“WE’RE NOT THE HEROES YOU SEE IN MOVIES; WE ARE JUST PEOPLE WHO SERVE THE PUBLIC. WHEN PEOPLE CALL US, THEY ARE CALLING FOR HELP AND WE’RE GOING TO BE THERE FOR THEM.”
— Kevin Phillips

AT YOUR SERVICE

Drumheller paramedic Kevin Phillips practises his skills on a health simulation mannequin. Phillips, an Emergency Medical Services veteran, says helping people is “the best job in the world.”

SIMPLE AT-HOME TEST FITS THE BILL

A new screening test targeting colorectal cancer is now available provincewide. Known as the Fecal Immunochemical Test (FIT), it is an easy, at-home test that can eliminate the need for average-risk Albertans to have a colonoscopy.

TAKING A BITE OUT OF CHILDHOOD OBESITY

The statistics are alarming – almost one-third of Canadian children are overweight, negatively affecting their health and self-esteem. But the solution involves far more than reducing fatty foods and increasing physical activity.

CAUTION

MY CHILD GOT INTO THE MEDICINE CABINET. WHAT SHOULD I DO?

Ask the Experts. Call us. Check our website.

1-800-332-1414  www.padis.ca  Poison & Drug Information Service
CHILDHOOD DREAM NOW A DREAM JOB

Many children dream about becoming a real-life hero when they grow up, be it a police officer, firefighter, soldier or paramedic. Kevin Phillips was just such a kid, imagining about what it would be like fighting fires when he got older. That was until he got a taste for the Emergency Medical Services field.

After that, there was no turning back.

“I have the greatest job in the world,” says Phillips, a full-time paramedic in Drumheller. “We’re not the heroes you see in movies; we are just people who serve the public. When people call us, they are calling for help and we’re going to be there for them.”

While he might not swoop in to save the day with a red cape and superpowers, Phillips is a veteran of the force and has more than six years of experience in providing care to patients.

He began his career as an Emergency Medical Technician (EMT) in Strathmore before serving the Siksika First Nation in a very “rural and culturally diverse area.”

“I also worked in Airdrie, Cochrane and Calgary Metro,” says Phillips. “But I’ve always liked working in the rural areas. In the rural areas, your closest backup could be miles away in the next community, so you learn to put all your skills and training to work. You rely on yourself and your partner to care for your patient.”

“I’ve always liked the professional aspect of emergency services, helping people, and educating people to better their lives, so this is a great fit for me.”

Working in rural areas helps knit the team into a family, says Phillips. It also ties them to nearby communities where they require backup.

“We help out when and where we’re needed,” he says. “We are all one, all working for the same cause, whether we’re responding from Drumheller, Hanna, Three Hills or elsewhere. Having a borderless system is beneficial and in the best interest of the people we serve.”

Phillips is also able to help in other ways by giving his time and knowledge to the next generation of paramedics and EMTs. He is a preceptor, overseeing students like Sara Racher who gain practical experience and training during a practicum placement.

And it is a decision students like Racher are grateful he made.

“Kevin went above and beyond his role as a preceptor on a daily basis, providing me with opportunities to learn from my mistakes, and to accept critique presented by someone who continually came across not with a sense of judgment but one of understanding the situation of the student,” says Racher. “I arrived for my practicum with nervous anticipation and found myself leaving a more confident, humble, and proud student.”

For Phillips, the teaching opportunities provide him with a unique glimpse into the future. “I have the greatest job in the world,” says Phillips. “I want to teach them to be good enough to care for my family one day, which I think is one of the greatest compliments we can give each other in this field.”

Drumheller paramedic Kevin Phillips practises life-saving skills on a simulation mannequin.
PHYSICIAN ASSISTANT PLAN: EXTRA SET OF HELPING HANDS

Story and photo by Heather Kipling |

Being ahead of the game isn’t something new for Katrina Bruckschwaiger. Among the first clinician trained physician assistant (PA) graduates in Canada, Bruckschwaiger is now one of the first to practice in Alberta. She is also the first physician assistants to begin making the rounds at Red Deer Regional Hospital Centre (RDRHC). “I have always been interested in working in medicine,” says Bruckschwaiger, who has worked in surgical specialties in Manitoba and B.C. prior to coming to Alberta to take part in a two-year demonstration project that integrates PAs into facilities across the province. Bruckschwaiger will be one of two PAs at RDRHC, where they will work under the supervision of hospital physicians. The hospital’s program consists of a team of physicians – and physician assistants. They oversee the day-to-day care of patients who do not have a family doctor. “The physicians rotate shifts every week, while the PAs continue to work with their patients. “I stay on with the same patients every week, which helps with the continuity of care,” says Bruckschwaiger, who is currently working with inpatients at the hospital. “I love it here,” she adds. “Everyone I’ve worked with so far has been very welcoming.” The physician assistant pilot project will bring about a dozen PAs on board in Alberta Health Services facilities in all zones. The project aims to improve health care access, safety and quality. The impact of this new position on access, wait times, quality of care and patient and provider satisfaction will be monitored and evaluated over the duration of the demonstration project. “We are very happy to be participating in this project,” says Dr. Evan Lundall, Central Zone Medical Director. “As the Central Zone continues to grow, residents in our communities are going to need access to more care and more forms of care. Physician assistants can not only help us address gaps in clinical coverage, but also help increase the capacity of our current workforce.” PAs are trained to provide a range of medical services, including conducting patient interviews, histories and physical examinations, diagnosing and treating illnesses, performing selected diagnostic and therapeutic interventions or procedures, and counselling patients on preventative health care. Allan Sinclair, Executive Director, Red Deer, is excited about the integration of PAs into Alberta health care. “We are very keen to see the physician assistant role interact with our care teams in the pilot,” says Sinclair. “The physician assistant has a flexible scope of practice while working under a physician at RDRHC, and we feel this flexibility and skill will translate into greater access to the care for patients.” About 350 physician assistants practice in Canada, more than half in Ontario. Among the first clinician trained physician assistant (PA) graduates in Canada, Bruckschwaiger is one of the first physician assistant (PA) graduates in Alberta. Now at Red Deer Regional Hospital Centre, Bruckschwaiger works under the supervision of a physician to enhance patient care. Close to a dozen PAs will be placed in Alberta health care facilities. What is a physician assistant? • Physician assistants (PAs) are physician extenders and not independent practitioners; they work with a degree of autonomy, negotiated between the supervising physician and the PA. • In Alberta, PAs are health professionals who are members of the Canadian Association of Physician Assistants, have successfully completed the Canadian Physician Assistant Certification Exam and are registered with the College of Physicians and Surgeons of Alberta. What are the functions of a PA? • In general, PAs can perform the same functions as general practice physicians, except PAs are responsible to know when they should be confering with a supervising physician and they require all orders to be confirmed by the physician. PA function examples: • Order lab tests, imaging and other investigations (with co-signature). • Perform histories and physicals. • Document anywhere in the chart. • Perform minor procedures (depending on individual training). • Make diagnoses. • Interpret results of investigations. • Write discharge medications, but must be co-signed by the supervising physician. What education is needed to become a PA? • In Canada, there are four accredited physician assistant education programs: University of Manitoba, McMaster University, The Consortium of PA Education (University of Toronto, Northern Ontario School of Medicine, Michener Institute), and the Canadian Forces Medical School. • In the U.S. there are more than 140 accredited programs. • There are two education streams to the PA education programs: Students attending the University of Manitoba must complete an undergraduate health sciences degree in order to obtain a Masters in Physician Assistance studies. Students applying to McMaster University and the Consortium of PA Education school need to complete two years of undergraduate work before admission to the PA Bachelors degree. • Canadian PA education programs are two full years in length. • The two-year program is a combination of academic training that includes clinical and procedural skills. Students participate in over 2,000 hours of clinical training, including trauma, anesthesia, general surgery, sports medicine, orthopedics, internal medicine, emergency medicine, pediatrics and family medicine. • A career in health care can be extremely rewarding. Visit the AHS website for career details.
FIT TEST TARGETS COLORECTAL CANCER

Story by James Stevenson with files from Dawn Walton | Photo by Paul Rotzinger

A new, easy-to-use colorectal cancer screening test is now available across the province, aimed at saving lives by detecting cancer earlier.

That’s welcome news to colorectal cancer survivor Jennifer Gardiner, who urges Albertans to ask their family doctor if they should take the test.

“It’s easy to take home, it’s easy to do at home … and it’s easy and quick to get results,” the Calgary woman says.

“Please, for the sake of not having to go through what I’ve gone through and what I see other patients up at Tom Baker (Cancer Centre) chemotherapy going through every single day, please do this test…. It just might save your life.”

Every year, about 1,900 Albertans are diagnosed with colorectal cancer and about 600 die of the disease.

The Fecal Immunochemical Test (FIT) – a home stool test with no dietary restrictions – is now the primary screening test for average-risk Albertans between the ages of 50 and 74. Nearly one million Albertans may be eligible to take the test.

The simple stool test may also eliminate the need for many average-risk Albertans to have a colonoscopy, freeing up capacity for people who need the procedure more urgently.

“A significant rise in screening rates would have a tremendous impact in Alberta for a cancer that can often be controlled or prevented when you catch it early enough,” says Dr. Paul Grundy, Senior Vice President and Senior Medical Director of CancerControl Alberta.

Alberta Health Services aims to have at least 70 per cent of targeted Albertans up-to-date with colorectal cancer screening within the next five years. Those rates are currently about 40 per cent or lower, especially in rural areas.

“FIT is expected to help optimize screening-related colonoscopy services across Alberta,” says Dr. Steve Heitman, Medical Director of the Forzani & MacPhail Colon Cancer Screening Centre in Calgary.

Colorectal cancer is one of the most commonly diagnosed cancers in Alberta, and is the second most-deadly form of the disease behind lung cancer. Approximately one in every 13 men, and one in every 16 women, will develop invasive colorectal cancer in their lifetimes.

Screening programs aim to reduce colorectal cancer incidence rates by 20 per cent and mortality by 30 per cent. Even at current screening rates, FIT is expected to prevent about 200 cases of cancer per year. This number is expected to increase significantly as screening rates increase.

Colorectal cancer can develop from pre-cancerous polyps that are small growths on the inner wall of the colon and rectum. There are different types of polyps and not all of them have the potential to grow into a cancer.

Pre-cancerous polyps can continue to grow over a long period of time without any symptoms before they become cancer. Screening can detect the cancer and some polyps early.

“Patients with positive FIT results are being prioritized and considered urgent cases to have a followup colonoscopy,” says Heitman.

Central Zone residents should discuss with their family doctor or health care provider about taking the FIT and where to get the test kit.

Dr. Steve Heitman, Medical Director of the Forzani & MacPhail Colon Cancer Screening Centre, holds a Fecal Immunochemical Test kit, which is now the primary screening test for Albertans at average risk for developing colorectal cancer.
Early detection of biliary atresia improves chances of survival

**Story by Dawn Walton | Photo by Christine Rankel**

Alberta has begun routinely testing jaundiced newborns for biliary atresia, a rare and potentially deadly liver disease that usually kills those affected by their second birthdays if left untreated.

Quick identification and treatment are the keys to survival. Prior to this, doctors and caregivers in Alberta had to ask for a specific blood test to detect the condition. But now, Alberta Health Services (AHS) automatically performs a more detailed level of bilirubin testing when bloodwork is ordered to ensure babies are diagnosed swiftly and sent for life-saving surgery.

“By the time most patients show up in the pediatrician’s office between six weeks to three months of age, they’ve already missed the optimal treatment window,” says Dr. Jason Yap, a pediatric gastroenterologist at the University of Alberta Hospital in Edmonton.

Biliary atresia affects one in 19,000 live births in Canada – or about 20 to 25 new cases each year, according to the national study by the Canadian Pediatric Hepatology Research Group (CPhRg). If diagnosis comes too late, the chances of survival without a liver transplant are bleak. The disease impacts bile ducts of the liver, which normally carry bile fluid to the small intestine. Instead, the bile flow is blocked, accumulates and damages the liver.

Sick babies have the best chance for survival if they have surgery to fix the faulty bile duct before they are 60 days old. But the average age in Canada for the operation, known as the Kasai procedure, is 62 days old, according to the CPhRg. The Kasai procedure removes the damaged duct outside the liver and replaces it with a new drainage system fashioned from a piece of the small intestine.

About 20 per cent of babies don’t undergo the Kasai procedure until they are more than three months old, which means a significant number will need liver transplants to survive.

But as of December 2013, every baby in Central Zone and across Alberta aged seven days to five months less a day is now screened for biliary atresia when a physician orders a general neonatal bilirubin test for jaundice.

The new testing regime affects just one to two per cent of the 50,000 live births in Alberta.

The cause of biliary atresia is unknown but there are telltale signs. Symptoms include prolonged jaundice, a yellowing of the skin and eyes that does not improve by two weeks of age. Biliary atresia babies will also have dark-coloured urine as well as pale- or clay-coloured bowel movements. Their abdomens may be swollen and their livers enlarged.

Dr. Richard Schreiber, a Vancouver-based liver disease specialist and co-director of the Canadian Biliary Atresia Registry, says while the Kasai procedure won’t reverse damage already done to the liver, it performed within that ideal window, the procedure is successful in up to 50 per cent of patients, who grow up normally with their liver intact.

But most patients, such as Daphne Higgins, still require liver transplants.

The three-year-old Edmonton girl is now active and healthy because of her quick diagnosis in 2011. But that was largely by pure chance. When she was just three weeks old, the Edmonton girl was at a routine visit with her pediatrician, who noticed the newborn’s pale-coloured poop.

“I wasn’t concerned at all. She had newborn jaundice, but she seemed fine,” recalls Daphne’s mother, Vicky Higgins.

But the pediatrician was concerned and ordered blood tests. Biliary atresia was picked up. Daphne had the Kasai procedure at six weeks, but it failed, and by almost eight months old, she had back-to-back liver transplants.

“She was in such bad shape,” Higgins says. “But now she’s doing really great. She’s so active, so happy and has so much personality.”

Alberta Health Services (AHS) is responsible for delivering health services across the province. AHS is organized into five geographic zones so that communities are more directly connected to their local health systems and decisions can be made closer to where care is provided. Visit your zone online to get information, maps and news, and to find out how to connect with AHS in your community. Go to www.albertahealthservices.ca/zones.asp.
For a growing number of children in Alberta, obesity is a monkey on their backs that can rob them of their health, well-being and self-esteem. While common causes are inactive lifestyles and poor diets, obesity is a complex issue that affects all members of a family.

Story by Cynthia Dusseault

The World Health Organization says more than 31 per cent of Canadian children aged five to 17 are overweight or obese, a health condition that can affect their quality of life and lead to a host of illnesses.

Obesity is a medical condition greatly affected by an individual's physical and social surroundings. Mental health concerns (depression, anxiety and low self-esteem), which can lead to disordered or unhealthy eating, also influence obesity, but two of the biggest drivers are diet and activity levels.

“Most of obesity cases we see are related to a sedentary lifestyle or poor nutrition,” says Dr. Josephine Ho, a pediatric endocrinologist at Alberta Children's Hospital. “The majority of obesity cases we see are related to a sedentary lifestyle or poor nutrition,” says Dr. Josephine Ho, a pediatric endocrinologist at Alberta Children's Hospital (ACH) in Calgary, and the medical lead for its Pediatric Centre for Weight and Health.

**THE RISKS, THE STIGMA**

Children who are obese are more likely to have high blood pressure, high cholesterol, bone, joint and skin problems, and sleep apnea. As these children become adults, they have an increased risk of developing more serious conditions, such as Type 2 diabetes, heart and liver disease, and some types of cancer. Obesity takes a toll on virtually every system in the body. It also takes an emotional and social toll.

Children who are overweight or obese are often bullied, teased and criticized. This wears down self-confidence and self-esteem, and can lead to poor body image, depression and anxiety.

“Very young children are less aware of the stigma of obesity, but once they get into the pre-teen and teen years, it’s a real issue,” says psychiatrist Dr. Rena LaFrance, the medical director for Pediatric Chronic Disease Integration with Alberta Health Services (AHS).

**PREVENTION**

Obesity is a societal issue, with many parts of society involved in its prevention.

“It’s about setting children up for healthy choices,” says Kelly Cheung, a registered dietitian with AHS.

In dealing with obesity, Cheung focuses on a number of key factors, including:

- Active living.
- Healthy food choices and portion sizes.
- Eating together as a family.
- Regular meal and snack times.

A key part of healthy living is building physical literacy.

Just as a child needs to learn to read, he or she also needs to learn basic movement skills such as running, kicking, jumping and catching. The higher a child’s physical literacy, the more likely he or she is to be physically active and stay active through life.

“One of the barriers for some older children getting involved in physical activities is they feel they don’t have the skills,” says Paul Vrskovy, an exercise specialist at ACH’s Pediatric Centre For Weight and Health.

“For example, it’s not easy – from both a physical and social perspective – to learn to ride a bike if you’re past the age when most children have learned to ride one.”

**GETTING HELP AND TREATMENT**

Health care professionals can help parents identify a child’s health issues. Talking about weight, however, isn’t always easy.

“Some families may have difficulty approaching the subject of their child’s weight or growth,” says Tessa Bennet, a registered dietitian with AHS, and acting program lead, Child Health Strategy, Pediatric Weight Management. “When a family is ready to have a candid conversation about weight and health, this opens the door to family-based treatment, which is the most effective.

Obesity is influenced by a combination of the genes we’re born with and the environment we live in. We can’t change our genes, but we can work on changing our environments.”

Changes can include helping families take part in activities they can afford, such as walking or cycling to school or work. Limiting screen time is also important, says Vrskovy.

“When that happens, children naturally turn to play as a way to entertain themselves, and play usually involves physical activity.”

**HEALTHY LIVING TIPS AND IDEAS**

### CHILDREN'S BMI

The body mass index (BMI) is a weight-height calculation that estimates body fat. A child’s BMI is calculated and then plotted on a growth chart, resulting in a BMI-for-age percentile.

Children five years or older in the 85th to 97th percentile are considered overweight by Dietitians of Canada guidelines. Above that, they’re considered obese and, at the 99th percentile, they’re considered severely obese.

These percentiles only estimate body fat; they don’t provide pictures of overall health. They do, however, indicate prevention and intervention strategies may be needed.

For BMI-for-age calculators and growth charts, visit the Dietitians of Canada at dietitians.ca and click on “Your Health,” then “Assess Yourself.”

### GET OUT AND ABOUT

- Invite your children to exercise with you – every day, if possible. Go for a walk or a bike ride. Play catch, or throw a Frisbee. Attend a drop-in fitness class together.
- Walk, cycle or use other forms of active transportation whenever you can, and encourage your children to do the same.
- Limit screen time. Make a schedule or have your child keep a logbook and learn how to manage his/her screen time.
- Make sit-down family meals a household routine. Family meals build strong bonds, and can improve children’s overall physical and mental health.
- Avoid sugar-sweetened beverages.
- Replace fruit juice with fresh fruit, or healthy drinks such as milk or water.
- You’ll find tips on helping your child boost his or her physical activity at Active For Life (activeforlife.ca/physical-literacy). Most activities need minimal equipment – a ball, a skipping rope, or a pair of skates.

### FIND HELP

For information about children’s growth, healthy living and obesity, contact:

- Your family doctor or health care provider.
- Health Link Alberta at 1.866.408.5465 or visit myhealth.alberta.ca.

www.albertahealthservices.ca

Looking for a physician in your area? Visit the Alberta Health Services website for information.
Physicians have a comfortable place to hang their stethoscopes when filling in on weekends

Story by Kerri Robins | Photos by Tannis Shaw

Tofield has gone the extra mile in creating a home away from home for visiting docs.

In the town, locum doctors are able to stay in a comfortably furnished room on-site at the Tofield Health Centre, thanks to donations from the Tofield and Area Health Services Foundation.

Locum doctors are physicians who fill in on weekends when the community physician is off.

General practitioner Dr. Tony Yang provides locum services and is pleased with the option of staying at the health centre and enjoys the comfort of the room during his off-hours.

“The room is comfortable and provides me with what I need while in town looking after patients,” Yang says.

“It’s also nice having the same place to come to each time I visit.”

More importantly, Tofield and area residents can rest easy knowing they have a physician on-site at the centre during weekends.

Doctors come primarily from Edmonton but also from Calgary and even B.C. One semi-retired doctor comes all the way from the Turks and Caicos Islands in the Caribbean.

Renovations in 2008, donations in the amount of $6,000 helped furnish the room with new carpet, fresh paint and the furniture to make it home away from home.

The room is provided at no cost to the physicians and, besides a bed and side table, it includes a microwave, TV, mini-fridge, sleeper chair, computer with Internet access through the health centre, and access to a cafeteria.

“We rely on locum doctors for support on weekends when our regular weekday physician is off,” says Melody Henkensien, Site Manager at the Tofield Health Centre.

“It can be tough recruiting doctors to rural areas, so offering doctors a comfortable place to stay while serving our community is a great interim solution when we have just one community physician. It’s also a big benefit to our patients having a doctor readily available on-site, especially in emergency situations.”

Another benefit to the room is the opportunity for locum doctors and health centre staff to mingle during off-hours.

“It is important for team-building and staff engagement,” says Henkensien.

Cynthia Haslin, Chair of the Tofield and Area Health Services Foundation, is grateful for community support in helping doctors remain comfortable when caring for residents.

“We’re very happy to support our doctors and, ultimately, patients at the health centre,” she says. “It’s a good feeling knowing we are contributing to community care by providing a quiet place for our doctors during off hours.”

For more information, please visit www.tofieldhealthfoundation.ca.

GET TO KNOW YOUR HEALTH ADVISORY COUNCIL

Story by Kristin Bernhard and Willow Brocke | Alberta Health Services (AHS) is leading the charge to introduce Albertans to the 170 people in Health Advisory Councils (HACs) who volunteer their time to improve the health and well-being of their communities.

AHS has launched a campaign to bring the people and faces of those HAC members into the hearts and minds of those they serve.

“It’s important to know who sits on our local council so they can get to know the members and feel comfortable making that initial contact,” says Colleen Turner, Acting Vice President of Community Engagement and Communications at AHS.

“We want local input into our health services and our councils are in place to help bring this feedback to AHS, which is why it is so important for everyone to know who to talk to.”

Just who are these key individuals?

HAC members might be your local mayor, your child’s teacher, or even your neighbour – and they want to connect with you.

The campaign features individual council members – regular people with regular jobs, hobbies and families who simply want to improve health care by bridging the perspectives of their communities with those of the large and complex health system that serves them.

“Health Advisory Councils are great examples of how AHS is making an effort to engage with communities and increase the level of public participation,” says Leah Prejstak, Executive Director, Community Engagement, AHS.

“Unfortunately, many Albertans – including some AHS staff – are not aware of the true value councils bring to health services and we’re trying to change that.”

Ruth Martin-Williams, Chair of the Tamarack Health Advisory Council in the North Zone, believes the goals of the council are universal, even though her fellow members come from diverse backgrounds and represent communities spread over a wide geographic area.

“Each council member brings to the table their interest, their passion and their commitment to members of their community to work with Alberta Health Services for the improvement of health delivery,” says Martin-Williams.

“At the end of the day, Albertans know their concerns and suggestions are being heard.”

When asked what she wished other people knew about the HACs, Martin-Williams replies, “That we exist!”

“That our role is to provide feedback about what is working well within the health care system and identifying areas where improvements can be made.”

It is hoped the campaign will help communities become more familiar with their Health Advisory Council members and will result in citizens and staff being more comfortable with discussing their issues and ideas to strengthen health care – one conversation at a time.

“ar un are to achieve our goals, we need community members to connect with us, to share their compliments, concerns and suggestions pertaining to health services and service delivery,” says Martin-Williams.

To learn more about your local Health Advisory Council, visit www.albertahealthservices.ca/hac.asp or call 1.877.275.8830.

Make a difference in your community. Volunteer with Alberta Health Services.

www.albertahealthservices.ca
STUDENTS MAKE A SPLASH WITH COLOUR

Though the halls at Red Deer Regional Hospital Centre (RDH-C), a variety of artistic talents are on display, adding a touch of colour for the eyes for staff, patients and visitors alike.

And this year, a new group of contributing artists have had their masterpieces showcased in the displays, as Volunteer Resources and the Visual Art Department at Red Deer College have collaborated to bring students’ works into the hospital.

“We’re so excited to have the Visual Art students contributing their work to our Creative Connections display,” says Volunteer Resources co-ordinator Erin Poissant.

“This is the first display from the college and we’re planning on this becoming an annual display that they do.”

Since 2006, Volunteer Resources’ Creative Connections project has been bringing watercolour landscapes, still life sketch, creative abstracts and whimsical crafts to the walls of the hospital.

The project began with funding from the Red Deer Regional Health Foundation.

“It’s a great thing to be able to bring artwork from the community into our facility,” adds Poissant. “We get very positive feedback from public and patients.”

Colourful artwork from students at Red Deer College’s Visual Art Department enlivens the halls at Red Deer Regional Hospital Centre.

AHS embraces local leadership and zone-based decision-making. Right here in central 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.

Central Zone executive leadership team:

Dr. Evan Lundall
Kerry Bales

ALBERTA: ZONE BY ZONE

CENTRAL ZONE

Population: 453,469 • Life expectancy: 80.7 years • Hospitals: 30

COMMUNITIES:
• Bashaw
• Barnetl
• Breton
• Caroline
• Castor
• Consort
• Cawston
• Daysland
• Clancy Valley
• Drumheller
• Eckville
• Irmo
• Galahad
• Hanna
• Hardisty
• Hughenden
• Inglis
• Islander
• Island
• Killam
• Kinosis
• Lacombe
• Lacombe
• Linden
• Lloydminster
• Manning
• Mundare
• Munson
• Sylvan Lake
• Three Hills
• Trenton
• Trochu
• Town Hill
• Vegreville
• Vermilion
• Viking
• Wainwright
• Westlock
• Wetaskiwin
• Winfo

EDMONTON ZONE

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

COMMUNITIES:
• Rosedale
• Devon
• Edmonton
• Fort Saskatchewan
• Fort Saskatchewan

SOUTH ZONE

Population: 289,061 • Life expectancy: 80.3 years • Hospitals: 14

COMMUNITIES:
• Bassano
• Bow Island
• Brooks
• Conflant
• Cold Lake
• Cochrane
• Claresholm
• Cochrane
• Clancy Valley
• Cold Lake

HERE’S HOW TO REACH US

CENTRAL ZONE: Heathar Kipling
PHONE: 403.341.9887
EMAIL: heathar.kipling@albertahealthservices.ca
MAIL: 43 Michener Bend
Red Deer, Alberta, T4P 4H6

LAYOUT AND DESIGN: Kit Poole
IMAGING: Michael Brown

Health Link Alberta: 1.866.408.5465
Find health information: MyHealthAlberta.ca
albertahealthservices.ca/options

I’m trying to stay healthy

For non-urgent health-management concerns, the emergency department is not the best place to go.

Emergency is here for you if you need it. Use it wisely.

www.albertahealthservices.ca
Be sure to visit our website for health advisories around the province.