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I LOVE TO EAT
AND I LOVE TO
GET OTHER
PEOPLE
TO EAT
— *Brittney
Ferkranus,
Food Security
Co-ordinator
with Food
Connections*

THEY'RE GOOD TO GROW

Food Security co-ordinator Brittney Ferkranus, left, helps Taryn Neva package fresh produce for Neva's monthly Good Food Box pickup.

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Photo by
Lisa Squires |

MAPPING HEALTH CARE IN YOUR ZONE

When you need help, we're here for you. The centre spread of this issue of *Zone News* has a comprehensive pullout map showing the health care options in your zone, complete with phone numbers and locations.

PULLOUT



TIME FOR TOUGH TALK ON TOBACCO

There's no time like today to have 'the talk' with your kids about the dangers of smoking. Whether they're teens, tweens or tots, kids need to be told about the consequences of lighting up.

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EXPANDING CARE FOR YOU AND YOUR FAMILY

As an organization, AHS is focused on transforming our health-care system and the logical place to start is the point where we first contact the system. This means looking at how we can improve primary health care – the place we go for our basic, everyday health care needs – and ensuring all other services connect into this care.

The introduction of Family Care Clinics (FCCs) is one way we are strengthening primary health care and a part of the Government of Alberta's strategy to make sure all Albertans have a home in the health-care system. Alberta Health is leading the development of Family Care Clinics across Alberta, supported by AHS provincial and zone teams.

FCCs are focused on helping more Albertans in areas such as chronic disease, addiction and mental health, and disease and injury prevention. FCCs

are also assisting individuals to link with social services and community resources when needed. With this approach we can broaden our focus to creating wellness, in addition to treating illness, and that means better health for everyone.

The Alberta government recently announced the opportunity for FCCs in 24 more communities in addition to the three AHS pilot sites in Calgary, Edmonton and Slave Lake. These new FCCs are being established first in communities with high health and social needs and will complement the already successful Primary Care Networks (PCNs) and their clinics. Both FCCs and PCNs have an



*Dr. Richard
Lewanczuk*

important role in providing Albertans with improved access to primary health care.

We have seen success stories from our pilot FCCs and have heard from patients, staff and physicians about how FCCs are helping the local community. We are excited to spread those experiences to other parts of the province.

Ahead of us is the chance to create real change, to grow something unique to Alberta and develop something transformational. AHS leadership has embraced this opportunity. As a partner in delivering primary health care and in the development of FCCs, AHS has a big part to play in their success and in improving care for all Albertans. ■

Dr. Richard Lewanczuk is Senior Medical Director of Primary and Community Care, Alberta Health Services



DR. VANESSA MACLEAN :
Medical Director
South Zone

SEAN CHILTON
Senior Vice President
South Zone

SOUTH ZONE BY THE NUMBERS

The map included in this issue of *Zone News* contains the locations and listings of services offered at Alberta Health Services (AHS) facilities across the South Zone.

The map also includes a few facts about the Zone, but sometimes a little context can be helpful.

With almost 6,900 employees, AHS is the largest single employer in southern Alberta (including Lethbridge and Medicine Hat). All of our employees, even though they live and work in communities all across the Zone, could fill a town about the size of Coaldale. To search for available positions at AHS, go to www.albertahealthservices.ca/careers.

Every day, our staff work in our facilities where they treat patients, prepare meals, clean hallways, repair equipment and order supplies. For example, in our 15 acute care facilities, our food services staff prepare about one million meals a year for patients, visitors and staff.

Our emergency departments in the south see about 200,000 patients each year. Our emergency medical services ambulances respond to almost 30,000 calls annually and respond with 64 ambulances and support vehicles. In the past year, Health Link Alberta (1.866.408.5465) received 28,000 calls from South Zone for such things as respiratory problems, infant issues, fever, and addiction and mental health problems.

There are two Primary Care Networks in South Zone with close to 200 family physicians (and hundreds of other health professionals: nurses, dietitians, pharmacists) in 58 clinics. They serve almost 240,000 patients each year. There are hundreds of other physicians and allied professionals working in specialty clinics across the Zone.

AHS volunteers currently number about 2,600. There are more needed to fill a variety of roles in our facilities. Go to www.albertahealthservices.ca/5721.asp for information.

All in all, the impact of health care on our communities is easiest to see when you need it. ■

PASSION FOR FOOD BECAME RECIPE FOR A GOOD CAREER

Story by Sherri Gallant | Photo by James Frey

If she had it to do all over again, Barb Lockhart might be running a trendy eatery. But when she enrolled at the University of Alberta in 1976, choices were narrower – especially for women – and that meant other things were on the menu.

Still, as Director of Primary Care and Chronic Disease Management, Lockhart has managed to work her passion for food into the proactive approach to health care that Primary Care Networks and Healthy Living programs offer, and is a firm believer in the wisdom of prevention.

Lockhart has a keen interest in the connection between a balanced diet and good health, and that interest has found a way into every facet of her career.

“I’ve always had an interest in food,” says Lockhart. “To be honest, if I went back now, I would go more into the culinary side of food – the preparation, the chef-type role as opposed to the nutrition role. But at the

time, women were not seen as chefs and there weren’t a lot of culinary schools to choose from, either.”

Times being what they were, Lockhart completed her bachelor’s degree in nutrition and took a dietetic internship. In 1988, while she was working at the Calgary General Hospital, she was hired to help develop the operating systems for nutrition services – both patient and non-patient food services – at the new Peter Lougheed Centre.

The following year, she moved to Lethbridge to work at St. Michael’s Health Centre as manager of nutrition services, and then became director of nutrition services for the former Chinook Health Region from 1995 to 2006.

“Up until then I had been in manager and director roles in the food service side, but the ‘chronic disease’ world was really starting to open up. And I was able to get a temporary secondment to work in chronic disease, which proved to be a change that came at a good time for me.”

As clinical liaison for the Chronic Disease Network, Lockhart created links between multi-disciplinary teams (diabetes and heart function, for example) and medical clinics joining the Chinook Primary Care Network. She loved the work. Having teams in place to help patients manage chronic illnesses more effectively – or better still, prevent chronic disease through early intervention and education – just made sense.

Lockhart was named manager of the Building Healthy Lifestyles program (now Alberta Healthy Living Program) in 2006 and that role evolved into what she does today.

Food continues to intrigue her, albeit at more of a personal level.

“I love to cook,” she says. “I love to entertain. My reading consists of recipe books, so what I like to do is find a neat recipe for the entree and then build the rest of the meal around it.” ■



Barb Lockhart, South Zone’s Director of Primary Care and Chronic Disease Management, isn’t afraid to get her hands dirty as she works in her herb garden. Lockhart notes there is a strong link between healthy foods and prevention of chronic disease.

PUTTING YOUR ZONE ON THE MAP

In the centre of this issue of *Zone News*, we have inserted a special map detailing all the health care facilities and services in your area. Pull it out and place it where you might need it for referral.

Follow these instructions to turn it into an easy-to-store brochure.

- + Pull out the centre pages of *Zone News*. ‘Know Your Options’ will be at the top right of the page; ‘Important Numbers’ at lower left. If you open the pages, you will find the South Zone map.
- + Fold vertically into thirds in an

accordion style (fold lines are marked at top and bottom). It should now be a long, skinny, vertical with a red information bar at the top, ‘Continuing Care Facilities’ in the centre and

‘Important Numbers’ near the bottom.

- + Take the top half and fold it down over the bottom. You will now see the front of the map brochure. It should read ‘Mapping Out Health Care In Your Community’ with ‘South Zone’ in a large circle at bottom right.





Kidney disease patient Bobby Wiley, 72, meets with clinician Melva Stinson, who has set up meetings between Wiley and health care experts through Telehealth. It's a convenience much-appreciated by Wiley, who lives in Fort Macleod, as it saves her having to travel to her other appointments.

RENAL CARE VIRTUALLY GREAT

Mobile Telehealth unit means health care at rural sites is 'reel' easy

Story and photos by Sherri Gallant |

Kidney disease patient Bobby Wiley, 72, lives in Fort Macleod and doesn't have far to drive to get to the Fort Macleod Health Centre for dialysis, but her other health care appointments can take her as far away as Lethbridge or Calgary.

But recently, Wiley met with a dietitian based in Lethbridge via closed-circuit television through Telehealth – and she did it while undergoing dialysis.

"It was really convenient for me," says Wiley. "All I had to do was talk – the dietitian was right there on the screen."

The Telehealth technology provides a major advancement in care for people who have kidney disease and live in rural areas.

"For rural patients, treating their kidney failure is a full-time job and requires a lot of driving," says unit clinician Melva Stinson, at the Fort Macleod Health Centre. "Many of our patients drive for up to an hour for dialysis, a procedure that takes four hours, then they're driving another hour to get home. And they have to do this three times a week. So if they can avoid going anywhere on their dialysis-free days, they are really pleased."

Dialysis patients must connect regularly with other members of their health care team to stay well – experts such as dietitians, nephrologists (kidney specialists), pharmacists, access nurses, and social workers – usually requiring a

lot of time on the road.

But now, thanks to this innovative mobile Telehealth technology, remote access to these professionals has dramatically improved the level of care for dialysis patients in Fort Macleod and Lethbridge.

"It's of significant benefit for patients and their families," Stinson says. "Bobby's lucky because she lives in Fort Macleod, but it still helps her to connect with her other appointments this way. We have patients who travel quite far and for them, it's even better."

Staff report time and travel benefits, as well.



IT WAS REALLY CONVENIENT FOR ME. ALL I HAD TO DO WAS TALK – THE DIETITIAN WAS RIGHT THERE ON THE SCREEN

– Bobby Wiley, 72, on the benefits of using Telehealth to meet with her care providers

Since the arrival of their mobile Telehealth cart in February, the eight-member team of the seven-bed, 24-patient nephrology department in Fort Macleod attends weekly nephrology grand rounds, which are broadcast into the nursing station and have provided followup surgical appointments while patients dialyze.

Hemodialysis – often referred to as kidney dialysis – is a treatment for kidney disease that involves passing a patient's blood through a special filter in a machine that removes waste products and water.

The Southern Alberta Renal Program (SARP) cares for patients with kidney disease at many different sites across southern Alberta. For

more information: in Lethbridge, call 403.388.6038; in Medicine Hat, call 403.502.8615. ■

Melva Stinson, unit clinician at the Fort Macleod Health Centre, gets set to use the mobile Telehealth unit to help local patients in treating their kidney disease.

ADVENTURES IN HEALTHY EATING

Story and photos by Lisa Squires |

A lot of parents are veterans of the struggle to persuade their kids to taste new foods – especially foods kids think are weird.

Taryn Neva, a mom who lives in Redcliff, has conquered the matter by framing healthy eating as a fun, family adventure. Because she's made it enjoyable, Neva's family of five is eager to experiment with new foods – including dandelion juice and kale chips.

The second Tuesday of each month, she and her children (ages six, nine and 21 months) head for the Redcliff library and pick up their Good Food Box – a crate of healthy, fresh produce filled with all the staples (for example, potatoes, tomatoes, apples) and one “surprise” item.

“There's usually a unique item in the Good Food Box and it gives us an opportunity to talk about it and how to use it,” says Neva, a health promotion facilitator with Alberta Health Services (AHS) Addictions and Mental Health. “The rule in our house is that you have to try something at least once.”

She says unique items usually come bundled with a couple of recipes.

The first time Neva's children saw ginger root, they weren't sure what to do with it until mom made some ginger tea. She also took the opportunity to educate them about ginger and its healing properties, such as how it can help soothe upset tummies.

Neva's a member of the Good Food Club, one of three programs – along with Community Gardens and Community Kitchens – offered by the Community Food Connections Association in partnership with AHS. The goal is to increase community access to good, nutritious foods in an affordable way.

“I have a passion for food security and food in general,” laughs Brittney Ferkranus, Food Security co-ordinator with Food Connections. “I love to eat and I love to get other people to eat.”

She says the Good Food Club, which provides the Good Food Boxes, is available to everyone.

Members pay an annual membership fee of \$30 per year for a regular membership, or \$10 per year for a volunteer membership. To qualify for the discounted volunteer membership, members must volunteer eight hours per year to help with

writing receipts, packing and distributing boxes at local depots in Medicine Hat and Redcliff, sharing program information at community events or attending advisory council meetings to discuss future orders and share ideas for expanding the program.

Members can buy small, regular, or large boxes of produce each month for \$10, \$15, or \$20 – all of which save money when compared with grocery-store prices. That's another aspect of the program Neva appreciates.

“Ten dollars is a pretty big saving for families,” she says. “For me, a dollar is a dollar I can spend on something else. And because produce is often grown locally, it also lasts longer.”

In May, Food Connections packed 190

boxes. Ferkranus says membership continues to grow as more people learn about the program, adding that summer is a great time to join because annual membership fees are discounted until annual renewals in December. Future plans include setting up a delivery service to increase accessibility for people struggling with

transportation challenges.

Registration forms, newsletters, recipes, healthy eating tips and information about upcoming events can be found on the website www.foodconnections.ca or by joining CommunityFoodConnections on Facebook. Or people can call Ferkranus at 403.502.6096. ■



Food Security co-ordinator Brittney Ferkranus packages fresh fruits and vegetables for members of the Good Food Club.



SERVICES IN YOUR COMMUNITY

COMMUNITY THERAPEUTIC RECREATION

Leisure activities are important for good health and well-being, and they have psychological, physical and social benefits. Therapeutic recreation helps people to find and enjoy leisure activities that fit their lifestyles. Explore programs available in the South Zone, such as Leisure Education, Home Support Exercise, Walking to Wellness, Relaxation and Stress Management, Expressive Arts, and more. Call the numbers below for locations and schedules.

- Medicine Hat: 403.878.6798.
- Lethbridge: 403.388.6727.
- Raymond: 403.752.5408.
- Taber: 403.223.7214.
- Cardston: 403.223.7214.
- Bassano: 403.641.6123.

BETTER CHOICES, BETTER HEALTH

Better Choices, Better Health workshops offer support to people with ongoing chronic health conditions, or who are at risk of developing a condition such as diabetes, heart disease, arthritis, asthma, chronic pain or obesity. Adult family members and caregivers are also welcome. These free workshops usually take place once a week for six consecutive weeks. Each workshop session is about 2½ hours long. Topics include problem-solving, goal-setting, handling pain and fatigue, managing medication, dealing with difficult emotions, and eating for health. For South Zone locations and schedules, visit the AHS website at www.albertahealthservices.ca and search “Better Choices, Better Health,” or call Health Link Alberta at 1.866.408.5465.

COMMUNITY MENTAL HEALTH

The Community Mental Health program plans, develops and co-ordinates services for clients with mental health concerns. Services include promotion and prevention, community support, client initiatives, assessment, crisis intervention and stabilization, intervention services, and continuity of care. In Medicine Hat, call 403.529.3500. In Lethbridge, call 403.381.5260.

AUDIOLOGY SERVICES

An audiologist is a health professional who identifies hearing loss, helps prevent it, helps caregivers understand a child's hearing loss, recommends appropriate followup (hearing aids, assistive listening devices), and provides education about hearing. To find an audiologist near you, call your local community health centre or phone Health Link Alberta at 1.866.408.5465.





Cypress County resident Kurt Cole, 48, says he's grateful for the help transition nurse Estelle Lux provided in preparing him to return home after a six-month hospital stay, specifically in connecting him with home care support and the equipment needed to help him with his limited mobility.

MEET TRANSITION NURSES: CSIs OF DISCHARGE PLANNING

Story and photo by Lisa Squires |

You've been in the hospital for a long time, recovering from surgery or an accident. Your care has been exemplary, but you're going home soon and – then what?

Those questions faced Cypress County resident Kurt Cole who, for the past six months, had been in Medicine Hat Regional Hospital to treat bedsores due to limited mobility resulting from a motorcycle accident 13 years ago that left him in a wheelchair.

To help Cole and other patients make the transition from hospital to home, health care heroes known as transition nurses are a key part of the care team and discharge-planning process.

"The transition nurses have done a lot," says Cole, 48, noting transition nurse Estelle Lux, in particular, has been a great support, helping him through the discharge process and accessing a special mattress that will make him more comfortable at home.

"They've been there if I needed to talk and helped me connect with home care, so I'll continue to have support," says Cole.

"I'm ready to go home."

Nursing manager Sheila Burkart and her team at Medicine Hat Regional Hospital work with transition nurses on a daily basis. Together, they trouble-shoot patient needs and help prepare them to move from an acute care hospital stay back into the community. Burkart says transition nurses provide support to as much as 80 per cent of patients in acute care.

"They sit down with patients to learn what additional supports they need to return home safely," Burkart says.

"Transition nurses possess a wealth of knowledge. When they aren't involved, it's like trying to drive a car with a missing wheel.

"When they are involved, everything is in place for patients to return back into the community."

Recently, Lux celebrated 25 years working in health care – the past 10 as a transition nurse. Lux works with a team of registered nurses, all of whom help patients navigate the discharge planning process.

"It's about pre-planning and setting people up for success by putting things in place before they're discharged," says Lux.

Transition nurses work throughout the province and are also referred to as discharge planners or care-planning consultants. Informally, many staff call them "CSIs" or "knowledge brokers" because of their keen trouble-shooting abilities.

"We have one foot in acute care and one foot in the community," Lux says. "We investigate what's going on beyond our hospital walls and what will happen when people leave our doors. We identify potential barriers to successful recovery and advocate for the patient."

They're considered part of Seniors Health, but provide services to patients of all ages.

For example, transition nurses can help patients struggling to pay for medication connect with a social worker who will help identify options; patients with difficulty eating can access support from a dietitian; people with mobility issues or at risk for falls can connect with an occupational therapist or physical therapist; and anyone needing help with at-home wound care or bathing can access home care.

Lux says that if there's one thing she'd like people to remember about transition nurses, it's this: "We're here to help. Just ask for us."

For more information or to get help, contact Transition Services, Medicine Hat, at 403.529.8974. ■

VISIT US ONLINE

WE WANT TO HEAR YOUR INSPIRING STORY!

You're invited to share your story of how you were inspired to quit tobacco, or how you managed to never begin smoking in the first place. You can help make a difference as part of the Barb Tarbox Legacy Story Campaign. Visit www.albertahealthservices.ca/8434.asp.

SENIORS' SERVICES

Do you need access to services for seniors such as home care, long-term care or supportive living? Visit the "Information For" tab of www.albertahealthservices.ca and choose "Seniors." There, you'll find care options and health information and you can search for seniors' programs and services by zone. You can also use the Seniors' Services Map at www.albertahealthservices.ca/5198.asp. Simply click on the community nearest you for contact information to your nearest home-care program.

SUPER SCHOOL CHECKLIST

Fall is almost here, and settling your child into his or her school routine involves more than just purchasing shiny new supplies. It also involves updating your child's immunizations, making appointments for routine screening tests and informing the school of any health issues your child may have. Keep track of everything by downloading our helpful back-to-school health checklist. Visit the AHS website at www.albertahealthservices.ca/2542.asp.



FACEBOOK

AHS VOLUNTEERS ON FACEBOOK

Volunteers are among AHS' most valuable resources. Their time and energy provide immeasurable support to our staff and they add extra care to the quality health care patients and residents receive. Volunteering is also an excellent way to explore careers, learn useful skills, connect with the community and make new friends. Find out about volunteer opportunities on Facebook at www.facebook.com/AHSVolunteers.



TWITTER

Follow us on Twitter @AHS_SouthZone:

- Interested in guidelines for **#LowRisk Drinking?** <http://ow.ly/mYnQS>.
- If you suspect you are or someone you know is **#Depressed**, here are some helpful tips: <http://ow.ly/mYrvk>.
- It's been decades since 'The Pill' hit the market. Visit <http://ow.ly/mOeuy> for info on **#BirthControl**.



Download the AHS mobile app for iPhone or Android

- Emergency department wait times
- Health care locator
- More...

www.albertahealthservices.ca/mobile.asp





LET'S TALK TOBACCO!

Story by Anne Georg |
For more tips, visit applemag.ca |

Kids don't know tobacco is addictive and expensive or how it can affect their health, their looks and even their friendships. As a parent, you CAN help them learn what smoking means to their health.

CHAT EARLY AND OFTEN ABOUT THE EFFECTS OF SMOKING

One of parents' most important jobs is keeping their kids safe – steering them away from staircases as toddlers, teaching them to cross the street when they go to school and, as they grow, protecting them from tobacco use.

"Kids are naturally into risk-taking and experimentation. They want to try new things," says Gail Foreman, a tobacco-reduction specialist at the Johnstone Crossing Community Health Centre in Red Deer. "The challenge for them is seeing what it's like to live with the lifelong consequences of their actions."

Kids don't know that tobacco is addictive and expensive or how it can affect their health, their looks and even their friendships.

Tobacco-reduction experts say it's important for parents to talk to their children early and often about the side effects of tobacco use.

Recent statistics indicate that when young people make it to 19 without smoking, they're unlikely to begin.

However, every age brings a fresh perspective on smoking and presents new challenges in speaking to youth about smoking.

PRESCHOOL (UNDER SIX)

"Start talking to your kids as soon as they begin to be curious," says Foreman.

Talk to preschoolers about smoking using words they can relate to such as "smelly," "stinky," or "yucky," and how smoking can make people sick.

Young people are impressionable and take their cues from adults and other role models.

ELEMENTARY SCHOOL (SIX-11)

When children enter elementary school, it's time to switch tactics.

"Parents need to be aware that 'Big Tobacco' (tobacco manufacturers) target children with their

products," says Susan Canning, manager of the Tobacco Reduction Program at Alberta Health Services. An example is by disguising cigarettes with flavours such as bubblegum and peanut butter.

Parents can add to what children learn in elementary school, Canning says.

"This is when they learn how dangerous smoking is; they will go home with questions."

It's the ideal time to talk about the damaging effect tobacco has on the ability to take part in the sports and activities that children love.

PRE- AND EARLY TEENS (12-14)

As children enter junior high school, the message is that tobacco use is not normal.

Society has made inroads over the past decades, using legislation to restrict where cigarettes can be advertised and where people are allowed to smoke.

"When stores were banned from displaying cigarette packages along with candy, it was an important preventive step," Canning says.

Parents also have a role to play and can help "denormalize" smoking.

"Focus on the 80 per cent of Albertans who don't smoke," Canning suggests.

She adds that smoking parents can make their homes and vehicles smoke-free.

OLDER TEENS (15-19)

The strategy for talking to your kids when they're in junior and senior high school is knowing what is important to them, says Foreman. "Then speak to them about tobacco use and its risks in that context."

Point out that smoking may make it harder to make the football team, or find a date, and that it affects how you feel, look and even smell.

Canning and Foreman say some teens respond to social and environmental arguments against tobacco use. ■

BUTTING OUT

TAKE FIVE: TIPS FOR QUITTING

Pulling free from tobacco's grip is no small feat. Here are five strategies that have worked for many others.

1. List the reasons why you want to quit. The longer your list and the stronger your desire, the higher your odds of success.

2. Enlist support. Talk to your family, friends, colleagues, sport buddies, doctor, pharmacist, and anyone else who can help.

3. Set, plan, act. Set a quit day and back it up with a plan. Use at least two proven quit-smoking methods, such as a support group, counselling, online help, medications and/or nicotine replacement. Set the date, clear away smoking clutter, and stock up on water, gum and whatever else you'll need.

4. Minimize triggers. Track your smoking patterns, identify when you crave cigarettes and have strategies for dealing with those situations in other ways.

5. Quit – and believe it. Think of yourself as a non-smoker and celebrate every success. If you slip up, don't think you've failed. Try, try again.

– SOURCES: Alberta Quits, Centre for Addiction and Mental Health

HELPING YOU TAKE CHARGE:

- **AlbertaQuits.ca:** An interactive Alberta Health Services website where you can share stories and strategies, chat online with experts, create an individualized quit plan, find community supports and track progress. Services include text messaging and email encouragement.

- **AlbertaQuits helpline:** Call 1.866.710.QUIT (7848) toll-free for information, counselling and referral, seven days a week. Staffed by cessation counsellors who can talk you through the tough times.

- **QuitCore:** Free support groups offered by AHS in 20 communities across Alberta, incorporating best practices for quitting. Call 780.422.1350 or toll-free 1.866.710.QUIT (7848) or email tru@albertahealthservices.ca.

- **Smart Steps:** A workplace stop-smoking support group program offered by The Lung Association, Alberta and NWT. Contact smartsteps@ab.lung.ca or call toll-free 1.888.566.LUNG (5864).

- **Smokers' Helpline Online:** This interactive, web-based service from the Canadian Cancer Society offers tips, tools and support for quitting smoking. Visit smokershelpline.ca or call 1.877.513.5333.

- **Your pharmacist:** Pharmacists are trained to answer questions about stop-smoking aids and their interaction with other medications.

- **Your physician:** Anyone taking medications for other conditions should check with a doctor when quitting, as doses may need adjusting.





Licensed practical nurse Tatiana Westra stands at a wireless medication cart, a roaming work station at the Chinook Regional Hospital. Coined 'WiMeds', these handy carts are helping nurses treat their patients with improved efficiency and safety by putting all the necessary equipment and medications – locked and loaded – at their fingertips.

WiMEDS PUT CART BEFORE THE PATIENT

Wireless medication carts include computers, supplies and medications, meaning personalized and efficient care – right at the patient's bedside

Story by Kerri Robins | Photo courtesy Pamela Rockerbie

Workplace mobility is the wave of the future, adding speed, efficiency and safety to the job – and hospital staff are making strides with the use of mobile workstations.

Wireless medication carts – WiMed carts for short – are customized for individual patients and come equipped with a computer and wireless access to internal and external websites. Each cart stores hospital supplies and medications, as well as a vital signs monitor that monitors, among other things, blood pressure and heart rate.

"Having a computer at each cart is really handy because we can look at patient medical charts, lab results and access and track patient progress right at their bedside – which gives us more time with the patient to answer questions about their treatment or the medication they're on," says Tatiana Westra, licensed practical nurse at Chinook Regional Hospital.

Thanks to a donation of nearly \$330,000 from the Chinook Regional Hospital Foundation, the hospital was able to supplement the purchase of 46 WiMed carts and 33 vital signs monitors on five units at the hospital.

"The patient benefits from this new system because of the improved method of storing, transporting and administering medication to them," says Bev Saylor, Manager Acute Care at the hospital.

The carts offer an enhanced bedside medication delivery system – meaning all medication is dispensed at the pharmacy, loaded into the cart and delivered to the unit in drawers that can only be opened with a special access code, and lock after two minutes of being opened.

"This is ideal for the patient because now medications are patient-specific and locked in individual drawers," says Saylor. "It provides a more secure and protected environment."

Jason Vandenhoeck, Executive Director of the Chinook Regional Hospital Foundation, is pleased with the benefits offered by the carts.

"It's exciting to be part of technological advancements in health care," says Vandenhoeck. "Helping medical staff do their job more efficiently with improved tools is important in delivering quality health care and we're proud to help make that happen."

For more information, visit www.crhfoundation.ca. ■

PAC URGES CANCER TEST 'FIT' TO BE TRIED

Story by Kristin Bernhard |

A new test is proving a good FIT for colorectal cancer screening.

So when the Provincial Advisory Council (PAC) on Cancer learned the Fecal Immunochemical Test (FIT) demonstrated it is a superior screening test for colorectal cancer, it recommended FIT be adopted by Alberta Health Services (AHS).

Along with additional expert input, AHS took the council's recommendation into consideration and approved FIT for average-risk colorectal cancer screening. It will be launched at the end of this year.

The FIT would also help reduce the demand on colonoscopies for average-risk screening and, as a result, would reduce wait times – which can take up to two years – for colonoscopy services.

The FIT test is a one-day stool sample test that is more sensitive than the standard Fecal Occult Blood Test (FOBT) in detecting human hemoglobin at very low levels. Human hemoglobin in the stool can be common, but can also be a marker showing the need for followup tests.

The FOBT test is also a stool-sample test, but takes place over three days and can involve diet and medication restrictions.

Ken Landry is a member of the PAC on Cancer

who has taken the FOBT and welcomes the FIT.

"I have had four FOBT tests," says Landry.

"It's not the test so much as it's the preparation ahead. I am looking forward to the new FIT and not having to go through FOBT again."

Dr. Margaret Churcher is a family physician and member of the PAC who endorses the FIT test.

"It will be easier to convince people to do the one FIT sample and not have to worry about medications and diet as well," says Churcher.

Dr. Huiming Yang, Provincial Medical Officer of Health, Healthy Living and Medical Director, Screening, had approached the PAC to provide



PAC on Cancer members Dr. Heather Bryant and Ken Landry discuss the new screening test for colorectal cancer.

an update on Alberta Colorectal Cancer Screening Program (ACRCSP) and to inform the group on the benefits of the new FIT for Colorectal Cancer Screening.

"Once FIT is implemented by late 2013, timely screening will be accessible for all Albertans, which will help us detect colorectal cancer sooner and improve survival rates," says Yang.

The FOBT test will be phased out and FIT will be the primary screening test for average-risk Albertans aged 50 to 74, who will be encouraged to have a FIT every one to two years. In Alberta, approximately 988,000 people are in this age range. Colonoscopy will be used as the followup test for those with abnormal FIT results.

According to Canadian Cancer Society's Cancer Care Statistics, colorectal cancer is among the most commonly diagnosed cancers in Alberta. Approximately one in every 13 men and one in every 16 women will develop invasive colorectal cancer. Early detection is vital.

The PAC on Cancer consists of 16 volunteer public and expert members who provide advice on cancer care to AHS.

For details on ACRCSP, visit www.screeningforlife.ca. For the PAC on Cancer, visit www.albertahealthservices.ca/4312.asp. ■



Yang

FRIENDS HAND VOLUNTEERS GIFT

The loss of a kidney as a youngster is what inspired Shelby Wogsberg to volunteer with the Southern Alberta Renal program.

And when Peter Van Herk got appendicitis as a teenager, his physician's care motivated him to volunteer at Chinook Regional Hospital. Van Herk, who's logged more than 600 volunteer hours in the past eight years, wanted to give back to the hospital and learn about possible careers in medicine.

These Lethbridge post-secondary students have logged so many hours (Wogsberg has more than 160 to her credit) and done such inspiring work themselves that they've been awarded annual

"Healthcare Professionals of Tomorrow" scholarships by the Friends of Chinook Regional Hospital. Friends generally gives one award a year to a volunteer pursuing a career in health care, but two scholarships of \$2,000 each were given this year in response to a high level of interest from youth volunteers.

Van Herk is on track to graduate from the University of Lethbridge (U of L) in 2015 with a masters in biochemistry. He wants to become a physician. Wogsberg graduated in 2013 with bachelor of science in biology from U of L and is on a wait list for entrance to a masters in physiotherapy at University of Alberta. ■



University of Lethbridge students Peter Van Herk and Shelby Wogsberg each received a \$2,000 scholarship from Friends of Chinook Regional Hospital for their volunteer work at the hospital.

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, front-line 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 | • Stavely |
| • 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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LAYOUT AND DESIGN: Kit Poole
IMAGING: Michael Brown

Zone News – South Zone is published monthly by Alberta Health Services to inform Albertans of the programs and services available to them, and of the work being done to improve the health care system in their communities.

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When you make influenza immunization an annual event, you protect yourself, your family, and our community.

Influenza Immunization FALL INTO THE ROUTINE

Alberta's annual influenza immunization program begins mid-October.

Immunization will be offered, free of charge, to all Albertans six months of age and older.

More info, including local clinic schedules, will be available by early October, at www.albertahealthservices.ca or through Health Link Alberta at 1.866.408.5465 (LINK)

