The saying ‘a day without laughter is a day wasted,’ and I believe this to be true.

— Natalie Foy, recreation therapist

“Pie High

Recreation therapist Natalie Foy smiles after getting a pie in the face from resident Roy Phillips at a recent humour therapy session at the Northern Lights Regional Health Centre in Fort McMurray. Foy says laughter has many physical and emotional benefits, among them reduced pain and stress.

setting priorities where they’re needed most

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

There are three essential parts to the budget approved by our Board earlier this month:

• We will spend new dollars on growth.
• We will increase spending to meet increased demand.
• We will find cost-savings and redirect those dollars to where they will have greater impact.

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

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

We are not suggesting it will be easy. It will mean difficult choices, involving programs and services that may have been part of Alberta Health Services for many years. What are those priorities? Why the need to find those cost-savings?

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

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

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

We’ll do that in part by reducing administration overhead costs by 10 per cent over three years. We are eliminating pay-at-risk for all executives effective April 1, 2013, and commencing a review of executive compensation. You can find more details at www.albertahealthservices.ca/5241.asp. Difficult decisions, yes, but necessary as over the next two or three years we change the way health care is provided to make it easier for patients to get what they need when they need it.

— Stephen Lockwood, Board Chair, Alberta Health Services

Thank you!

Champions of care: You make a difference

For a look at the important work done by foundations, turn to pages 6-7

Zone News

Your health care in your community

North Zone

2013 May

Photo by Heather MacKay
PUTTING PATIENTS IN THE DRIVER’S SEAT

TIP O’ THE HAT TO GREAT STAFF

This month, we want to tip our hats to a pair of very important groups of health care professionals. Each May, both nurses and Emergency Medical Services (EMS) staff are recognized nationally and provincially. May 6 to May 12 is National Nursing Week and May 26 to June 1 is EMS Week.

National Nursing Week is an opportunity for Alberta Health Services (AHS) to recognize and celebrate nurses’ commitment to the health and wellness of Albertans. The theme for Nursing Week this year is ‘A Leading Force for Change.’ With AHS, our nurses are playing a leading role as we transform how we deliver health care.

Staff members who provide direct nursing care make up more than half of the clinical workforce in AHS. Currently, there are about 26,000 registered nurses (RNs), 8,700 licensed practical nurses (LPNs) and 6,700 health care aides (HCAs). In the North Zone, we have about 2,000 RNs, just under 900 LPNs and more than 1,400 health care aides.

Our nurses work in every corner of the health system, from long-term care facilities to schools, home care, hospitals, health clinics, doctor’s offices, correctional facilities, and mental health facilities.

Meanwhile, Alberta Health Services and our contracted providers employ a total of about 4,000 EMS practitioners across the province. These include emergency medical responders, emergency medical technicians and paramedics.

Together, they respond to more than 400,000 calls annually – about 70 per cent of which are emergency calls (the rest are inter-facility transfers). AHS and the contracted providers use a total of 530 ambulances based out of more than 200 EMS stations across the province.

Our EMS practitioners and nursing staff represent key points along a care continuum that includes numerous other highly trained, highly skilled individuals and teams.

We thank them for their continued hard work and dedication.

A

Jison White says her work is her reward.

As a nurse practitioner at the Slave Lake Family Care Clinic (FCC), White says she’s doing what she always wanted to do.

“It’s incredibly rewarding. It’s what I wanted to do as a nurse since I started,” says White. “I get to use my excitement about health to get my patients excited about their own health.”

White is one of six nurse practitioners working at the FCC, treating and diagnosing patients, ordering tests and prescribing medications as part of the health care team.

Nurse practitioners are registered nurses who have additional training and education. If a patient’s care becomes too complex, nurse practitioners consult with, or refer to, a physician.

At the FCC, nurse practitioners work a variety of shifts to cover the clinic’s extended and weekend hours. During daytime hours, White and the other nurse practitioners have scheduled appointments. After 5 p.m. on weekdays and on weekends, the nurse practitioners provide walk-in coverage diagnosing, treating and prescribing medications for walk-in patients.

“With a parent coming in with a child with an ear infection, we can not only treat the immediate infection, but also have the time to talk about the child’s diet and share some nutrition information, check if their immunizations are up-to-date and do a growth and development screen on the child,” says White. “I look at it as more of a partnership with our patients.”

The benefits of nurse practitioners are two-fold. They can treat the immediate health concern and free up the physician’s time to treat patients with more complex medical needs. As well, a little extra time with nurse practitioners can prevent potential future health issues that would require a physician visit.

In addition, with electronic medical records, all members of the FCC team in Slave Lake are on the same “page.” At the Slave Lake FCC, patients can choose to make an appointment with their physician, a nurse practitioner, dietitian, physiotherapist or other member of the health care team and know that everyone on the team is up-to-date and supporting their care.

“You can draw on everyone’s expertise. We have a huge variety of experience among all our practitioners at the FCC,” says White. “Our patients have the opportunity for the very best care.”

It’s creating multiple access points for patients to get the health care services they need.

“It puts the patient in the driver’s seat and allows them to take responsibility for their own health, supported by a team of health care providers who are working together and on the same page,” says White. “We’re putting the patients back in control of their health.”

Story and photo by Mark Evans

GET THE CARE YOU NEED WHEN YOU NEED IT

+ Health Link Alberta
+ Family Doctor
+ Ambulatory Care Centre
+ Family Care Clinic
+ Emergency
+ Walk-In Clinic
+ Community Health Centre

albertahealthservices.ca/options

There are plenty of health care options available. Learn yours by visiting the AHS website.
Dialyze to live. Don’t live to dialyze.

Maggie Morgan recalls seeing those words on a poster at the Northern Alberta Renal program (NARp) clinic in Edmonton last year.

Those words have been an inspiration for the 55-year-old Grande Prairie resident, who is a patient of NARp’s home hemodialysis program.

“I conquered my fears,” says Morgan. “And now I can continue living my life how I want.”

When Morgan was scheduled to begin dialysis treatment last year, she found out about one of the options available for her – home hemodialysis. Instead of making trips to a hospital or clinic for dialysis, she could undergo treatment at home using equipment purchased with funding available through NARp.

Morgan realized that signing up for NARp’s home hemodialysis meant that she’d have to conquer a lifelong fear of needles, but she knew it would be worth it.

“Being able to dialyze at home is life-changing,” says Morgan. “I don’t have to work my life around when I need to go to the hospital. I’m in control, and I’m able to keep living my life and do what I want to do.”

While home hemodialysis is just one of the life-saving treatments that NARp offers, according to Morgan, it’s the most sustainable and liberating treatment available.

Hemodialysis patients are those whose kidneys are no longer able to adequately filter and remove waste and extra fluid from their body. The hemodialysis process includes connecting blood vessels to tubes, and then the blood is slowly pumped into a machine that acts as an artificial kidney, filtering it, and pumping it back in. Without this treatment, a patient would die.

Conventional hemodialysis treatment is usually done three times a week for four hours per treatment at a hospital or dedicated clinic. But with help from NARp, patients like Morgan are able to dialyze in the comfort and convenience of their own home using portable equipment.

“Patients are assessed by a team of health care workers to determine if they would be a candidate for home hemodialysis,” says Frances Reintjes, registered nurse and unit manager for NARp. “Often, patients who start in our program aren’t sure if they’ll manage dialyzing at home. Our hope is that patients like Maggie will educate and inspire others to consider this treatment.”

Morgan is happy to provide that inspiration.

“If I can do it, anyone can do it,” she says. Not only does home hemodialysis often provide patients with an improved lifestyle, but because patients can dialyze longer or more often, it is also a slower, gentler form of dialysis compared to the faster, conventional treatment.

It has shown to have benefits including improved health, more energy, and fewer restrictions on diet and fluid intake.

As well, Reintjes says home hemodialysis is also one of the most cost-effective treatments for kidney failure available to Albertans.

“The portable equipment and all of the necessary dialysis supplies are provided to patients by NARp,” says Reintjes.

Last fall, a $1-million donation made by the Baldwin family was matched by the University Hospital Foundation. This $2-million gift is to fund dialysis equipment for an additional 45 patients in NARp’s home hemodialysis program.

“In North Zone, we currently have 13 patients who are on home hemodialysis,” says Reintjes. “We hope to increase that number.”

PARTY PERFORMANCE PUTS PREVENTION ON THE PROGRAM

It may have been a mock accident, but its message was real. Junior high students and residents in Fort McKay learned about the consequences of drinking and driving, ATV safety and distracted driving during a PARTY program event on March 12. Presented by the Rural Impact Youth Program and the PARTY Wood Buffalo and SMARTISK committee through the support of Shell Canada Energy, the event included a mock car crash, which included victims (actors) attended to by members of the RCMP, Fort McKay Fire Department, Fort McKay Health Centre and Alberta Health Services EMS.

PARTY – Preventing Alcohol and Risk-related Trauma in Youth – aims to give participants information about trauma to help them identify potential injury-producing situations, make prevention-oriented choices and adopt less-risky behaviours.
Residents in several North Zone communities have been benefiting from the successful integration of Emergency Medical Services (EMS) personnel in hospital emergency departments and Alberta Health Services (AHS) clinics.

Bryan Nilsson, Director of Clinical Operations Northwest for Alberta Health Services EMS, says integrating EMS personnel in AHS facilities is a win-win situation.

“Our paramedics and EMTs provide assistance for their co-workers and physicians, all while they’re improving and enhancing their skills working with patients,” Nilsson says.

“It’s definitely an example of the teamwork between AHS programs and departments.”

AHS facilities in the North Zone communities that have integrated EMS personnel into their operations include the Redwater Health Centre, the Advanced Ambulatory Care Centre (AACC) in La Crete, Northwest Health Centre in High Level, Peace River Community Health Centre, the Rainbow Lake Health Centre, St. Theresa General Hospital in Fort Vermilion, and the Worsley Health Centre.

At Redwater, timely patient access at the Redwater Health Centre emergency department (ED) has been maintained despite a significant increase in patient volume.

Since last July, an EMS team consisting of a paramedic and an emergency medical technician (EMT) has been stationed in the ED, where they help the physician and nurse in triaging, assessing and treating patients when they’re not responding to an EMS call. Two EMS teams each work a six-hour shift in the ED every day.

The extra support has kept the average wait time in the ED at about 90 minutes, despite serving about 8,200 patients over the past year, a nine per cent increase over the 7,500 patients seen the previous year. Wait time represents the period between seeing an admitting clerk and being discharged home or admitted to an inpatient bed.

“The paramedics and EMTs are highly skilled health care professionals who augment what we’re doing in the emergency department,” says site manager Karleen Gikler. “The EMS personnel have become mentors for new staff members at the hospital because many of them have extensive frontline experience.”

The Redwater Health Centre has 14 acute care beds, seven long-term care beds and two beds in its emergency department, which has capacity for up to six patients. Four, two-person EMS crews work in Redwater, located about 65 km northeast of Edmonton.

Here’s a closer look at some of the duties EMS performs in the other communities:

- **LA CRETE AACC:** Two paramedics and EMTs support the clinic between 1 p.m. and 3 p.m.

- **NORTHWEST HEALTH CENTRE:** Two paramedics and EMTs support the clinic between 1 p.m. and 3 p.m.

- **PEACE RIVER COMMUNITY HEALTH CENTRE:** Paramedic works between 6 p.m. and 10 p.m. in the ED – a peak period. Also available after hours when ED is over-capacity.

- **RAINBOW LAKE:** Two full-time paramedics comprise the full staff complement for the facility.

- **ST. THERESA GENERAL HOSPITAL:** Two EMTs work in the ED between 1 p.m. and 3 p.m. Also available after hours when ED is over-capacity.

- **WORSELEY HEALTH CENTRE:** EMT and EMT assist a nurse practitioner between 8 a.m. and noon.

“It’s an initiative we’re always encouraging,” says Dr. Cledwyn Lewis, medical director for the Northwest Zone of AHS-EMS. “It presents excellent and interesting alternate career training opportunities for the EMS personnel.”

This initiative is part of a larger picture of working with patients, improving and enhancing their skills for their co-workers and physicians, all while they’re improving and enhancing their skills working with patients,” Nilsson says.

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Your Experience.
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Story by Heather MacKay and Scott Seymour | Photos by Heather MacKay

Attendant Rebecca Osmond, who was just on the receiving end of a pie-toss by resident Norman Cree, grins at a recent humour therapy session at the Northern Lights Regional Health Centre. Below, Cree dangles a doughnut on the end of a fishing line for blindfolded volunteer Payal Naidu.

### LAUGHTER IS THE BEST MEDICINE

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Family lobbying for CPR and AED education and access

Story by Kerri Robins | Photos courtesy Delori Bielecki and the Ruether family

It's May 22, 2012 and the Grade 10 boys at St. Thomas More School in Fairview are gearing up for their first practice of another volleyball season.

Just minutes into the practice, 16-year-old Brock Ruether collapses on the volleyball court. Recounting the events that day, Brock's mother Kim Ruether says, "So much of it has been surreal."

"Nothing is as heart-wrenching as standing at the foot of the bed in the hospital watching Brock's dad rub his foot as the stretcher heaved and shook with the force of the CPR compressions on Brock's chest."

"It was all good until he dropped," says Mitchell Luck, Brock's childhood friend with him at practice that day. "It stunned me. I mean, that was it; suddenly we were waiting for an ambulance, someone was doing CPR on Brock – it was very quiet in the gym."

Brock had suffered a fatal sudden cardiac arrest. According to the Heart and Stroke Foundation in Canada, a cardiac arrest occurs every 12 minutes where less than five per cent of victims outside of a hospital will live to tell about it.

However, survival from cardiac arrest increases by up to 75 per cent if CPR (cardiopulmonary resuscitation) is used in combination with an automated external defibrillator (AED) as soon as possible after the attack. In the year since Brock's death, the Ruether family, another 12 minutes goes by where an AED might save a life. "What's really hard, besides how much we miss him, is how this may have been prevented if we had more education on AEDs and CPR," says Kim Ruether.

"They worked hard fighting to save Brock and, while that nightmare won't go away, we'll cherish their commitment forever," says Brock's dad, Wayne Ruether.

"Time is the only healer, and while it passes one day to the next for the Ruether family, another 12 minutes goes by where an AED might save a life."

Emergency Medical Services, agrees. "Our goal is to support Albertans and encourage communities to place an AED in public areas, like schools, or recreation and shopping centres," says Hein. It's shattering to lose a child. The photo on the Ruethers' fridge of the crowd trying to save Brock's life is a constant reminder.

"Nothing is as heart-wrenching as standing at the foot of the bed in the hospital watching Brock's dad rub his foot as the stretcher heaved and shook with the force of the CPR compressions on Brock's chest." During one of his high school games, Brock Ruether dives for the volleyball while teammate Morgan Luken watches the action. Centre: Brock in his truck.

"Christine is my hero; if it weren't for that human care, I don't know how much more I could have taken," says Kim Ruether.

"But that initial care and connection with someone as I arrive – that is what makes all the difference."

"You turn on the news and you hear about a person pushing somebody down in the street," says Bacon. "But you never hear about the other person who helped that somebody up."

"You turn on the news and you hear about a person pushing somebody down in the street," says Bacon. "But you never hear about the other person who helped that somebody up."

In 2000, Bacon was diagnosed with achalasia, an uncommon swallowing disorder that affects about one in every 100,000 people. As a result, in 2006, Bacon had to have his esophagus removed. Doing this meant splitting his stomach into two parts, reconfiguring one part up to his throat to enable him to swallow.

In December 2009, he began to experience terrible pain and went to the hospital a week later. The medical staff discovered an internal infection. "He was in a really dark place," says Bacon's wife, Carmen. "You forget and take for granted what you have. We were just like normal people – David wasn't sick, and then all of a sudden we were thrown into this nightmare."

Bacon's ill-health required regular visits to the local hospital in 2010 and 2011. "I went to ambulatory care every week for eight weeks this past summer," says Bacon. "Each time I arrived, there was a nurse there – Christine – and as soon as she saw me – she knew that I never felt comfortable going in there – she'd come over and give me a hug and say, 'When are you coming in again?' And I would tell her when I was to go back, and she would say, 'OK, I'll see you then.'"

"When I go in to get treatment, it can be really tough," says Bacon. "But that initial care and connection with someone as I arrive – that is what makes all the difference."

"Nothing is as heart-wrenching as standing at the foot of the bed in the hospital watching Brock's dad rub his foot as the stretcher heaved and shook with the force of the CPR compressions on Brock's chest." During one of his high school games, Brock Ruether dives for the volleyball while teammate Morgan Luken watches the action. Centre: Brock in his truck.

"You turn on the news and you hear about a person pushing somebody down in the street," says Bacon. "But you never hear about the other person who helped that somebody up."

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When Grande Prairie resident Rob Smith, far right, had a sudden cardiac arrest while exercising, the situation could have been dire. But an Automated External Defibrillator (AED) got Smith’s heart started again and he made it to hospital for further care. Patting the top of an AED with Smith is Rob Tourangeau, one of the paramedics who responded that day, and Laura LaValley, Executive Director of the Regional EMS Foundation in Grande Prairie. The EMS Foundation has made fundraising for the portable AEDs its main goal for more than 13 years.

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- Northern Lights Health Foundation

Supports: Northern Lights Regional Health Centre in Fort McMurray and programs within the municipality of Wood Buffalo
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- Northwest Health Foundation
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- Queen Elizabeth II Hospital Foundation
  Supports: Grande Prairie Queen Elizabeth II Hospital
- Regional Emergency Medical Services Foundation
- St. Paul & District Hospital Foundation
  Supports: St. Theresa – St. Paul Healthcare Centre
- Valleyview Health Complex Foundation

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this past winter, three-year-old Daniel Helman proudly wore a leather jacket featuring Cars movie character Lightning McQueen. Now he has the bike to match.

The young Grande Prairie resident had his name drawn from a contest organized by Alberta Health Services and the Grande Prairie Family Centred Coalition on Family Day. Alberta Health Services teamed up with the coalition to set up a booth during Family Day activities at a local park. Parents were invited to fill out a questionnaire on their child’s developmental abilities. Those who returned the survey were entered into a draw for a bicycle (themed after the movie Cars). A total of 40 surveys were returned.

The Grande Prairie Family Centred Coalition is a non-profit organization that promotes positive early childhood development.

The coalition formed out of the ECMap project, which was a joint initiative of the Government of Alberta and the University of Alberta. Through this project, kindergarten children across the province were screened in five areas of development. The Grande Prairie results show that between 20 and 30 per cent of children are delayed in at least one area of development.

Alberta embraces local leadership and zone-based decision-making. Right here in northern 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.

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