

ZONE NEWS

SOUTH ZONE



YOUR HEALTH CARE IN YOUR COMMUNITY

2013 JULY



“

I USED TO BIKE RIDE, YOU KNOW. I LOVE IT; I FEEL SO FREE.

– Barbara Sifton, long-term care resident at Bow Island Health Centre

BICYCLES BUILT FOR TWO

Photo by Shannon Arnaud |

Long-term care residents across southern Alberta are giving their answers to wheelchair biking, and the response is a resounding “yes!” Formed as part of a therapy to reduce depression in seniors, residents enjoy rides around their communities. Coaldale Health Centre residents foreground, from left, Lorraine Koebel and Eileen Anderson, hit the road with pedal power from therapy assistant Sarah Kettle, back left, and recreation therapist Shannon Hoetmer.

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PHYSICIAN ASSISTANT PROGRAM TO BOOST CARE

After more than a year of planning, Alberta Health Services is launching the Physician Assistant (PA) Demonstration Project. This two-year program will introduce PAs into health care teams in rural areas and bolster access to care – one of the first PAs starts work soon in Milk River.

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WHEN THE HEAT IS UP WORRY IS ON ‘HIGH’

It can be daunting for parents when kids turn up the heat. Fever can be a sign of a medical condition that needs treating, or it can mean simply that a child’s engine is running warm and there’s little to worry about. Turn inside for hot tips.

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BUILDING STRONG FOUNDATION FOR THE FUTURE

The single most important thing we’re doing today at Alberta Health Services is setting the stage for the future. We are taking immediate action to further strengthen community and primary care, including the recently announced 24 new Family Care Clinics. We are increasing the number of Registered Nurses working full-time and using more of the skills they have and we need. And, as I hope you’ve already heard, we’re reducing administrative overhead costs.

- Community-based care funding is increasing by \$108 million to almost \$1.2 billion – a 10 per cent increase. That means more continuing care, palliative and hospice beds and services.
- Home care funding is increasing by \$21 million to \$501 million, a 4.4 per cent increase.
- Facility-based continuing care services are

DR. CHRIS EAGLE
Alberta Health Services
President and CEO



increasing \$39 million to \$919 million, a 4.4 per cent increase.

- The greatest share of our budget is in our hospitals and other acute care facilities. Inpatient acute nursing care funding will increase by \$132 million, or 4.6 per cent, to just over \$3 billion. That will allow us to add capacity in surgical and intensive care, and to improve access to obstetric, pediatric and mental health services.
- Emergency and outpatient services funding is

increasing 6.4 per cent, or \$91 million, to \$1.5 billion, to further ease pressures on emergency departments and to reduce wait times, and to help inpatients get discharged sooner and get outpatient care in or near their community.

- We’ll spend \$245 million to expand facilities and drive innovation.

Alberta’s population is growing, the number of visits to our emergency departments is up, and there continue to be large groups of Albertans without regular access to primary care. Those are the major reasons for these changes. But most importantly they will improve access and the quality of your care. If you’d like to learn more, visit us at www.albertahealthservices.ca or ask us at AHS.info@albertahealthservices.ca.



DR. VANESSA MACLEAN :
Medical Director
South Zone

SEAN CHILTON
Senior Vice President
South Zone

KEEP IT SAFE DOWN ON THE FARM

Each year, about 18 Albertans are killed in farming mishaps and about 30 per cent of these fatalities occur in August and September.

This spring and summer, Alberta Health Services is involved in planning Progressive Agriculture Safety Days in 14 communities across the province (eight in the South Zone). Safety Days are a fun and educational workshop for children and their parents to learn how to stay safe and healthy on the farm, ranch or at home.

Fewer people actually live on farms in this province than did 20 years ago, yet a growing number of youngsters are dying on them. Between 1990 and 2009, Canadian Agricultural Injury Reporting found an overall decline of 31 per cent in the number of people living on Alberta farms, to 150,000 in 2009 from 220,000 in 1990. Children and youth (0-14 years) experienced the largest decline with 53 per cent, dropping to 29,000 in 2009 from 59,000 in 1990. However, the rates of Alberta children dying in farm-related events continued to rise: there were 16.3 deaths per 100,000 in 2009, compared to 6.3 per 100,000 in 1992. The increase is largely due to the shrinking number of children on farms.

For every agricultural-related fatality, there are about 25 hospital admissions (11 of which are for major trauma injury). Major trauma admissions account for about 11 per cent of all agriculture injury-related admissions.

The top five causes of agricultural injuries and fatalities were machine runovers (16 per cent), machine rollovers (16 per cent), pinned or struck by a machine (13 per cent), animal-related (nine per cent), and machine entanglements (eight per cent). A total of 89 per cent of those killed were male.

The Alberta Centre for Injury Control and Research advises some simple steps:

1. Avoid runovers – know where bystanders are at all times.
2. “No Rider” rules – refuse to carry or be a passenger on farm equipment, including ATVs.
3. Prevent tractor rollovers – avoid slippery or steep slopes; stay away from ditches.
4. Handle livestock with care – always be alert around livestock and have an escape route.
5. Keep children safe – supervise children, keep children away from machinery or hazardous sites, fence off open water, teach children how to safely use equipment.
6. Don’t take shortcuts – get properly trained in using the equipment and follow procedures. ■

KILAM HOME TO STAY

Story and photo by Sherri Gallant |

He grew up in an exotic locale and his surgical career has taken him to other lovely destinations, but these days, Dr. Surendar Kilam calls Lethbridge home.

“My wife and I had small children (three girls and a boy) and I wasn’t spending much time at home because of all my work and my research, so we wanted to move to a smaller place. A number of friends who I had trained with, or who were my students, were from Lethbridge and there was an opening for a surgeon so we came. That was 1986. We’ve been here ever since except for a break of two years when we went to Comox, B.C.”

Kilam accepted the Associate Medical Director position for the South Zone in February, based at Chinook Regional Hospital, bringing a wealth of clinical and administrative experience to the position.

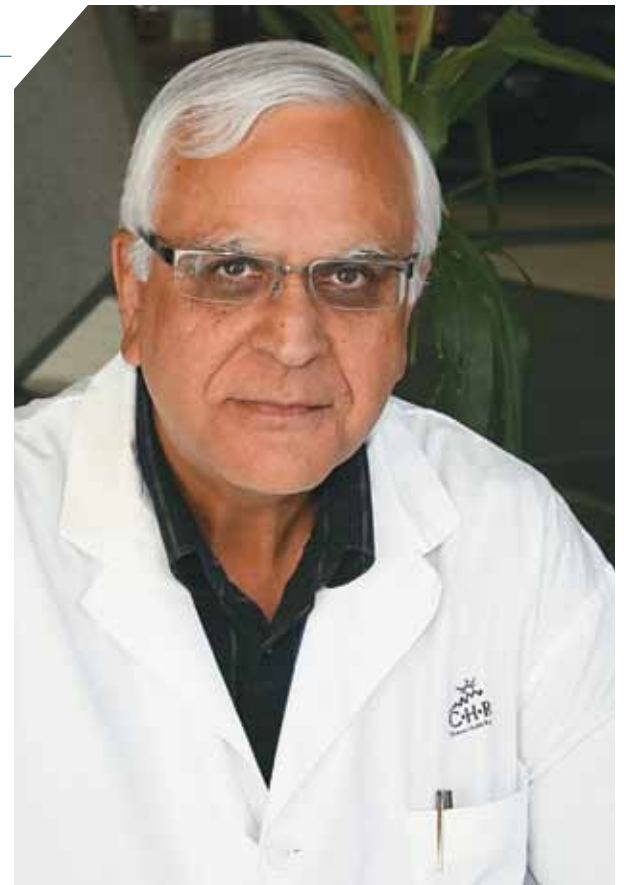
Before Canada beckoned the budding doctor in 1968,

Kilam completed his undergraduate work and a portion of his internship in Kashmir, where he was born and raised. Tourists flock to Kashmir, a land of great beauty called Heaven on Earth by many. But having grown up there, the ‘wilds’ of Canada seemed more alluring.

“I finished my internship, residency and fellowship in Edmonton,” he recalls. “Most of my colleagues at that time were going to the U.K. or the United States to work but I didn’t want to go there.”

From Edmonton, Kilam moved to Newfoundland, a province he adored, before returning to practise and teach at University of Alberta Hospital for nearly a dozen years. A research sabbatical at Toronto’s Mount Sinai Hospital for a year was followed by the move to Lethbridge.

Kilam’s wife, Janice Harvey, is also a physician with a specialty in sports medicine. She served as team leader for Team Canada’s swimmers at the 2000 Olympic Games in Sydney, Australia.



The Kilams were an active family, with the children participating in competitive swimming and other sports. One daughter became a nurse, another works in hospital administration and the third is a teacher. Kilam’s son is a coach who works as special teams co-ordinator for the Calgary Stampeders. Now,

there are five grandchildren.

When at home, Kilam enjoys cooking (especially his mother’s family recipes) and is an avid photographer. He and his wife have a passion for travel, both internationally and in their motorhome, exploring North America.

Kilam has been on many working committees at

local, provincial and national levels, including the Royal College of Physicians and Surgeons of Canada where he was also on the Board of Examiners in general surgery and anatomical pathology.

His previous hospital appointments in Lethbridge include Program Director/Chief of Surgery and Senior Medical Director of Acute Care. He was recipient of the Physician of the Year Award from the Chinook Health Region in 1998 and has been involved with presentation and publication of many clinical and research-oriented papers. ■

“A NUMBER OF FRIENDS WHO I HAD TRAINED WITH, OR WHO WERE MY STUDENTS, WERE FROM LETHBRIDGE AND THERE WAS AN OPENING FOR A SURGEON SO WE CAME. THAT WAS 1986. WE’VE BEEN HERE EVER SINCE
— Dr. Surendar Kilam, pictured

Helping Albertans find their way to better health



MyHealth.Alberta.ca is an online resource made in Alberta for Albertans. It offers valuable information and tools to help Albertans better manage their health.

As an evolving resource, MyHealth.Alberta.ca will continue to be expanded, updated and improved. Future developments will provide many advanced features and health monitoring tools, and allow access to information from one’s Alberta Netcare Electronic Health Record.

Currently Available:

- Q Symptom Checker
- Q Medication Guides
- Q Find Health Services
- Q Checkup Tools
- Q Health A-Z
- Q Tests & Treatment Guides
- Q Healthy Living





Milk River will be the first area in Alberta to benefit from the addition of a physician assistant (PA) due to Alberta Health Services' launch of the Physician Assistant Demonstration Project.

PHYSICIAN ASSISTANT PLAN TO EASE ACCESS TO CARE

Your Trust.

You have high expectations of your health care system. Alberta Health Services helps meet those expectations by ensuring a strong and sustainable workforce that will be there for your care today and in the future. Part of that plan includes a project to introduce physician assistants (PAs) to enhance health care and ease strain on the system. PAs are highly educated and can perform many procedures done by a physician.

Story by Janine Sakatch | Photos courtesy UFA Co-operative Ltd.

In rural areas, physician shortages become the mother of invention and soon, a creative solution conceived through necessity will benefit the residents of Milk River.

After more than a year of planning and preparation, AHS is launching the Physician Assistant (PA) Demonstration Project: a two-year program to integrate PAs into multidisciplinary health care teams and bolster patient access to care. The PA soon to be joining the Milk River Clinic is one of the first to start work in Alberta.

"We are excited to be breaking new ground in Milk River," says Dr. Jack Regehr, Associate Medical Director, Rural, in the South Zone. "We've had some challenges with physician recruitment in the

community ... introducing a physician assistant will take some of the pressure off and enhance the care being delivered."

The project was developed in partnership with Alberta Health and in consultation with stakeholders. PAs will practise under the direction of a physician to extend patient care services. The impact of this new position on access, wait times, quality of care and patient and provider satisfaction will be monitored and evaluated over the duration of the demonstration project. The end goal is to show whether adding PAs will bolster Alberta Health Services' mandate of a patient-focused, quality health system that is accessible and sustainable for all Albertans.

"We know gaps in clinical coverage exist," says Regehr. "A PA can help ease some of the strain we have on our physicians and nurses."

PAs are academically prepared health care professionals who work to expand physician services. They are not independent practitioners but, rather, work with a degree of autonomy as negotiated by a supervising physician.

Dr. Elisabeth Lewke-Bogle is looking forward to the arrival of the PA in Milk River.

"The activities a PA can perform may include conducting patient interviews, histories and physical examinations; performing selected diagnostic and therapeutic interventions or procedures; and counselling patients on preventive health care," says Lewke-Bogle. "The work they do will vary based on the supervising physician, but I anticipate we will see a smoother flow of patients through our clinic as a result."

As part of the demonstration project, PAs are expected to provide care within acute, ambulatory and primary care settings across Alberta. ■



THE WORK (PAs) DO WILL VARY BASED ON THE SUPERVISING PHYSICIAN, BUT I ANTICIPATE WE WILL SEE A SMOOTHER FLOW OF PATIENTS THROUGH OUR CLINIC AS A RESULT

– Dr. Elisabeth Lewke-Bogle, pictured

What is a physician assistant?

● Physician assistants (PAs) are physician extenders and not independent practitioners; they work with a degree of autonomy, negotiated between the supervising physician and the PA.

● In Alberta, PAs are health professionals who are members of the Canadian Association of Physician Assistants, have successfully completed the Canadian Physician Assistant Certification Exam and are registered with the College of Physicians and Surgeons of Alberta.

What are the functions of a PA?

● In general, PAs can perform the same functions as general practice physicians, except PAs are responsible to know when they should be conferring with a supervising physician and they require all orders to be confirmed by the physician.

PA function examples:

- Order lab tests, imaging and other investigations (with co-signature).
- Perform histories and physicals.
- Document anywhere in the chart.
- Perform minor procedures (depending on individual training).
- Make diagnoses.
- Interpret results of investigations.
- Write discharge medications, but must be co-signed by the supervising physician.

What education is needed to become a PA?

● In Canada, there are four accredited physician assistant education programs: University of Manitoba, McMaster University, The Consortium of PA education (University of Toronto, Northern Ontario School of Medicine, Michener Institute), and the Canadian Forces Medical School.

● In the U.S. there are more than 140 accredited programs.

● There are two education streams to the PA education programs:

- Students attending the University of Manitoba must complete an undergraduate health sciences degree in order to obtain a Masters in Physician Assistance studies.
- Students applying to McMaster University and the Consortium of PA education school need to complete two years of undergraduate work before admission to the PA Bachelors degree.
- Canadian PA education programs are two full years in length.

● The two-year program is a combination of academic/didactic training that includes clinical and procedural skills.

● Students participate in over 2,000 hours of clinical training, including trauma, anesthesia, general surgery, sports medicine, orthopedics, internal medicine, emergency medicine, pediatrics and family medicine.



A career in health care can be extremely rewarding. Visit the AHS website for career details.

www.albertahealthservices.ca

Medicine Hat High School Grade 12 students, Hannah Kapeller, left, and Morgan Wood, centre, get final instructions from Sabrina Moore, Safety Alliance Society, before taking the SIDNE for a spin.



CRASH COURSE ON DANGERS OF DISTRACTIONS BEHIND WHEEL

Story and photos by Lisa Squires |

The familiar chime of your cellphone’s text notification sounds while you’re driving to work. You’re tempted to take a quick peek – it’ll just take a second – but is it worth the risk?

That’s a question ‘SIDNE,’ South Zone’s newest partner in traffic safety, can answer ... NO!

Glancing down at that LOL message can cost you or someone else their life.

SIDNE (Simulated Impaired DrivINg Experience) is a battery-powered, remote-control go-kart that simulates what can happen when people drive impaired with drugs or alcohol, or when distracted by texting or talking on a cellphone.

“We want people to understand what can happen when they drive while distracted or impaired, but in a safe environment,” says Ann Pudwell, a health promotion facilitator with Alberta Health Services (AHS). Pudwell is Vice Chair of the Southeastern Alberta Traffic Safety Coalition (SEATS), which brings public safety events to Medicine Hat and area. “The goal is to educate people about the potential impacts so they’ll make better, safer choices in real life.”

SIDNE has two modes, normal and impaired, and can travel up to 13 km/h. To operate SIDNE, a driver must have a valid motor vehicle licence or driver’s permit. Once inside, a driver and up to one passenger must don helmets and buckle up. The driver begins in normal mode, with the vehicle responding appropriately to steering, braking and acceleration.

With the push of a button on the remote control, a trained SIDNE operator switches it to impaired mode, creating delays in steering, braking and acceleration and mimicking delayed reactions caused by impaired or distracted driving.



IT WOULD BE REALLY SCARY IF THIS WAS A REAL CAR AND SOMEONE HAD BEEN DRINKING

– Grade 12 student Hannah Kapeller, on a simulated impaired driving experience

“It’s fun, but I could see how it would be really scary if this was a real car and someone had been drinking or was on their cellphone,” says Hannah Kapeller, a Grade 12 student at Medicine Hat High School who recently tried the SIDNE.

That’s exactly the message Pudwell hopes participants will take away.

“Crashes typically happen because someone’s distracted and generally not paying attention, texting, drinking and driving, or speeding, all of which lead to injuries and fatalities,” says Pudwell.

Medicine Hat Police Sgt. Kelly Kesler, another SEATS partner, agrees.

“Every bed taken by an impaired driver is a hospital bed unavailable to someone else,” Kesler says. “Every minute spent by a police officer on impaired driving means a delay arriving at the scene of another crime.”

SEATS purchased the SIDNE from U.S.-based Innocorp Ltd. through a \$17,000 grant from the Alberta Traffic Safety Fund.

SIDNE is now ready to start touring southern Alberta communities.

To book the SIDNE for a community event, or if you are interested in becoming a certified SIDNE operator, contact Ann Pudwell at 403.502.8302 or email Ann.Pudwell@albertahealthservices.ca. ■

SERVICES IN YOUR COMMUNITY

FAMILY HEALTH HOME VISITATION PROGRAM

This program is a community partnership offering advocacy, support and assistance to alcohol/drug-affected women and their children. Home visitation advocates can offer support to parents by showing activities to help baby learn, linking parents to community resources, and assisting with transportation to essential medical services. Other specialized services include educating women about sexual activity and safe contraception and assisting pregnant women with substance abuse problems. For more information, call Chinook Regional Hospital at 403.388.6351.

BARIATRIC SPECIALTY CLINIC

Medicine Hat residents struggling with obesity can access co-ordinated supports to better manage their weight at the Bariatric Specialty Clinic. Patients receive support from a wide range of health care professionals – including physicians, registered nurses, dietitians and mental health specialists – who collaborate to create specialized, weight-management strategies for their patients. A physician’s referral is required. Call 403.528.8152 for more information.

PALLISER PRIMARY CARE NETWORK

The Palliser Primary Care Network (PCN) is a “network” of family physicians and health care providers working together to provide primary care to patients. It provides services for patients in southeastern Alberta. Physicians, registered nurses, dietitians, physiotherapists and counsellors may be part of a patient’s primary care team. Patients receive an assessment of their condition, health counselling, education, and referrals. For more information, visit www.palliserpcn.ca or call 403.502.8648.

BREAST HEALTH PROGRAM

Located at Chinook Regional Hospital, this program helps patients with breast health issues (breast lumps, abnormal mammograms or ultrasounds, nipple discharge, or breast pain). Services are provided by a multidisciplinary team and include assessment, diagnosis, treatment and education. The Breast Health Program promotes prompt, accurate diagnosis and treatment of breast problems, and empowers women in decision-making by offering education and support. To access the program, one’s family physician must complete a Breast Health Program referral form. Call 403.388.6324 for a referral form and more information.

GROUP 'PLOTS' FOR HEALTHY FUTURE

Story and photos by Lisa Squires |



Your Priorities.

We are working to find innovative solutions to help you be healthy and live well. Here, we support a group that helps communities grow some of their own food, thanks to communal gardens.

Time after time, Simon Sander has seen how gardening does more than just feed the belly – it nourishes the soul and grows friendships, as well.

Sander, an Employment Support Team Leader with the Clients Ongoing Rehabilitation and Equality (CORE) Association, is teaching CORE's members the joys and benefits of having a green thumb, thanks to a community garden. For the past three years, Sander takes people with developmental disabilities, ages 18 to 65, to plant, tend to and finally harvest fresh vegetables at the Kipling Community Garden in Medicine Hat.

He is a seasoned gardener himself and one of many participants in the Community Gardens program – a food security program offered through a non-profit organization called Community Food Connections Association. The group aims to increase access to healthy, affordable food and is supported by Alberta Health Services (AHS).

"What's really nice about this program is that all the stuff is set up there: the shovels, the hoses," Sander says. "We can just show up, water and weed, and put things back in the shed."

CORE Association is an organization that supports 150 to 175 local residents living with developmental disabilities and

provides services including access to employment and volunteer opportunities; group homes; day programs; recreational activities; hot lunch programs; community kitchens; and classes on a variety of topics. The gardening class is one of its most popular.

In addition to the learning and fun, the community garden also provides a vital and basic service to members: it feeds them and becomes a vehicle to teach kitchen and nutrition skills.

"We use the food for our clients," says Sander. "All the food we grow, we use in our community kitchen to teach individuals how to cook. We also garden for the Salvation Army and grow food to support their hot food program."

The Kipling garden is one of three community gardens provided in Medicine Hat and area. The others are located at AHS' Community Health Services office on Dunmore Road and in the Town of Redcliff.

Rita Aman, Chair of the Community Gardens Committee and health promotion facilitator with AHS, says the gardens are full every year despite limited advertising.

"We have a good mix of experienced gardeners, new gardeners, seniors, young families and community groups," Aman says.

"It's a good activity. Good exercise. Good for socializing. It builds community because people can share tips and hopefully make new friends."

Then there's the taste of fresh produce.

"Carrots are a lot sweeter," Sander says. "The peas are great and the potatoes are juicier. Lettuce isn't wilted. And the radishes don't usually make it back to the office."

To learn more about community gardens, visit www.foodconnections.ca or call 403.502.8249. ■

Cindy Miller, community resource worker with CORE Association, helps client Bob Stevenson put in some plants.



VISIT US ONLINE

HEALTH ADVISORIES

Find out about current public health advisories in Alberta. You can check health advisories by AHS zone or see those that apply across the province. Visit our website under the "News and Events" section, or go to www.albertahealthservices.ca/1926.asp.

CANCERCONTROL ALBERTA

CancerControl Alberta reduces the impact of cancer on all Albertans and provides expert care and support for patients from their first symptom to survivorship. Our goal is to be a leader in cancer prevention, diagnosis, treatment, survivorship and palliative care, all on a foundation of world-class research. Visit CancerControl on the web at www.albertahealthservices.ca/8109.asp to find information about cancer programs and services, resources for patients, news updates and research studies.

WATER FLUORIDATION

Dental health is an essential part of your overall health. AHS supports water fluoridation as a simple, safe and cost-effective means of protecting teeth from decay, and helping Albertans keep their teeth for life. If you have questions about community water fluoridation, visit the AHS website for answers by searching "water fluoridation" or go to www.albertahealthservices.ca/5452.asp.

YouTube

Check out fun and informative AHS videos on YouTube. From health topics, to information about our programs and facilities, and even a few dance numbers, we have more than 100 videos for you to watch. Go to www.youtube.com and search "AHSChannel," and check back regularly.

TWITTER

Follow your zone @AHS_SouthZone on Twitter:

- #BackPain or #Arthritis giving you grief? <http://ow.ly/lxTND> #Physiotherapy can provide pain relief and improve flexibility.
- #FoodAllergies plague many people, but often folks don't know food is to blame for their symptoms: <http://ow.ly/lzZqT> FAQs.
- Commitment issues? We all have them. #Carpool once or twice a week – more convenient than you think! #1DayAWeek <http://www.carpool.ca>.
- High-intensity sunbeds can emit 10-15 times more UVA than midday sun. Artificial tanning risks: <http://www.thebigburn.ca>.



Download the AHS mobile app for iPhone or Android

- Emergency department wait times
 - Health care locator
 - More...
- www.albertahealthservices.ca/mobile.asp





WHEN KIDS RUN HOT

Responding to a fever varies by degrees

Story by Amy Sawchenko | Visit applemag.ca

As a parent it can be cause for concern if your child has a fever. For good reason: it can be a sign of infection, a reaction or other medical condition.

"Finding the cause of a fever is a main priority," says Dr. Mel Lewis, a pediatrician at the Stollery Children's Hospital in Edmonton. Other symptoms accompanying a fever, such as a runny nose, coughing, vomiting or diarrhea, help pinpoint the source of infection, and help point to the right treatment.

If your child is feverish but has no other symptoms and is eating, drinking, sleeping and playing as usual, you generally have little to worry about.

"I'd be more concerned about what the child looks like and how he's behaving," says Lewis.

A fever is cause for concern if your child is also lethargic, irritable or confused, has a temperature above 40 C (104 F), or a bruise-like rash that doesn't disappear when you press on the skin. These are signs of more serious illnesses and are a clear signal that your child needs to be seen by a health care professional right away.

For infants under eight weeks old with a

temperature over 37.2 C or 99 F, look at the warmth of their surroundings: did the baby just leave a hot carseat in the summer or is the baby overdressed? Infants this age need to be seen by a health care professional if their temperature is higher than 38 C or 100.4 F, even if they have no other signs of infection.

Fever is just one sign of illness in infants, so parents can also look for changes to their sleep (not sleeping, or too sleepy) and feeding (not feeding as usual, or they have diarrhea, or are vomiting). Other signs of illness are if your baby is crying more, or is unable to settle. Babies have delicate and developing immune systems, are more prone to serious infections and can quickly become sicker.

Teething kids are more likely to get fevers because new teeth break through the gums, creating a chance for bacteria and viruses to get into the body. Teething alone does not cause fever, says Lewis.

Trust yourself: you know your child best. If you're concerned about your child's temperature and behaviour, call Health Link Alberta at 1.866.408.5465 (LINK), or visit **MyHealth.**

Alberta.ca. ■

THE HEAT IS ON

CAUSES OF A FEVER

It is not unusual for a preschool-aged child to have seven to 10 viral infections in a year. Each new viral infection may cause a fever. It may seem that a fever is ongoing, but if 48 hours pass between fevers, then the new fever is most likely from a new illness. Common causes of fever in children include viral infections, such as colds, flu, and chickenpox, as well as bacterial infections, such as a urinary tract infection.

CHECK THE SYMPTOMS

If you're not sure what's causing a child's fever, use the **MyHealth.Alberta.ca** online symptom-checker. This tool will ask questions about the symptoms and, based on your answers, tell you whether and how soon your child may need medical attention.



HOW TO TAKE YOUR CHILD'S TEMPERATURE

The safest way to take your child's temperature is under the arm with a digital thermometer. Here's how:

- 1.** Wash the thermometer with warm, soapy water and rinse with cool water.
- 2.** Loosen your child's clothing to the waist.
- 3.** Place the tip of the thermometer in the centre of your child's armpit, holding horizontally.
- 4.** Tuck your child's arm snug against his or her body.
- 5.** Leave the thermometer for one minute until you hear the beep, then remove.
- 6.** Read and record your child's temperature and time taken.
- 7.** Clean, dry and store thermometer.



FIGHT THE BITE! STOP WEST NILE VIRUS

Seems summer has finally arrived. Bring on the long days, warm nights and ... mosquito bites?

Not so fast! Some mosquitoes carry West Nile virus and, with just one bite, that virus can be spread to you, putting you at risk for both West Nile Non-Neurological Syndrome and West Nile Neurological Syndrome.

Much as you protect yourself from the sun's harmful rays, it's important to make a habit of protecting yourself from mosquito bites.

Not sure how to evade those 'skeeters?

It's as simple as making it harder for them to find you! Visit **www.fightthebite.info** to learn how, and remember: if mosquitoes can't find you, they can't bite you. ■

RESIDENTS SING PRAISE OF DUET BIKES

Story by Kerri Robins |
Photo courtesy Darla Hurt |

Long-term care residents in the South Zone are pedalling away depression, thanks to some bicycles built for two.

Ten wheelchair bikes or “duet bikes” are putting on some kilometres around a number of zone care centres and seniors say they’re really enjoying the ride.

Barbara Sifton, long-term care resident at Bow Island Health Centre, looks forward to getting out on the modified bicycles.

“I used to bike ride, you know,” says Sifton. “I love it; I feel so free.”

Pedalling toward a healthier lifestyle, Keshia Halmrast, recreation therapist working with seniors in the long-term care unit at the Bow Island Health Centre, says the bikes offer benefits to both seniors and staff.

“It’s a good workout for us and gets our seniors outside to enjoy some fresh air and feel a bit of freedom and social interaction,” says Halmrast. “The bike is used as part of therapy for seniors who experience mild to moderate depression or are at risk of depression – for example, seniors suffering from chronic illness, bereavement and loss, or those who are socially isolated.”

The bike is simply a bicycle wheel in back with a detachable wheelchair in front. The recreation therapist sits behind his or her patient, pedalling and steering the bike.

Kim Bohnet’s grandmother participates in the cycling program and Bohnet is happy her grandmother is able to get out in the community.

“Grandma just thinks it’s the best. I’m very thankful that Bow Island has a bike for grandma to enjoy,” says Bohnet.

Lori Pyne, Therapeutic Recreation Manager, South Zone, Alberta Health Services, is happy with the success of the biking program.

“Wheelchair biking fits with senior therapy and we’ve seen some great improvement in our seniors participating in the program over 2012,” says Pyne.

“Using a scale method for recording



Recreation therapist Keshia Halmrast takes resident Barbara Sifton for a ride on a wheelchair bike that is part of senior therapy to alleviate depression.

depressive symptoms, we’ve seen a 91 per cent decrease in depressive symptoms and 82 per cent of seniors reported a better night’s sleep.”

The bikes are on the road through donations on behalf of some South Zone foundations. Bow Island & District Health Foundation, along with Crowsnest Pass Health Foundation, Brooks & District Health Foundation and Oyen & District Health Care Foundation, have all purchased bikes costing approximately \$7,000 apiece.

Dianne Hyland, Chairperson of the Bow Island & District Health Foundation, is grateful for the quality senior care in her community.

“We are truly grateful for the community support we receive,” says Hyland. “The bike promotes a healthy active lifestyle – and that’s important, especially for some of our seniors who might not be able to get outside as much.”

Visit www.albertahealthservices.ca/give for information on South Zone foundations. ■

HAVE YOUR SAY: HACs SEEK NEW MEMBERS

Story by Kristin Bernhard |

Everything Health Advisory Councils (HACs) do is about improving the health and wellness of Albertans.

HACs are comprised of volunteers who use the health care system – just like you. And, just like you, they want the health care system to work for them.

Health Advisory Councils, Oldman River in particular, are seeking individuals who reflect Alberta’s diversity and have a broad interest in health issues.

Council members talk with the people in their communities about the health care system – what’s working, what’s not, as well as ways it can be improved.

Then they speak with Alberta Health Services, combining their own voices with those they’ve heard, in an effort to enhance health care both locally and across the province.

To apply, you must be 18 years of age or older, and have good communication and interpersonal skills and reside in the council area where you apply.

The position is voluntary and council members who are appointed will serve three years, with one option for renewal.

New council members will have the same responsibilities as current members, which include:

- Providing feedback about what is working well within the health care system and

suggesting areas for improvement;

- Engaging members of the communities where they live in dialogue about local health services;

- Promoting opportunities for members of their local communities to get engaged.

Interested Albertans can complete an Expression of Interest form: www.albertahealthservices.ca.

The deadline for all applications is Friday, Aug. 23.

For more information, or questions you may have, contact 403.943.1241 or toll-free at 1.877.275.8830.

You can also email community_engagement@albertahealthservices.ca. ■

LEGION FOREMOST IN GIVING

The Milk River Medical Clinic has a new mobile blood pressure unit, thanks to the Foremost Branch of the Royal Canadian Legion.

The funds were made available from the Legion's annual Poppy Campaign, which raises money through wreath sales, donations, and lapel poppy sales. The dollars go back into the communities of Coutts, Milk River, Warner and Foremost.

In past years, Milk River Medical Clinic has also received funding through the Poppy Campaign for a digital baby scale, X-ray view boxes and an autoclave.

Dr. Elisabeth Lewke-Bogle says this equipment allows Milk River Clinic to expedite care to its patients, many of whom are seniors.

"We do have veterans in all four communities and this is a way to return our gratitude for their service," Lewke-Bogle says. "As participants in the Primary Care Network, blood pressure measurement is crucial in tending to the needs of our chronic disease patients and to provide preventative care." ■



Dr. Elisabeth Lewke-Bogle, second from left, receives a cheque for the mobile blood pressure unit from Raylene Hobbs, Poppy Fund Chairman, Foremost Branch, second from right.

SOUTH ZONE

LOCAL LEADERSHIP

Zone Medical Director Dr. Vanessa Maclean
Senior Vice President Sean Chilton



DR. VANESSA MACLEAN



SEAN CHILTON

AHS embraces local leadership and zone-based decision-making. Right here in southern Alberta, frontline physicians and other clinical leaders at every level of the organization have joint planning and decision-making authority with operational leaders, meaning faster decision-making closer to where care is provided.

ALBERTA: ZONE BY ZONE

NORTH ZONE

Population: 447,740 • Life expectancy: 79.8 years • Hospitals: 34

- | | | | |
|---------------------|------------------|-----------------|---------------------|
| COMMUNITIES: | • Fort MacKay | • Kinuso | • Slave Lake |
| • Athabasca | • Fort McMurray | • Lac la Biche | • Smoky Lake |
| • Barrhead | • Fort Vermilion | • La Crete | • Spirit River |
| • Beaverlodge | • Fox Creek | • Manning | • Swan Hills |
| • Berwyn | • Glendon | • Mayerthorpe | • Thorhild |
| • Bonnyville | • Grande Cache | • McLennan | • Trout Lake |
| • Boyle | • Grande Prairie | • Medley | • Valleyview |
| • Cold Lake | • Grimshaw | • Onoway | • Vilna |
| • Conklin | • High Level | • Peace River | • Wabasca/Desmarais |
| • Edson | • High Prairie | • Peerless Lake | • Westlock |
| • Elk Point | • Hinton | • Radway | • Whitecourt |
| • Fairview | • Hythe | • Rainbow Lake | • Worsley |
| • Falher | • Janvier | • Redwater | • Zama City |
| • Fort Chipewyan | • Jasper | • St. Paul | |

CENTRAL ZONE

Population: 453,469 • Life expectancy: 80.7 years • Hospitals: 31

- | | | | |
|---------------------|----------------|------------------|---------------|
| COMMUNITIES: | • Galahad | • Mundare | • Sylvan Lake |
| • Bashaw | • Hanna | • Myrnam | • Three Hills |
| • Bentley | • Hardisty | • Olds | • Tofield |
| • Breton | • Hughenden | • Ponoka | • Trochu |
| • Camrose | • Innisfail | • Provost | • Two Hills |
| • Castor | • Islay | • Red Deer | • Vegreville |
| • Consort | • Killam | • Rimbey | • Vermilion |
| • Coronation | • Kitscoty | • Rocky | • Viking |
| • Daysland | • Lacombe | • Mountain House | • Wainwright |
| • Drayton Valley | • Lamont | • Sedgewick | • Wetaskiwin |
| • Drumheller | • Linden | • Stettler | • Willingdon |
| • Eckville | • Lloydminster | • Sundre | • Winfield |
| • Elnora | • Mannville | | |

EDMONTON ZONE

Population: 1,186,121

• Life expectancy: 81.8 years • Hospitals: 13

- | | | |
|---------------------|-----------------|---------------|
| COMMUNITIES: | • Gibbons | • Stony Plain |
| • Beaumont | • Leduc | • Thorsby |
| • Devon | • Morinville | |
| • Edmonton | • St. Albert | |
| • Evansburg | • Sherwood Park | |
| • Fort Saskatchewan | • Spruce Grove | |

CALGARY ZONE

Population: 1,408,606

• Life expectancy: 82.9 years • Hospitals: 13

- | | | |
|---------------------|---------------|-----------------|
| COMMUNITIES: | • Chestermere | • Nanton |
| • Airdrie | • Claresholm | • Okotoks |
| • Banff | • Cochrane | • Stavelly |
| • Black Diamond | • Cremona | • Strathmore |
| • Calgary | • Didsbury | • Turner Valley |
| • Canmore | • Gleichen | • Vulcan |
| | • High River | |

SOUTH ZONE

Population: 289,661

• Life expectancy: 80.3 years • Hospitals: 13

- | | | |
|---------------------|----------------|-----------------|
| COMMUNITIES: | • Pass | • Oyen |
| • Bassano | • Fort Macleod | • Picture Butte |
| • Blairmore | • Granum | • Pincher Creek |
| • Bow Island | • Irvine | • Raymond |
| • Brooks | • Lethbridge | • Redcliff |
| • Cardston | • Magrath | • Taber |
| • Coaldale | • Medicine Hat | • Vauxhall |
| • Crowsnest | • Milk River | |

HERE'S HOW TO REACH US

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GET THE CARE YOU NEED WHEN YOU NEED IT

- + Health Link Alberta
- + Family Doctor
- + Urgent Care Centre
- + Family Care Clinic
- + Emergency
- + Walk-In Clinic
- + Community Health Centre



albertahealthservices.ca/options

