

thrive

living **healthy**. living **well**.

Advancing Care for PMH Stroke Patients

More than 300,000 Canadians are living with disabilities or impairments because of stroke. In Manitoba, approximately seven people a day will suffer a stroke. A program that provides specialized emergency care in rural communities to stroke patients is expanding. The Dauphin Regional Health Centre (DRHC), part of the Prairie Mountain Health region, is enhancing its care for stroke patients early in the new year.

Patients who are presenting with stroke symptoms in the Parkland area will not be taken to their local hospital; instead they will be taken straight to DRHC for advanced treatment options.



Dauphin Regional Health Centre emergency room with Telestroke equipment

When a person dials 911 and reports stroke symptoms to the dispatcher, Manitoba's emergency responders are trained to initiate a "bypass protocol" and will transport those patients to the Dauphin Regional Health Centre that will be able to offer what Manitoba Health calls "hyper-acute stroke services," says Brie DeMone, the Executive Director of Acute Services for Manitoba Healthy Living and Seniors.

These services include the potential administration of tPA (or tissue plasminogen activator), known as the "clot-busting" drug. A stroke can be caused by a blood clot or a

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A Moment to Reflect

Penny Gilson

CEO, Prairie Mountain Health

As we begin a new year, I have taken a moment to reflect on the changes I see in health care everyday. We see advancements in medical technology (see *State-of-Art Laser Surgery*); changes in how and where specialized care is provided (see *Advancing Care for Stroke Patients*), and changes in the level of involvement of patients/clients in their care. Times have changed, medical conditions that used to require a hospital stay can now be managed in a primary care clinic; and treatments that are now provided in the back of an ambulance were once only available in an emergency department. This requires we adjust the way we deliver services, ensuring delivery of healthcare in the safest way



Penny Gilson, CEO, Prairie Mountain Health

possible, in the most appropriate setting, by the most appropriate provider, and at the most appropriate time. These adjustments become more complicated with significant staffing challenges that often plague us, but if we can truly optimize all of our resources—human and capital—we can forge a new way of delivering service. This does not mean “less” but in a different way based on today’s standards and

best practices and sometimes, out of necessity, because historical ways are not sustainable.

No matter how far healthcare has come, we need to continue our efforts for better care. We need to take a moment to reflect on how we can change what we are doing to deliver better results. Our new Strategic Plan will help guide us to make day-to-day decisions that follow a larger vision. We have identified several goals as an organization the we will work towards including:

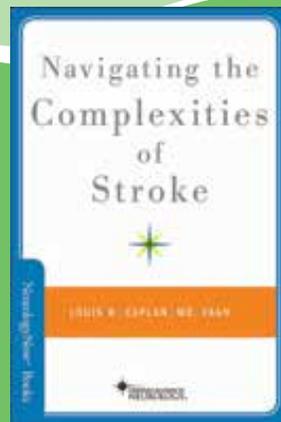
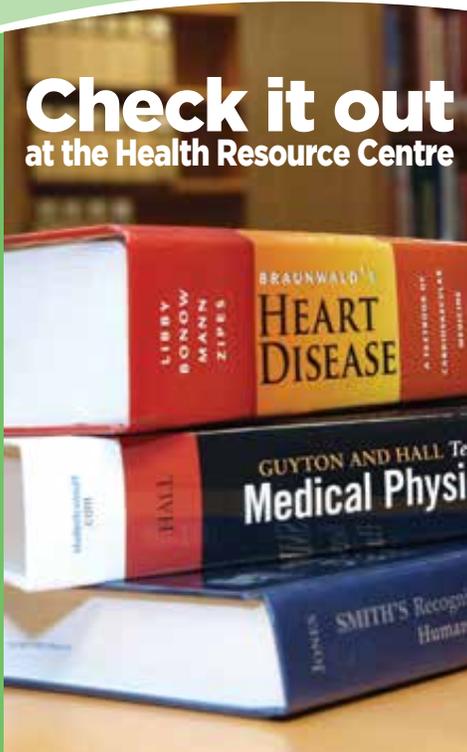
- improving client flow throughout the health care system;
- reducing access barriers for remote or vulnerable populations;
- improving client safety throughout;
- developing client-centered models for service delivery.

In partnership with our staff, patients, clients, communities, and Manitoba Healthy Living and Seniors, Prairie Mountain Health continues to work towards our vision of “Health and Wellness for All.” ■

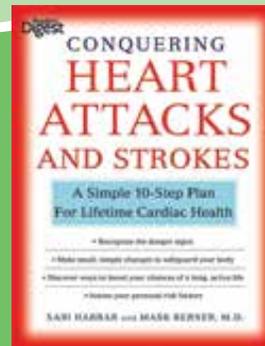


Remember to follow us on Twitter @PrairieMtHealth and @pmhcareers and Like us on Facebook.

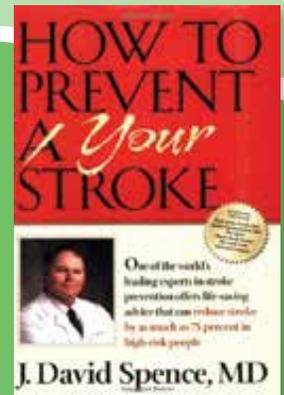
Check it out at the Health Resource Centre



Stroke is a complicated condition. **Navigating the Complexities of Stroke** is a practical guide for individuals looking to make sense of it all. What is a stroke? What causes a stroke? What can be done to prevent a stroke? This book answers all these questions and more.



A healthy heart begins with you. **Reading Conquering Heart Attacks and Strokes** is a step toward protecting yourself and your family from a heart attack or stroke. *Reader's Digest* has prepared a 10-step plan for achieving and maintaining optimal heart health throughout your lifetime. Discover how the choices you make can reduce your risk of cardiovascular disease.



Prevention is better than a cure. Following the advice offered in **How to Prevent Your Stroke** can reduce stroke in high-risk people by as much as 75 percent. The author, one of the world's leading experts in stroke prevention, has produced an informative and highly accessible guide complete with more than two dozen gourmet “anti-stroke” recipes.

The featured books are available to borrow at the Health Resource Centre (HRC), located at the Brandon Regional Health Centre, or check your local library. The HRC is open to the public Monday to Friday, 8:00 a.m. to 4:30 p.m. To contact us, please call 204-578-4080 or email library@pmh-mb.ca.

Advancing Care for PMH Stroke Patients

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hemorrhage that cuts off blood flow to the brain. The Telestroke program allows emergency physicians in DRHC to work with stroke neurologists and radiologists 24 hours per day through videoconferencing. The CT scan results will be sent digitally to the radiologist and neurologist on call, at which time these specialists can work with the DRHC physician via Telestroke to determine if a stroke has occurred, the type of stroke and the most appropriate treatment options. Time is everything when treating strokes; when a blood clot is present, a patient treated with tPA within four-and-a-half hours of the start of symptoms may experience partial or complete recovery.

Prairie Mountain Health will have two hospitals within the region offering this advanced treatment care. The Brandon Regional Health Centre implemented a

“Prairie Mountain Health will have two hospitals within the region offering this advanced treatment care.”

stroke bypass protocol in 2009. Patients from the former Assiniboine region who met the indications for a potential stroke were transported directly to the Brandon emergency room for diagnosis and treatment. Parkland residents will now be offered this advancement in technology. Patients will not be charged any additional kilometre fee; they will only be responsible for the base rate ambulance fee.

“Having Telestroke available will help save lives,” said Debbie Brown, CEO, Heart and Stroke Foundation of Manitoba. “Helping people to understand the urgency of taking rapid action for early recognition and management of stroke, as well as putting into place improved systems for treatment and support, will decrease rates of disability and death from stroke.”

Stroke is the third leading cause of death in Canada and a leading cause of disability. There are an estimated 62,000 strokes in Canada each year—that is one stroke every nine minutes. It is important for Canadians to learn the signs of stroke and know what to do.

For more information visit heartandstroke.ca. ■

STROKE FACTS

- A stroke is a sudden loss of brain function.
- 62,000 strokes occur in Canada each year—that is one stroke every nine minutes.
- 83 per cent of those who have a stroke and make it to hospital now survive.
- Brain cells die at a rate of 1.9 million per minute after stroke.
- Each year, more than 13,000 Canadians die from stroke.
- Hundreds of thousands of Canadians are living with the effects of stroke.
- Stroke can happen at any age. Stroke among people under 65 is increasing and stroke risk factors are increasing for young adults.
- Half of Canadians report having a close friend or family member who survived a stroke.

For more information visit heartandstroke.ca.

Information provided by the Heart and Stroke Foundation.

If you or someone with you experiences any of these signs, call 9-1-1 or your local emergency number immediately.

Stroke is a medical emergency. Acting quickly can improve your chances of survival and recovery.

Don't drive yourself or the person having a stroke to the hospital—an ambulance will get you to the best hospital for stroke care. Not all hospitals have the capacity to administer clot-busting drugs, which can stop or reverse the effects of stroke. The emergency medical services will be able to determine which hospital in your area can best help.

Treatments can reduce the severity of a stroke and reverse some of its effects, but only if they are given as quickly as possible.

Everyone needs to know the signs of stroke.

You never know when you, a parent, a spouse or a friend might experience the signs of stroke and it will be up to you to act. There are still too many Canadians who don't recognize the signs, nor know what to do when they see them.

Share the signs of stroke and help save lives.

Sources: Heart and Stroke Foundation – heartandstroke.ca
Manitoba Government – www.gov.mb.ca/health/stroke/index

LEARN THE SIGNS OF STROKE

FACE is it drooping?

A RMS can you raise both?

S PEECH is it slurred or jumbled?

T IME to call 9-1-1 right away.

ACT **F A S T** BECAUSE THE QUICKER YOU ACT, THE MORE OF THE PERSON YOU SAVE.

© Heart And Stroke Foundation of Canada, 2014

Aboriginal Women and Wellness

by Karen Doty-Sweetnam and Nellie Kopitz

Current research conducted in Manitoba indicates that Aboriginal women are finding their pathway to sobriety by returning to their cultural roots, traditions and spirituality. The Aboriginal Healing and Wellness Centre, which aims to assist Aboriginal people on the path of healing and wellness, is a key element in supporting recovery.

Since the introduction of alcohol to First Nations People in North America, the focus of public attention and research has been on the traumatic events of history and the impact of alcohol on Native people. Professor Karen Doty-Sweetnam and Dr. Patrick Morrisette's study is different. *A Qualitative Pilot Study: Recovery and Wellness through the Lens of Manitoba's Aboriginal Women* provided an opportunity for Aboriginal women from around Manitoba to share their stories about the pathway to recovery from alcohol abuse.

The return to cultural roots and traditions was a common theme of the women's stories. An introduction to and the development of a solid connection to the "Red Road" through someone who was practicing traditional Native spirituality in a sacred way was most important to each woman's recovery and on-going sobriety.

These stories from the Aboriginal women in alcohol abuse recovery underline the need for services to assist Aboriginal people on the path of healing and wellness. The goal of Aboriginal Healing and Wellness is to strengthen the balance between the physical, emotional, spiritual and mental health of the individual through holistic healing. Traditional Aboriginal healing ways are integrated with contemporary mental health



Nellie Kopitz (left), Coordinator and Counsellor at the Aboriginal Healing and Wellness Centre, with Karen Doty-Sweetnam, Aboriginal Professor, Faculty of Health Studies at Brandon University

“The goal of Aboriginal Healing and Wellness is to strengthen the balance between the physical, emotional, spiritual and mental health of the individual through holistic healing.”

practices. Aboriginal culture, traditions, values, beliefs, teachings, ceremony, medicine and spirituality are an important part of programming. The Aboriginal Healing and Wellness Centre is located in Brandon at 108 – 6th Street and was established through a partnership between Prairie Mountain Health (PMH) and the Brandon Friendship Centre. A service purchase agreement between the

former Brandon Regional Health Authority (now part of PMH) and the Brandon Friendship Centre was established on April 1, 2004. As of today, the partnership still exists and continues to grow stronger.

Congruent with the stories from the Aboriginal women in alcohol abuse recovery, facilities like the centre allow Aboriginal people to seek culturally appropriate services.

For more information visit the Healing and Wellness Centre at www.brandonfriendshipcentre.net/bfc_website_021.htm ■

Karen Doty-Sweetnam, Aboriginal Professor, and Dr. Patrick Morrisette are from the Faculty of Health Studies at Brandon University.

Nellie Kopitz is a Métis woman from Camperville, MB; she is the Coordinator and a Counsellor at the Aboriginal Healing and Wellness with the Brandon Friendship Centre. Nellie is also a 3rd-year Psychiatric Nursing student at Brandon University.

For more information about BU Health Studies research, contact Donna Epp, Research Facilitator, at eppd@brandonu.ca or 204-571-8532.

Are you sick and tired of being sick and tired? Let's Get Better Together!



The first Age is an Asset class graduation at the Brandon Samaritan House

Get Better Together is a free six-week workshop designed to help people with ongoing health conditions take control of their health. This program, led by others living with chronic conditions, can help you develop a plan to deal with the daily challenges of an ongoing health concern or disability.

Participants meet weekly for 2½ hours, over a period of six weeks. Topics such as healthy eating, physical activity, communication, dealing with fatigue and frustration, goal setting, problem-solving and pain management will be discussed. This type of group setting offers support and helps build confidence to better manage your health. Participants are also encouraged to bring a

friend, family member or other support person to the sessions.

This past year, ten Get Better Together sessions have occurred in Prairie Mountain Health. These classes happened in Virden, Russell, and Carberry, and at the 7th Street Access Centre and the Samaritan House (two sessions) in Brandon. Sessions were also held at the HERO Clubs in Swan River and Roblin, and in the communities of Duck Bay and Ebb and Flow.

All classes have been very successful. One of the participants from Russell said the program was “inspiring and educational, [offers] new learning skills, help[s] you deal and cope with your depression and to think positive instead of negative which makes living more manageable.”

A few of the Brandon participants shared their experiences as well: “It helps with all the aspects of living, it is very positive and a great experience. It is a great reason to get out and talk to [other] people [who] understand how you are

feeling in a non-judgmental atmosphere.”

“This program provided solid motivation for improving my life. The facilitators were reassuring and promoted trust and confidence.”

“This has helped me to emerge from a physical/mental slump, and to live a healthier life despite Parkinson’s.”

Our newest partnership with the Samaritan House and Prairie Mountain Health has flourished in the past few months. The Samaritan House offers a program called Age is an Asset that is for 55-64 year-olds who are looking to re-join the workforce. Age is an Asset is a government-funded, 12-week program that participants register to attend Monday – Friday from 8:30 a.m. to 2:30 p.m. The program offers everything from CPR training to resume development, as well as life skills such as finance management, chronic health self-management, stress and coping skills, quitting smoking and much more. Get Better Together has been a great fit into the Age is an Asset curriculum. Age is an Asset will be offered three times per year in which Get Better Together will be included. The connection between being able to manage your chronic health condition and maintaining employment is valuable, and we are excited to be able to support participants in this health equitable approach.

Wondering if Get Better Together is for you? The program is ideal for people dealing with any health condition such as arthritis, asthma, diabetes, cancer, hepatitis, chronic back pain, stroke, osteoporosis, lupus, heart disease, high blood pressure, fibromyalgia, anxiety, depression, Parkinson’s disease, chronic fatigue syndrome, weight issues and many others. It also provides a great opportunity for the support people and families of people living with a health condition to share, learn and gain support from each other.

There are two ways to take part in the Get Better Together program:

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State-of-the-art laser eye surgery equipment unveiled in Brandon



Dr. Guillermo Rocha, Brandon Ophthalmologist with laser surgery equipment in the BRHC surgical suite

Dr. Guillermo Rocha, a Brandon ophthalmologist, and Prairie Mountain Health (PMH) have partnered to introduce an innovative piece of laser surgery equipment which is being used in cataract surgery procedures at Brandon Regional Health Centre (BRHC). Dr. Rocha is the first physician in Manitoba to use the “ultra-fast and precise” laser which prepares the eye for cataract surgery and the cornea for transplantation.

Dr. Rocha feels the laser will add additional levels of precision, efficiency and safety for cataract surgery and corneal procedures. BRHC received the equipment in August 2015 and after a month of testing, calibrations and certification, the first

procedure with the new laser took place September 10, 2015.

Cataract surgery has a number of steps to it. The first step is to make an incision in the cornea. In traditional cataract surgery, the eye surgeon uses a hand-held blade to make the

incision. The surgeon is then able to break up and remove the cataract, which is a clouding of the eye’s natural lens that is located right behind the pupil. Next, an intraocular lens is inserted and implanted, to replace the cloudy natural lens. The corneal incision is made in a special way so it will self-seal when surgery is complete, without any need for stitches.

In laser cataract surgery, with a sophisticated real-time 3-D image of the eye, the surgeon creates a precise corneal incision, opens the capsule of the lens to access the cataract, and fragments the lens to allow ease of removal. This is important not only for safety and accuracy but also for increasing the likelihood that the incisions will be self-sealing at the end of the procedure, which reduces the risk of infection.

“Now that we have this capability, we are able to use this ‘laser light’ to assist cataract surgeries on candidates who are best-suited for it. In essence, we do 45-50 per cent of the procedure with this laser and the rest of the procedure still by conventional methods—which includes the use of ultrasound waves to remove the cataractous lens, followed by manual implantation of an artificial lens,” Rocha stated.

“Right now, this is the only equipment of its type being used in the province. We are lucky to have the most innovative piece of equipment for this type of surgery right here in Brandon,” Rocha concluded. ■

Reference: www.allaboutvision.com.

THANK YOU

We wish to send along a very special thank you to all those who have supported **Camp Bridges** in any way. We continue to work towards our financial goal of \$15,000 to allow us to offer this camp with a complement of 50 campers. The response from Prairie Mountain Health and Southern Health-Santé Sud regions has been overwhelming for campers who are in need of this worthwhile initiative.

Your contribution will allow us to register up to 50 children and teens between the ages of 7 and 17 who have experienced a recent death of someone significant in their lives. This camp is meant to provide a safe, supportive and fun environment where grieving children and teens learn that they are not alone in their grief and feel free to share their thoughts and feelings with peers who have also experienced the death of someone they loved.

Camp Bridges will occur on May 27, 28 and 29, 2016, at Pembina Valley Bible Camp! Again, we would really like to thank you for your support of this worthwhile project.

— *Sincerely, the Camp Bridges Organizing Committee*



Household Income and Your Health

Good health starts at home. Household income is an important factor when it comes to creating a healthy home. A lack of income negatively impacts the health of residents the most. Results from the *Prairie Mountain Health 2015 Community Health Assessment* found that health status improves as income and social status increases.

Higher household incomes provide more opportunities to choose a healthy lifestyle such as living in a stable house, eating nutritious food and taking medications as prescribed by doctors. When basic human needs are met there is more energy to invest in growing mentally, emotionally and spiritually as an individual. More time can be spent nurturing relationships with others as well.

People on a limited income may have to choose whether to pay rent, put food on the table or renew a prescription. When basic human needs are not met, mental and physical wellbeing suffers. Money issues are a major stressor in the home and may lead to feeling alone and isolated. Lower household incomes increase the risk of chronic diseases.

The Manitoba College of Family Physicians, the professional body that regulates doctors in the province, believes that a lack of income should be treated like other major health risks. They recently launched a ground-breaking project in Manitoba to encourage healthcare providers to ask one money-related question to their

patients and clients: “Do you have difficulty making ends meet at the end of the month?”

Anyone can have money troubles. Life events such as a job loss, illness or relationship breakdown can lead to financial setbacks. The intent of this screening question is to ask everyone, regardless of personal background. If the answer is yes, patients and clients are referred to community resources and government benefits. You can find this information at www.gov.mb.ca/health/primarycare/providers/povertytool.html. ■

Submitted by Vanessa Hamilton, Registered Dietitian/Healthy Living Facilitator, Health Promotion, Prairie Mountain Health

Are you looking to improve your money situation or gain more money smarts? Check out the following community resources for more information:

Prairie Mountain Health - 7th Street Health Access Centre is a one-stop shop providing community health services such as nurses, social worker, housing resource worker, addiction services and an adult mental health worker. It is located at 20 - 7th Street and open seven days a week from 11:00 a.m. to 7:00 p.m. Drop in or call 204-578-4800 for more information.

Credit Counselling Society is a non-profit service to help people budget, deal with their debt and get their finances back on track. Call 1-855-232-4888 for free and confidential telephone counselling sessions anywhere in Manitoba. Counsellors help individuals from all income levels. www.nomoredebts.org

“My Money Coach” is the educational website of Credit Counselling Society. www.mymoneycoach.ca

Community Financial Counselling Services (CFCS) is a free, non-profit agency that provides counselling, education and resources to help manage income, debt and navigate the financial system. Contact 1-888-573-2383 or www.debthelpmanitoba.com

Supporting Employment and Economic Development (SEED) offers money management workshops for organizations in Manitoba. Topics include understanding credit, dealing with debt and being a smart shopper. www.seedwinnipeg.ca

Get Smarter About Money is operated by Investor Education Fund (IEF), a non-profit organization that develops and promotes financial information, programs and tools. www.getsmarteraboutmoney.ca

Prosper Canada is a national charity that helps organizations, businesses and governments incorporate financial literacy into their programs and policies. They also deliver in-person and online training to facilitators and front line staff. www.prospercanada.org

“People on a limited income may have to choose whether to pay rent, put food on the table or renew a prescription.”



Ethics and Prairie Mountain Health



Prairie Mountain Health's (PMH) new Strategic Plan that becomes effective on April 1, 2016, identifies six values that guide and direct the organization: integrity, accountability, equity, respect, responsiveness and engagement. Under the value of integrity is the demonstration of ethical behaviour and doing the right thing based on the PMH Ethical Framework. Commitment to these values illustrates the organization's focus upon ethical decision making and ensuring ethical care is provided throughout the region.

For those of you unfamiliar with healthcare ethics, what is an ethical framework and how does it assist people with ethical decision making? There are many ethics theories and concepts, but in healthcare, we often focus on these four main ones:

- **Autonomy** (respecting ones' capacity for self-rule);
- **Non-maleficence** (no harm or least amount of harm possible);
- **Beneficence** (done for the benefit of others); and
- **Justice** (fair, just and equal).

An Ethical-Decision Making Framework guides people when faced with an ethical dilemma to consider all of the aspects of a situation. The PMH Ethical-Decision Making Framework is in the midst of being rolled out across the organization by the Regional Ethics Committee and the three sub-committees (Research, Issues Review and Education). Patients and their families struggling with ethical decision making will be encouraged to speak with PMH staff about using the framework's decision-making tools to provide them with guidance and direction.

If you have any questions for the PMH Ethics Committee, please contact:

PMH Regional Ethics Committee
 Brandon Site — 150A – 7th Street
 Brandon, MB R7A 7M2
 Phone: 204-578-2305 • Fax 204-578-2820
 Email: trobertson@pmh-mb.ca

Let's Get Better Together

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- **In-person**, in a group setting in various communities around the region. For more information or to express interest in taking a community program, call **toll-free 1-877-509-7852** and leave your name, phone number and name of the community where you would like to take the program.
- **Online** – the online version allows participants to join from any computer with Internet access and take part on your own time and schedule. For more information about the online version, please go to www.getbettertogether.ca or call **1-204-632-3927**. ■

By the Numbers

Over 20,000 Prairie Mountain Health residents live with chronic respiratory illness. Prevalence is significantly higher in the Brandon and North Zones. Brandon Zone's prevalence has increased significantly over time. For more details, check out the *2015 Community Health Assessment* on the PMH website.

9.2% South Zone residents living with a chronic respiratory illness

12.2% North Zone residents living with a chronic respiratory illness

16.1% Brandon Zone residents living with a chronic respiratory illness

9.5% Manitobans living with a chronic respiratory illness

8.2% Whitemud District residents living with a chronic respiratory illness—the best district value in PMH

19.2% Brandon Downtown District residents living with a chronic respiratory illness—the worst district value in PMH



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