SAFETY GETS IN GEAR

Calgary lawyer Brian Foster, centre, displays some of the protective gear that likely saved him from suffering more serious injuries during a mountain biking accident. With him are Dr. Derek Roberts, left, and Dr. Chad Ball, authors of a research paper on risk factors and injuries among severely injured cyclists.

TRAUMA TO THE HEAD IS STILL THE NO. 1 INJURY ... WHICH UNDERSCORES THE IMPORTANCE OF WEARING A HELMET

— Dr. Chad Ball

SEEKING A SOLUTION TO SIDE-EFFECTS

Cancer drugs can cause harsh reactions, which is why a local study is trying to find a genetic reason some children get adverse side-effects. It's aimed at making cancer treatment easier on its young patients.

INVEST IN YOUR KIDS BY MAKING TIME

The best investment you can give your kids isn’t fancy sports equipment or a university education – it’s you. Studies show time spent with your children is the biggest factor in raising socially and emotionally healthy kids.

Influenza Immunization

FALL INTO THE ROUTINE

Influenza immunization is now available, free of charge, to all Albertans six months of age and older.

www.albertahealthservices.ca | 1.866.408.5465 (LINK).

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

When it comes to health care, three key ingredients come into play: patients, their health care professionals and the system that supports them.

Collaborative care happens when these three work in unison, and Alberta Health Services (AHS) is focused on working as a team with patients and families.

We call it CoACT – “to act or bring together” – and it’s a project aimed at ensuring all team members know what’s involved in the patient journey, from arrival at the hospital, day by day, until discharge home.

For patients, it means a partnership, planning their care at every step with their health care teams, including their return to the community with all the supports and follow-up they need to return to health.

It offers patients a clear view on where they are, and where they’re going in their journey through the health system.

CoACT also helps ensure the right staff are doing the work they’re best at doing, to meet the individual needs of patients. This not only helps our health system get the most value for every dollar spent, but also ensures a stable workforce of health professionals in years to come.

CoACT is building on all the successes and lessons learned from legacy projects: Path to Home, Workforce Model Transformation and Care Transformation. And here in Calgary, components of CoACT are well underway at four units each at Rockyview General Hospital and Peter Lougheed Hospital.

As other Calgary facilities come online in the months ahead, we look forward to collaborating with our patients, working together to improve their care and our health system.

WOMAN HELPING WOMEN

Like many Alberta Health Services (AHS) staff, making a difference in the lives of patients is one of the most rewarding parts of Milena Meneghetti’s job.

As a psychologist at the Women’s Health Centre at Foothills Medical Centre, Meneghetti not only does one-on-one counselling with women, but also leads courses and workshops throughout the year which help women lead healthier, happier lives.

“In my work, there’s often an immediate impact and you can see the change happen in people before your eyes,” she says.

“It’s rewarding to see clients come back.”

Meneghetti’s courses are a combination of education and interactive exercises, and include topics such as coping with anxiety, cognitive therapy, and setting boundaries.

“It’s about being responsive to things we hear that women actually need. For example, many women have trouble saying “no” to demands placed on them,” Meneghetti explains.

“If I try to address this in one of my workshops, and offer communication strategies for setting boundaries.”

The workshops usually last about two hours with anywhere from seven to 40 participants.

Meneghetti says that courses typically begin with group introductions so participants can learn a little about each other.

“The workshops help give women perspective and to see that they’re not alone. They can easily relate to each other,” she says. “You don’t get that from private therapy sessions.”

She says women leave the classes with tools and strategies for managing their lives better.

With a clinical nurse specialist, dietitian, psychologists, social workers and physiotherapists on staff at the Women’s Health Centre, courses on physical health, social and emotional health, nutritional health, and managing chronic health concerns are also available to women.

“At the end of the day, all our staff are honoured by what we get from the experience of helping someone change their life,” Meneghetti says. “It’s incredible.”

Meneghetti also offers free, one-on-one counselling with women on depression, self-esteem issues and relationships.

All Women’s Health Centre courses and counselling services are by self-referral.

For more information, visit www.calgarywomenshealth.ca.
Research finds head and chest protection is key, wherever you cycle

Brian Foster, a 59-year-old Calgary lawyer, can attest to the importance of wearing the right safety gear when mountain biking. He was out with his son at the Panorama ski resort in Invermere, B.C., in August when he lost control of his bike after a jump and somersaulted to the ground. He fractured several ribs, punctured a lung and sustained a compression fracture to a disc in his spine.

“I was wearing the full chest protection and spinal protection, and I’m certain it saved me from a much more serious injury,” Foster says.

Trauma surgeons at Foothills Medical Centre in Calgary who have compared injuries between mountain and street cyclists conclude that both groups could spare themselves serious injury if they wore chest protection.

Their research study, published in a recent edition of the Canadian Journal of Surgery, looks at incidence, risk factors and injury patterns over a 14-year period among 258 severely injured cyclists in southern Alberta.

“Trauma to the head is still the No. 1 injury in both cycling groups, which underscores the importance of wearing a good quality, properly fitted helmet,” says Dr. Chad Ball, the senior author of the research paper. “At the same time, almost half of the injuries we noted were either to the chest or abdomen, suggesting that greater physical protection in those areas could also help reduce or prevent serious injury.”

Many specialized bike shops now carry a variety of protective vests, often referred to as body armour, which provide a mix of padding and hard-shell coverage.

Researchers looked at the most severely injured cyclists from 1995-2009, as recorded in the Southern Alberta Trauma Database, which tracks trauma patients admitted to Foothills Medical Centre.

During that period, more than four times as many street cyclists (209) were severely injured as mountain cyclists (49). As well, 16 of 17 fatalities were street cyclists.

“Street cyclists were often injured after being struck by a motor vehicle, but we found mountain bikers fell from embankments, jumps or from other heights,” says Dr. Derek Roberts, lead author of the study, who is a surgery and clinician investigator program resident, as well as a PhD candidate at the University of Calgary.

“That could be the reason why mountain cyclists experienced more spinal injuries than street cyclists.”

Foster says the downhill grades in mountain biking can be deceptive.

“You don’t realize the velocity you pick up and, with all the rocks and outcroppings around, the potential is there for serious harm.”

He adds that when mountain bikers have accidents, they are a long way from expert medical help, making protective gear that much more critical.

Researchers only included cases that involved severe injuries to more than one area of the body. A cyclist whose only injury was a broken leg, for example, would not figure in the study.

At present, helmet use is inconsistently recorded in the trauma registry, making it impossible for researchers to say whether the number of head injuries is due to a lack of helmet use.

Severe street and mountain bicycling injuries in adults: a comparison of the incidence, risk factors and injury patterns over 14 years was published in the June issue of the Canadian Journal of Surgery.

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I WAS WEARING THE FULL CHEST PROTECTION AND SPINAL PROTECTION AND I’M SURE IT SAVED ME FROM A MUCH MORE SERIOUS INJURY

– Calgarian Brian Foster, 59, who was severely injured while mountain biking

STUDY FINDS BOTH MOUNTAIN BIKERS AND STREET CYCLISTS COULD SPARE THEMSELVES SERIOUS INJURY IF THEY WORE CHEST PROTECTION
TEACHING KIDS

How to ‘COPE’

Rae McMullen has been a teacher with the Rockyview School Division for seven years. She’s seen a lot of students come and go over the years, all with different personalities, behaviours and, at times, personal struggles.

“For some of our students, personal issues, behaviour challenges or medical needs affect their performance and success within the school environment,” says McMullen. “We may see symptoms of these issues in a child’s presentation at school but recognize these may not be the underlying issue.”

To this end, a made-in-Calgary program allows local schoolchildren and their parents to access health services and guidance they need right in their own schools to help resolve issues.

The COPE (Community Outreach of Pediatrics and Psychiatry in Education) program is a collaborative initiative between Alberta Health Services (AHS), Calgary Board of Education, Calgary Catholic School District, Francophone Catholic and Francophone Public, Independent Schools, Rocky View Schools, Child Development Services, Calgary and Area Child and Family Services Authority and Calgary Bridge Foundation for Youth.

It was created to help students from kindergarten to Grade 2 who are exhibiting emotional and developmental issues, yet have not yet been medically diagnosed. Since its inception in 1998, it has provided more than 2,000 students with at least 5,600 consultations with pediatric and child psychiatry specialists.

“Family therapy can reduce the stress and difficulty of problems on people’s lives and relationships,” says Michelle Buk, an AHS family therapist with the COPE team.

“Physicians refer to the in-house family therapist for intervention services which are delivered either at the school site or at a health care site.”

Referrals to the program come directly from schools. Once a referral is accepted, the most appropriate COPE team members for each referral work directly with the child, the family and the school. This team is comprised of pediatricians, psychiatrists, psychologists, family liaisons, and family therapists.

“Everyone works together and comes together to resolve an issue,” says Mark Reckord, co-ordinator of the COPE program. “With everyone at the table at the same time sharing information, the process is more efficient.”

McMullen says COPE is vital.

“As a teacher, you may express your concerns about a child to the family and encourage them to seek the advice of their family doctor. But sometimes they don’t have a doctor or find the navigation of appointments and scheduling difficult,” says McMullen. “With COPE, the doctor comes to us and spends at least an hour with the child and family.”

McMullen says COPE makes a difference by providing an avenue to address complex needs.

“The collaborative approach of COPE provides the opportunity to address not only the symptoms but the underlying need,” says McMullen. “It’s invaluable when a medical diagnosis is made that allows everyone to understand what may be impacting a child’s success.”

AHS-partnered school program aims to get children with personal issues – and their families – back on the right course.

We have the opportunity to address not only the symptoms but the underlying need.

— Teacher Rae McMullen, on the benefits of COPE, an in-school program helping troubled students.
STUDY SEEKS TO SIDESTEP SIDE-EFFECTS

Story by Greg Harris | Photo by Paul Rotzinger

As a two-year-old, Michael Andrews received some of the most advanced treatment medicine can provide. Diagnosed with neuroblastoma, a rare childhood cancer, he was given a number of chemotherapy drugs and underwent surgery, a stem cell transplant and then radiation.

Today, 10-year-old Michael is looking forward to playing hockey this winter and learning how to play the clarinet. And, although cancer-free, he also lives with some high-pitch hearing loss caused by an adverse reaction to one of the chemotherapy drugs.

Researchers at Alberta Children’s Hospital in Calgary are trying to understand if there is a genetic reason why some children like Michael have adverse reactions to certain medications.

“Pinpointing a genetic basis for adverse reactions to medications would equip physicians with important information,” says Dr. David Johnson, the pediatrician leading the Calgary arm of the project.

“Screening tests could one day tell us which children are more likely to experience side-effects, and doctors could then adjust dosages or try different medications or treatment.”

The development of new drugs has helped doctors successfully treat many debilitating and often fatal illnesses. According to some estimates, more than 80 per cent of children with cancer are now cured of the disease.

Nevertheless, the side-effects of some medications – particularly potent chemotherapy agents – can create other problems for some children. And there are as many potential adverse reactions to medications as there are medications.

“Children metabolize drugs differently than adults,” Johnson says. “By comparing the DNA of children who have had adverse reactions to a specific drug to those who have not, we’ll be able to determine if there is a genetic basis for that reaction.”

About half of all adverse reactions are thought to be caused by genetic differences. The pediatric genetics research project is looking for study participants. To be eligible, participants must be under 19 years of age and either have experienced an adverse reaction to a medication, or taken a medication known to cause adverse reactions but without reacting themselves.

“In the scheme of things, Michael’s hearing loss is minor and we consider ourselves very lucky,” says Lisa Colford, his mom. “At the same time, if our participating in the research project can help someone else down the road, then we’re happy to do it.”

Doctors and scientists at the University of British Columbia are leading the study. Funding comes from the Canadian Institutes of Health Research, the Canada Foundation for Innovation and other groups, including drug manufacturers.

Lisa Colford and her son Michael talk with pediatrician and researcher Dr. David Johnson at Alberta Children’s Hospital. The Colfords are participants in a national research study to determine if genetic variations make some children susceptible to the side-effects of certain medications.
When you spend time with your children, they learn they matter and it builds their trust in you.

TIME IS THE BEST INVESTMENT IN YOUR CHILDREN

Minutes, hours and days add up to a powerful factor in raising kids

Story by Colleen Biodi | Visit applemag.ca

Time with our kids is not a passe notion in the 21st century. In fact, research shows it might be one of the most powerful factors in creating socially and emotionally healthy adults.

When you spend time with your children, they learn they matter, and it builds their trust in you, says Tanice Jones, co-ordinator of the Parent Link Centre in Grande Prairie.

Jones calls time a “protective factor” against attachment problems and anti-social behaviours as a child grows.

First results from the Early Child Development Mapping Project Alberta, a peek into how ready our children are for school, are cause for concern.

“Our kids are doing poorly socially and emotionally,” says Jones.

The “why” is still being examined, but Jones thinks it is likely to include overwhelmed and overscheduled lives, too much computer and toy time and not enough one-on-one time between parents and children.

“It’s about balance,” Jones says. “Don’t feel pressure about (creating) ‘teachable’ moments. Take the moment; it will be teachable.”

When your child needs you, press the pause button and pay attention.

Patrick Dillon, provincial co-ordinator for the Alberta Father Involvement Initiative (abdads.ca), admits it is a challenge for parents to find time because in many families both parents work. But kids are looking for a sense of belonging and if they don’t find it with family, they may find it elsewhere.

When parents are involved with their children, children and youth are less likely to be involved in gangs or unhealthy relationships.

To find more time with your kids, you can:

• Separate work time from family time.
• Learn to say “no” to work, volunteering and activities that take you away from your family.
• Find things you can do with your kids such as walking, hiking, camping, swimming, reading, playing or listening to music, skating and family games night.
• Try to arrange flexible work hours; let your employer and co-workers know you value time with your children.

For more information, visit:

• healthyparentshealthychildren.ca,
• abdads.ca, or
• MyHealth.Alberta.ca.

BECAUSE KIDS DON’T COME WITH AN OWNER’S MANUAL …

As a parent, you take your role in your child’s healthy development seriously. So do we. That’s why we went straight to the source – Albertan parents – for guidance and feedback as we developed the full suite of new Healthy Parents, Healthy Children resources, now available for all Albertans. Visit www.healthyparentshealthychildren.ca, and you’ll find tips, tools and supports designed with you, for you to use, as you foster your child’s healthy future. For more information on the Healthy Parents, Healthy Children books or web resources, you can also email hphc@albertahealthservices.ca.

STARTING YOUNG

EARLY CHILDHOOD IS IMPORTANT

The experiences, relationships and surroundings of early childhood are opportunities to positively – or negatively – influence your child’s life. Did you know …

• Most young children in Canada are developing well. But by the time they go to kindergarten, about 25 per cent have difficulties with basic tasks such as holding a crayon, following instructions and getting along with others.
• A greater percentage of children who grow up in poverty and with other social disadvantages are vulnerable. However, the greatest number of vulnerable children comes from middle-income homes, because of the size of the middle class in Canada (75 per cent of all families).
• Getting children off to the right start reduces juvenile delinquency, addictions, school dropout rates, learning disabilities, obesity and many other problems.
• Investing in the early years pays off. By one estimate, every $1 invested in the early years saves $3 in spending for school-aged children and $8 for adult education.

THE FIRST 2,000 DAYS

The first 2,000 days of your child’s life – the time between birth and kindergarten – are important for the rest of his or her life. They make an impact on your child’s lifelong health, friendships and relationships, self confidence, success at school and work, future wealth, and ability to get a job.

CHILDHOOD IMMUNIZATIONS

Immunizations protect you or your child from dangerous diseases, and they help reduce the spread of disease to others. Childhood immunization schedules may vary in each province and territory. Ask your doctor what shots your child should get. Your doctor may recommend other shots as well, if your child is more likely to have certain health problems.

Immunizations start right after birth, and many are given throughout a baby’s first 23 months. Booster shots occur throughout life. Talk to your doctor, visit MyHealth.Alberta.ca, or call Health Link Alberta at 1.866.408.5465 for more information.

www.albertahealthservices.ca Looking for a physician in your area? Visit the Alberta Health Services website for information.
RUNNING FOR ROCKYVIEW

The cup runneth over for the Rockyview General Hospital (RGH) as it marked its fifth annual Run for Rockyview. The Calgary Health Trust event, held Sept. 12, raised more than three times what it raised last year for the hospital.

“Rockyview really does rock, and that’s because we have a fantastic community around us,” says RGH Vice President Nancy Guebert.

“It shows how we really band together to support the advancement of patient care – right here where we work.”

Lacing up for the five-km race, 350 participants ran or walked the scenic Glenmore Reservoir pathway in a loop beginning and ending at the Rockyview Hospital.

The event raised more than $115,000 this year with 34 different teams representing 34 different areas at the hospital. The funds raised by each team will be put toward something on their unit’s wish list.

“This was my first year participating and it was remarkable to see such great morale and team-building,” says Carolyn MacDonald, Unit Manager of the Ophthalmology Department, whose team placed first.

Raising almost $28,000 in just three months, MacDonald’s unit will use the funds to support the ocular oncology (eye cancer) program. The funds will also purchase additional ultrasound probes which aid in measuring eye tumours.

Dubbed Flashes & Floaters, a term also used for visual symptoms associated with possible retinal or eye disorders, the team jokingly referred to the runners on the team as Flashes and the walkers as Floaters.

Bobbi Turko, Development Officer, Calgary Health Trust at the hospital, is at the heart of the event and the organizing force behind it.

“We receive donations from various sponsors, both business and private and the top four fundraising teams are awarded donations over and above what they raised from different groups,” says Turko.

For their first-place finish, Flashes & Floaters earned $5,000, donated by RCA Diagnostics. Second place garnered $3,000, donated by the Rockyview Development Council, while third place won $2,000, donated by Rockyview Development Council member Anastasia Columbus, who also ran in the event. The fourth place team earned $1,000 donated by Human Resources Client Services at the Rockyview.

Jill Olynyk, CEO of Calgary Health Trust, was impressed with the turnout.

“It’s encouraging to see such tremendous spirit and care from hospital staff and their commitment to health care is unsurpassed.”

Please visit www.calgaryhealthtrust.ca.

For more information on the Health and Provincial Advisory Councils, visit www.albertahealthservices.ca/communityrelations.asp.

STRONGER ROLE THRILLS ADVISORY COUNCILS

Increasing the role of Health and Provincial Advisory Councils is a key priority for Alberta Health Services (AHS).

In a provincewide meeting in Edmonton in September, AHS and government leaders spoke of a renewed commitment to councils, a promise to do a better job of seeking public input, a pledge to explore ways to effectively channel the information councils provide to the appropriate area, and a promise to close the loop on how the feedback provided has been used.

“Our councils provide that vital link between AHS and Alberta’s communities,” says Colleen Turner, Vice President, Community Engagement, Public Relations and Communications. “Many decisions need to be made at a local level with community perspectives considered.

“We need our councils involved at the start of these processes so we can effectively listen and respond to local communities.”

And that’s welcome news to the more than 100 volunteer council members across Alberta.

In fact, Larry Albrecht, Chair of the Prairie Mountain Health Advisory Council, says his council is thrilled to have more even input into health care services that affect its communities.

“We are very excited about the opportunity to add local voices into the health care planning conversation,” says Albrecht. “Our council has a huge amount of enthusiasm. We feel we have turned a corner toward a new direction that will allow us to have greater input into zone activities.”

This input also provides the opportunity to expand upon past successes of the Provincial Advisory Councils (PACs) and Health Advisory Councils (HACs).

Many council members have brought their area’s voice to health care planning as part of community working groups looking at Family Care Clinic proposals.

Others have participated in 2030 service planning workshops or have provided informed comment on proposals for service delivery enhancements.

According to Albrecht, the renewed commitment from AHS is worth celebrating.

“We are rejuvenated by the commitment from our health care leaders to include the community perspective.

“Bringing forward the opinions of our community members to AHS and having a real impact on planning and service decisions at the beginning is a very positive step for health care across Alberta.”

And Ruth Martin-Williams, Chair of the Tamarack HAC, echoes Albrecht’s enthusiasm.

“This is good news for local communities,” she says.

“With the commitment from AHS, there will be an improvement in local health care delivery.”

For more information on the Health and Provincial Advisory Councils, visit www.albertahealthservices.ca/communityrelations.asp.
AH S UP FOR THE CHALLENGE

In this year's Calgary Corporate Challenge (CCC), the Alberta Health Services (AHS) team came in first in the Canadian Blood Services Blood Donor Challenge. The team managed to get more than 500 blood donations from AHS staff between April and September.

CCC is an annual, city-wide event with 21 sporting and charity events for participating companies. CCC also aims to promote health and wellness in Calgary's business and corporate community. AHS has participated in CCC for a number of years for the purposes of team-building, company support and health and wellness among AHS Calgary Zone staff.

For more information, visit www.calgarycorporatechallenge.com.

DID YOU KNOW?

- In Calgary Zone, there are 2,857 physicians, 36,468 Alberta Health Services employees, and 4,263 AHS volunteers.
- Calgary Zone is approximately five times the size of P.E.I.
- The Foothills Medical Centre in Calgary is the largest tertiary hospital in Canada, with more than 1,000 inpatient beds.
- When fully operational late this year, the South Health Campus will have 2,400 full-time equivalent staff, approximately 180 physicians, 269 inpatient beds, 11 operating rooms and will service 200,000 outpatient visits and perform 2,500 births every year.

CALGARY ZONE

Local Leadership

Senior Vice President and Zone Medical Director
Dr. Francois Belanger

Senior Vice President Brenda Huband

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

EDMONTON ZONE

Population: 1,186,121
Life expectancy: 81.8 years
Hospitals: 13

COMMUNITIES: Atmore

• Edmonton
• Devon
• Beaumont
• Gibbons

Saskatchewan
• Saskatoon

• Moosomin

• Yorkton

• Estevan

• Medicine Hat

• Lethbridge

• Brooks

• Cranbrook

• Fort Macleod

• Brooks

• Magrath

• Stavely

• Turner Valley

• Calgary

• Airdrie

• Cochrane

• Strathmore

• Okotoks

• Calgary

• Beaumont

• Leduc

• Spruce Grove

SOUTH ZONE

Population: 289,661
Life expectancy: 80.3 years
Hospitals: 13

COMMUNITIES: Peace River

• Edmonton

• Devon

• Beaumont

• Peace River

• Leduc

• Morinville

• St. Albert

• Sherwood Park

• Edmonton

• St. Albert

• Sherwood Park

• Edmonton

• St. Albert

• Sherwood Park

To find the hospitals, services, facilities and programs in your zone, please visit albertahealthservices.ca/FacilitySearch.

HERE’S HOW TO REACH US

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• To see Calgary’s Zone News online, visit www.albertahealthservices.ca/5826.asp

FSC LOGO

(printer places on)

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www.albertahealthservices.ca

To be sure to visit our website for health advisories around the province.

www.albertahealthservices.ca

What matters to you? Tell us. We’re here to listen.

To connect with your local Health Advisory Council, contact Community Engagement at: 1-877-275-8630
community.engagement@albertahealthservices.ca
Visit us online at www.albertahealthservices.ca/hac.asp

Did you know?