FINDING BREATHING ROOM

Dr. Andrew Cave listens in on the breathing of two-year-old Gabriel Carlson as his mother Katherine watches on at the Kaye Edmonton Clinic. Cave, a family physician and Professor of Family Medicine at the University of Alberta’s Faculty of Medicine & Dentistry, is leading research that promises 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.
THE POWER OF SOCIAL MEDIA

Now trending. Gone viral. Breaking the Internet. We are bombarded by hundreds, if not thousands of messages every day. Some of them stand out in a special way, capture our attention and get shared more than others. Sometimes they are cute, inspirational or emotional. The one thing they have in common is they speak to us – they resonate in some way.

A few of our Edmonton Zone social media hits over the last few months include:
• The launch of the official Stollery Children’s Hospital Facebook page which quickly picked up many followers. It profiles staff, physicians, patients, families and initiatives. Our post of Dr. Laurence Lequerre, Medical Director of the Stollery Pediatric ICU who became a nurse for the day, was a particular hit. The post received almost 5,000 likes, 600 shares and over 150 comments. Follow the Stollery page at: www.facebook.com/StolleryChildrensHospital/?fref=ts.
• Our Edmonton Twitter account hit a record when tweets and photos of the annual Edmonton Oilers Stollery Hospital visit had more than 20,000 impressions. Our tweets typically get 200 to 500 hits, so this activity was huge! Follow us at AHS_YEGZone.
• A video produced by the Royal Alexandra Hospital Foundation, The Difference Between Care and Caring, went viral and was nominated for awards. It won three Advertising Club of Edmonton Awards and a DoGooder Video Award. The video has been viewed more than 500,000 times through Facebook and YouTube. It can be seen at www.youtube.com/watch?v=WxM2VPB86feature=youtu.be.

Thank you for caring about the work we do, the stories we share and helping us spread the word about the good things that happen in our facilities and programs thanks to our amazing staff and physicians.

CELEBRATING A YEAR OF SAFETY

Supportive living facility sees success in harm-reduction housing

Story and photo by Shelly Willsey

Just over a year ago Steven Gibson was among Edmonton’s homeless. Since moving into Ambrose Place, an Edmonton supportive living facility, Steven is safer than he has ever been and has a vastly improved quality of life.

The downtown facility, the first of its kind in Alberta, is celebrating its first year of providing safe, affordable homes in a culturally sensitive environment for individuals with complex needs.

“Our city has a remarkable role model in Ambrose Place. I don’t know if Steven would be alive today without its support,” says Nancy Gibson, Steven’s mother. “He’s happy now – he’s grown to trust the staff and feels a part of this community.”

Ambrose Place provides harm reduction housing for individuals and couples, mostly of indigenous ancestry, with a history of homelessness, mental illness, substance misuse and multiple chronic health conditions/disabilities. The residence includes 28 supportive living spaces contracted by Alberta Health Services (AHS), 14 affordable housing units, and community facilities available to all residents.

“This facility gives its residents a stable, supportive environment to call home, so that they can continue on a road which improves all aspects of their health,” says Jill Kelland, Director of Young Adult and Cross Level Services for Addiction and Mental Health in AHS Edmonton Zone.

“Stable housing improves so many aspects of a person’s health. We have seen huge reductions in Ambrose residents’ use of emergency services, in emergency departments and ambulances, as well as in hospital admissions.”

Preliminary findings show a 55 per cent decrease of emergency department visits for residents since they moved into Ambrose Place.

Providing both supportive housing units and affordable housing units within the same building offers residents the opportunity to move from supportive housing to an independent living situation while remaining within their existing community.

“Brain damage limited Steven’s ability to make some choices and yet at Ambrose Place there is a balance between expectations and reality, between boundaries and freedom,” says Nancy.

“He can drink a beer in the safety of his own home. This freedom has reduced his binge drinking outside, thus reducing the quantity that he drinks, the incidence of his seizures, his encounters with the police, and the frequency of his hospitalizations.”

The downtown facility, owned and operated by Niginan Housing Ventures, houses about 40 residents at a time. Steven is one example of the more than 50 residents this housing project has benefited throughout the past year.

“I feel a lot safer here,” says Steven. “It’s a much better environment here than where I was before.”

What’s on your MedList?

Your entire health care team needs a complete medication list: prescribed medications, inhalers, patches, ointments, eye drops, vitamins, supplements - even that ‘special’ herbal tea.

Visit your MedList at www.ahs.ca/medlist

Your MedList helps your team provide the safest treatment: ahs.ca/medlist

www.ahs.ca There are plenty of health care options available. Learn yours by visiting the AHS website.

Supportive living facility sees success in harm-reduction housing

John Whittaker, left, and Nancy Gibson flank son Steve Gibson at his home in Ambrose Place.
Dr. David Johnson shares a smile with seven-year-old asthma patient Noah White and his mother Erin of Cochrane at Alberta Children’s Hospital in Calgary. Johnson and Dr. Andrew Cave in Edmonton are leading 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.

Asthma research gives electronic care guide to family docs ensuring kids get some ‘breathing room’

Story by Gregory Kennedy | Photos by Gregory Kennedy and Greg Harris

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 put a treatment guide directly into their electronic medical record with their family physician to ensure they receive the best evidence-based care.

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 Alberta and the University of Calgary 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 provincewide 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.
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.

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**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

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**SCREEN TEST MOBILE MAMMOGRAPHY**

Screen Test provides mammography screening to women ages 50 to 74 – the age group most at risk of developing breast cancer – in rural communities where the service isn’t regularly available. The program is coming to the following Edmonton Zone community:

- Evansburg: May 26-28. Appointments fill up quickly. To book your appointment, confirm dates and locations, and to inquire about upcoming stops, call toll-free 1.800.667.0604 or visit www.screeningforlife.ca/screentest.

**TRAVEL HEALTH SERVICES**

Promotes awareness of the possible risk of communicable disease when travelling and ways to prevent them, as well as information on health risks according to country or region. Travel Health can also give travel immunizations. Book your appointment at least two to three months before you leave to make sure there is enough time to complete all your immunizations. For more information, visit www.albertahealthservices.ca/info/facility.aspx?id=10184068&service=7568.

**ENVIRONMENTAL PUBLIC HEALTH**

The Environmental Public Health Department of Alberta Health Services helps to provide, protect and promote a healthy environment by:

- Inspecting public places like restaurants, swimming pools, rental houses, daycares and tattooing/piercing shops.
- Making sure that the Public Health Act is being followed.
- Following up on complaints about the safety of public places.
- Investigating when someone gets sick from unsafe food, drinking water, swimming pools or other places.

For more information, visit www.albertahealthservices.ca/eph/eph.aspx.
Ten-year-old Brandt Johner became the first in Canada to get Endoscopic Unilateral Coronal Craniosynostosis surgery when Dr. Vivek Mehta, divisional director of Pediatric Neurosurgery at Alberta Health Services’ Stollery Children’s Hospital, performed the procedure on him in 2006. Brandt was just two months old.

**BABY’S BRAIN GIVEN ROOM TO GROW**

*Story and photo by Sharman Hnatuk |

When he’s out on the ice playing hockey alongside his teammates, Brandt Johner looks like your average 10-year-old. You’d never suspect the Grimshaw boy is living proof of a Canadian medical milestone – yet at just two months of age he became the first in Canada to get Endoscopic Unilateral Coronal Craniosynostosis surgery at Alberta Health Services’ Stollery Children’s Hospital.

Since then, Brandt – whose newborn skull bones had fused together too early – has shown no ill effects or deficiencies. His 2006 surgery was performed with a then-new minimally invasive technique, as opposed to having a much-larger incision from ear-to-ear and the removal of parts of the skull and eye socket.

Brandt’s parents, Amber and Harley Johner, still recall their baby’s two-week checkup in Peace River – they were told they needed to see a specialist in Grande Prairie the following day. There, after a CT scan and an X-ray, Brandt was diagnosed with Craniosynostosis, which occurs when the bones fuse together early – often before the baby is born – instead of gradually joining together later in life. Only three weeks later, the Johners found themselves at the Stollery.

“It was so confusing at the beginning,” says mom Amber. “It was scary listening to different neurosurgery options for our baby boy.”

If left untreated, there’s a small chance that pressure may build up in the skull to cause irreversible brain damage. In some instances, the child’s brain compensates for the fused bones by growing in directions parallel to the closure. The resulting growth pattern may provide the space needed by a growing brain. Brandt’s operation involved incisions the size of a pencil eraser. Pieces of bone were removed through the small incisions with the aid of an endoscope. Afterward, he needed to wear a custom helmet for several months to help shape his skull.

Dr. Vivek Mehta, divisional director of Pediatric Neurosurgery at the Stollery, travelled to Texas in 2006 to learn the surgical technique. While the procedure is not ideal for every child, he says the option made sense for Brandt who, being only two months old at the time, would benefit most from the minimally invasive surgery to enjoy normal, healthy development.

“We were told he could have vision problems, headaches or even developmental delays, but we haven’t seen any sign of that,” Amber says. “Brandt is one of the smartest in his class, plays hockey, swims and snowboards.”

The Pediatric Head Shape Clinic at the Stollery sees about 40-50 children per week and refers those with potential synostosis for a neurosurgical consult. About two to four per cent of these young patients are diagnosed with Craniosynostosis.

Since Mehta’s pioneering surgery in 2006, the procedure has been used more than 50 times at the Stollery, and has also been performed in Calgary, Vancouver and Toronto.
Want to poison-proof your home? Put dangerous items out of reach of young kids

Story by Judy Hamill | Illustration by Lindsey Balbierz | Visit applemag.ca

PREVENT POISONING IN YOUR HOME

It 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.padis.ca.

KNOW THE HAZARDS OF HOUSEHOLD ITEMS

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.

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.

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.padis.ca.
Radio listeners called in more than $170,000 in support of patient care, innovation and high priority needs at the Mazankowski Alberta Heart Institute at this year’s 630 CHED Heart Pledge Day. The annual event – held Feb. 24 in partnership with the University Hospital Foundation (UHF) – has raised almost $1.5 million since its inception in 2004.

On this day, many patients stepped forward to share their stories, including double-lung transplant recipient Karen Hamilton. Born with cystic fibrosis, a genetic disease that affects the digestive system and lungs, the 30-year-old Taber mother of three-month-old twins already knew that, at some point in her life, she would likely need a lung transplant.

On oxygen around-the-clock, Hamilton found it too difficult to care for her babies on her own. In late summer 2013 she was referred to the Maz where, after an assessment, she was placed on the wait list for a double-lung transplant.

Doctors told her to expect up to a two-year wait for a donor-tissue match, and that she may not make it that long.

After three months, however, Hamilton got her double-lung transplant on Christmas Eve. Prior to transplantation, the donor lungs were repaired by surgeon/researchers Dr. Darren Freed and Dr. Jayan Nagendaran, as part of their UHF-funded research program.

“We could not use her transplanted lungs without the ex vivo treatment,” says Freed. “It’s a great example of how this procedure is saving lives.”

Ex vivo, a Latin term for ‘outside of the body,’ refers to a therapy applied to lungs prior to transplantation to make them suitable for transplant. Normally, donated lungs must be transported in coolers of ice (lungs in a box), which can cause some damage to the lungs. Ex vivo is a device which allows the lungs to remain oxygenated.

“I had my surgery in the Maz and recovered in the cardiovascular intensive care unit and received world-class care,” says Hamilton. “I had to do my part and fight, but they did the rest for me.”

Joyce Malm Law, President of the University Hospital Foundation, says: “630 CHED Heart Pledge Day exemplifies the power of a community coming together to support a wonderful cause.”

Today, Hamilton says she feels much better – and now has the strength to be the mom to her kids she once dreamed of being.

“I’m so thankful every day that I can do just simple things with them, like taking them for walks or going to the park. … It’s a real big blessing for sure.”

For more information, please visit www.universityhospitalfoundation.ab.ca.
**FAMILIES FIRST**

After seven weeks in the Stollery Children’s Hospital neonatal intensive care unit (NICU), Jessica Pott can now sleep in a bed next to her babies in the new family care unit.

On Jan. 21, the 33-year-old delivered her twins Henry and Olivia at only 28 weeks at the Lois Hole Hospital for Women. Weighing in at less than 3 lb. each, the preemies were immediately transferred to the Stollery NICU at the Royal Alexandra Hospital (RAH) site where they required weeks of intensive care.

“Although parents are allowed to stay with their babies in the NICU 24 hours a day, there’s only a chair at the bedside,” says Pott. “You can’t comfortably sleep overnight – and you’re in close proximity to other families. It can get a bit stressful.”

In March, Henry and Olivia – each now weighing over 5 lb. – graduated to the new NICU family care unit, where Jessica and partner Jean-Michel Cyr can sleep overnight next to their babies.

“Since there are two babies to a room, we each have a bed, and we’re able to have our own space and privacy,” Pott says. Nine Stollery NICU beds have been transferred into the family care unit, located in the Lois Hole Hospital for Women at the RAH. These beds are for newborns who are closer to discharge from hospital and require less intensive care.

“A space where a parent can stay with their baby 24 hours a day, seven days a week, not only provides comfort to a family, but also helps with enhanced parent-infant attachment,” says Karen Pelletier, Patient Care manager, Stollery NICU.

Each year, more than 1,100 babies are admitted to the Stollery NICU. Families First, in its 15th year, is a campaign organized by the Stollery Children’s Foundation and the Stollery NICU to raise $500,000 to support all NICU parents with local needs and services.

Alberta’s Associate Minister of Health Brandy Payne gets some cuddle time with eight-week-old preemie Olivia as parents Jean-Michel Cyr and Jessica Pott watch on. Baby Olivia is in the new Stollery NICU Family Care Unit located in the Lois Hole Hospital for Women, along with her twin brother Henry.

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**LOCAL DOC HONOURED**

The Canadian Society of Palliative Care Physicians has announced its CSPCP award winners for 2016. Edmonton’s Dr. Robin Fainsinger will be receiving the Eduardo Bruera Award in Palliative Medicine this month.

This award recognizes a physician who has made a difference, demonstrating excellence in the field of palliative medicine. It honours the achievements of Dr. Eduardo Bruera and is a celebration of his legacy during his tenure as director of Alberta’s Palliative Care Program.

Alberta Health Services and the Edmonton Zone extend congratulations to Fainsinger for his outstanding contributions in the field of palliative medicine.

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**ALBERTA: ZONE BY ZONE**

- **EDMONTON ZONE**
  - Population: 1,295,164
  - Life expectancy: 81.9 years
  - Hospitals: 14

- **CALGARY ZONE**
  - Population: 1,544,495
  - Life expectancy: 83.5 years
  - Hospitals: 14

- **NORTH ZONE**
  - Population: 478,979
  - Life expectancy: 79.7 years
  - Hospitals: 34

- **CENTRAL ZONE**
  - Population: 470,490
  - Life expectancy: 80.1 years
  - Hospitals: 30

- **SOUTH ZONE**
  - Population: 298,169
  - Life expectancy: 79.9 years
  - Hospitals: 14

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

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**HERE’S HOW TO REACH US**

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- **LAYOUT AND DESIGN**
  - Kit Poole

- **IMAGINING**
  - Michael Brown

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**IT’S NEVER GOING TO BE YOU... UNTIL IT IS.**

Fentanyl may be hiding in the drugs you’re using. www.drugsfool.ca

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**LOCAL LEADERSHIP**

**EDMONTON ZONE**

- **Dr. David Mustie, Vice President, Medical Director, AHS North**
- **Deb Gordon, Vice President, CHOA, AHS North**

**CALGARY ZONE**

- **Brad Collier, Vice President, Medical Director, AHS South**
- **Deb Gordon, Vice President, CHOA, AHS North**

**NORTH ZONE**

- **Dr. David Mustie, Vice President, Medical Director, AHS South**
- **Deb Gordon, Vice President, CHOA, AHS North**

**SOUTHERN ZONE**

- **Dr. David Mustie, Vice President, Medical Director, AHS South**
- **Deb Gordon, Vice President, CHOA, AHS North**

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**FSC LOGO**

This paper has been certified to meet the environmental and social standards of the Forest Stewardship Council® (FSC®) and comes from well-managed forests and other responsible sources.

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