you have concerns or wish to share positives about your experience, you are encouraged to talk to your healthcare provider. If you still have more to share, contact us at 1-800-RHA-6509.
Palliative Care is about ensuring quality of life for a client and his or her family as they embark together on the client’s end of life journey.

The World Health Organization has defined Palliative Care as “an approach that improves the quality of life of clients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”

The Regional Palliative Care Program offers services and support primarily to clients in the community who wish to spend their last days and months at home surrounded by those they love, although it can also be in a hospital or personal care home setting. The program fully respects the confidentiality of everyone involved and accepts referrals from individuals, their families, healthcare professionals, friends and neighbours.

Although the circumstances and care requirements of an individual may ultimately decide whether or not they are able to remain at home to die, being able to fulfill that wish, requires a lot of time and energy and the dedication and support of a palliative care team which can include healthcare professionals, family, friends and community volunteers.

“Increasingly, individuals are hoping to stay home longer, and often until the end of their lives. Whether we can help clients die at home is determined by many factors and is not always possible, but we hope to help them live better at home, for as long as possible,” says Dr. Woelk. “That means allowing the client and the family more control over their own environment, anticipating potential problems, and dealing with unanticipated problems in the home. It means making home visits, and being creative to achieve as much comfort and dignity as possible.”

“This is a huge job, and one that is sometimes hard to live up to,” says Dr. Cornelius Woelk, Regional Medical Director of Palliative Care for Central Region. Additional resources would enable the regional multidisciplinary team to extend support to the day-to-day and after-hours coverage required by dying individuals and their families and to offer services to the large population of Central Region. Although resources are scarce, and all involved in the program hope to see more resources available in the future, the existing team members do everything they can to enrich the end of life journey. “The experience of watching a loved one die is one that will live with most of us forever. So it is important that, as much as possible, we can create some good memories amidst the sadness of the event. It means attention to detail and, ideally, a team of providers which can address the various aspects of suffering.”

Referrals to the Palliative Care program are generally made during the last few months of the client’s end of life journey. “Often we see clients being referred in the latter stages of their illness,” says Paulette Goosen, Regional Program Director, Seniors/Palliative Care for RHA Central. “We encourage our healthcare providers to register clients sooner rather than later so that we can have an opportunity to build relationships and provide support to clients and their families. This is most beneficial when crisis develops and clients and families know who they can call.”

She emphasizes that anyone who feels they need some extra help and support to ensure their loved ones have the best quality of life as they end their days can always contact their local community volunteer palliative program (see page 12) or the RHA Central Regional Palliative Care Program at 204-822-2673 or 1-800-RHA-6509.

Karen Schaak, palliative care nurse, says often, the family members of someone who wishes to spend his or her last days at home, are daunted or even a little afraid of the role they will play in taking care of that person. Schaak helps to ease that burden by teaching them how to support and care for their loved one.

A palliative care nurse visits the home to assess the physical and medical needs of the client, and discusses end of life decision-making and the goals for care that the client has.

“When someone is given a terminal diagnosis, they often go home feeling that nothing more can be done for them, and that is so not true,” says Schaak. “There is so much that can be done for them to have quality in the days that are left. We provide a link back to healthcare.”

Palliative Care nurses and the Palliative Care Program provide:

- An emphasis on quality of life, respect, dignity and comfort
- Advocacy for the client and referrals to other services
- Respect for cultural and spiritual differences
- Information and help to arrange in-home resources like home care or nursing services.
- Access to medications and training on how to administer them
- Special equipment such as hospital beds
- Ongoing support and advice about how to care for the client and what to expect
- Liaison and coordination of care with the family physician and Central Region’s Palliative Care Medical Director
- Connection to the Community Volunteer Palliative Care Program

RHA Central Regional Palliative Care Program. Dana Rheaault, Palliative Care Nurse (who has recently moved to a different position within RHA Central), Paulette Goosen, Regional Program Director, Seniors/Palliative Care & Karen Schaak, Palliative Care Nurse (missing from photo: Dr. Cornelius Woelk, Regional Medical Director of Palliative Care).

Regional Palliative Care Program Coordinators: Michelle Dequier (St. Claude), Candace Kehl (Alcona), Shannon Rympho (Carman), Jo-Ann Beavington (Gladstone), Angela Grenier (Swan Lake), Jerri-Ann Froese (Boundary Trails), Pat Chimney (Portage la Prairie) and Rosalind Sims (Manitou); missing from photo: Eunice Suderman (Boundary Trails), Trish Prosen (Carriere), Joan Kinley (Gladstone), Beverly Wolfe (MacGregor), Holly Rafferty (Morris/Emerson), Pam King & Pat Cesmystruk (Rock Lake) and Claudette Dupasquier (St. Claude).
WALTER MORROW HAD spent all of his life on the farm and when he was diagnosed with terminal cancer his greatest wish was to end his days there. Thanks to the love and dedication of his family, and the services available to them through RHA Central's Palliative Care Program, he was able to do that.

Starting at home meant that Walter was able to remain surrounded by his close-knit family every day and even by the pets he loved so much. “He was not alone very often,” says Walter’s wife, Judy Morrow. “The dog would come up and lay beside his bed so he could pet her.”

The family set up a hospital bed in an upstairs bedroom where Walter could look out across his familiar fields. “He was able to see his last crop go in and see it harvested and he said he never thought that he would see the crop come off,” says Judy.

What Judy remembers most is the laughter. “There always seemed to be plenty of laughter in those final days,” she says. “Walter would not have accepted it in the same way as he did if he had been in the hospital. Being home with his family meant so much to him.”

The Community Volunteer Palliative Care Program

Program Coordinators/Contacts Phone E-mail
Altona Candace Kehl 204-324-2358 altonapalliativecare@hotmail.com
Boundary Trails Eunice Suderman 204-331-8909 esuderman@rha-central.mb.ca
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includes Elie, St. François Xavier, Headingley
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Rock Lake (Pilot Mound & Crystal) Pam King 204-873-2479 pking@mts.net
Pat Cosmytryuk 204-873-2132 cosmytryuk@mts.net
St. Claude Michelle Dupuis 204-377-2868 ext. 2228 mdupuis@rha-central.mb.ca
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Swan Lake (Larson Memorial Hospital) Angela Grenier 204-865-2132 agrenier@lcmhc.mb.ca
RHA Central Paulette Goessens, Regional Program Director 204-822-2673 pgoessens@rha-central.mb.ca
Dr. Cornelius Week 204-325-4372 or 204-331-8800 (BTHC) cweek@mts.net
Medical Director, Palliative Care Karen Schaar, Nurse 204-823-0550 kschaar@rha-central.mb.ca
Vacant, Nurse 204-248-2713 (ex) 204-823-2162 (ex)
The Blessings of Palliative Care

WHEN OBERT Langrud was diagnosed with a brain tumour in the late summer of 2011, his family was determined to care for him at home during his end of life journey. “We knew it was important to keep him home,” says grand-daughter Kim McMeekin. “Just because of who he was. He had never been sick and never been in a hospital and we couldn’t imagine having to put him somewhere where he was not safe and secure in his own mind.”

Thanks to the Regional Palliative Care Program in Central Region, the family was able to care for Obert throughout his short cancer journey, which ended peacefully at home last September. “The palliative care program is there literally to hold your hand every step of the way,” says McMeekin. “Dana Rheault, the Palliative Care Nurse, was such a blessing for us. My grandfather was already at a point where he wasn’t aware that his health was failing. But for us, she was here to re-assure us that we were on the right track and doing everything for him that we could.”

Providing support is an essential focus of the palliative care program, says Rheault. “Palliative care is about providing symptom management and assessment in terms of the physical things, but it’s also about providing a lot of support, counselling and education for the family,” she says. “And having that end of life discussion with them and helping to address any wishes or fears the client or the family might have.”

Nurse Rheault was always available to answer any questions the family might have and to give advice about care, administering medications and other issues as they arose. “Kim had three young children in the house and I was able to offer some advice about how to manage the situation because she wasn’t sure if she should let them in the room to see their grandpa so the conversations helped to reassure these decisions,” says Rheault.

McMeekin says that, because of the great support and help the family received from the palliative care program, they would never hesitate to care for another family member at home. “For our family, it was such an amazing journey,” she says. “Without a shadow of a doubt, we would never hesitate to use palliative care services to help us care for a loved one at home again.”

RHA Central Board of Directors honors Central Volunteers marking National Volunteer Week (April 2012)

Volunteering is part of our identity— we value civic participation and embrace a spirit of community. The tremendous efforts of our many volunteers help make Central Region a vibrant, safe place to call home. The work of volunteers is essential to maintaining healthy, dynamic communities at home and around the world. National Volunteer Week is all about taking time to recognize the incredible contributions of volunteers and letting them know how much their efforts are appreciated.

Pictured above are the volunteers that make Camp Bridges possible – a camp to support children and teens with their grief and bereavement. This is achieved through activities designed to help share grief and honour memories in a caring community environment. Camp Bridges will be held at Pembina Valley Bible Camp near Morden, Manitoba on June 1, 2 and 3, 2012.

To all volunteers across Central Region, Thank you!

Pictured is the Obert Langrud family (left to right): Briana McMeekin, McKenna McMeekin, Tyler McMeekin; middle row: Kim McMeekin, Elizabeth Langrud, Obert Langrud, Darlene Borowski; back row: Tim McMeekin Scott Nolan & Ernie Borowski;
A Life of Sharing

Joyful expression of life inspires everyone around her. "I want my life to be as blessed as possible," says Lorraine Holenski, an activity aide at Tabor Home, who has known Helena for many years. "She always has so much to give and never holds back anything."

Helena has overcome the many challenges that life has dealt her with strength and courage and her joyful expression of life inspires everyone around her.

One of the things Helena really liked to do was attend the adult day program at Tabor Home in Morden, which she did for 22 years. Staff adapted a potato peeler so that Helena could do one of her favourite things—peel potatoes—as well as help with cleaning the lunch tables and other activities. "I enjoyed it very much," says Helena. "I never liked to sit around. I wish that I could do it all again."

Eventually Helena was unable to manage on her own any longer and she was transferred to Morris Hospital for a few months whilst she awaited placement at Tabor Home. She took her infectious smiles with her, sharing her joy with the staff and fellow patients at the hospital before returning to Tabor Home just before Christmas last year. "When she moved in here, I said that was the best Christmas present we could have," says Lorraine Holenski, an activity aide at Tabor Home, who has known Helena for many years through the adult day program.

“We missed her and her laughter.”

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A Dose of Joy

Being happy is Helena Reimer’s mission in life.

AND IT’S NOT ALWAYS BEEN an easy one to accomplish. When Helena suffered a stroke at age 17, her whole world fell apart and she honestly didn’t know if she would ever leave the hospital. “I was in the hospital in Winnipeg for almost a year and I was very sick,” says Helena. “But God had another plan. So I said to myself, be strong and do what God tells you to do.”

Helena was left paralyzed on her right side and had to learn to walk again with a tripod cane and foot brace, but through it all, she remembers thinking that she wasn’t going to give up on all the things she liked to do. “When I was paralyzed, I thought I will do whatever I can do and I tried my best to help my Mum and Dad,” she said. Helena cheerfully set about doing many of the things she had done before, like babysitting her brothers and sisters, ironing, winding wool for her mother to make quilts and making noodles.

After breaking her hip in a fall when she was 38, Helena had to resign herself to the fact that she would spend the rest of her days in a wheelchair. But, she was determined to stay positive and continue to live independently in her own apartment. “I didn’t want to be grouchy,” she said. “I had worked so hard and said I am not going to give everything up now.”

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Anne Oshust started baking bread for her grandmother when she was twelve years old. It was 1939 and neighbours would trek weekly to the family farm, north of Dauphin, to fill their bread baskets. “I would bake twelve loaves at a time in a wood, clay oven,” recalls Anne. “You could smell it for miles.”

It was the beginning of a culinary career that lasted over forty years. After her marriage to husband, Joe, she moved to Portage la Prairie, where she raised five children and also cooked part-time in a local restaurant. Eventually, she would go home to cook meals and keep the house clean for her family, doing the laundry on the weekends after work and ironing every single item of clothing except underwear! “I remember that Anne always came to work looking immaculate,” says Martin.

Not that Anne will ever admit to having done anything out of the ordinary, although she does sometimes reflect on all the hard work, but no hint of regret. “Sometimes now when I am sitting here watching TV and drinking my tea, I get thinking about how I ever managed all that,” she says. “But that was life and here I am.”

Now it’s time to take things a little easier. After working for 40 years, Anne jokes that she now has a housekeeper and someone else to do the cooking, although she does add that the food isn’t quite the same. So what does she think, after all those years of looking after someone else, about someone now looking after her? “It’s not bad at all,” she says.

Anne Oshust has inspired staff and friends at Lions Prairie Manor in Portage la Prairie for many years, first as a cook in the kitchen and now as a resident.

Healthy People

A Life of Sharing

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There may not be any of Anne’s fresh perogies at the Manor today, but her gentle, understated way and encouraging smile more than make up for it. “Anne is a very selfless person,” says Gini Martin, Recreation Supervisor at Lions Prairie Manor. “When she was employed here, she was very dedicated to her job, and today as a resident, she is always pleasant to people and remains devoted to her family.”

Anne has had her share of challenges throughout her life. Besides her arthritis problems, she also cared for her husband at home when he had to give up work because of his multiple sclerosis. For many years, she worked at the Manor during the day and then went home to cook meals and keep the house clean for her family, doing the laundry on the weekends after work and ironing every single item of clothing except underwear! “I remember that Anne always came to work looking immaculate,” says Martin.

Not that Anne will ever admit to having done anything out of the ordinary, although she does sometimes reflect on all the hard work, but no hint of regret. “Sometimes now when I am sitting here watching TV and drinking my tea, I get thinking about how I ever managed all that,” she says. “But that was life and here I am.”

Now it’s time to take things a little easier. After working for 40 years, Anne jokes that she now has a housekeeper and someone else to do the cooking, although she does add that the food isn’t quite the same. So what does she think, after all those years of looking after someone else, about someone now looking after her? “It’s not bad at all,” she says.

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Aboriginal Health Services Provide Culturally Appropriate Care

JUST AS CULTURAL DIVERSITY makes our society richer, it can also make our journey to health more meaningful and easier to access. RHA Central embraces the cultural diversity across the region it serves and that is reflected through its Aboriginal Program, which is adapting the health system to better meet the needs of First Nation, Métis and Inuit peoples.

“RHA Central is committed to reducing the health disparities that exist amongst Aboriginal peoples and optimizing their health status by providing culturally appropriate services which improve health quality, accessibility and accountability,” says Doretta Harris, Regional Director Aboriginal Health Services for RHA Central.

Healthcare services that are sensitive to the cultural needs of Aboriginal people are centred out of the Portage District General Hospital and are being expanded to other facilities. Services such as smudges and sharing circles are being offered to residents, families and staff in personal care homes in the Portage la Prairie area. Cultural resource packages provide accessibility to traditional healing services in other facilities across the region in the near future.

“Our cultural resource packages offer different items that healthcare providers can use to provide culturally appropriate care at their own facilities,” says Harris.

The packages will include items such as a smudge bowl, traditional medicines and sashes donated by the Manitoba Métis Federation, all of which are important to Aboriginal healing. Information about the significance and meaning of the resources and how to utilize them will also be included.

Aboriginal Health Services looks at ways to help people navigate their way through and within the healthcare system to ensure that First Nation, Métis and Inuit people have access to the most appropriate care in the most appropriate settings. This is a priority for the RHA and that is why we have developed resources such as posters, information cards, fridge magnets, brochures and a dedicated section on the RHA Central website. The Aboriginal Health Services section of the website has information about the Aboriginal Support Worker services, language interpretation services, spiritual and traditional healing services and cultural resources available.

In the same approach that Aboriginal Health Services are developed in consultation with elders and community partners, who provide important direction about what and how services will be offered in the region, the Aboriginal Program insignia pictured above, was also inspired by input from the communities. This insignia will assist to identify services that are available.

Building partnerships with healthcare providers, communities and people across the region is essential to increase knowledge about Aboriginal health issues and to facilitate access to services. “We are working on creating and providing supports and resources so that First Nation, Métis and Inuit people can access them and feel empowered to engage in their own health outcomes,” says Harris.

Walk a Mile in my Moccasins

IN JUNE 2010, RHA CENTRAL and 23 other partners signed a formal Aboriginal Workforce Partnership Agreement, which states that all of the parties will work together to increase the representation of Aboriginal people in all healthcare occupations throughout Central Region. The partnership agreement brings together First Nation communities, local, provincial and federal governments, health sector employee unions and other stakeholders including Manitoba’s education and training institutions. To achieve this, the stakeholders are looking at many different strategies and programs to encourage recruitment and retention, from outreach efforts to make aboriginal communities more aware of the various healthcare jobs that are available, to workplace cultural awareness promotion.

Walk a Mile in my Moccasins is a workshop developed by the RHA Central as an initiative which rolled out of the partnership agreement – a workshop to strengthen relationships and to build bridges between Aboriginal and non-Aboriginal people. Over 90 staff, Board Members and community people have participated in three sessions in the past year. Through interactive sharing, participants were completely captivated as they learned to understand and appreciate Aboriginal values/traditions... to understand and realize the impact of Indian policies, practices and residential schools on today’s workplace and society. Sharing of personal stories and experiences not only helps to heal the soul of our survivors but also helps us be more effective in working together and ultimately, to build better relationships. The next session will be held in June in celebration of the National Aboriginal Awareness Day. Pictured are a few of the participants in the workshop held in Swan Lake in March, 2012. Migtewatch to facilitators Dan Highway and Louise Chipeway, as well as all the participants. For more information on the workshop Walk a Mile in my Moccasins, contact Holly Leost, Regional Director Aboriginal Employment at 204-428-2756.
LEAN is a program that has been used in areas like manufacturing for decades, but it’s now being introduced throughout RHA Central as well as throughout the province to help streamline the healthcare system.

“The principles of LEAN are about the work flow, eliminating inefficiencies and creating effective and streamlined work environments,” says Ainsley Wiebe, one of two members of RHA Central’s Decision Support Team, who have been trained as LEAN “green belts”, meaning they are now able to train others in the region.

“We decided as a region that this was a direction we wanted to go and we liked the principles behind the LEAN program because they are very common sense-based,” says Jane Curtis, Vice-President of Planning for RHA Central.

LEAN builds on many of the continuous quality improvement and change initiatives and training already undertaken in RHA Central, says Kathy McPhail, CEO of RHA Central. “One of the important things about LEAN is really focusing on listening to what the recipient of a particular service or program is saying about the services or work that you are doing,” she says. “That could be a client, patient or resident or another member of staff. We also want to ensure we provide those services in the most efficient and effective way and LEAN assists us to look at the elimination of any inefficiencies, like extra steps in a process, or finding areas where we repeat things, which really wastes staff time. We can then redirect those ‘savings’ into other areas of need.”

Another benefit of having the program delivered provincially is the networking opportunities that it presents, says Susan Enns, the other employee trained in LEAN. “About 30 people across the province were trained, which means we will have an ongoing networking system so we can liaise with other healthcare regions and share information.”

Wiebe and Enns will work on two initial LEAN projects in RHA Central, each 120 days in duration, which focus on transition points. Wiebe will be looking at rehabilitation services at Boundary Trails Health Centre and Enns’ project is focusing on communication of laboratory results at Portage District General Hospital. Concurrently, another LEAN-inspired project, Releasing Time to Care, is being implemented into nursing units. “The project looks at care right at the bedside and unit. It asks things like ‘is everything we need close at hand or must the staff go and find the things they need all the time?’ Or ‘is there a more efficient way to hand over care at shift change from one provider to another?’ In other words, is the system as efficient as it can be or is energy and time being wasted that could be spent at the bedside providing more direct care,” says McPhail.

The ultimate goal of LEAN is to create a more efficient system that will mean improved healthcare access and services for everybody in the region. “The client is integral to the whole process and knowing what that client needs is an important part of determining what we need to do,” says Curtis. “As a region, we are constantly striving to find ways to make the system work better and that is going to be a direct benefit in helping people in Central Region have improved access to quality healthcare services.”
Growing with Mom for Teens

IT’S NOT OFTEN THAT A NEED is recognized, developed into a program and implemented in less than two months. This is what happened with the Growing with Mom for Teens (GWM-T) program at Morden Collegiate. It started when Monique Gauthier, a public health nurse with RHA Central, made what she thought was a routine call to Morden Collegiate (MCI) in mid-December of last year. She contacted John Loewen, the Guidance counsellor at MCI, to make arrangement to meet at the school and discovered the need was greater than anticipated.

Gauthier, Anita Hiebert (coordinator for GWM-T) and MCI guidance counsellors John Loewen and Ang Boucher met to begin a program to help these teens. One factor in allowing for a quick implementation of this new program was the lack of need for a school-initiated course. With RHA Central programs in place that closely matched provincial curriculum, the planning continued.

Community support is what makes this new program special. The Christ Lutheran Community (CLC) provides a rent free meeting space across from the school. The Agassiz Medical Centre lends their dietitian once a month. The Pregnancy Care Centre and CLC help pay for the food and provide child care during the sessions. A Families First home visitor is also involved. Gauthier tries to go beyond support for moms and wants to get interested dads involved as well. “We’re going to invite the dads there every other week, have a meal and split off into groups.” This is where Earl Dyck and Dave Brown will come in. “Dyck is a retired social worker who is volunteering and Brown is a counsellor at the Morden Youth for Christ. Gauthier states that in teens that parent, the dads are often out of the picture by the time the baby is 6-8 months old. “If there is a relationship there” she says, “I want to work very hard at keeping the dads involved.”

Program delivery began just a short while ago … at first, meeting together once a week to discuss healthy child and maternal needs with the potential to meet individually with a Families First home visitor. The required hours needed for a full credit will not be reached by the end of June; therefore participants will meet during the summer. “The school is being flexible with these students by allowing an open credit and giving them till the end of December to meet the required hours. The goal is to get these babies and moms attached, because we know that if we can have one significant attachment with the child prior to the age of three, we decrease the social needs later on in life.”

Front row: Natasha Jones, Families First home visitor; Marlow Miller, Growing with Mom diettitian; Shirley Sawatzky, Volunteer with Pregnancy Care Centre; Natasha Vandenberghe 4th year Brandon University Nursing student; Dave Brown Youth for Christ counsellor; Second row: Anita Hiebert, Growing with Mom; Monique Gauthier, Public Health Nurse and Tom Baker, Christ Lutheran Church minister. Missing: John Loewen and Ang Boucher Morden Collegiate guidance counsellors and Earl Dyck retired social worker.

Not all the girls will receive credit for the program either because they already have enough to graduate or they already have a Family Studies credit. Gauthier says they could have as many as eight teen moms or “moms to be” taking part. At the end of the day, the number one priority with this initiative remains prevention.

Adapted from story written by Bud Kehler and printed with permission from the Manitoba School Counsellor Magazine.

Recovering from the impacts of the 2011 flood?

There is help available through the Central Psychosocial Flood Recovery Team. The goals of the team are to assist in your recovery process by:

- Connecting to services-financial, agricultural recovery and vocational
- Enhancing future preparedness
- Offering flood-related health promotion, education and presentations
- Referral to appropriate resources on healthy coping, stress management and counselling
- Working with individuals and communities on existing strengths, capacities and resilience
- Facilitating sustainable community connections & development

Whether you are an individual or a community group, the team is here to listen to you and help in any way possible.

Team Contacts:
- Dianna Meseyton-Neufeld (RHA) 204-871-6735
dneufeld@rha-central.mb.ca
- Bob Guenther (RHA) 204-870-0170
rguenther@rha-central.mb.ca
- Paul Trimble (Manitoba Agriculture, Food and Rural Initiatives-MAFRI) 204-870-2139
paul.trimble@gov.mb.ca
There was no mention of the word “don’t” at the SAC ADOS conference event held in Notre Dame de Lourdes last fall. Instead, speakers and invited guests at this teen conference, attended by approximately 200 high school students from St. Jean Baptiste, Notre Dame and St. Claude, used words like “consider”, “think” and “understand”.

This conference was initiated by the Table de concertation régionale du Centre, organized jointly with the Réseau communautaire, the Division scolaire francophone, Pluri-elles and the Conseil communautaire en santé. The purpose of the SAC ADOS was to help students make healthy choices in their everyday lives and provide them with a (figurative) “backpack” equipped with all the information they need to make those healthy decisions.

“They were not saying don’t do this, don’t do that, but rather explaining what the consequences are if you do or if you don’t do certain things,” says Zoe Twohig, a student from École Gilbert-Rosset in St. Claude who attended the event.

The day started off with an interactive “theatrical-style” presentation supported by health experts (physician, Addictions Foundation of Manitoba, lawyer, etc.), followed by lunch with a tour of health information booths and ended with a speaker Mitch Dorge who lead the students to understanding the effects and consequences of health-risk behaviours.

“As a community, we often concentrate on informing parents about things like drugs or alcohol and how it relates to their kids,” says Yvette Gaultier, Economic Development Officer with Lourdéon Community Development Corporation. “But this event was different because it was designed for and about the youth. It was their day and the students were very much at ease because it was presented in a way that meant it was easy for them to get involved, but wasn’t overly personalized.”

The message delivered was positive and energetic, with the students participating in skits about different scenarios such as drugs or drunk driving, and having the opportunity to ask questions of experts like lawyers or doctors.

Everyone in attendance agreed that the highlight of the day was motivational speaker Mitch Dorge, drummer for the band, Crash Test Dummies, whose presentation was about seeing life positively and making the right decisions.

“I’m a pretty happy guy because I spend 99.9% of my time doing what I love to do, so my message is that whatever it is that you want to do in your life, go after that first,” he says. “But I also challenge the kids to think and consider if they are going to do something which could reduce the chances of them achieving their dreams.”

Students were totally engaged in the day’s events, says Gaultier. They asked questions, visited the displays and took away some important messages about life skills.

According to Twohig, “It changed my perspective to be more aware of different situations and really think carefully before I just panic and go from one action to another,” she says.

The SAC ADOS conference helped to inspire students make healthy choices in their everyday lives and provide them with a (figurative) “backpack” equipped with all the information they need to make those healthy decisions.
IF YOU HAVE A CHILD in grade one, there’s a good chance that he or she may soon be speaking a new language. PAX and Spleems are terms used in the PAX Good Behaviour Game, developed by an elementary school teacher in the 1960s as a tool to develop positive behaviours in the classroom.

During the PAX game, which is played as children perform their regular classroom tasks and activities, positive behaviours, such as working quietly are called PAX. Non-focused behaviours, like interrupting, are called Spleems. The PAX kit includes a timer and a harmonica to signal the start of the game. The teacher keeps track of how many Spleems occur and teams with three or less Spleems at the end of the game get a wacky reward, a fun activity they don’t normally get to do in school.

RHA Central has joined the Province of Manitoba and school divisions in launching a $1.3-million, province-wide project to pilot PAX in the grade 1 classrooms of 200 schools across the province. Half of the classrooms will start using PAX in this school year and the other half will start in the 2012-13 school year. The project will involve about 5,000 students and their teachers, with short- and long-term outcomes to be measured over time.

RHA Central is introducing PAX in ten elementary schools across school divisions in the region over the next two years. “I think that RHA Central is a role model for being able to see past the silos,” says Dr. Rob Santos of Healthy Child Manitoba. “It’s very powerful to see the health system investing its dollars into the education system because of the population health benefit for all.”

Healthy Child Manitoba will be assessing immediate and longer term results to see if positive outcomes that have been seen in other places can be replicated in Manitoba. The Seine River School Division did a trial with PAX last year and found an immediate 45 percent decrease in the number of interruptions in Grade 1 classrooms.

“It is very exciting for the Board to be on the leading edge of such a positive initiative,” says RHA Board Chair, Denise Harder. “PAX is a low cost, immediate and upstream way to make small changes which can lead to a marked increase in the health and well-being of children. Our decision as a Board to support this program was because of our belief in the life-long, positive results for these students – that was a gift we wanted to share.”

Long-term USA studies of children, who played the PAX Good Behaviour Game in grade 1, have found it helped prevent student misbehaviour, juvenile delinquency and substance abuse (see sidebar). “These are very difficult outcomes to change later in life and so something that shows an impact and can reach so many children is of great interest to the Province,” says Santos.

RHA Central and its Board of Directors have an interest in investing in Healthy Public Policy initiatives that will have long-term impacts on health status in the region. The game seemed to fit all the criteria, says Kathy McPhail, CEO of RHA Central. “There is good evidence of the long lasting impact on a child’s life of the practices that are done within PAX and we wanted to be a part of that.”

Deborah Russell, Principal at Carman Elementary School, one of the schools where PAX is currently being piloted says it has motivated the grade 1 students and teachers have noticed the number of Spleems are dropping. “The children are doing more self monitoring and self correcting and they are using this common language for behaviour with each other,” says Russell. Children are also encouraged to “Tootle” – the opposite of interrupting, and teams with three or less Spleems at the end of the game get a wacky reward, a fun activity they don’t normally get to do in school.

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Taking Charge of Your Chronic Disease

Linda Sharpe has taken charge in changing her own health behaviours to effectively manage her diabetes.

HAVING TO ACCEPT lifestyle changes because of a chronic disease diagnosis can be pretty overwhelming, so having access to good advice and information is crucial to help a person make the best health choices possible.

“I am seeing people that are diagnosed with some kind of chronic illness and my role is to provide someone with the education that they need to help self-manage the illness and prevent complications,” says Darcy Hutton, Diabetes & Chronic Disease Nurse Educator with RHA Central.

Linda Sharpe was diagnosed with Type 2 diabetes in October, 2010. “I’d had a bad summer that year and, when I look back on it now, I had all the typical symptoms of diabetes: exhaustion, thirsty all the time, couldn’t get enough sweets,” says Sharpe. “Once my daughter found out I had Type 2 diabetes, she said ‘You are going to have to do what the doctors and the dietitians say from now on because I want you to be around for a long time’. That’s when I realized it was a little more serious and a lot more than just having sugar cravings. Working with Darcy was a real eye opener.”

Since then, Sharpe has taken charge in changing her own health behaviours to effectively manage her diabetes. “It’s a total change in lifestyle,” she says. “I used to be a yo-yo dieter for years and I would put on the pounds and then go on a fad diet and take them off -- so that probably didn’t help my situation. Then after going into menopause, I couldn’t seem to take the weight off any more. Now I understand how to manage my diet and live a healthier, more balanced lifestyle.”

Hutton and the dietitian taught Sharpe what foods would make her sugar levels spike, how to assess what foods she ate, the importance of exercise and other ways to self-manage the disease. Sharpe then set about working on her own health goals, like not eating after 8:00 p.m. and taking walks each evening after supper. She is feeling much healthier and now only sees Hutton every six months, but always has the reassurance of knowing she’s there to provide support and advice if she needs it. “If I am having problems with my medications or something else happens, I can always call and she will explain the reasons and whether it’s related to the diabetes or not,” says Sharpe.

Recognizing that healthy living is a shared responsibility means engaging family, friends, communities and healthcare professionals and sometimes support groups of fellow chronic disease sufferers, who can help strengthen each other’s resolve by sharing their experiences. One such program is Get Better Together, a chronic disease self-management support program which is part of RHA Central’s Healthy Living initiative. Volunteers with a chronic disease discuss their own health journey with a group of others that have been diagnosed with the same type of illness and offer practical tips and advice, drawn from their own experiences, about how to deal with it day-to-day.

Sharpe says that having professional help from the Chronic Disease program has given her the confidence and determination to manage her own illness and advises anyone diagnosed with a chronic disease to take full advantage of the services and supports that are there to help them do the same. “Take baby steps and don’t expect to change everything at once,” she says. “And seek any support that you can from medical professionals, but also from your friends or family and help educate them as well because your disease affects them too.”