ON the face of it, budgets might seem boring, but here’s why what we are doing now is so important to our patients, families and communities.

There are three essential parts to the budget approved by our Board earlier this month:
- We will spend new dollars on growth.
- We will increase spending to meet increased demand.
- We will find cost-savings and redirect those dollars to where they will have greater impact.

Budgets are all about setting priorities and making choices. We will find $220 million in cost-savings across the health system, which will be redirected to higher priorities. To put it simply, we will move dollars to where they will make a bigger difference.

At the same time, the Board and Senior Management have directed the Zones and program and portfolio leaders to ensure that patient care is not affected.

We are not suggesting it will be easy. It will mean difficult choices, involving programs and services that may have been part of Alberta Health Services for many years.

What are those priorities? Why the need to find those cost-savings?

Because we are also adding more Continuing Care spaces in Alberta this year at a cost of about $50 million. We will increase investment in operating costs for new facilities, such as the Alberta Children’s Hospital Neonatal Unit, and the new Red Deer cancer facility. We will increase spending on Primary Care and Mental Health and Continuing Care by almost 10 per cent. Spending on Emergency and other outpatient services will increase by 6.4 per cent. Spending on inpatient acute nursing care services, including medical, surgical, intensive care, obstetrics, pediatrics and mental health, will increase by 4.6 per cent.

And we will spend more in support for the frail elderly, the vulnerable, complex high-needs children and youth, and those at the end of life. I think you will agree we must be there for them. We must do more for the people who need more care. We need more community-based care, and we need to focus more on wellness because, in the end, it’s about taking care of people, and that’s what setting priorities is all about.

In short, we’ll spend more of your health dollars where patients need it most.

We’ll do that in part by reducing administration overhead costs by 10 per cent over three years. We are eliminating pay-at-risk for all executives effective April 1, 2013, and commencing a review of executive compensation. You can find more details at www.albertahealthservices.ca/8241.asp. Difficult decisions, yes, but necessary as over the next two or three years we change the way health care is provided to make it easier for patients to get what they need when they need it.

— Stephen Lockwood, Board Chair, Alberta Health Services
Foundations of Great Care

Stephen Lockwood, Chair of the Alberta Health Services Board, says, “Foundations see our health care system through the eyes of patients and communities, and respond.”

In 2012, the 12 foundations across the South Zone and their donors raised a total of $4.27 million to provide direct, significant and lasting impacts on the health and wellness of Albertans.

Some of the examples of their support include:
• Chinook Regional Hospital Foundation raised $12,000 for a therapeutic recreation sledge hockey program in Lethbridge.
• Bassano & District Health Foundation raised $5,000 for a portable ultrasound unit and laptop.
• Crownest Pass Health Foundation raised $52,000 for surgical drills, saws and various tools for day surgeries offered in the Crownest Pass Health Centre.
• Taber & District Health Foundation raised $26,160 for new fetal heart-monitoring equipment.
• Cardston & District Health Foundation raised $26,000 for podiatry instruments.
• Brooks & District Health Foundation raised $19,475 for three Nu-Step exercise machines to help enhance seniors’ fitness, body, mind and soul.

These are just a few, small samples of the support our South Zone foundations provide every day. This type of community support is the critical link in providing excellent patient care.

We wish to take this opportunity to thank all the donors and the foundations across the South Zone.

Your generous and ongoing support to the communities of southern Alberta enhances health care for all and, every day, you define impact. ■

Setting Goal for Seniors’ Health

People who work with Colin Zieber know he has a great affection for the elderly—and that makes for a good fit in his role as Executive Director of Seniors Health for the South Zone.

But it’s another aspect of the man that stands out most to his friends.

“If I were to ask most of the people who know me outside of work, ‘How would you define Colin,’ most of them would say, ‘Oh, he loves soccer,’” says Zieber.

“I do love soccer. I used to eat and breathe soccer … but now I am a little more balanced.

“It’s a small part of how I met my wife, Lori, too, through one of my best buddies playing soccer — she’s his younger sister.”

After high school in Lethbridge, Zieber spent a year at a Christian college in Portland, Ore., where he “majored” in basketball and soccer, but managed to get in a little theology, too.

Returning to Lethbridge, he did two years of his neuroscience degree before his brother — a nurse — encouraged him to take the psychiatric nursing program at Ponoka. Zieber’s original plan was to one day work with troubled youth.

But plans changed during his nursing training as he was exposed to working with people at the other end of the age spectrum.

“I realized I really liked working with seniors,” he recalls. “Really, really liked it. Some of that came from being close to my grandma when I was at school in Ponoka, because she lived in Rimby, very close by.

“And it made me the nearest family member to her, so I went to see her often and kind of looked out for her until her passing.”

Back in Lethbridge, he worked in the city’s first dementia wing, then in the new geriatric assessment and rehabilitation unit, while he finished his neuroscience degree.

Zieber worked as a psycho-geriatric consultant, and was home-care manager for the rural areas around Lethbridge. After completing his master’s in 2003, he was named Director of Geriatrics and Palliative Care and eventually Executive Director of Seniors Health for the zone in 2005.

When they’re not at work (Lori was a public health nurse and is a stay-at-home mother), the Ziebers are focussed on family time with twins Laurel and Annika, 11; Johanna, six; and son Bennett, five. ■

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DYING WITH DIGNITY

Story by Lisa Squires | Photos courtesy Joan Lanoie |

In Medicine Hat, Joyce Edwards was a well-known fixture at the piano for many years, playing at community events, in church, and for long-term care centres.

When she turned 79 last year, Edwards was still in the community playing piano — until diagnosed with a malignant brain tumour.

“She had a calendar even busier than mine,” says her daughter, Joan Lanoie, a piano teacher living near Assiniboia, Sask.

Lanoie remembers her mom as a healthy, active woman until the beginning of 2012. Edwards came home from church one day and, while watching the news, had a seizure with what felt like an electric current running down the left side of her body causing her fingers to spasm. She called 911 and was rushed to the hospital where the incurable tumour was diagnosed.

A few months later, Edwards became one of the first palliative care patients at Carmel Hospice, a 10-bed centre for palliative care located in St. Joseph’s Home for the Aged, in Medicine Hat.

Carmel operates through a partnership between Alberta Health Services (AHS) and Conventant Health. It officially opened in late November and helps supplement acute palliative services provided at Medicine Hat Regional Hospital. The hospice provides options for patients who don’t require acute services (e.g., diagnostic procedures, lab testing, blood work and transfusions, etc.) and who prefer end-of-life care in a community setting.

For Edwards and her family, it was an option that meant her last days were spent being cared for compassionately, where family felt supported in a home-like setting.

Statistics Canada data indicates that 259,000 Canadians die each year. With a rapidly aging population, this number is expected to increase by 33 per cent (some 330,000 people) by 2020. This means demand for hospice care is also increasing. The Canadian Hospice Palliative Care Association estimates that 62 per cent of annual deaths require access to hospice palliative care services.

“The majority of people don’t want a ton of interventions if they know the outcome won’t change,” says Colin Zieber, AHS Executive Director of Seniors Health, South Zone. “If they can’t or don’t want to spend their final days at home, a hospice provides a good option.”

Accessing hospice care, Zieber says, is determined by a palliative care team comprised of doctors, nurses, social workers, a nutritionist, occupational and physical therapists, and a spiritual care provider. They look at a number of factors to determine if a community hospice is a good option, including the person’s age (must be over 18), if the prognosis is for less than three months, whether care can be safely provided in a community setting without acute-care services and, most importantly, if patients and their families express a desire to receive hospice care.

Devonna Sannachan is a palliative care nurse consultant at Medicine Hat Regional Hospital. In addition to assessing patients, the palliative care team also acts as a resource for Carmel Hospice staff. The team is available around the clock, she says, adding there’s a lot to be learned about living when someone is dying.

“As soon as a patient is diagnosed with a terminal illness, the entire family is diagnosed as well,” Sannachan says. “With these patients, we’re focused on the quality of care. You have to have empathy, sympathy, compassion and passion. You have to listen.”

Lanoie says it was those qualities her family valued, adding that the personal touches and individual care helped make a difficult process a little easier. Her fondest memories include when staff joined the family’s celebration of Edwards’ 80th birthday to share in pizza, cake and ice cream because of their willingness to prepare Edwards’ favourite treat of fresh corn on the cob; the staff taking her Edwards outside to enjoy the sunshine and nature, which she loved; bringing the family a cot and blankets so they could spend the night with their mom; and the daily visits and prayers by the Carmelite Sisters who would sing, play harmonica and guitar for Edwards because they knew what a big role music played in her life.

After three months at the Carmel Hospice, Joyce Edwards passed away peacefully on Oct. 2, 2012, surrounded by loved ones.

Lanoie says it was a good place for her mom to spend her final days, sharing that her mom’s life ended with a bit of synchronicity.

“Mom originally trained as a registered nurse. She started her career at St. Joseph’s Hospital in Estevan, Saskatchewan, and she ended her journey at St. Joseph’s Home in Medicine Hat.”

Since opening, Carmel Hospice has provided care to 10 individuals and is currently supporting six patients and their families. For more information about the Carmel Hospice, please call 403.526.3818.

Top: Joan Lanoie, left, visits her mom, Joyce Edwards, at Carmel Hospice, located at St. Joseph’s Home for the Aged in Medicine Hat. At left: Joyce Edwards, front left, celebrates her 80th birthday with plenty of cake, and her daughter, Joan Lanoie beside her, as well as hospice staff and Carmelite Sisters.
Lynne Sangster says the heart of any community beats stronger through the power of its volunteers.

She should know – she’s been an active volunteer in Medicine Hat for decades.

Recently, Sangster was surprised to receive a plaque from the Medicine Hat and District Health Foundation, at the organization’s 12th annual donor recognition reception. The award was presented in appreciation for 30 years of service.

Sangster, who still sits on the foundation’s board of directors, says she’s grateful for the honour, but felt humble about accepting it since health issues during the past two years have prevented her from being as active as she’d like to be.

“I feel everyone involved with the foundation should get an award. If it weren’t for all of them, we wouldn’t have the hospital we do today,” she says.

When her husband died unexpectedly, not long after the couple had raised their four children, she decided to fill her time by volunteering. “That left me with lots of time on my hands, so I decided to run for the local hospital board. Much to my surprise, I was elected.”

She served on the board for about 20 years before joining the health foundation board, at the time when local health care facilities joined together under Alberta Health Services. One accomplishment she’s particularly proud of is raising funds toward the purchase of Medicine Hat Regional Hospital’s first magnetic resonance imaging (MRI) machine.

“it’s so important to give to others without expecting anything in return.” Sangster had always been interested in health care, and spent the early part of her career working for the Department of National Defense sick bay – a clinic that provided immunizations to soldiers, where her job was to record the data.

A community simply can’t function without its volunteers and I enjoy volunteering immensely,” she says. “in life, it’s so important to give to others without expecting anything in return.”

When her husband died unexpectedly, not long after the couple had raised their four children, she decided to fill her time by volunteering.

For more information about the Medicine Hat and District Health Foundation, visit www.mend.org.ca.

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You have high expectations of your health care system. And we are working to make the system is as efficient and effective as possible by making sure every dollar counts. Sometimes, it’s as simple as a ‘light-bulb’ moment, as happened to AHS staffer Shane Duff. The result was an easy, extremely cost-effective solution to a problem, as well as improved safety for patients and staff.

Story and photos by Sherri Gallant |

The idea dawned on Shane Duff as he wheeled a patient’s bed to the recovery room after surgery. Just as he does with every patient transfer, Duff had ensured the power cables attached to the heads of new beds at Chinook Regional Hospital – stayed off the floor. It’s crucial to keep them out of the way to avoid a tripping hazard and to prevent them from falling under the wheels and being damaged while the bed is in motion.

“We were looping the cables around the IV pole, which I never liked doing because the cords lie on the floors in the units and they can collect dust bunnies,” says Duff, a patient service attendant for the surgical suite and recovery room. “If the cords fall while you’re pushing the bed, people can trip over them. We’d coil them up pretty tight so they wouldn’t unravel and fall, and then lay them on the corner of the bed or hang them up with the IV.”

Anesthetists have tripped on the cords while attending to patients enroute to the recovery room, and porters, nurses and even patients have been snared, as well.

Duff had been using 3M cord clips at his own house to organize the cables from his home electronics system. He brought some to work and used one to bundle some other cords in the department. A few minutes later when he transported a patient, he had a light-bulb moment.

“I thought about the beds and how those clips would work perfectly for them,” he says. “That’s when I came to Betty and said, ‘Hey, I have a great idea!’”

Betty Barrett, surgical suite/post anesthetic care unit (PACU) manager, says this is an example of how small things can make a huge difference.

“We are extremely fortunate in the surgical suite to have many enthusiastic team members like Shane, who use their innovativeness and creativity to support ongoing improvements in the way we provide surgical care,” says Barrett.

“The idea for cord bundlers Shane brought to our attention is reducing the tripping hazard for transporters, keeps the cords clean and protected from being run over and damaged, and improves patient safety by securing loose cables and cords around the bed, in the room and during transport. The cost of the cord bundler is insignificant in relation to the safety of patients and staff and the cost and inconvenience of bed cord repairs.”

The new beds come equipped with cord-wrap clips, but Duff says they don’t work as well.

“It’s really nice to hear from the anesthetists, nurses and support staff – I’ve had several people approach me and say, ‘Good job!’ because they don’t have to worry about that potential hazard any longer,” he says.

“When someone is working with equipment and doing that job all the time, they see things that could be improved. As patient service attendants, we move the beds more than most people, and I just saw a problem there.”

The clips are durable, as well. The first one was installed in November, and it’s still holding strong. If they do break, they’re inexpensive to replace.

This initiative is still work in progress, and Barrett says it’s hoped all the beds will be equipped with the clips before summer. ■

Eureka! When Chinook Regional Hospital patient service attendant Shane Duff, right, had a light-bulb moment about how to safely gather power cords and help prevent staff and patients from tripping on them, he brought the idea to surgical suite PACU manager Betty Barrett, left. The result? Simple hardware store cord clips are cheaply and easily attached to hospital beds, inset.
BROOKS STEPS UP FOR HEALTH

Story by Kerri Robins | Photo courtesy Brooks & District Health Foundation | 

There’s a new “resident” in Brooks that has seniors stepping their way to healthy lifestyles.

“It’s a joy to sit on it and exercise,” says Orchard Manor resident, Mary Plumer. “People who have never done exercise programs are using the Nu-Step and liking it.”

A great twist on traditional step machines, the Nu-Step has seniors hitting the gym at three senior care facilities in Brooks and surrounding areas: Orchard Manor, Sunrise Gardens, and Newbrook Lodge.

Gerry Pickering lives in Newbrook Lodge, and has been enjoying using the Nu-Step. “I like the Nu-Step,” says Pickering. “It’s just perfect. It’s as good as the exercise room.”

The Public Health Agency of Canada recommends at least 2.5 hours a week of moderate to vigorous aerobic activity. Add activities that target muscles and bones, such as weight training, and users are well on their way to a healthy, active lifestyle.

A great alternative to standard step machines, the Nu-Step makes sitting an option — exactly what the personal trainer ordered for those with limited mobility. And that’s not the only option. Sunrise Gardens resident Lyomaa Smits is legally blind, but that doesn’t get in the way of her exercise routine.

“I haven’t missed one session since it’s been in the building,” says Smits. “I love it.”

The machine includes a leg stabilizer that’s ideal for those with muscular problems, traumatic brain injuries, stroke or multiple sclerosis.

Connie Gabrielle, exercise specialist with the Alberta Healthy Living Program for Chronic Disease Management is thrilled with Nu-Step.

“It’s a great piece of equipment because sitting down reduces the chance of our seniors falling while exercising,” says Gabrielle.

“And the low impact workout it provides helps residents keep active without excessive stress on their joints, but still improves their range of motion.”

The machine also tracks progress through on-screen viewing of how far the exerciser has run or walked. And if that isn’t enough, users can ride with no hands — and lower their arms to their sides to monitor their heart rate using the heart rate monitor on a bar at hip level.

With a goal of consistently improving senior care and encouraging healthy lifestyles throughout Brooks and area, the Brooks & District Health Foundation purchased the three machines for $19,475 in April 2012. Dave Zahenaiko, Board Chair for the foundation, is proud of the community support and donations from local organizations.

“I’m impressed with community residents throughout Brooks and district and really admire the support and commitment we receive for local health care,” says Zahenaiko.

For more information, call the Brooks Health Centre at 403.793.6663, or visit Brooks Health Centre at www.albertahealthservices.ca.

OLDMAN ADVOCATES FOR THE AGED

Story by Kristin Bernhard |

A is a retired municipal leader, and born volunteer, Emma Hult is sure to make her mark as the new Vice-Chair for the Oldman River Health Advisory Council (HAC). Hult became involved in the political world through the County of Warner Rural Council in 1988. Holding the position of deputy reeve from 1988 to 1999, she continued on until she became reeve for the County of Warner.

“While I was on council, I was very proactive in all services to the rural people,” says Hult. For Hult, who ran a farm with her husband for 54 years, health services in rural areas was a priority. She supported regionalization, a concept where all the rural areas would see enhanced health services, as opposed to centralization, where all services are moved to one central location.

After serving with municipal government for many years, Hult sought retirement to care for her parents.

“Both my parents were in long-term care,” say Hult. “I really saw then the value of family help when caring for the aged.

“Family members need to help loved ones stay in our rural communities, to not be moved to faraway places to receive care.”

The issue of seniors’ health is something Hult promotes in her new role as council Vice-Chair. She is urging active senior living for rural areas, where access to activities is slim.

“I want to bring services, such as walking two mornings a week and then having coffee afterward, to our rural communities,” says Hult. “Some of our seniors are isolated and I think it is very important to keep them healthy.”

Helping out the community, and the people in it, is something Hult was born to do.

“Serving on the council is a volunteer position, but I was raised in a family of volunteers, so for me it’s natural,” says Hult.

“My dad said to me, Emma, you get the community that you deserve. If you want a better community, one that is progressing, you get in there and you help it go down that road.” He died at 94 and, so help me, he was volunteering until his last day.”

Moving forward, Hult hopes more community members become aware of the HAC. Participating in many tradeshows is one way to make that happen.

“Tradeshows are very important in small villages,” says Hult. “It’s an opportune time to bring awareness to the public of the many services that are available through our health care clinics. Often, people run to the doctor, but they don’t need to. It’s important for the public to learn how to take care of their health and this information is available in our clinics.”

For more information on the Oldman River Health Advisory Council, visit www.oldmanriverhealthservices.ca.
Dr. Gavin Parker points to the LifePak 15, a lightweight, portable defibrillator that determines if the heart has stopped beating. If so, it can deliver an electric shock to jumpstart it. The purchase of the LifePak 15, now located in the Pincher Creek Health Centre, was made possible through funds raised by a marathon 24-hour hockey game in Pincher Creek, and a donation from the Windy Slopes Health Foundation.

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