Influenza, also known as the flu, is an infection of the respiratory tract caused by the influenza virus. It is easily spread by coughing or through contact with nasal fluids. Influenza typically lasts 10–15 days, but full recovery may take weeks. The complications from influenza can be life threatening for some people.

Yearly immunization is the best way to protect yourself. The influenza virus changes every year, so it’s important to get immunized every year. Influenza immunization works and, it’s important to know, you cannot get the flu from the vaccine.

The Winnipeg Regional Health Authority offers influenza immunization clinics every fall at community and public health clinics throughout the city. The vaccine is also available through your family doctor. Remember, last year’s flu shot won’t protect you this year.

Other ways to protect yourself and others:
• Wash your hands often, especially after coughing or touching your nose
• Cover your nose and mouth when you cough or sneeze
• Stay home if you are sick
• Anyone can get influenza, and serious problems can happen at any age. However, certain people are more likely to develop serious complications.

In Manitoba, the influenza vaccine is provided free of charge to the following groups at increased risk of these complications:
• Residents of nursing homes and chronic care facilities
• Anyone with chronic heart or lung disease
• Anyone with cancer, anemia or a weakened immune system due to disease or medication
• Anyone with a chronic condition
• Anyone aged 65 or older

• Children on long-term aspirin therapy
• Children aged six–23 months
• People are more likely to unknowingly spread the flu to high-risk groups either because of their occupation (such as health care workers) or because they live with or visit persons who are at increased risk. People capable of transmitting influenza to high-risk groups and eligible for free vaccine:
  • Household members of anyone in the above groups at risk of complications
  • Health care workers, volunteers and other personnel providing care
  • Frequent visitors to chronic care institutions
  • Household contacts of children aged 0–6 months

• Those providing regular care to children 0–23 months, whether in or out of the home
• Pregnant women in their third trimester (may transmit to infant)
• First responders (police officers, fire fighters and ambulance workers)
• Personnel and volunteers in drop-in centres, shelters and soup kitchens

For more information on influenza or clinic dates and times, contact Health Links—Info Santé at 788-8200, or go to www.wrha.mb.ca. See inside for clinic dates and times.
Construction Finished on Manitoba’s Largest Health Capital Project

Construction on the largest health capital project in Manitoba’s history is now complete and the keys to the Ann Thomas Building at Health Sciences Centre were handed over to Premier Gary Doer and the Winnipeg Regional Health Authority, Sept. 19.

“This is a landmark project that is going to greatly improve the quality of patient care at our largest teaching hospital and provincial trauma centre, and reflects our ongoing commitment to quality health care,” Doer said. “Today’s announcement builds on major renovations to Victoria, Seven Oaks and St. Anne hospitals, and new hospitals in Brandon and Swan River.”

Construction of the 286,000 square-foot facility began in May 2003 with an investment of more than $136 million by the province, the largest single investment ever made in a Manitoba hospital.

“This is a state-of-the-art facility and the design, the spaces within it, even the lighting all take into account all the changes in technology and patient treatment philosophy that have occurred since the original structure was built in the 1950s,” said Dr. Brian Postl, president and CEO of the Winnipeg Regional Health Authority. “The result will be better patient care and patient spaces as well as a greatly-improved workplace for our health-care professionals.”

The three floors and basement level of the Critical Services Redevelopment Project are connected to existing buildings at all levels. The new building is named after Ann Thomas, one of the first Aboriginal nursing graduates from the then Winnipeg General Hospital.

“Putting all critical services into one building just made sense and everything needed to treat critically-ill patients will be basically in one area,” said Dr. Brock Wright, COO of Health Sciences Centre Winnipeg and vice president of the Winnipeg Regional Health Authority. “When you’re dealing with critically-ill patients, every minute counts, and now all the expertise, the equipment and the resources required will be easily accessible.”

The critical services components of the project will include:
- adult and pediatric emergency departments,
- adult and pediatric intensive care units,
- adult and pediatric surgical suites,
- an operating room dedicated to trauma cases,
- a new post-anesthesia care unit,
- a new coronary care unit,
- new radiology procedure rooms,
- a new central equipment processing unit,
- a new satellite diagnostic imaging unit,
- building services, and
- a 10-person burn unit.

“This project shows our government’s commitment to invest in modern health-care facilities throughout the province,” said Doer. “It will not only meet the needs of patients who require top-notch health care, but will also help our dedicated health professionals provide better care sooner to all Manitobans.”

The Health Sciences Centre will be organizing public tours of the new facility in the coming months as staff is trained and equipment is installed. The new facility will begin accepting patients early in the new year.

Annual General Meeting 2006

Join us for our Annual General Meeting. It’s your opportunity to find out what the Winnipeg Regional Health Authority has accomplished this past year and what plans we have for the future. Afterwards, meet members of our Board of Directors and Senior Management Team and enjoy light refreshments.

When: Tuesday, October 17, 2006
Time: 4:30 p.m.
Where: Millennium Suite, Winnipeg Convention Centre 375 York Avenue

Reception to immediately follow

This year’s keynote speaker is Professor Colleen Flood, B.A., LL.B., S.J.D, Associate Professor, University of Toronto, Canada Research Chair in Health and Law Policy
Press Pause for a Stretch Break

By Kristine Hayward,
Winnipeg in motion Coordinator

You know the feeling. You’ve been stuck at your desk for hours, and your body is stiff and achy. You’re finding it hard to concentrate, and every time you look at the pile of work on your desk you tense up even more. When you do finally get up from your chair your knees creak, your muscles ache and your first few steps make you want to sit down again. It’s an exhausting cycle.

Fortunately, there are some simple stretching exercises you can do at your desk to help you stay loose, relaxed and tension-free. Make a habit of doing these quick and easy stretches every day and your whole body will feel better. They’re don’t require any equipment or experience to do.

Stretching the stress away

Stretching at your desk combined with deep breathing can help you to relax and concentrate at work. Hold each stretch for at least 10 seconds, or to a point where the tension seems to melt away as the muscle relaxes. Be sure to stretch slowly, avoid bouncing and stretch only as far as you feel comfortable. You should never feel any pain when stretching, but rather a slight pull or mild discomfort. If you have time, try to repeat each stretch at least two times.

An easy beginner stretching routine

Ready to add some stretches to your day? This easy beginner stretching routine will help keep the aches and pains away.

For additional information and helpful hints on how to put physical activity back into your day, visit the Winnipeg in motion website at www.winnipeginmotion.ca or call the in motion Info line at 940-3648.

Thank you to Sharon Walters, Tannis Pratt and Jim Legeros for modeling stretching exercises.

Triceps Stretch

Stretch your triceps by raising your arm up near your head and bending at the elbow. Gently apply pressure with your opposite hand and hold the stretch.

Wrist, Hand and Forearm Stretches

Extend one arm out in front of your body, parallel to the floor with the palm facing up. Apply gentle pressure on the palm of your hand, pulling it gently back towards you to feel a gentle stretch through your wrist.

Chest and Shoulder Stretch

Clasp your hands together behind your head, keeping your head in a neutral position looking straight ahead. Pull your elbows back, while thrusting your chest out.

Back and Forearm Stretch

Sitting tall, clasp your hands together and press your arms directly out in front of you. Hold for 10 seconds.

Neck Stretch

Look straight ahead with your shoulders relaxed, not raised. Tilt your head to one side and press your opposite palm towards the floor. Hold for 10 seconds and repeat on the opposite side.

Hamstring / Lower Back Stretch

From a seated position, extend one leg out with your toes pointing straight up towards the ceiling. With a straight back, lean forward from the hips and reach down your leg until you feel a slight pull. Hold for 10 seconds and repeat on both legs.
E.R.I.K.: Your Health Information When You Need it Most

Lorne Brady was completely overwhelmed when he found Bernice, his wife of 50 years, unconscious on the bathroom floor in September of 2003. He called 911 and within minutes four ambulances had arrived. After an initial examination, first responders suspected Bernice had suffered an abdominal aneurysm, requiring immediate medical attention.

Between concern for Bernice and answering questions from the paramedics, Lorne was frantic. “The house was full of people,” he recalls, “They were all asking so many questions and I couldn’t think straight.”

Fortunately, however, Bernice had recorded her important health information in an Emergency Response Information Kit, or ERIK. As a result, paramedics were able to review her past medical history and medication, and Lorne was able to focus on Bernice, who eventually made a full recovery.

It’s exactly the kind of outcome the Boni-Vital Council for Seniors had in mind when they developed ERIK in September of 2001. ERIK kits are magnetized plastic folders containing important medical information about users.

“Paramedics often feel they have two patients—the patient and the spouse or caregiver, who is often quite upset,” says Karen Irvine, a resource coordinator at the Boni-Vital Centre for Seniors. “With this information available the paramedics don’t have to ask the caregiver so many questions, and that puts him or her at ease.”

The bilingual kits help to ensure that seniors have a standardized package of health information placed in a common location known to emergency personnel and other health care providers.

They include a health information form, health care directive, organ donor card and information brochures. Participants simply complete the enclosed forms and place the completed kits on their fridges. The kits provide information about medication, past history and contacts.

Developed with input from senior community agencies, Winnipeg Fire Paramedic Services and the Manitoba Pharmaceutical Association, the kits are also ideal for people with chronic illnesses and those who live alone.

First tested in the fall of 2001 at a senior’s block in the Boni-Vital area, the demand for ERIK kits was huge within weeks. In February 2003, ERIK/T.I.S.U. was officially launched province wide. Veteran’s Affairs distributed them to every veteran and his or her spouse in Manitoba, and other provinces have since used the prototype of ERIK to develop their own versions.

Irvine says emergency response groups in Manitoba have embraced the program. “It’s the first thing paramedics look for when they go into a home,” she says. “There have been numerous incidents where it has been lifesaving.”

The program has achieved a great deal since its inception, and as its five-year anniversary approaches, the Boni-Vital Council for Seniors is reminding current users to ensure their kits are updated.

“Medications or dosages may change over time,” says Irvine. “If you’ve had a heart attack or stroke, that needs to be reflected in your kit, too. Emergency responders need to know this information to provide the best care possible.”

In Winnipeg, you can pick up an English or French kit at any fire or paramedic hall, and kits and presentations are available at all Senior Resource Councils in Winnipeg and Manitoba. The kits are free of charge, but donations help to keep the program going. Agencies can purchase ERIK kits through their local resource councils.

For more information about ERIK, call Karen Irvine at 255-2061.

Disclosure for a Culture of Patient Safety

By Ryan Sidorchuk

Disclosure. It’s a concept that’s become increasingly relevant in the context of Patient Safety. It’s also a loaded term that has many different meanings to many different people.

But, in essence, disclosure is about truth telling—attempting to understand what happened, how it happened, and why it happened so we can protect patients from similar harm in the future.

In today’s complex healthcare systems, however, this is rarely an easy proposition.

The goal of the WRHA Patient Safety program is to protect patients from healthcare system harm. To do that, we study and learn from past instances in which a healthcare system error has caused preventable harm to a patient, from the perspectives of both healthcare professionals and patients and family members involved in the incident.

Clear information about a patient’s care and health status (and, hence, the need for disclosure) is a moral imperative in this process. But do we really need policies and laws to ensure the family of someone who has died in care knows how and why it happened?

The answer is yes, for several reasons.

Disclosure conversations are almost always highly emotional—anger, grief, guilt, embarrassment, self-doubt and fear are just some of the emotions that patients, family members and staff feel. However, these conversations can provide us with the greatest insight.

The process is reflected in the work of the Patient Safety team, wherein a culture change—from one of blame, misinformation and semantic defense to one of learning, transparency, and shared meaning—is our primary goal. Comprehensive disclosure training programs, policy guidelines, and the forthcoming proclamation of Bill 17 (detailing amendments to both The RHA Act and Evidence Act), are just three examples of the conditions needed for this culture change to occur.

There’s another reason to legislate disclosure. Experience and research has taught us that the best way to help families heal after a loved one has been harmed because of a healthcare system breakdown is to tell them what happened and what is going to be done to redress the situation, and acknowledge our role in the breakdown as an organization intending to heal rather than harm.

Ultimately, however, Patient Safety is about changing the way we do things in order to make our patients and systems of care safer. Disclosure is an essential part of that process.
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The Winnipeg Regional Health Authority’s website has been redesigned to help you find information faster and easier. Highlighting priority areas including wait times, patient safety and Aboriginal health, the updated website provides information about hospitals, community health and long-term care and clinical programs. Some of the features you’ll find at www.wrha.mb.ca include:

- Encompass, a searchable listing of WRHA programs and organizations to help you find health services near you
- Health information database
- Job postings and volunteer opportunities

Manitobans affected by movement disorders such as Parkinson’s disease, Huntington’s, Multiple Sclerosis, Dystonia and Tourette’s syndrome have a new option for care. Deer Lodge Centre’s new Movement Disorders Clinic officially opened in the Women’s Tribute Memorial Lodge, Sept. 14.

The innovative new clinic is the first of its kind in Manitoba to bring diagnosis, treatment and research for movement disorders under one roof, using a multi-disciplinary approach to care. Physiotherapy, occupational therapy, speech/language pathology and therapy, respite care and geriatric psychiatry are some of the services that will be available.

The clinic will bring hope to thousands of Manitobans living with neurological issues, providing timely and convenient neurological treatment to approximately 5,000 patients annually.

One of the goals of the Clinic is to reduce the waiting period for neurological treatment in Manitoba from eight months to two months.

The in-house care team is comprised of Dr. Doug Hobson, the province’s only movement disorder expert, and Dr. Andrew Borys, in addition to three specialized nurses. The Clinic is also expected to attract a host of visiting and permanent neurologists to the province.

Treatment at the Clinic will focus on alleviating, controlling and managing the hyper (increased) and hypo (decreased) kinetic movements that are hallmark symptoms of neurological conditions such as Parkinson’s.

The WRHA and both the federal and provincial governments contributed $800,000 to this project. The Deer Lodge Centre Foundation pledged to raise the remaining $1 million.