WE KNEW THE END OF THE DEEP-FRYER WOULD BE A FRESH START FOR US TO FOCUS ON BRINGING IN MORE HEALTHY CHOICES

– Michelle Hart, Manager Patient and Retail Food Services, Chinook Regional Hospital

EAT STREET

Chinook Regional Hospital chef David Lalonde smiles as he works in the facility’s kitchen. Lalonde isn’t missing the demise of the cafeteria’s deep-fryer one bit, as it gives him an opportunity to create delicious – and healthy – dishes like the ginger-vegetable stirfry pictured. And staff and visitors agree, “You gotta eat here!”

Nursing: A Leading Force for Change

Nursing Week, May 12-18, 2014

Alberta Health Services celebrates the everyday and the extraordinary contributions of nurses to the people in our province.
CAREER WAS SIMONIZED

In tune with Paul Simon and Art Garfunkel, Dr. Arlene Oishi is a Bridge Over Troubled Water for those with mental health issues

Story and photo by Sherri Gallant

It was a Paul Simon concert — and a little peer pressure — that changed Dr. Arlene Oishi's career trajectory back in the 1980s.

"I applied to medical school on a whim because my friends were applying to med school," said Oishi, Alberta Health Services (AHS) Medical Director, Addiction and Mental Health for the South Zone. She had completed a science degree at the University of British Columbia and was growing restless while working on some agricultural research projects.

"We were at a Paul Simon concert in Vancouver and they were all talking about med school, and I thought, 'Well, why not throw my name in, too?' I was going to apply for physiotherapy, but med school accepted me before I got around to it."

These days, her time is divided between her AHS duties and those as the physician lead for a mental health grant team and family physician at the University of Lethbridge health clinic.

In her role with AHS, Oishi oversees inpatient units at Medicine Hat Regional Hospital and Chinook Regional Hospital, the Lethbridge Youth Residential Treatment Program, the Prairiedale Seniors Mental Health Rehabilitation Program, as well as community addiction and mental health clinics and outreach teams.

But, as with the famous Paul Simon and Art Garfunkel song Bridge Over Troubled Water, it's helping children and young adults with mental health issues that captures Oishi's passion.

"If we can reach them and help them when they're young, we have a fighting chance that they'll be more resilient when they're faced with mental health or addiction issues down the road."

That desire to work in mental health began during medical school at the University of Alberta, when she considered specializing in psychiatry, but was being pulled toward family medicine at the same time.

"I thought about psychiatry because I have compassion for people, I have a feeling for people and I love talking to people," Oishi says. "But family practice also required these talents, so in the end I went into family practice."

She headed to Newfoundland for her residency — about as far away from Lethbridge as she could get and still be in Canada.

"It's a very interesting place, with amazing people, very loving people."

At about that time, she got a call from Dr. Vanessa Maclean, now the South Zone's Medical Director, who was putting her family practice on hiatus to have a child.

"Vanessa needed a locum to take over her practice, so I returned to Lethbridge to do that. After a while she said, 'You can have my practice, I'm not coming back.'"

"I did it for the next 18 years. I call it the longest locum ever."

Friends hooked her up on a blind date with Jeffrey Coffman, a Lethbridge businessman and now a city councillor. A good match: the couple is married with two children – daughter Kyomi, 13, and son Taiga, 8.

Oishi and Coffman moved to Edmonton for five years, where he worked at the Alberta Legislature and she went to work for Canadian Forces Base Edmonton. When she became medical director for the University of Lethbridge's Campus Health Centre, she held both jobs, commuting for 18 months before she resigned from the base. She signed on with CFB Suffield (near Medicine Hat) after that, where she spent two days a week until the end of 2013.

Newfoundland — where Oishi is from — was a good match for Coffman's family and career needs, but they moved to Edmonton where Coffman has a career as a merchant and Oishi was a locum until Coffman retired from his career.

"It was a good match for us," Oishi says. "Jeffrey has helped me be a better woman and a better doctor."

Dr. Arlene Oishi

www.albertahealthservices.ca

Together we can reduce the risk of cancer by up to 50%. Visit AlbertaPreventsCancer.ca to get started.

There are plenty of health care options available. Learn yours by visiting the AHS website.
IN-HOME BED PROGRAM HELPS THE GRAVELY ILL

Story by Lisa Squires | Photos by Lisa Squires and courtesy the Kurpjuweit family

Patty Drysdale says her mom, Doreen Kurpjuweit, was an amazing woman with a great sense of humour who loved family get-togethers. She also enjoyed spending time with her husband, Reuben. Kurpjuweit, at their timeshare in Puerto Vallarta, Mexico — where they were supposed to be enjoying some fun in the sun earlier this year. But in June 2013, Doreen was diagnosed with pancreatic cancer and things changed.

The family was advised there was no treatment. A physician referred them to the palliative care consultants at Medicine Hat Regional Hospital to help them with end-of-life planning and to help keep Doreen as comfortable as possible, so the family could enjoy the precious time they had left.

“My mom had always been active and could walk circles around my dad,” says Drysdale. “When she got sick, it was a shock. We wanted her to be at home for as long as possible. That’s when we learned about the In-Home Bed program.”

The In-Home Bed program provides palliative patients with free access to electronic hospital beds delivered directly to their homes by Medichair, a North American home medical equipment franchise with more than 60 locations across Canada, including Medicine Hat. Medichair stores the beds and assists with delivery, set-up and cleaning. Inset: Doreen Kurpjuweit resting in an In-Home Bed.

IN YOUR ZONE

Medichair manager Trevor Eichelbaum, centre, and members of the Medicine Hat Regional Hospice Palliative Care Society, Les Pearson, left, and Liam Nixon showcase one of the In-Home Beds. The society’s board helped purchase the beds through fundraising. Medichair stores the beds and helps with delivery, set-up and cleaning. Inset: Doreen Kurpjuweit resting in an In-Home Bed.

FAST FACTS

The theme for National Hospice Palliative Care Week (May 4-10) is “Busting the Myths about Hospice Palliative Care.” Following are some of those myths, along with the facts:

- **Myth:** Receiving hospice palliative care means you’ll die soon.
  - **Fact:** Hospice palliative care is not just for the final days or months of life. It’s a holistic approach that includes pain and symptom management, caregiver support, spiritual care, bereavement and much more.

- **Myth:** Hospice palliative care is just for seniors.
  - **Fact:** Hospice palliative care is provided to people of all ages — from infancy to adulthood.

- **Myth:** Hospice palliative care is only for terminally ill patients.
  - **Fact:** Palliative care can be an option for patients who are facing a life-limiting, but not necessarily terminal illness.

Some supporting statistics:

- Over three in 10 Canadians (32 per cent) suffer from a chronic illness, while four in 10 (80 per cent) have someone in their immediate family who does.

Some supporting facts:

- In 2012, Medicine Hat opened a 10-bed facility — Carmel Hospice — which is located at St. Joseph’s Home for the Aged and operated by Covenant Health in partnership with Alberta Health Services. Drysdale says her family is grateful for everything. “The bed was comfortable and mom was happy,” reflects Drysdale. “It was one less thing we had to worry about. And even though this was a sad journey, I have nothing but wonderful things to say about the services and supports we received.”

- On Oct. 7, 2013, just four days short of the Kurpjuweit’s 61st wedding anniversary, Doreen, 79, lost her battle with cancer.

- “These beds provide comfort for palliative patients and help nurses provide care,” says palliative care consultant Devonna Sannachan. “The beds enable patients to die at home, if they’re medically able to do so and that’s what families want. It helps people to stay at home longer so they can spend more time together as a family.”

- Sannachan is part of a team of physicians, palliative care consultants, community occupational therapists and physiotherapists, a nutritionist and a social worker. When there’s no cure for a terminal or chronic illness, she says it’s their job to support families and patients through pain and symptom management, caregiver support, and by helping link families with resources, including spiritual and bereavement supports and community hospices.

- Currently, there are seven In-Home Beds available, thanks to the Medicine Hat Regional Hospice Palliative Care Society. In 1998, the society partnered with Medichair to provide the first In-Home Beds to palliative patients. The society also played a central role in highlighting the need for a local hospice. In 2012, Medicine Hat opened a 10-bed facility – Carmel Hospice – which is located at St. Joseph’s Home for the Aged and operated by Covenant Health in partnership with Alberta Health Services.

- For information on the Medicine Hat Regional Hospice Palliative Care Society or to make a donation, visit carebeyondcure.ca.
HOSPITAL DEEP-FRYER GETS DEEP-SIXED

Healthier choices on the menu at Chinook Regional’s cafeteria

When the deep-fryer in Chinook Regional Hospital’s (CRH) cafeteria choked to death on its own artery-clogging grease this winter, many staff members grieved the loss. It was one for the nutritional history books, too, as ‘ol’ bubbly’ was the last of its kind still in use at an Alberta Health Services (AHS) facility in the South Zone.

But as the door closed on an era of crispy chicken fingers and french fries (the most-ordered item on site for many years), a window of opportunity opened for positive change.

“Ok, a lot of people were pretty upset,” says Michelle Hart, Manager Patient and Retail Food Services, CRH. “I was secretly delighted that the thing broke down as we knew the end of the deep-fryer would be a fresh start for us to focus on bringing in more healthy choices for staff and visitors.”

Hart and Robert Kolb, Supervisor Retail Food Services, set to work to fill the opening left by the deep-fryer’s greasy exit with healthy new options for dinners.

In early March, the cafeteria’s entire grill area closed for a week of renovations, and re-opened with a new roster of menu items, including a panini station, fresh salad bar, and fresh pasta and stir-fry stations.

The cafeteria, called Reegies, had begun offering baked chicken fingers and fries after the fryer deep-sixed and, while deep-fry diehards balked at first, they soon accepted the healthier alternative, which is offered once a week and quickly sells out.

“Actually, some people have said they like the baked versions better now,” Kolb says. Reegies has also incorporated gluten-free and vegetarian selections and other foods that cater to people with sensitivities and allergies.

“AHS’ goal is to be a leader and role model for healthy eating, so its actions and the environment in all AHS facilities support the ‘Healthy Eating Starts Here’ messages for Albertans,” says Kolb.

A Healthy Eating Environment Policy was launched in June 2011 and the organization continues to work at making its food environments healthier.

Kolb adds that research has shown that surroundings affect what diners choose to eat and drink.

“And that’s why AHS is leading the way in improving our food environments – to make it easier for people to make healthier choices,” he says.

AHS IS LEADING THE WAY IN IMPROVING OUR FOOD ENVIRONMENTS

– Robert Kolb, Supervisor Retail Food Services, CRH

Chinook Regional’s Michelle Hart, Manager Patient and Retail Food Services, and Robert Kolb, Supervisor Retail Food Services, grin as they stand behind the now-defunct deep-fryer, its ‘face’ covered with a towel to protect viewer sensibilities.

The Surgery SCN is dedicated to delivering surgical care that’s “sooner, safer and smarter,” for all Albertans.

Do you have concerns about your health? Visit the AHS website for symptom information.
AVAT team member and registered nurse Dawn Barrus, above, shows the equipment that detects and follows a PICC line as it’s inserted in a patient’s vein. Inset: the AVAT team, from left, Gwen Warkentin, Shelley Thompson, Dawn Barrus and Wendy Lamb.

**PICC A TECHNOLOGICAL WINNER**

Story by Sherri Gallant | Photos by Sherri Gallant and courtesy the AVAT team

Patients at Chinook Regional Hospital are benefiting from technology that eliminates the need for a chest X-ray when a specialized type of intravenous (IV) line is inserted.

A team of registered nurses at Chinook Regional Hospital is the first in the province to use the new technology, which streamlines the placement of PICC lines – or medication catheters – inserted near the heart.

PICC (peripherally inserted central catheter) lines are typically used for patients taking long-term chemotherapy, and for those who need extended courses of IV antibiotics or other long-term medications or blood products. Externally similar to a standard IV, it is usually inserted into a vein in the upper arm using ultrasound visualization. Magnetic tracking guides it until the tip reaches a large vein in the chest on the right side of the heart, where the catheter remains as a portal for medication. PICCs can remain in place for months or even years, depending on a patient’s needs.

The new equipment makes the procedure quicker, safer and more cost-effective. Until now, portable X-ray equipment would be brought in to verify correct placement before medication could be administered through the line. “Up until now, the team has been doing about 12 PICC lines a week. I believe soon we’ll be able to achieve 16,” says Pamela Dooper, manager, day procedures and outpatients.

Dooper’s group of four trained RNs in Lethbridge is called the Advanced Vascular Access Team (AVAT). The new equipment is called the Sherlock 3CG Tip Location System. Nurses begin the procedure by placing two cardiac leads on the patient’s chest, then inserting a needle into a vein in the arm (usually the right arm). A tip-location device that looks like a video-game handset is placed on the patient’s chest where it picks up signals from the micro-magnetic field of a wire inside the catheter. The wire, which is withdrawn once the catheter is placed, is magnetized and acts as the third lead on the ECG (hence the name 3CG).

As the tip-locator monitors the catheter’s progress, the AVAT nurse watches for a certain change in one of the waves of the patient’s heart rhythm. When that happens, the nurse knows the catheter has hit its mark.

“Before, the line would be placed and X-ray would be called in to verify,” says AVAT member Gwen Warkentin, “if it weren’t correct, it would have to be repositioned, then X-rayed again. It could double the time of the procedure.”

Warkentin says patients and staff both benefit from eliminating X-ray exposure, and X-ray technicians and radiologists are freed up to do more patients as well.

“This is so wonderful,” she says. “Once all the preparation is done, the actual procedure takes about five minutes.”

The new PICC lines can be used for patients from adolescents to the very elderly. The AVAT team at CRH began using them in February.

**HEALTH CARE LOCATOR**

Find the right health care for you and your family with the AHS website’s Health Care Locator. You can search for hospitals and facilities, and health care programs and services in and near your community. Go to www.albertahealthservices.ca and choose Find Health Care to explore your options.

**CHECK OUT EVENTS**

Find out what Alberta Health Services events, workshops and information sessions are happening in your area. Visit www.albertahealthservices.ca and select News and Events. Then choose your zone to see the listings.

**ACTIVE LIVING**

Being physically active is an important part of your health. It can help you control your weight, reduce stress, lower your risk of disease, and give you more energy to enjoy life. AHS supports numerous programs that promote active living and support Alberta communities in becoming more physically active. Go to www.MyHealth.Alberta.ca for more information on how to include physical activity in your daily routine.

**ONLINE PAYMENTS**

AHS now has online payment options for AHS accounts receivable (invoices/statements), food permits (Environmental Public Health) and parking services. Visit www.albertahealthservices.ca/pay.asp for more information and to find out what invoices can be paid online.

**TWEET**

Follow your zone at AHS_SouthZone:

• Here’s what to do during a boil water order: http://t.co/uyafRi.

• Read how #MedHat Foundation is making spot-on care available for #preemies: http://t.co/jtgPjRo.

• #MedicineHatRegionalHospital celebrates 125 years this year! Join us on #Facebook to keep abreast of plans: http://ow.ly/I7o8X.

• #MedicineHat teen underwent life-changing surgery to end years of chronic pain: www.albertahealthservices.ca/9643.asp.

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**BUILDING FOUNDATIONS OF CARE**

Your Foundation | Your Community | Your Health | Your Gift Matters

Story by Kerri Robins

“if you have built castles in the air, your work need not be lost; that is where they should be. Now put the foundation under them.”
— Henry David Thoreau (1817-1862)

Jump ahead 150 years and Thoreau’s sentiment is as relevant now as it was when he said it.

Alberta Health Services’ (AHS) 66 affiliated foundations and health trusts continue building and supporting foundations of quality local health care for Albertans using their strongest assets – Albertans and loyal donors.

And the kudos are well-deserved.

“Alberta’s health care system is unsurpassed and one of the best in Canada,” says Rick Trimp, AHS Interim President and CEO Population Health and Province-Wide Services.

“We have a great health system, but we can’t claim this exceptional quality of health care without recognizing the tremendous work our foundations are doing in our communities and neighbourhoods throughout Alberta.”

And that work by foundations cannot be done without the donations – large and small – by Albertans, whose every gift truly makes it all possible.

“We are changing how our health care system works to ensure that Albertans are getting the right care, in the right place, at the right time no matter where they live in the province,” says Cowell. “These transformative changes can only occur in conjunction with our partner foundations and the perspective they bring through the eyes of Albertans.”

According to a 2012 Statistics Canada article Charitable Giving by Canadians, Alberta led the way in average donations of $362 per person in 2010.

And, when one looks at the larger picture, Canadians’ donations to health and hospitals totalled more than $2.2 billion that same year.

“Donations come in all sizes,” says Jennifer Wood, Provincial Lead, Foundation Relations, AHS.

“Whether it’s the purchase of a CT scanner for $1.2 million, buckets of pennies from school fundraisers, or the gift of time at local charity events, we see people helping people and our foundations facilitate this every day.”

Call your local foundation today to see how you can get involved.

For information, visit www.albertahealthservices.ca/give.

Rick Trimp, Alberta Health Services Interim President and CEO Population Health and Province-Wide Services, says the support of foundations and trusts is crucial to building a great health care system in Alberta.

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**MEET JOHN VIZZA: A YOUTHFUL VIEWPOINT**

Story by Kristin Bernhard | Photo by Rebecca Vizza

There are dozens of volunteers across Alberta who, as Health Advisory Council members, seek to improve the well-being of their communities by bringing health care feedback and suggestions to Alberta Health Services.

Over the next few months, we’ll be profiling some of them. Today, meet John Vizza.

Albertans volunteer to become members of their local Health Advisory Councils (HACs) for a number of reasons: firsthand experience in the health system; passion for wellness; or passion for their community. But rarely does one find members who apply because of their premier.

John Vizza, 24, later wrote a letter to Redford asking her to stir more young people into positions of leadership in the community and create awareness about important issues.

“Shortly after, he was confronted with a chance to take his own advice. “When the opportunity arose to become a member of the Oldman River HAC, I thought I should follow my own suggestions,” he says. Vizza says he is particularly interested in public education of mental health issues, the care of people who struggled with mental health concerns, as well as current and future research.

“I have known people, young people, who have taken their lives and have wondered, what are we doing and what can we be doing?”

Aside from volunteering on the Oldman River HAC, Vizza is a full-time youth minister for the Roman Catholic Churches in Lethbridge.

“I am responsible for overseeing three youth groups every week totaling about 150 kids,” says Vizza, who also volunteers as a Chair of the Lethbridge Pastoral Zone, Chair of the Diocese of Calgary Youth Ministry Commission, and acts as Chancellor and Director of Formation for the Knights of Columbus.

“For fun, I like to read, travel and write,” says Vizza. “I just got back from Austria with my wife and hope to plan another trip soon. I study languages, including Latin, Greek, Italian, Spanish, French, German and sign language.”

Like his fellow HAC members, Vizza hopes to make an impact on health care in his area.

“I really just want to open a door for young people to give back to their communities,” says Vizza. “I want the older people in our community to realize that young people need to be involved on these committees and boards. They need to know the issues pertinent to the future so they can help build solutions and bridge gaps.”

To connect with your councils in South Zone, visit www.albertahealthservices.ca/hac.asp or call toll-free 1.877.275.8830.

John Vizza, 24, is a member of the Oldman River Health Advisory Council.
Just what the doctor ordered! Rose Fincaryk visits with her grandpa Americo Brazzoni before he “hits the road.” Recreation therapists regularly treat continuing care clients to a spin on the wheelchair bike funded by the Crowsnest Pass Health Foundation.

The wheelchair biking program is just one way Foundations across Alberta enhance local health care. A donation of any size, or the gift of volunteering your time, makes positive impacts on your health and wellness.

Support your local Foundation.

- Alberta Cancer Foundation
- Bassano & District Health Foundation
- Bow Island and District Health Foundation
- Brooks & District Health Foundation
- Cardston & District Health Foundation
- Chinook Regional Hospital Foundation
- Crowsnest Pass Health Foundation
- Fort Macleod and District Health Foundation
- Medicine Hat & District Health Foundation
- North County Health Foundation
- Oyen & District Health Care Foundation
- Taber and District Health Foundation
- Windy Slopes Health Foundation

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ADULT DAY PROGRAMS ARE EXPANDING

N
oreen Philo’s eyes light up when she talks about the adult day program she attends in Calgary.

“We visit and play cards and do different things to occupy our time,” the 86-year-old Calgarian says of AgeCare’s adult day program at Beverly Centre Lake Midnapore in South Calgary where she visits twice a week. “It takes you out among other people and it keeps you informed.”

Philo is one of about 3,000 seniors in 83 adult day programs offered by Alberta Health Services (AHS) across the province. An investment of $9 million over three years has been used to expand existing adult day programs and to launch new adult day programs in both Calgary and Edmonton. This will benefit more than 500 additional seniors.

Both types of adult day programs – basic and comprehensive – typically provide services once or twice a week, for about six hours per day. Basic adult day programs provide basic health care, recreation and socialization to seniors who require support, and respite for caregivers. Seniors with complex health needs can be served in comprehensive adult day programs, which offer medical monitoring and treatment, medication assistance, rehabilitation, transportation and in-home personal care.

Cheryl Knight, Executive Director of Seniors Health for AHS, says adult day programs are an integral part of AHS’ seniors strategy.

“By getting seniors out of their homes once or twice a week, we’re helping them stay in their homes longer and providing caregivers with a needed break,” Knight says.

For information on adult day programs in South Zone, please call 1.866.388.6380.

EDMONTON ZONE

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

COMMUNITIES: • Beaumont • Devon • Edmonton • Erinville • Fort Saskatchewan
• Stony Plain • Thorold

CALGARY ZONE

Population: 1,408,606
• Life expectancy: 82.5 years • Hospitals: 13

COMMUNITIES: • Airdrie • Black Diamond • Calgary • Canmore • Peace River
• Calgary Airport • Turner Valley
• Valley

SOUTH ZONE

Population: 289,661
• Life expectancy: 80.3 years • Hospitals: 14

COMMUNITIES: • Bassano • Blackfalds • Brooks • Crowsnest • Fort Macleod
• Granum • Lethbridge • Magrath • Medicine Hat • Milk River
• Okotoks • Pincher Creek • Redcliff • Taber • Vauxhall

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To see South Zone News online, please visit www.albertahealthservices.ca/6927.aspx

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ING: Michael Brown
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