

Assiniboine

REGIONAL HEALTH AUTHORITY

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de la santé
ASSINIBOINE
Regional Health
Authority

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ARHA Online
www.assiniboine-rha.ca

Internet users visiting www.assiniboine-rha.ca will be able to access information on programs and services available, Board of Directors and Executive Team profiles, organization structure, career postings, and the latest news and events.

**THE ASSINIBOINE RHA
INVITES YOU TO VISIT
THEIR SITE!**

Russell Dialysis Officially Opens

The new dialysis facility in Russell officially opened for business in the spring with Health Minister Theresa Oswald joining the Assiniboine Regional Health Authority (ARHA) Board, staff, patients, Manitoba Renal Program and local representatives to cut the ribbon on the new facility.

“Good renal health is important, and our government has made strong investments in prevention as well as treatment,” said Oswald. “This new dialysis unit will further improve access to care and meet the needs of patients in this region.”

The new 4858 square foot facility is connected to the Russell Health Centre. The project marks over a four million dollar investment in health care infrastructure. The project was completed by T.L. Penner Inc. and is a “Power Smart” building.

“This was something that was identified as a priority by the ARHA and the provincial government worked with us to fill the need for residents of this part of the region,” said Dean Dietrich, ARHA Board Chair.

“The province and the region continue to work toward improved access to services for our residents,” said Dietrich. “This building once again shows that commitment in practice.”

The Russell Dialysis Unit is expected to fill an important role



The Minister of Health signs Ernie Beaulieu’s hat.

in helping both those who require lifesaving care as well as their families. Most dialysis patients from the area were travelling several hours to Brandon three times per week or relocating to Brandon to receive dialysis before the unit

became operational.

“The ability for patients to receive dialysis closer to home helps to increase their quality of life by decreasing travel time and time away from their family, friends and community,” said Dr.

Mauro Verrelli, Medical Director for the Manitoba Renal Program.

More than 1200 people receive dialysis in health care facilities across the province. Russell is a part of a recent provincial expansion plan for renal health services.



Ernie Beaulieu undergoing dialysis close to home.



Ernie Beaulieu with his nursing team at the new dialysis unit in Russell.

Annual General Meeting Held in Souris

The Assiniboine Regional Health Authority held the Annual General Meeting on October 19, 2011 in Souris, Manitoba. Besides the main business of the evening, two presenters at the event brought a strong message of patient focused care on the cancer journey.

“Our vision is to reduce the impact of cancer,” said Dr. Dhali Dhaliwal, CEO of CancerCare Manitoba. “Cancer touches all of us and impacts all of us. It also touches in all areas of health care.”

“We need to break down silos and work collaboratively in health care and allow staff to be multi-functional,” said Dr. Dhaliwal. “Then we can get the right people doing the right jobs and freeing up professionals for patient centered care.”

Dr. Dhaliwal talked about a plan to have regional sites to be linked and “hold hands” and improve patient navigation through the cancer journey.

“We are looking at ways to accelerate the system for all illness. We want to look at sixty days from the first suspicion of cancer to treatment,” said Dhaliwal.

CancerCare Manitoba wants to prevent late or delayed diagnosis. The vast majority of cancers are curable if detected soon enough.

One area of improved access for Westman is the new Western Manitoba Cancer Centre located in Brandon.

“This is the first time we have moved outside the perimeter with complex care like radiation,” explained Dhaliwal. “This will improve the access to radiation



Dr. Ghali Dhaliwal, CEO CancerCare Manitoba explaining why CancerCare is expanding services into Westman.

therapy.”

“The reason for developing this centre was that our studies show that patients were electing not to have radiation but to have more radical surgery,” said Dhaliwal. “The prospect of six weeks in Winnipeg is too daunting for some patients. So this is to try to rectify some of these deficiencies in the system.”

In three months 102 patients have been seen at the new facility. This is almost operating at capacity.

Patient Navigation Program

Another facet being added to improve the patient experience is a patient navigation component.

“Our part was to look at the journey of the patient in rural Manitoba,” explained Zenith Poole. “Over the years there has been a concern for the period from diagnosis until we see an oncologist. For those of you touched by cancer you know that a diagnosis can make you feel vulnerable. The sys-

tem can sometimes be very fragmented. Patient Navigation is our answer to this. Our dream to deliver patient navigation services for

ARHA, Parkland and Brandon.”

Navigation is the process of steering or guiding the patient through the cancer journey. The underlying philosophy is that no person should spend more time fighting through the cancer system than they do fighting their disease.

“The next steps in Western Manitoba is that each region is implementing nurse navigator positions,” explained Poole. “They will be nurses with an oncology background.”

These positions are about empowering the patient to self-navigate through the system and it uses a person focused model instead of a cookie cutter approach as each person and each region will be different.

“The navigator cannot be expected to know everything,” said Poole. “They will develop means to point patients in the right direction and find information if they don’t have the answers.”

The role is new and the ARHA is currently training their new Patient Navigator and will have information for the public on access as the position is further rolled out.

Speech Language Pathologist Hired

The four year search for an adult Speech Language Pathologist (SLP) in the Assiniboine Regional Health Authority (ARHA) is finally over.

New graduate Speech-Language Pathologist, Danna Kopp from the University of North Dakota in Grand Forks has accepted the responsibility of providing speech and language services to adults of the region.

“We never had SLP adult service for communication disorders so ARHA folks have had to hire privately or go to Brandon. That is if they could get in as an outpatient and this has not been possible for some time,” explained Lynne Tolton, Therapy Services Coordinator for the ARHA.

“Our more acute stroke patients with need for communication assessment and treatment have recently been transferred to Winnipeg hospitals,” said Tolton.

“We still only have the limited resource of one adult SLP for the entire ARHA so we still can not do intensive speech ther-

apy but much improved service for sure,” stated Tolton.

People requiring adult SLP services can be referred to Kopp by their physician, and it is covered by Manitoba Health.

“SLPs focus on many different areas including: articulation and phonology, language, voice, fluency, and dysphagia (swallowing). In adults specifically, SLPs work with individuals who have problems in any of these areas due to stroke, traumatic brain injury, dementia, degenerative diseases, etc.” explained Kopp. “It’s re-teaching or compensating for those skills that they used to have but are now impaired.”

“I travel to all sites within the region to see inpatients and PCH residents. Typically with outpatients, they will travel to my office at Country Meadows in Neepawa for therapy sessions. However, if they are not comfortable driving or do not drive, I am willing to travel to their closest facility to meet with them,” said Kopp

The types of services pro-

vided, and amount of times Kopp meets with a client can vary.

“Each client is unique in what they require for speech-language therapy. Some patients I only need to see for an assessment, while others I will see many times over an extended period for therapy, depending on what their progress is,” said Kopp.

“For those individuals returning home from being in the hospital in Brandon or Winnipeg, there is now speech-language therapy available to them to continue their rehabilitative process,” explained Kopp.

“There was a period before I started my position where adult SLP services were not available in the ARHA, and patients needed to pay private. For those individuals and families where this option is a financial burden, I hope that having this service available in the region is beneficial for them,” said Kopp. “I hope to provide a service that is much more convenient to those who are in rural communities.”

ASSINIBOINE REGIONAL HEALTH AUTHORITY DONATIONS

FOR THE PERIOD ENDED JUNE 30, 2011

Account Name	Amount
Baldur Health Centre	\$ 23,218.55
Birtle Health Centre	58,460.51
Boissevain Health Centre	25,530.22
Boissevain - Westview PCH	21,605.73
Carberry Health Centre	37,572.54
Davidson Memorial Health Centre	3,688.94
Deloraine Health Centre	186,502.62
Elkwood PCH	8,511.84
Erickson Health Centre	37,683.05
Glenboro Health Centre	41,323.71
Hamiota Health Centre	72,748.56
Hartney PCH	46,933.21
Killarney - Tri Lake Health Centre	43,478.57
Melita Health Centre	237,239.79
Minnedosa Health Centre	53,513.29
Minnedosa PCH	25,781.63
Neepawa Health Centre	68,714.25
Neepawa PCH	225,636.89
Reston Health Centre	29,938.83
Rivers Health Centre	96,483.93
Rosburn Health Centre	26,068.76
Russell Health Centre	120,224.46
Russell PCH	5,372.05
Sandy Lake PCH	22,353.56
Shoal Lake Health Centre	225,524.26
Souris Health Centre	56,382.86
Tiger Hills Health Centre	254,738.49
Virден Health Centre	42,193.78
Virден - The Sherwood	10,639.56
Virден - Westman PCH	21,102.57
Wawanesa Health Centre	19,059.18
Regional Programs	188,554.88
EMS in total	150,559.53
Total	\$ 2,487,340.60

CTS: A new style of learning

Education has changed a lot since the days of just reading, writing and arithmetic. More emphasis is starting to be placed on actual hands on experience and learning in the workplace instead of just the classroom.

With the development of the Career and Technology Studies (CTS) program in the Turtle Mountain School Division students are being given a chance to explore potential career interests right in the workplace.

“CTS has existed in Turtle Mountain School Division since September 2008. It was initially developed by Prairie Rose School Division to provide more of its students with senior years technology education. The division was not prepared to spend large sums of money on facilities to provide technical-vocational programming when it could be provided through internships in businesses and services in the local communities,” explained Larry Rainnie, Superintendent Turtle Mountain School Division.

“Giving students the opportunity to do some career exploration before leaving high school is extremely valuable,” explained Lesley Armstrong a teacher at Killarney School who has worked with the program

“University/Post Secondary Education, especially for rural students is expensive,” added Armstrong “One year of university for a student who must move to the city and pay for housing is approximately \$10,000. An Internship exposes the individual to the type of work before they enter school.”

CTS is a combination of some classroom learning with the majority of the learning being done in the workplace.

“First time interns must complete 30 – 35 hours of Management Skills within the school. Once an internship has been secured at a business they complete 80 hours of volunteer time with that particular business or organization,” said Armstrong “Students interested in completing a second internship will complete 110 hours of volunteer time with the business or organization.”

For the classroom learning, interns complete pre-employment orientation which includes a career search, work safety and writing a resume and cover letter specific to their internship. They also work at developing interview skills to perform interviews with confidence and success.

Employability skills portfolios are completed in which students develop skill statements to showcase their strengths and be given an opportunity to improve on their weaknesses.

“In my opinion, the reason Internships are so unique compared with traditional courses is the opportunity the students have to gain skills that a classroom teacher does not have the expertise to teach or demonstrate,” said Patty White,

teacher at Boissevain School.

Students that are enrolled in the CTS program are still required to complete all of their regular high school courses.

“Some students complete their 80 hours in two consecutive weeks,” said White “Students are responsible for completing other course work and communicating with all teachers. I have had students work out their schedule so they do not miss classes that are more challenging for them.”

“Students have completed internships totally in their spares and on weekends and holidays missing no class time at all,” added White “The beauty of this program is it is so flexible, most grade 11 or 12 students who want to complete an Internship can make it work.”

Students are able to intern just about anywhere according to the teachers responsible for coordinating the training.

“The sky’s the limit. As long as I have a suitable sponsor the students can work anywhere,” said White “In the past my sponsors ranged from skills to professional careers.”

The ARHA has benefited from several students partaking in the CTS Program. Locations students have gone to include the Boissevain Health Centre, Evergreen Place Personal Care Home, Westview Lodge Personal Care Home, Boissevain Lab & Imaging, Souris Health Centre, and



Jolene Friesen from Boissevain School worked with a Nurse Practitioner in the ARHA.

Boissevain/Killarney Emergency Medical Services (Ambulance).

“After a certain amount of time at the worksite I see increased confidence in my interns,” said White “They have genuine enthusiasm when discussing their experiences. Networking with individuals in their chosen career and building relationships outside the classroom is definitely a confidence builder.”

“When a student realizes for one reason or another that this is not the career for them, they see that as a positive not a negative,” added White “Students who con-

firm this career anxiously look forward to the next step. They realize this is a unique opportunity to assist with their individual career decision making.”

The CTS program is a benefit to students but also to the community and businesses in the community. Recruitment to rural health careers is an ongoing priority of ARHA and having students explore these careers in a rural setting can often help encourage students to explore this as an option.

“It may provide short term or long term employees an opportunity for adults and youth in the community to get to know and understand one another,” said Rainnie. “In order for the program to be successful, businesses and organizations such as the ARHA must be willing to work with the schools and Division for each other’s benefit and most importantly, the benefit of our students.”



Boissevain Lab and Imaging hosted Beth Tutkaluke from Boissevain School.

The ARHA Home Care Program has something to be proud of:

There were 495 client satisfaction questionnaires returned (46%) to the regional home care Accreditation team. In response to the question “How would you rate the overall quality of care and services you received from the Home Care Program?” 96% responded excellent or satisfactory.

Great work Home Care!

Assiniboine Regional Health Authority

CALL FOR NOMINATIONS

Assiniboine Regional Health Authority
Board of Directors

The Assiniboine RHA is responsible for the delivery of a full range of health services. Appointments to the Board will represent a broad cross section of interests, experience and expertise with a single common feature of strong commitment to health care in the Assiniboine Region.

Responsibilities:

Board responsibilities are to provide overall leadership for the delivery of health services in the Assiniboine region. For further information regarding Board member responsibilities please call the Assiniboine Regional Health Authority Corporate Office at 1-888-682-2253.

Qualifications:

Nominees must be 18 years of age; have a strong commitment to health care; have strong communication skills; be able to attend board meetings on a regular basis; and be able to comply with regional conflict of interest guidelines.

Nomination forms are available online at <http://www.gov.mb.ca/health/rha/forms.html> or by calling the Assiniboine Regional Health Authority Corporate Office at 1-888-682-2253 or 204-483-5000.

The deadline for nominations is December 15, 2011 and applications may be submitted to the Assiniboine RHA Corporate Office or to the Minister of Health.

Office régional de la santé Assiniboine

World Suicide Prevention Day 2011: ARHA Initiative

World Suicide Prevention Day is observed on September 10 each year. The purpose of this day is to raise awareness around the globe that suicide can be prevented. Disseminating information, improving education and training, and decreasing stigmatization are the important tasks in such an endeavour.

The ARHA Community Mental Health (CMH) Team is very active in prevention and promotion activities in the region. There has been a concerted effort in the region to increasing efforts to intervene earlier to avert self harm and death by suicide and raise awareness of Mental Health and Wellness.

This year the ARHA Community Mental Health Program requested of all high schools within the geographical boundaries of the ARHA to recognize this important day on Friday, September 9, 2011 by showing

a short Power Point presentation that was created by our Program titled “World Suicide Prevention Day – I am Resilient!” to students age 15 to 18 plus. The Power Point highlighted information on suicide awareness and alertness, and promotes our ARHA messaging of “The 3 R’s of Suicide Prevention – “Recognize – Respond – Refer”. In addition the Power Point had a strong emphasis on resiliency. In addition, the schools were provided with wallet size cards that were distributed following the Power Point presentation to each student. The cards that were also created by the Assiniboine RHA CMH Program relayed information regarding the 3R’s of Suicide Prevention and 24 hours Crisis Numbers for reference. The CD’s were distributed to 28 schools with a goal to target approximately 3800 students.

On September 12, 2011, a World Suicide Prevention Day Community Walk called *Reaching Out To Prevent Suicide* was hosted in Minnedosa. Fifty participants - members of the community and ARHA staff showed up to show their support for suicide prevention, to walk to remember a loved one or to walk for the survivors of suicide. All participants wore colorful t-shirts and distributed the information cards around the community. A short presentation was held following.

The message was heard loud and clear – “A strong need persists to continue to recognize and address suicide as a vital community health problem. Often the lack of understanding about suicide promotes fear and stigma. Stigma can create a wall of silence that can be harmful. It prevents people from reaching out to a suicidal person. It also isolates

and prevents a suicidal person from seeking help when needed. The stigma around suicide can deny a person the human right and permission to seek help and support. There is growing consensus among at-risk individuals, survivors, researchers, services

providers, and government of the critical role of stigma reduction in suicide prevention strategies. Reducing stigma requires community education and willingness among individuals to challenge others when discrimination occurs. Thank you Minnedosa!



On September 12, 2011, a World Suicide Prevention Day Community Walk called *Reaching Out To Prevent Suicide* was hosted in Minnedosa.

WHAT YOU KNOW COULD SAVE A LIFE!

Training Opportunities offered by the Assiniboine Regional Health Authority Community Mental Health Program

Many good things are occurring across the ARHA. The ARHA Mental Health Team is very active in prevention and promotion activities in the region. There has been a concerted effort in the region to increasing efforts to intervene earlier to avert self harm and death by suicide and raise awareness of Mental Health and Wellness.

Professionals and individuals across the ARHA have warmly embraced opportunities to participate in training for the standardized suicide prevention programs which include:

- 1. Applied Suicide Intervention Skills Training (ASIST)** – ASIST is a two-day, skill-building workshop that prepares caregivers (professionals and volunteers) to provide suicide first aid interventions. *Cost: \$75.00*
- 2. SafeTALK**- Becoming alert to distress signals is the goal of the SafeTALK Program. The “safe” acronym stands for: Suicide Alertness For Everyone. The “TALK” acronym stands for the steps that one does to help a person with thoughts of suicide: Tell, Ask, Listen and Keepsafe. This session is offered within a half day format available to anyone over the age of 15 years. SafeTalk prepares

individuals to identify persons with thoughts of suicide and provides practical ways to help and connect them to suicide first aid resources. The learning experience is interactive and practical. SafeTALK will be delivered by a trained provider and one additional provider will be available to provide support to students if required.

- 3. Mental Health First Aid (MHFA) and MHFA for Individuals Working with Youth** is a two day (12 hours) course which teaches the signs & symptoms of common mental health problems (MHFA - Substance-Related Disorders, Mood Disorders, Anxiety Disorders, Psychotic Disorders (MHFA – Youth – Substance-Related Disorders, Mood Disorders, Deliberate self-injury, Anxiety Disorders, Eating Disorders, Psychotic Disorders) and crisis situations, a basic five step mental health first aid model, information about effective interventions and treatment and how to access help and resources. The philosophy of MHFA Canada is that mental health crisis, such as suicidal and self-harming actions, may be avoided through early intervention. If crisis does arise, then members of the public can take action that may reduce the harm that could result. *Cost: \$50.00*

Mental Illness Awareness Week

The Assiniboine Regional Health Authority in partnership with the Turtle Mountain School Division is hosting a health promotion event in sync with the National Mental Illness Awareness Week which is recognized across Canada within the month of October. Our event is now into its 5th year and in past years we have hosted in two sites – making this our 8th upcoming in the community of Killarney on November 16, 2011 Titled “**Open Minds – Healthy Minds – Race to Positive Mental Health.**”

This year our participants will be approximately 350 grade 9 to 12 Turtle Mountain School Division students. The youth will be engaged in fun learning activity to enhance their knowledge on mental health topics such as depression, anxiety, stress and coping, eating disorders, youth suicide etc. The day will also include a panel of young adults sharing their recovery journey from mental illness. This will make the youth’s learning experience much more personal with the goal being to reduce stigma.

Community Mental Health Intake Services

Assiniboine Regional Health Authority (ARHA) Community Mental Health Intake services officially launched October 1, 2011. Previously, Community Mental Health Workers accepted referrals from various sources and acted as the entry point to mental health services. With 10 Adult Community Mental Health Workers serving 55 communities in 20 acute/transitional care facilities and 28 long-term care facilities individuals had 48 points of entry to service which spanned 32,134 kilometers. As you can imagine, it was complicated to become connected with the appropriate Mental Health Worker. This meant that Mental Health Workers were spending considerable time with referrals and referral sources providing necessary information. Now with centralized intake all individuals can expect a welcoming, consistent, direct access to

mental health services across the region. The advantages of centralized intake are: 1) It is welcoming and easy now with one entry point to services 2) consistent access to services across the region 3) allows Community Mental Health Workers to spend more time with clients and families. 4) ensures requests for services are met in a timely manner. All people will receive an initial screening including: an assessment to determine needs, problem solving, linkage to the most suitable resource, and if necessary assignment to a Community Mental Health Worker. Mental health intake is not a crisis service, but will be working closely with crisis services. To reach mental health intake worker, Ryan Sturgeon please call Toll Free: 1-855-222-6011 or locally at 204-571-2950. Hours of operation will be 8:30-4:30 Monday-Friday.

Training sessions will be hosted at the Brandon Provincial Building, 340 9th Street, Rooms B8 and B6, 8:45 a.m. to 4:00 p.m.

2011 – 2012 Dates:	Training Sessions:	Trainer:
November 2011	Nov. 22-23 ASIST	Misti Bertrand / Tess Lelond
January 2012	Jan. 18-19 Mental Health First Aid	Misti Bertrand
	Jan. 18-19 Mental Health First Aid (Youth Version)	Tess Lelond
March 2012	Mar. 21-22 ASIST	Barb McConnell / Janis Slack
May 2012	May 17-18 Mental Health First Aid	Janis Slack
	May 17-18 Mental Health First Aid (Youth Version)	Tess Lelond
July 2012	July 17-18 ASIST	Barb McConnell / Tess Lelond
September 2012	Sept. 25-26 Mental Health First Aid	Misti Bertrand
	Sept. 25-26 Mental Health First Aid (Youth Version)	Tess Lelond

To learn more about these trainings or to register contact: Tess Lelond - Clinical Services Specialist - Assiniboine Regional Health Authority Mental Health Program - Phone: (204)571-2956 or e-mail: tlelond@arha.ca

Community Volunteer Income Tax Program

Many people do not complete income tax returns because they may not work full time or work at all and often they do not have the money to pay to have their taxes done. Often students and seniors face the same income challenge.

Income is the most important determinant of health. Lower income is associated with poorer health status. For this reason, the Assiniboine Regional Health Authority supports a Health Promotion Coordinator to facilitate the Community Volunteer Income Tax Program (CVITP). This free

program assists people who cannot afford to pay to have their taxes completed and as a result, obtain income they would not otherwise receive. The CVITP trains volunteers to help low income individuals and families complete their tax returns. Completing a tax return is needed in order to qualify for many government funded programs, including the Child Tax Benefit and the GST rebate.

The CVITP is a partnership of Assiniboine Regional Health Authority with Canada Revenue

Agency, which provides training and technical support to volunteers. Numerous local partners in the following ARHA communities will be offering the program in 2012: Birtle, Carberry, Elkhorn, Minnedosa, Neepawa, Rivers, Russell, Souris and Virden. Local community partners include recreation directors, adult learning centres, municipal libraries, Manitoba Agriculture, Food and Rural Initiatives (MAFRI), and other local service providers.

Community volunteers receive training from Canada Revenue

Agency to complete electronic tax returns for individuals and families. Community partners provide computer access and a meeting place /drop-off/pickup location for the volunteers and clients. Volunteers sign confidentiality agreements. All records are kept by the individual client and Canada Revenue Agency. No electronic or paper documents remain with the volunteers, the CVITP, or Assiniboine RHA.

As a volunteer, participating in the CVITP is a rewarding opportunity to assist others who otherwise might not file an income tax return. It is a short time commitment because the program is completed between February and April 30th of each year. This year,

the ARHA would like to bring the CVITP to the following communities and their surrounding areas: Killarney, Boissevain, Deloraine, and Melita. In order to do this, we need volunteers. If you are interested in volunteering, please call toll-free 1.877.509.7852.

Community volunteers and the Community Volunteer Income Tax Program help to put money in the pockets of those who need it most.

For more information, to find out if the CVITP is for you, or to volunteer, please call toll-free 1.877.509.7852.

Help stop the Flu

Please stay home when you have the flu, or flu like symptoms. This will help to stop the spread of the seasonal influenza. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Some people can be contagious for even longer.

While staying home may seem like a burden to you, think of the burden it is to everyone else if you go to work, or to the senior center to play cards for the afternoon, or run up town for a bit of shopping. You could potentially infect every person that you come in contact with.

Signs and symptoms that you may have the flu include: fever or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, and fatigue. Some people may have vomiting and diarrhea, though this is more common in



children than adults.

The flu can be spread very easily. When you cough, you send tiny infected droplets into the air allowing another person to breathe them in, and become infected. Your germs can also be spread if a person touches infected droplets that are on a surface like a desk or a shopping cart

handle and then touches their own eyes, mouth or nose before washing their hands.

If you absolutely must go out while you have the flu please remember a couple of things. Stay away from those who are most vulnerable and have the highest risk of serious influenza complications. This includes the elderly, nursing-home residents, pregnant women, people with chronic health conditions, young children, and people with essential functions in society such as health care workers.

Please cover your cough. Sneeze or cough into a tissue and then dispose of it. If a tissue is not available then cough into your upper sleeve or elbow.

Wash your hands. Be sure to wash your hands often with warm running water and soap for 20 seconds or use an alcohol based hand rub, to help prevent the spread of germs.

Camp Bridges

Organized by
Assiniboine, Brandon and Central RHA

Camp Bridges is a weekend camp for children and teens who have lost someone special to them. In 2011, the camp was held at Camp Wannakumbac at Clear Lake with 51 campers, aged 7-17 years, attending. The goal of the camp is to provide a camping experience for bereaved children and teens within a safe, supportive, and fun environment. Camp activities are designed to help share grief, honour memories, and have some fun.

We would like to extend our utmost appreciation to the following sponsors:

"Donor of the Camp" - Gold Sponsor
Brandon RHA staff - Camp Bridges Jeans Day
City of Brandon Grant Committee
Carman and Community United Way

"Friend of the Camp" - Bronze Sponsor
Donor's Choice - Holland
Melita Health Auxiliary
RHA Central Portage la Prairie Tupper Street
Staff "Casual Fridays" Donations
RHA Central Southport Staff
"Casual Fridays" Donations
Town of Melita



"Love builds bridges where there are none."

 **It's flu season...**

**Get the shot,
not the flu!**

**Call 1-877-646-3888
for appointments**

Appointments preferred or walk-in (if available)

**Every Manitoban is eligible
for the flu shot.**

Taking the WORK out of Breastfeeding – Biological Nurturing

By **Kirsten Duguay**
Public Health Nurse,
Lactation Consultant

From the very beginning of humankind babies have breastfed. The act and reason for breastfeeding remains the same now as it was then. Breastfeeding is nature's intended way to feed a baby. However, the perception of breastfeeding has undergone transformation over the years.

Historically women simply have breastfed their babies. They allowed their instincts to take over and followed the lead of the baby.

In the 20th century science became an integral part of North American culture including the science of infant feeding. Companies marketed infant milk that they manufactured from cow's



milk and sold it as "formula". They were successful in convincing the medical and health sectors that these artificial baby milks were better than breastfeeding.

Research now clearly tells us there are risks to feeding these types of milk for the baby and for the mother. For baby there are increased respiratory, ear, and gastrointestinal infections. There is also an increased risk for SIDS

(Sudden Infant Death Syndrome), childhood cancers, obesity, diabetes and other chronic illnesses to name just a few. For mothers who don't breastfeed they are at increased risk for breast cancer, ovarian cancer, diabetes, and osteoporosis.

The promotion of artificial feeding resulted in breastfeeding rates falling to all time lows. Over the last two decades breastfeeding has made a comeback but there was a loss of generations of experiential breastfeeding knowledge when rates were low.

Infant feeding was looked at from a scientific way and this has been the same with breastfeeding. Women have been told that breastfeeding doesn't come naturally and it must be learned. Women are given step by step instructions in how to latch their babies and the instinctual and intuitive brain are overridden.

Thus, breastfeeding seems like a lot of effort. Does it have to be like this? No!

Suzanne Colson, a midwife and researcher, has focused on restoring women's confidence by

"invoking nature's biological design and mother's innate capacity to breastfeed" (Colson, 2010). She calls this Biological Nurturing or Laid Back Breastfeeding. Biological Nurturing allows for the expression of primitive and instinctual behaviours and reflexes to establish or improve breastfeeding with the realization that mothers and babies are "hardwired" to breastfeed (Mohrbacher & Kendall-Tackett, 2010).

Take the work out of breastfeeding! By leaning back and having baby on the mother's chest the baby is able to guide the feeding and the mother is able to use her instincts to further improve attachment. The reflexes that in the past have seemed to get in the way of breastfeeding such as arm cycles, stepping reflex, head bobbing and even rooting work to help the baby breastfeed instead of hinder. In the meantime, the mother is in a comfortable position without tension in her arms, shoulders and neck. This increases the hormone oxytocin's pulsatility that then in-

creases milk let-down.

With laid-back breastfeeding nature takes over making breastfeeding easier and more comfortable. When something is easy, women are going to do it longer, thus increasing breastfeeding duration and meeting the goals of Health Canada and the Canadian Paediatric Society of exclusive breastfeeding for 6 months and continued breastfeeding with the introduction of family foods for two years and beyond.

New mothers can try this position to help achieve their breastfeeding goals. Ideally baby should breastfeed within 1-2 hours after birth. Babies have tiny tummies and breastmilk is digested easily so they need to be fed frequently. Avoid traps that can lead you down the wrong path. The best way to make breastfeeding work is to breastfeed. Use caution in pumping and bottling to replace breastfeeds. Avoid using a pacifier and risk misinterpreting feeding cues. Refuse to provide breastmilk substitutes like formula and early introduction of infant cereal.

Getting Comfortable with Biological Nurturing or Laid-Back Breastfeeding

(from *The Womanly Art of Breastfeeding, 8th Edition*)

- Dress as you choose – light clothing is best
- Find a couch, bed, or chair where you can lean back and be well supported – not flat, but comfortably leaning back so that when you put baby on your chest, gravity will keep him in position with his body molded to yours.
- Have your head and shoulders well supported. Let your baby's whole front touch your whole front.
- Since your leaning back, you don't have a lap, so your baby can rest on you in any position you like. Just make sure her whole front is against you.
- Let your baby's cheek rest somewhere near your bare

breast.

- Help her as much as you like; help her do what she's trying to do. You're a team.
- Hold your breast or not, as you like.

Remember the most important part of this is your connection with your baby. Use the time to enjoy your baby, the breastfeeding is just an extra bonus.

The ARHA Public Health Team was fortunate to hear Vera Froese PHN & lactation consultant speak on Biological Nurturing and Breastfeeding the Right Brain Way on June 16th. For more information contact your local Public Health Nurse, or a La Leche League Leader.

Visit:

<http://www.biologicalnurturing.com/>



What is a Registered Dietitian?

Registered Dietitians are health care professionals who are trained to provide advice about diet, food and nutrition. They use the science of nutrition to help people make healthy food choices, separating fact from fiction and distinguishing healthy eating plans from those that don't provide optimal nourishment.

How do you become a Registered Dietitian?

- One must complete a four year undergraduate degree from an accredited program which is focused in the area of nutritional sciences.
- Following completion of a degree, acceptance to a one year internship or practicum program is required.
- To become registered within Canada candidates must pass the Canadian Dietetic Registration Exam.
- To practice as a Registered Dietitian one must be a member of the regulatory body in the province where they practice.

What areas do dietitians work in?

Dietitians play a major role in health care, industry, government and education. They influence policy development, direct nutrition programs, manage quality food services and conduct nutrition research.

- Dietitians are nutrition specialists who counsel and support clients to make changes in their eating habits to promote health and prevent chronic illness such as high blood pres-

sure, diabetes, heart disease and cancer.

- Dietitians are policy makers who advise government at all levels on population-wide strategies to improve the health of Canadians such as school nutrition guidelines, sodium reduction in processed foods and advertising to children.
- Dietitians are leaders in all aspects of food systems, including the safety and availability of our food, food service management, and food production and marketing.
- Dietitians are researchers who discover new and better ways to enhance patient care, promote health and prevent nutrition-related illnesses.
- Dietitians are educators who prepare future dietitians and other health care professionals for practice.

Assiniboine Regional Health Authority (ARHA) Regional Clinical Dietitians

There are seven Regional Clinical Dietitians who travel throughout the ARHA. They are responsible for assessing and providing nutritional advice to outpatients and inpatients through referral by a Physician, Nurse Practitioner or Allied Health Care Provider. The Regional Clinical Dietitians are required to assess all long term care residents within the region, on admission and on an annual basis. They are involved in menu, policy and resource development and are active members of the multidisciplinary team helping ensure that clients receive the best nutritional care possible.



The ARHA Dietitians Team.

References:

- Colson, S. (2010). An Introduction to Biological Nurturing. Amarillo, TX: Hale Publishing.
- Mohrbacher, N. & Kendall-Tackett, K. (2010). Breastfeeding Made Simple, 2nd Edition. Oakland, CA: New Harbinger publications, Inc.
- La Leche league International (2010). The Womanly Art of Breastfeeding, 8th Edition. New York: Ballantine Books.

Why Travel to Brandon or Winnipeg for an appointment when Telehealth might be an option?

Did you know that many specialists in Manitoba offer clinic appointments by Telehealth? This means you can visit one of 7 Health Centres in the Assiniboine Region and talk to your specialist through a television?

Telehealth offers patients who live in rural Manitoba more access to specialists without the burden of driving to Brandon or Winnipeg. This is a great option for those short appointments when you are not feeling well or unable to get extended hours away from work.

If your doctor wants you to

see a specialist – ask him/her if Telehealth is a good option for you. Your doctor's clinic will help you make the necessary arrangements.

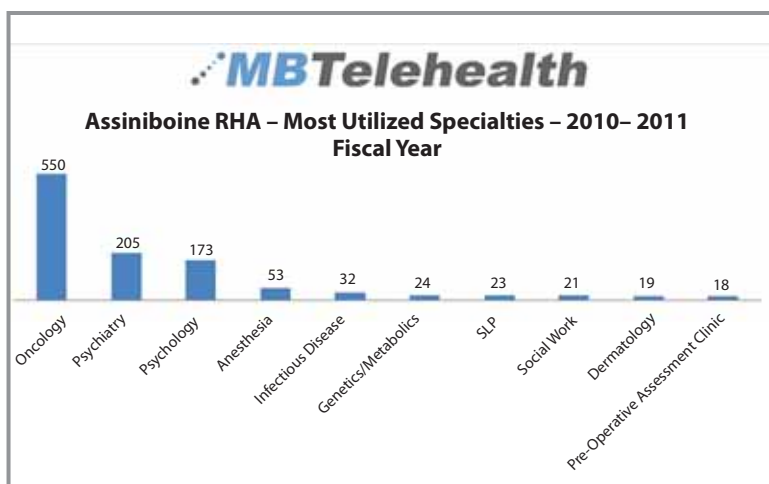
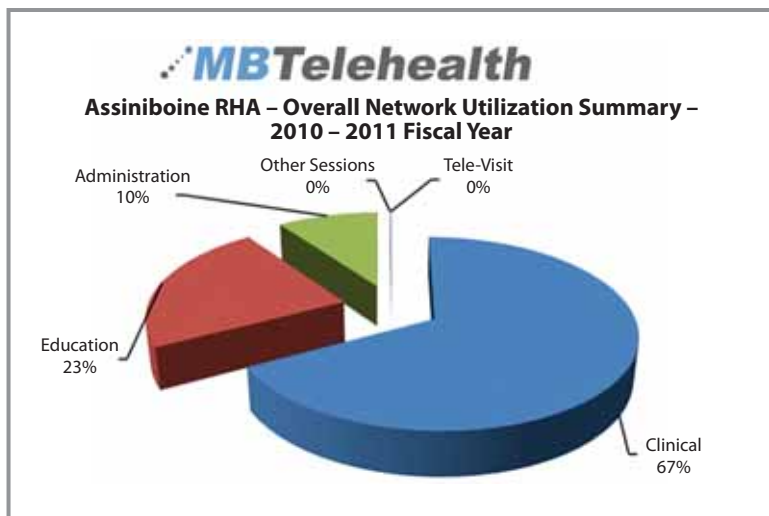
Telehealth sites in the Assiniboine Region are: Virden, Neepawa, Russell, Hamiota, Deloraine, Killarney, and Shoal Lake. There are currently 105 telehealth locations in Manitoba and more joining each year. Telehealth is operated on a high speed secure link to ensure the highest level of security and confidentiality for patients.

Through Telehealth, you can also "visit" a family member / friend who is in a hospital somewhere else if travelling is not an option (in locations where telehealth available). Please call MBTelehealth at 1-866-667-9891 for details.

If you want to know more about Telehealth in Manitoba– call MBTelehealth or visit their website www.mbtelehealth.ca. For information about Telehealth in the Assiniboine Region please call the Shoal Lake Regional Office at (204) 759-4517.

Telehealth usage increases in Assiniboine

Did you know that Assiniboine Region participated in 1613 Telehealth Events from across the 6 locations from April 1, 2010 to March 31, 2011 (Deloraine, Hamiota, Killarney, Neepawa, Russell and Virden). Shoal Lake Strathclair Health Centre joined the MBTelehealth Network in May of 2011 and are therefore not included in this statistical report. This is a 28% increase over the previous year. 1083 events, or 67% of this year's events were for clinical appointments, mostly for Oncology, Psychiatry and Psychology services. The Assiniboine Region also uses the MBTelehealth network for Education and Administration sessions.



Shoal Lake has introduced Telehealth with the support of the local foundation pictured are: Lisa Hogg, Business Office Clerk; Roseanne Yaremchuk, Area Manager; and Kathy Geekie, Shoal Lake Foundation Member.

Women's Wellness Clinics – Fall 2011

For Cervical Screening and Clinical Breast Examinations

BALDUR MEDICAL CLINIC – Baldur Health Centre

November 25, 2011 10:00 am – 3:00 pm

December 9, 2011 10:00 am – 3:00 pm

Call 1-877-378-3077 for appointment. Walk-ins welcome.

BIRTLE MEDICAL CLINIC - Birtle Health Center

December 8, 2011 2:00 pm – 6:00 pm

Call 842-3990 for appointment. Walk-ins welcome.

ERICKSON PRIMARY CARE ACCESS SITE

- Erickson Health Center

November 7, 2011 10:00 am – 3:00 pm

December 12, 2011 10:00 am - 3:00 pm

Call 636-6809 for appointment. Walk-ins welcome.

GLENBORO MEDICAL CLINIC - Glenboro Health Centre

November 22, 2011 10:00 am – 3:00 pm

December 7, 2011 10:00 am - 3:00 pm

Call 1-877-378-3077 for appointment. Walk-ins welcome.

HAMIOTA MEDICAL CLINIC - Hamiota Health Centre

November 8, 2011 10:00 am – 3:00 pm

December 13, 2011 10:00 am – 3:00 pm

Call 764-2412 for appointment. Walk-ins welcome.

MELITA MEDICAL CLINIC – Melita

November 4, 2011 10:00 am – 3:00 pm

December 2, 2011 10:00 am – 3:00 pm

Call 522-8353 for appointment.

RIVERS MEDICAL CLINIC – Rivers Health Centre

November 18, 2011 10:00 am – 3:00 pm

December 16, 2011 10:00 am – 3:00 pm

Call 328-7941 for appointment. Walk-ins welcome.

ROSSBURN MEDICAL CLINIC – Rossburn Health Centre

December 1, 2011 10:00 am – 3:00 pm

Call 859-2566 for an appointment. Walk-ins welcome.

RUSSELL MEDICAL CLINIC – Russell

November 21, 2011 10:00 am – 3:00 pm

December 12, 2011 10:00 am – 3:00 pm

Call 773-2146 for an appointment. Walk-ins welcome.

All Clinics are done by a team of trained Registered Nurses from the Assiniboine Regional Health Authority.



Ask the ARHA...about your Safety...

Why do health care providers keep asking for my name, my birth date, my Manitoba Health card, or keep checking my wrist name band?

- ARHA care providers are asked to check the identity of every client they work with, every time, before providing any treatment.

But I live in a small community, you already know me! Is this really necessary?

- Yes, your safety is important to us. Checking every time is safe practice. Sometimes people have the same first and last name and mix-ups can and do occur.

Identification: The Right Person for the Right Reason, Every Time.

ARHA Strategic Priorities

In June of last year, the Assiniboine Regional Health Authority (ARHA) Board developed the Strategic Plan following a thorough review of the information which was gathered through community health assessment. Every RHA must submit a Strategic Plan regularly to Manitoba Health.

What exactly is the “Strategic Plan?”

The Strategic Plan, which includes the Board’s Vision, Mission, Values, and Strategic Priorities, is the Region’s way of setting priorities for the next 5 years. The priorities are chosen by the Board based on information about the health of ARHA residents, their use of health care services, as well as input from ARHA staff & the community.

The Strategic Plan is a responsibility of the Board, however they value the opinions of staff & community members. Through community health assessment, information was gathered from the public and health care staff and combined with statistical information to help the Board choose priorities for the Region. The Assiniboine Health Advisory Committee (AHAC) reviewed the information and provided their thoughts for the Board to consider before the strategic priorities were adopted.

What is in the Strategic Plan?

The Strategic Plan begins with the **Vision**, which is:

Assiniboine Regional Health Authority: together, an innovative future-oriented organization providing evidence-informed, sustainable, quality health services.

These are the qualities that make us stand out as an organization: we strive to use innovation, to work together and to look to the future while providing quality care that is sustainable and informed by the best available evidence.

The next section of the Strategic Plan is the **Mission**:

Through participation, teamwork & available resources, our mission is to share in enhanced well-being through the delivery of quality health services that are responsive to the needs of the population.

The Mission is about what we do. The ARHA Mission means that every employee participates in the work that is done, contributing equally to the quality of

care that is provided. We work as a team to get the job done using the resources available to us. The Region works with communities to improve the health of people living & working here.

Our Mission is also to provide quality health care that responds to the needs of the people who live here. The Board recognizes the strengths our communities possess and cares about responding to the needs of people who live here. Regular updates are provided to the Board about trends affecting health and health care use, as well as changes in the health of people in the Region so that priorities can be reviewed and changed according to changing needs.

The third section of the Strategic Plan is the **Values**. These outline the ways that all employees, as representatives of the Assiniboine Region, should treat others. Our Values are:

- **Focusing on people**
- **Collaborating and working as teams**
- **Acting with integrity, accountability & respect**
- **Communicating to share information and receive feedback**

The next section of the Strategic Plan includes the 5 **Strategic Priorities**. This is the “meat & potatoes” of the plan. Most of these can apply to any individual or department.

Following is a description of the Strategic Priorities and how we plan to address them over the next 5 years:

STRATEGIC PRIORITIES

ARHA will aim to be an employer of choice through creative, proactive recruitment & retention strategies

What does this mean?

The Board recognizes that staff are the greatest resource we have. That is why they chose this to be the **first** priority. The ARHA would like to be an organization that staff want to work for, want to stay with, and would choose over another potential employer.

How is the Region working on this priority?

- Implementing an Aboriginal Workforce Initiative.
- Exploring partnerships with School Divisions to assist students to obtain health care certification through high school curriculum.
- Actively promoting health careers through health fairs, partnering with high schools,

community colleges & universities, and through community-focused events.

- Continuing to support mentoring of students & new graduates while advocating for training programs in the Region.
- Looking into return of service agreements for students training for jobs that are in high demand in the Region.
- Supporting ongoing sponsorship of International Medical Graduates in the provincial assessment process.
- Supporting staff education through providing courses & eLearning.
- Developing human resource strategies to improve worklife of our employees.

STRATEGIC PRIORITIES

ARHA will focus on specific population group needs when prioritizing service delivery strategies.

What does this mean?

Through the last couple of Community Health Assessments, it became clear that some people in the Region are healthier than others. For example, First Nation people have a lower life expectancy and suffer more from diabetes.

The elderly are at higher risk for injuries due to falls. Sometimes people with lower income or education are more likely to develop a chronic disease like heart disease.

It is well known that different groups of people are at risk for illness because of their circumstances. The Board recognizes that not everyone is equally healthy and that we need to consider those at highest risk when planning health care services.

How is the Region working on this priority?

- Supporting primary care services in First Nation communities.
- Working in partnership with First Nation & Metis communities for activities to improve health.
- Implementing a falls prevention program focused on seniors, who are at highest risk.
- Working with communities to explore options for seniors to stay safely at home for as long as possible.
- Looking at implementing a Men’s Health program that will focus on issues like prostate cancer & high blood pressure.
- Providing access to interpreter services through a partnership with Winnipeg RHA.

ARHA will prioritize resources and strategies to support & enhance health promotion & disease prevention and management.

What does this mean?

Chronic disease is increasing among residents of the Assiniboine Region. Diabetes rates have increased significantly over time, with almost 10% of ARHA adults (age 19 and over) diagnosed. Approximately **1 in 3** Assiniboine adults (aged 19 and older) were treated for high blood pressure in 2005/06 (Manitoba Centre for Health Policy, 2009). As the population ages, we are likely to see even higher rates of these conditions in the near future. This means even more stress on the health care system unless we can do something to prevent chronic disease and help those with chronic disease to manage their conditions.

How is the Region working on this priority?

- Offering programs aimed at preventing heart disease & stroke.
- Developing a Stroke Prevention Strategy (supporting the Brandon Stroke Prevention Clinic, increasing public awareness, & staff education about stroke prevention & care).
- Enhancing Women’s Wellness Clinics in First Nation communities.
- Offering training to staff to assist clients with smoking cessation.
- Offering the *Get Better Together!* chronic disease self-management program & Craving Change weight management classes in the Region.

ARHA will focus on patient safety, quality & resource stewardship while balancing the need for accessibility & sustainability of services.

What does this mean?

The Assiniboine Region has always emphasized quality care. In recent years, a number of patient safety initiatives have been established, such as activities to prevent medication errors and prevent falls among the elderly. The Board expressed an interest in the environmental impact of our services at the last strategic planning session, adding resource stewardship to the Region’s priorities.

Through the Community Health Assessment, staff & community said that access to health care services was their top priority. The Board supported this by

choosing to make recruitment & retention the top priority.

How is the Region working on this priority?

- Reviewing staffing guidelines, including acute care as well as chronic care indicators among PCH residents to identify demands on staffing.
- Exploring opportunities, including training, to help staff manage behavioural issues among residents in long term care.
- Exploring options for enhancing access to medical rehabilitation for ARHA residents.
- Replacing aging & non-functioning equipment as needed.
- Continuing to participate in reviews by external organizations & implement standards, such as Accreditation (required organizational practices) and Long Term Care Standards reviews.

ARHA will develop & enhance public & client engagement processes for regional priority areas.

What does this mean?

Community engagement is about working with people in our communities, building trusting relationships, and working together to improve the health services we offer.

The recent Community Health Assessment involved an extensive community engagement process, inviting people from all areas of the Region to discuss health and health care. Over 250 people attended, providing their thoughts about how we could improve and to choose priorities from their perspective. Many other groups, including ARHA staff were involved in providing their thoughts also.

This information was presented to the Board during their strategic planning session.

The Board values the input of staff & the public. One way the Board learns the opinions of community & staff is through the Staff & Stakeholder meetings. Through these meetings, information is provided about Regional programs & services and members of the public and staff can ask questions of the Executive. To take this a step further, the Board would like to continue engaging those affected by decisions about health care.

How is the Region working on this priority?

- Expanding the invitation list for stakeholder meetings
- Increasing promotion of the Annual General Meeting
- Seeking targeted input from clients into program & service reviews as well as for new program planning.