FINDING BREATHING ROOM
Dr. Andrew Cave listens in on the breathing of two-year-old Gabriel Carlson as his mother Katherine watches on. Cave, a Professor of Family Medicine at the University of Alberta's Faculty of Medicine & Dentistry, is working with researchers at the University of Calgary to help Alberta children with asthma breathe easier by putting a treatment guide into the electronic medical record with their family physician.

"I'VE HAD A FEW SCARY MOMENTS WITH GABRIEL ... EVERY TIME HE GETS A COLD, HE CAN'T BREATHE – SO WE END UP GOING TO EMERGENCY TO GET IT UNDER CONTROL"
– Katherine Carlson

AHS LEADS THE WAY IN TREATING DEMENTIA
An Alberta Health Services team has spearheaded a project aimed at reducing the use of antipsychotic drugs in treating dementia patients. For one Alberta family, the result has been miraculous: ‘We’ve been given a little bit of our dad back.’

HOUSEHOLD TOXINS? PUT A LOCK ON ’EM
Your home is the haven for your family – but it can also hold a multitude of dangers for children. Cleaning agents, insecticides, flammable materials – they can spell disaster. Here are some tips to keep your home safe.

GET THE CARE YOU NEED
- Call Health Link at 811
- Family Doctor
- Ambulatory Care Centre
- Family Care Clinic
- Walk-In Clinic
- Community Health Centre

Visit ahs.ca/options

Emergency is here for you if you need it. Use it wisely.
WE’RE INVESTING IN INNOVATION

Improving care for patients and families starts on the front lines.

As 17 new Quality Improvement (Qi) projects get underway, 2016 promises to be a year of continued improvement for Alberta Health Services (AHS) Calgary Zone.

The projects, sponsored by the Chief Medical Office and Calgary Zone Medical Affairs, are all inspired, developed and led by AHS physicians and clinicians.

The initiative – now in its second year – builds on the success of last year’s projects.

AHS is working on new approaches to innovation and quality from the front lines, with the aim of making a difference to the care we provide every day.

We are investing in innovation.

This year’s competition brought in 95 submissions, of which 17 Qi projects were chosen for 2016. The projects will receive a total of approximately $558,000 in funding, with each Qi project receiving funding ranging from $2,600 to $50,000.

All projects are expected to be completed within a year and aim to make measurable improvements to patient care and safety.

The projects chosen for 2016 include a range of clinical areas, from improving collaboration between patients, family physicians and mental health staff, to increasing mobility for the elderly; from enhancing pediatric asthma care, to expanding services offered to women with ovarian cancer.

These projects start at the grassroots with clinicians who want to make care better in the areas they know best.

AHS is working toward a strong culture of improvement, and the number of submissions this year attests to that.

CENTRE MAKES WELLNESS A NEW WAY OF LIFE

Mike Gough moved to Calgary in 2014 in hopes of starting a new life.

The outgoing 31-year-old, who has struggled with addictions, was looking for a fresh start when a friend suggested he check out the Wellness Centre at the South Health Campus (SHC).

It would change everything.

“My life changed after attending my first self-help group meeting at the Wellness Centre at South Health Campus,” says Gough. “Thanks to regular meeting attendance, encouragement from the friends I’ve made here, and a physical fitness routine, I’ve developed a level of self-acceptance I never could have dreamed of.

“The Wellness Centre is a huge part of my life and has played a big role in my recovery.”

Less than two years after he started going to the centre, staff know him by name, and it’s not unusual to hear, “Hi, Mike,” coming from all directions of the YMCA when he arrives.

“Mike’s story exemplifies what the South Health Campus is all about,” says Lori Anderson, Senior Operating Officer at the SHC.

“Wellness is a huge part of our foundation, and it’s important that we provide the tools and opportunities to assist people along their health and wellness journey.”

It’s those opportunities that have helped Gough.

“I feel like I’m part of a community here,” says Gough. “I’ve made lots of friends, and coming here is often the highlight of my day.”

The community Gough feels a part of is one he helps to build.

He now dedicates hours of his spare time facilitating support group meetings and mentoring new members.

Open to patients, staff and the public, the Wellness Centre is a partnership between AHS and the YMCA and offers a variety of programs, services, information and support to help people on their path to health and wellness and to live a healthier lifestyle.

“It’s important for me to give back what was given to me,” Gough says. “Recovery is a great way to live your life and I want to do my part and help others access support groups and make healthy choices.”

Gough’s commitment has made a huge impact on the centre.

“Mike is a wonderful addition to the Wellness Centre,” says Melissa Hyman, manager of the centre. “His positive energy can be felt throughout and he inspires those around him.”

Likewise, Gough says he continues to be inspired by others at the facility.

“Places like the Wellness Centre help miracles happen, every day,” he says.

For more information, visit www.albertahealthservices.ca/Facilities/SHC/page60.asp.
nothing puts fear into a parent’s heart like watching their child struggle to breathe. “I’ve had a few scary moments with Gabriel,“ says his mother Katherine Carlson of St. Albert, who has asthma herself, just like her two-year-old son.

“We’ve been in the emergency department I don’t know how many times. Every time he gets a cold, he can’t breathe – so we end up going to emergency to get it under control.”

Echoing her fears is Erin White of Cochrane, whose seven-year-old son Noah has allergy-related asthma and requires a daily regime of inhalers and steroids.

White credits her careful management of Noah’s steroid treatments for allowing the Grade 2 student to play forward in novice hockey.

“He’s a big goal-scorer, that kid, but last year he had to come off the ice once or twice per game just to take his inhaler, because he was getting so winded,” she says. Children with asthma like Gabriel and Noah could soon be breathing easier thanks to new research that promises to help Alberta children with asthma breathe easier by putting a treatment guide directly into the electronic medical record with their family physician.

The Alberta Primary Care Pathway for Childhood Asthma – funded by a $750,000 grant from The Partnership for Research and Innovation between Alberta Health Services (AHS) and Alberta Innovates Health Solutions (AIHS) – will introduce this innovative mechanism to 22 medical practices across the province as a trial run to assess its benefits in managing childhood asthma in primary care settings. If the results are positive, a full provincial rollout is envisioned.

The three-year study from researchers at the University of Calgary and the University of Alberta is designed to help health professionals prescribe the right medication and to encourage parents to fill and use their child’s prescription properly. To this end, doctors will be given a “decision-making tree” right in the child’s electronic medical record to help make their diagnosis while their staff will receive more training to provide education on asthma treatments.

“Having a care guide in his medical record is an amazing idea,” says White. “We’ve gone so many times to the urgent care centre when Noah couldn’t catch his breath. We’ve had to go through his whole history every single time – which only delays his treatment. Having his information already there electronically would save me time and stress – and get him treated immediately.”

Carlson concurs: “Having an electronic guide will be beneficial. Everyone will have access to the same information. We’ll know exactly what Gabriel is being treated for.”

And that is exactly the goal of the pathways, says Dr. Andrew Cave, a family physician and Professor of Family Medicine at the University of Alberta’s Faculty of Medicine & Dentistry.

“What we’re attempting to improve is physician and parent management of asthma for their children,” he says. “We developed a template that can be inserted into a patient’s electronic records for the doctor; they can click on it when a child with asthma comes through, and follow the path so the patient gets managed ideally.”

His co-lead in the project is Dr. David Johnson, Senior Medical Director of the AHS Maternal, Neonatal, Child and Youth Strategic Clinical Network.

“By ensuring that family practitioners have a convenient tool that helps them provide the optimal therapy, and by instructing the chronic-disease nurses in family practitioners’ offices on how to best educate parents to manage their kids with asthma, we offer the best chance to prevent kids from having to visit emergency or be hospitalized,” says Johnson, also a Professor of Pediatrics, Pharmacology and Physiology at the University of Calgary, Cumming School of Medicine.

Cave and Johnson are also both members of the AHS Respiratory Health Strategic Clinical Network – the driving force behind the grant application – and a province wide team which helps guide clinical research and care in Alberta. Asthma is the most common chronic disease in childhood, with at least 50 per cent of patients having poor control that results in frequent emergency treatment.

“That’s a lot of kids who would be so much better,” says Cave.
AHS PROJECT LEADS WAY IN CHANGING DEMENTIA CARE

Story and photo by Christi Retson-Spalding |

By 2014, Louie Derkach, 91, had worsening dementia and could no longer recognize his children, speak, or walk. He had been prescribed antipsychotic medications to help control the psychosis and behavioural issues associated with dementia. However, risks and side effects of the drugs include agitation, confusion, falls, insomnia and sedation, along with increased risk of infection, strokes and cardiac events.

The result for Derkach was that he became anxious, aggressive and often lashed out at caregivers and family. “It’s very painful to see your parent suffer like that,” says Carol de Jong, Derkach’s daughter. “We were willing to try anything that might improve his quality of life.”

As part of the Appropriate Use of Antipsychotics (AUA) project supported by Alberta Health and led by the Seniors Health Strategic Clinical Network (SCN) and the Addiction & Mental Health SCN, Derkach’s family was asked if they would consider a plan to gradually withdraw some or all of his antipsychotic medications in the hope of reducing some of the negative side effects.

The AUA project involves families, physicians and staff working together to investigate approaches to reduce agitation and anxiety in each individual with dementia and enhance their quality of life.

Over the coming weeks, staff at Extendicare Holyrood, a long-term care facility in Edmonton, worked with Derkach to gradually withdraw the medications. Within a few weeks, they began to notice improvements. “At first, I didn’t really notice much, but over time, his behaviour really began to change,” says de Jong. “One day, I arrived and the staff had him up walking again. I couldn’t believe my eyes.”

Dr. Duncan Robertson, Senior Medical Director for the Seniors Health SCN, says antipsychotic drugs can be appropriate in treating mental health conditions such as schizophrenia and psychosis and for short-term management of delirium.

However, these drugs are often not appropriate for long-term treatment of dementia patients, Robertson says. “Finding non-pharmaceutical approaches to address responsive behaviours can be very effective, reducing the risk of adverse side-effects associated with antipsychotic medications.”

Currently, more than 40,000 Albertans have some form of dementia. The Appropriate Use of Antipsychotics project began in 2013-14 in 11 sites. In 2014-15, the initiative was spread to all 170 long-term care facilities in Alberta. At 18.3 per cent, the province now has the lowest rate of antipsychotic use in long-term care facilities in Canada. The national average is 24.7 per cent. And for Derkach, the project has been a success. “It really is a miracle,” says de Jong. “We’ve been given a little bit of our dad back. I’m so grateful for these people, who cared enough to make a difference.”

SCNs were created by Alberta Health Services to improve the pathways of health care and the patient experience. They are comprised of physicians, front-line health care workers, researchers and others who specialize in a particular field. In addition to the Seniors Health SCN and the Addiction & Mental Health SCN, there are eight other SCNs.

For more information, please visit www.ahs.ca/scns/scn.aspx.

Carol de Jong visits with her father Louie Derkach, who has dementia. De Jong says withdrawing antipsychotic medications has improved her father’s quality of life.

IT REALLY IS A MIRACLE. WE’VE BEEN GIVEN A LITTLE BIT OF OUR DAD BACK

– Carol de Jong, of the difference she sees in her father Louie Derkach after he was taken off antipsychotic drugs to treat his dementia

SCNs ensure patient & family voices contribute to health planning and decision making.
New research aims to help young cancer survivors sleep easier

Story and photo by Greg Harris

It seems cruelly unfair that kids who beat cancer are then sometimes challenged by an everyday function that most people take for granted: the ability to fall and stay asleep. Such is the case for Traci Rhyason’s nine-year-old son Leland, who completed his last chemotherapy treatment for leukemia in 2014.

“He often wakes up three or four times a night and is exhausted when he gets up to go to school in the morning,” says Traci. “He’s almost learned to live on no sleep. It’s one of those things you don’t appreciate until it’s gone.”

Now, researchers with Alberta Health Services (AHS) and the University of Calgary are trying to better understand the scope of the problem so they can develop therapies to help cancer survivors and their families sleep better and get their rest.

“Sleeping well is critical for children’s cognitive, physical and social development,” says Dr. Lianne Tomfohr-Madsen, PhD, assistant professor with the University of Calgary’s Department of Psychology and a member of the Alberta Children’s Hospital Research Institute (ACHRi). “Many people will occasionally experience difficulties falling asleep but, when it happens regularly, it can seriously impact health and quality of life,” adds Tomfohr-Madsen, who holds the Alberta Children’s Hospital Foundation Professorship in Child Psychology.

While in hospital, kids with cancer can develop difficulties with sleeping that stay with them when they return home – and sometimes linger long into adulthood.

There are a number of reasons children’s sleep patterns are often disrupted while in hospital.

• The effects of the illness or treatment might make sleep difficult.

• Health care providers sometimes need to wake children to monitor their condition.

• With little else to do, kids might increase the amount of time they’re watching TV or using handheld electronic devices, which can negatively affect sleep.

• Co-sleeping with a parent may be a short-term solution that facilitates sleep, but it can present challenges when families return home.

Dr. Fiona Schulte, PhD, co-investigator and an AHS psychologist and ACHRi member, says stress is a significant barrier to sleep – both in and out of hospital.

“Parents and children often have fears about monitoring the child’s condition when they return home,” Schulte says. “That anxiety turns bedtime into a challenge and may lead to a cycle of waking up in the middle of the night. The rhythms of the whole family can be disrupted.”

Researchers are looking for children aged 8-18 who have had leukemia, as well as healthy children for a comparison group. They hope to enrol 100 families, 50 for each group.

Participants are asked to fill out a series of questionnaires, keep a sleep diary, and at night wear a wristwatch-like device that measures sleep quality. Sleep activity is monitored over seven days.

Researchers hope that by comparing the two groups they’ll better understand the onset, frequency and duration of sleep disruption in cancer survivors and their families.

“The data will hopefully provide some insights on possible patterns or triggers for sleep difficulties, and help us tailor better therapeutic approaches to promote healthy sleep,” says Tomfohr-Madsen.

For more information, see www.family sleepstudy.com or phone 403.220.5086.
Want to poison-proof your home? Put dangerous items out of reach of young kids

I can happen literally in the blink of an eye: a four-year-old grabs a bottle of liquid cleaner and takes a drink. She doesn’t know it could be deadly.

Let’s face it: our homes can be dangerous for curious children. Homes have dozens of common, everyday products – both indoors and outdoors – that can seriously harm kids, especially those under six years old. Everything from household cleaners, makeup and medicine, to laundry soap, batteries and bug spray can be fatal when swallowed.

More than 1,300 children between the ages of one and four end up in Alberta emergency departments every year because of unintentional poisoning.

Many of these children are poisoned by cleaning products and medicines, both prescription and over the counter, says Patti Stark, community mobilization co-ordinator with the Injury Prevention Centre at the University of Alberta.

To a toddler, these products can be irresistible. Stark says youngsters can be especially attracted to brightly coloured laundry and dishwasher detergent pods, and pills that look like candy.

“It’s perfectly normal for children to put whatever they can get their hands on into their mouth,” Stark says.

It can all happen so fast.

“Babies go from being relatively stationary, to suddenly being quite mobile,” she says. “They can reach and get into things much faster than you think.”

She notes child-resistant packaging helps prevent many poisonings, but that parents should not rely on that label.

“Nothing is absolutely foolproof,” Stark says. “With time and persistence, a child can get packaging open.”

These tips can help prevent your child from being poisoned.

• Put your family’s medicines, vitamins and supplements up high, out of reach or in a locked cupboard or box. Do the same with cleaning materials and cosmetics.
• Call medicine ‘medicine’ – not ‘candy’ or other nicknames. Let your kids know it’s not good to eat.
• Read the label each time you give your child medicine to be sure it’s the right medicine and dosage.
• Move visitors’ purses and bags out of kids’ reach.
• Store creams, powders and medicines away from baby’s change table.
• Never leave a child alone with medicine, cleaners or any potentially toxic substances – including ashtrays or leftover drinks.
• Keep all medicines, cleaners, lawn and garden chemicals and automotive liquids in their original containers with their labels on.

IN AN EMERGENCY
If your child swallows something harmful, don’t wait for symptoms. Grab the container and call the Poison & Drug Information Service (PADIS) at 1.800.332.1414 for emergency and first aid advice 24 hours a day. You can also call 911 or visit www.pdis.ca.

POISONOUS
Toxic and poisonous to adults and children.

OXIDIZING MATERIAL
Can cause a fire to burn more rapidly or cause flammable materials to ignite spontaneously.

FLAMMABLE
Can ignite and burn when around a flame or other source of ignition.

CORROSIVE MATERIAL
Can damage or burn skin and cause eye injuries, including blindness.

We have everything from household cleansers to garden insecticides and auto fluids in our homes. Understanding the labels on household items can help prevent poisoning and injury.
Program is Music to Residents’ Ears

Customized playlists trigger memories of the past

Story by Kerri Robins | Photo courtesy Carmelle Steel

Whatever your passion, music has a way of helping exercise it either physically, emotionally or spiritually. Music can be moving, is good for the soul and can be a potent force in igniting memories.

That’s why the Willow Creek Continuing Care Centre in Claresholm runs the memory and music program for long-term care residents. Resident Rena Bell, 86, was one of the first seniors to join the service and her son Dale says, “Music has always been important to our family and I’m happy mom is able to participate in this program.”

Assistant head nurse Melva Stinson is also a big fan of the program.

“People never forget music and it’s a powerful force in triggering memories,” Stinson says. “It’s great to see our residents tap into pleasant memories, especially those residents who might be more isolated than others.”

The program began last year and is run entirely by volunteers. The start-up costs came from Alberta Health Services Volunteer Resources Calgary Zone and included training and the first 10 iPods in the amount of $1,000.

And in January, the Claresholm Royal Canadian Legion donated $2,000 to the Claresholm & District Health Foundation for the purchase of a laptop and CDs that volunteers use to create the musical playlists.

So far, 10 residents each have earphones and an iPod shuffle loaded with music customized to their age and musical tastes.

Carmelle Steel, volunteer co-ordinator in Claresholm says each playlist is individualized.

“The key to the program is customization,” Steel says. “We look at the resident’s age, information from family, and what musical era they grew up in to try to create a playlist that will engage them and inspire memories.”

Bell’s playlist is customized with some special songs.

“I was very happy to have some of my own songs on mom’s playlist,” says Dale, also a Claresholm resident. “She knew right away it was me singing and I know it comforts her to hear it when I can’t be there.”

Residents listen to their music whenever they want – the most popular time being bedtime.

According to many studies, music therapy has led to increased cognitive abilities in people, especially Alzheimer patients.

Legion President Margaret Smith says she’s excited about the program.

“I’m happy to be supporting this program on behalf of our seniors,” she says.

And Art Scott, Chair of the Claresholm & District Health Foundation, agrees.

“The Legion has always been a staunch supporter of health care, and this program is a vital part of our community,” Scott says.

“We’re happy that our seniors can listen to their favourite tunes and brighten up their day.”

Long-term care resident Rena Bell, 86, sits beside her son Dale. Rena is wearing earphones and listening to a playlist of some of her favourite songs – including those sung by Dale.

As for Rena, her son is truly grateful for the program and says, “I’m happy mom has the gift of music that she loves to listen to.”

For more information, visit www.claresholmanddistricthealthfoundation.com.

Mark your calendar

May 8
Mother’s Day Run, Walk & Ride

SportChek is hosting its annual Mother’s Day Run, Walk & Ride, at Chinook Centre, starting at 8:40 a.m. Proceeds go toward the Calgary Health Trust in support of the neonatal intensive care units at the Foothills Medical Centre, Rockyview General Hospital, Peter Lougheed Centre and South Health Campus. To register, make a pledge, donate, or for more information, visit www.mdrunandwalk.com.

May 15
Run for Women

Shoppers Drug Mart is hosting its annual Run for Women at Edworthy Park, starting at 8:55 a.m. Proceeds go toward the Calgary Health Trust in support of the Women’s Mental Health Clinic at Foothills Hospital. To register, make a pledge, donate, or for more information, visit www.runforwomen.ca.

Health Advisory Councils

Your health. Your community. Your voice.

www.albertahealthservices.ca/hac.asp
community.engagement@albertahealthservices.ca

Giving is healthy: contact your local foundation or Health Advisory Council today. www.ahs.ca
RETURNING
THE FAVOUR

Grateful cancer patient pays it forward by becoming an oncology nurse

Story by Kristin Bernhard

When it comes to caring for patients, empathy is a desirable trait to have, and 25-year-old Matthew Frank has it in spades.

“I was diagnosed with cancer when I was 20,” says Frank. “I was in my third year of kinesiology at the University of Calgary when they found tumours in my brain.”

The experience of understanding a patient’s condition from their perspective, and being able to feel what they are feeling, is a major reason why Frank is pursuing a career in oncology nursing.

“Having such a close connection to cancer, I have an intimate relationship with the disease and the pain it can cause,” he adds. “I feel very much connected to oncology patients – and I have a strong drive to do everything in my power as a nurse to help them.”

Frank believes that, while there can be a great deal of suffering in a hospital setting, a nurse can greatly ease that suffering by providing excellent care.

“I want to be that nurse who made me smile while I was still in treatment,” he says. “I want to give oncology patients the same expert care I was given when I was so sick.”

Before his diagnosis, Frank enjoyed athletics as a national level white-water kayaker – always took an interest in the human body and how it works, but back then lacked a perspective on how he could capitalize on his interest.

“The idea of becoming a gym teacher or a physiotherapist held little appeal, but after meeting so many amazing and empathetic nurses, I knew that nursing was what I wanted to do,” he says.

After working as a registered nurse in clinical neurosciences at Foothills Medical Centre for the past year, Frank has now set his sights on oncology nursing.

“I want to give the same help to patients who are in similar shoes now that I once was,” he says.

Frank has also taken his experience one step further. He’s a patient advisor on the Calgary Cancer Patient & Family Advisory Council. Frank gives input on provincial patient-education programs and works with the Foothills Medical Centre (FMC) Quality Council to enhance patient- and family-centred care at FMC.

Now in remission and living with diabetes as a result of his cancer, Frank is returning to climbing, hiking and kayaking – activities he enjoyed prior to his diagnosis.

“In my time with patients, I want to offer them hope that a normal life can be found after a cancer diagnosis.”

Matthew Frank, 25, was so impressed by his nursing care during his battle with brain cancer five years ago that he’s well on his way to becoming an oncology nurse himself.