Presently, the impact of flooding in Manitoba depends on weather conditions over the next two months. But rather than wait for the latest weather report, the Winnipeg Health Region is now in lockstep with the Province of Manitoba, City of Winnipeg and the rural health authorities in preparing for ‘FLOOD CARE 2011.’

As a region that serves all Manitobans and beyond, we need to prepare for the domino effect of flooding that will have an impact on both urban and rural health regions in the province.

For example, a pregnant woman in the Red River valley may want to give birth at Health Sciences Centre if the flood waters begin to rise in her community. A personal care home may need to temporarily move its residents to Winnipeg. Health care clinics in the southern regions may have to close, leaving thousands of displaced residents in need of family medical services or primary care.

CONTINUED ON PAGE 2...
NEW POLICY

cell phone use in regional health-care facilities

Thanks to advances in technology, cell phones, smartphones and other Wi-fi devices may now be used in Winnipeg Health Region health-care facilities.

Staff may use these devices anywhere but must keep a one metre distance from medical equipment in areas such as Operating Rooms and Intensive Care Units, which contain many medical instruments which can be affected. Patients and visitors may also use their wireless devices anywhere in the facility except where signs are posted asking them to turn off these devices.

These places include:
- Intensive care units
- Pre- and post-op recovery rooms
- Emergency departments
- Autopsy suites
- Operating rooms
- Other areas as indicated by the facility (e.g. PsychHealth at HSC)

"Unfortunately, when people are threatened by flooding, their health may not be top of mind when it is time to evacuate. That's when continuity of our health services, in concert with our partner agencies, needs to be there, regardless, of the conditions."

As spring approaches, more information regarding flood preparations will be posted on wrha.mb.ca, and in Inspire and regional Office of the WRHA, city and province, along with the Red Cross, external groups including, the City of Winnipeg and Province of Manitoba. The Region has also joined forces with Manitoba Family Services, City of Winnipeg Emergency Social Services to plan the potential opening of a reception centre in the city to provide health and social services. If flooding in the province results in the evacuation of a community, the reception centre would be put into operation. Staff from the WRHA, city and province, along with the Red Cross, Salvation Army and St. John Ambulance will help arrange health and social services for evacuating registering at the centre. Response plans are also under review at hospitals, personal care homes, programs, mental health and community offices in the city to prepare for whatever health impacts may ensue from the flood.

"Making sure health services are available is very important," says McCormack.

Note: You do not need extra vaccinations/immunizations if you are responding directly to a flood situation. However, if you are going to be in contact with anything that's been contaminated by flood water, ensure your immunizations are up-to-date, particularly for tetanus.


Flood Health Essential Info:
For FAQs regarding flood water health concerns, see:

For more information about the Adult Eating Disorders Program at Health Sciences Centre in Winnipeg, please contact:
Adult Mental Health Services
Psych Health Centre, Health Sciences Centre P2-285-771 Bannatyne Ave.
Winnipeg, MB R3E 3N4
Phone: 204-787-3482
Fax: 204-787-7480
Office hours are 8:30 am to 4:30 pm, Monday to Friday.

Having a high level of self-esteem and self-acceptance isn't in Karen Burgess' job description for her work as a Registered Psychiatric Nurse with the Adult Eating Disorders program based out of the Health Sciences Centre.

But it certainly helps her care for people who suffer from a debilitating illness such as an eating disorder.

"We need to be accepting of our bodies and confident within our self. People need to understand that labeling food as good or bad isn't healthy, that there is no food that won't fit into a healthy lifestyle. It's not one food that makes people overweight, it's the eating pattern and dieting that doesn't help," she says.

Karen says that most common eating disorders start as a simple diet that eventually takes on a life of its own. "People see success in weight loss, then they may gain a bit of weight back and they become obsessed with trying to gain control (of their weight), and it turns into a vicious cycle."

Karen says dieting can start as young as nine years old. "It's the influence of our culture, when everyone wants to be perfect. We need to start educating people young, the education system needs to step up and parents need to make sure their kids have a healthy peer group."

However, an eating disorder is not just an illness of young people; people in their 50s and 60s can also have an eating disorder, usually in the pursuit of youth. The estimated prevalence for eating disorders is five to 15 per cent. This includes the one to three per cent of people who suffer from anorexia and bulimia. Many of those eating disorders can go undiagnosed and over the course of a person's life span.

Once people admit they have an illness, it is the job of the nurses to act as a support system and teach patients that "food is medicine", says Karen. Just like medicine, patients need to take the prescribed amount at the proper time each day – this is a critical part of the treatment process. "The road to recovery is not easy, it takes a lot of hard work and determination. We believe that everyone can recover, no matter what age or stage of the illness."

Karen has been working with eating disorders patients for nine years. When she was a student studying to be a psychiatric nurse, Karen knew she wanted to specialize in eating disorders. "I get to hear people's stories and learn about all different kinds of values, beliefs and rituals. It is very rewarding to help people through their recovery."

There are about 80 new referrals a year to the program and anywhere from 60 to 100 active patients in the adult clinic per year. People admitted to the adult inpatient Eating Disorders program are at the more concerning end of the continuum.

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"During the flood situation in 2009 we were able to solidify some of our care plans and execute some flood response activities," says Tom McCormack, WRHA Director of Disaster Management. "We hope for the best this year, but if the situation arises where people are evacuated from homes, hospitals, or personal care facilities, the region will be able to step up in a concerted effort with government and other agencies to provide the health care services people need."

A Flood Contingency Steering Committee has been established and will include representatives responsible for planning, operations, resources and communications as well as liaison with external groups including, the City of Winnipeg and Province of Manitoba. The Region has also joined forces with Manitoba Family Services, City of Winnipeg Emergency Social Services to plan the potential opening of a reception centre in the city to provide health and social services. If flooding in the province results in the evacuation of a community, the reception centre would be put into operation. Staff from the WRHA, city and province, along with the Red Cross, Salvation Army and St. John Ambulance will help arrange health and social services for evacuating registering at the centre. Response plans are also under review at hospitals, personal care homes, programs, mental health and community offices in the city to prepare for whatever health impacts may ensue from the flood.

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Office hours are 8:30 am to 4:30 pm, Monday to Friday.
In recognition of flood preparations in the Health Region the following are some acronym terms used in this endeavor.

[Acronym Soup]

EMO
Emergency Measures Organization

Throughout the Winnipeg Health Region, there are acts of kindness every day. It’s obvious that people working in health care about their patients. But this past holiday season, so many of you demonstrated care for others that we had to acknowledge some of you in

From raising money for charitable organizations to creating hampers and providing donations of food, clothes and toys, there were wonderful initiatives going on all over the region. While we don’t have space to pay homage to them all, this section is a tribute to everyone who helped make our holiday season extra special. This year we had the help of Ainsley Lyle, Lisa Earvin, Krista Resch, Arlene Wilgosh, Daniela Evenson and Giselle Jacques. As always, we appreciate the hard work of our volunteers.

Step Plan to help quit smoking
Supports can double or triple your chances of success

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A																																																																																																																																																																																																																																														you can quit smoking if they have the right tools, says Margie Kvern, Program Specialist, Tobacco Reduction with the Winnipeg Health Region. “Smoking is more than a habit,” she says. “It’s an addiction with physical and behavioral components that need to be addressed. Having the right tools and supports and coping mechanisms in place can dramatically improve your chances of being smoke-free.”

1. Know the risks
There is a lengthy list of possible health concerns resulting from smoking, including a 70 per cent greater risk of dying from cardiovascular disease. Other concerns include cancer, high blood pressure, high cholesterol, oral health issues such as gum disease and tooth decay.

2. Make a plan
Having a plan in place can help increase your chances of quitting smoking and address your addiction to nicotine. When making a plan to quit, the issues that should be considered include:
- understanding why quitting smoking is important to you
- changing your smoking routines (e.g., delaying the first cigarette of the day, eliminating some of the cigarettes you feel you don’t need that bad, smoking only half or three-quarters of the cigarette rather than the whole thing)
- planning how to handle stressful situations without cigarettes
- identifying situations that trigger your desire for a cigarette – then coming up with a plan for how to manage those triggers in a new way.

3. Get support
The proper use of smoking cessation medication such as nicotine replacement (patch, gum, lozenge or inhaler), Zyban or Chantix can double or even triple your chances of quitting, particularly when combined with counselling. Before and/or pharmacist who can best advise how to use them in the context of your specific health situation, including any medications you may already be taking.
- Make the most of available resources. Check out the wche.mb.ca website for links to information that can help

4. Be accountable
When friends and family know you plan to quit smoking, you may feel like you don’t want to let them down. Also, by letting them know you plan to quit, they can better support you when you’re feeling the urge to smoke.

5. Keep trying
Perseverance is often a key to success. Finding the smoking cessation strategies that work best for you may take time, but the results are worth it.
A View of ICU
A LOOK AT CRITICAL CARE NURSING IN THE REGION

It’s a conversation that happened about seven years ago, but Colleen Sacrey remembers it well. The discussion changed the course of her professional nursing career.

A woman Colleen knew through work was talking about a program she was taking to become a critical care nurse; a post-graduate training course that prepared nurses for the responsibilities and rigours of working in an Intensive Care Unit (ICU).

Colleen, who had been working on a medical ward at Seven Oaks Hospital, knew right away that this was something she wanted to pursue. A year later, she left her position as an acting nurse manager and hit the classroom for what became her position as an acting nurse manager and hit the classroom for what became one of the most difficult and rewarding challenges in her career.

“It was an intense program,” Colleen says. “The education was very intense. But I always tell people that working in ICU is the best job I’ve had. There’s always something to learn and every day there’s a new challenge.”

Patients who are brought into ICU are among the most critically ill. They require constant monitoring, and critical care nurses are an important part of the multi-disciplinary team of physicians, pharmacists, dieticians, respiratory therapists and social workers involved in the treatment and care of each patient.

Critical care nurses are the primary care-givers for the patient and are the go-between for patients, their families and physicians. There are about 300 specially-educated critical care nurses working in ICUs in the Winnipeg Health Region.

Betty Lou Rock, the Program Director of Critical Care for the region, says most people are attracted to ICU nursing because of the exciting environment, professional motivation and the multi-disciplinary teams.

While enrollment has stayed level, the demand for critical care nurses has increased. Part of the reason is the addition of more ICU beds in our region. Health Sciences Centre (HSC) has expanded from eight beds to 15, and St. Boniface Hospital also boosted the number of beds from 16 to 20 in 2008 during the cardiac sciences program consolidation. There’s potential for it to grow even more in the future.

Rock points to two other significant factors in the increased demand for critical care nurses. “The acuity, or the level of sickness of patients, is rising and those patients require nurses with increased skills. Also, when you’re educated as an ICU nurse, it makes you very attractive to other areas of healthcare. Some critical care nurses stay in ICU; others go on to become managers, nurse practitioners, clinical nurse specialists or educators.”

Joanne Hutton not only works in the Medical Intensive Care Unit (MICU) at HSC, she is also a Critical Care Clinical Educator. She says the standardized education program in the Health Region produces very high calibre nurses.

“It’s difficult to articulate the amount of theory you learn. It’s a big commitment of time, it’s tough, and I think sometimes, people are intimidated by it and don’t think they can do it, or, don’t think they have enough experience. But, when they’ve completed the program, they’re grateful for the knowledge they’ve attained,” says Hutton.

Putting that education into practice and learning more along the way is what keeps Colleen motivated. “I see how hard we all work together to help care for the person. Not every time is a success, and sometimes the outcome is tragic, but I see what an incredible team we have of people committed to making the right decisions for the patients.”

Winnipeg Health Region Staff
Learn About the Sweat Lodge

Sweat ceremonies are a highly respected, sacred experience for many Aboriginal people in Manitoba. The tradition of sweat ceremonies can take years of learning, sometimes decades, for an Elder before they will conduct one.

When a sweat takes place, the purpose can vary between different Aboriginal cultures, but often involves preparing for a journey; healing, purification, teaching, cleansing or gaining spirit names.

Winnipeg Health Region staff have an opportunity to learn about sweat ceremonies and participate in a sweat led by an Elder. The Sweat Lodge Teachings Workshop is facilitated by the region’s Aboriginal Health Programs – Health Education, in partnership with Circle of Life Thunderbird House.

The environment of the workshop is respectful, comfortable and engaging, allowing participants to learn through interaction and first-hand experience. This workshop is an opportunity for staff to expand their knowledge of traditional Aboriginal ceremonies and the possible holistic or spiritual needs of their patients.

Margaret Lavallee is the Elder-in-Residence with the University of Manitoba’s Centre for Aboriginal Health Education. After years of learning, she conducts sweats, and is also a pipe carrier and uses the sacred pipe in sweat ceremonies, an honour that took her 40 years to earn.

Lavallee says a sweat lodge ceremony takes place in a dome, often built with natural materials, and mimics the womb of Mother Earth.

Sweats can be an integral part of a person’s healing journey when dealing with a medical situation. It may also be used by family members of individuals facing health issues as a way to journey through the ordeal.

There are two upcoming dates for the Sweat Lodge Teachings Workshop: March 16 and June 8. Certain codes of conduct must be followed when attending a sweat ceremony such as appropriate dress.

The building that houses Circle of Life Thunderbird House’s sweat lodge.

To register or learn more about the workshops, or other Aboriginal Health Program workshops, visit www.wxha.mb.ca/osd/acw.html or call 940-8737.
For the past year, a project team has been working away in the background, laying the groundwork for significant change throughout the Winnipeg Health Region.

Within the next 12 months, sites and services within Phase 1 of the Business Process Solutions Project – BPSP – will begin using SAP, a single integrated computer system, for business processes in the areas of Human Resources, Payroll, Finance and Supply Chain.

It’s no secret to employees who use the current business software and processes that it’s time for an upgrade. Some of our processes are inefficient. Our systems are getting to be out of date – some to the point where they are no longer supported by their vendors. We also need to easily access the information that will help business areas provide optimal support to the delivery of care to patients, clients and residents.

Implementing SAP across the Region will help resolve these challenges. Right now, BPSP is focused on Phase 1, which tackles the areas where the need for upgrading is most immediate: Health Sciences Centre, Winnipeg Health Region Corporate, Community Health Services, Pan Am Clinic and Manitoba eHealth. Phase 1 creates the basis for future implementations which will see SAP introduced into other sites and services.

At the moment, the BPSP team is working on building and testing the new system, developing training for staff, and planning ways to help staff successfully make the transition into a new way of completing business processes. It’s expected that the new system will go live in Finance and Supply Chain in August and in HR and Payroll in January, 2012.

For more information about BPSP, including the nature of the changes and the benefits it will bring, visit the BPSP section of Insite.