



SIoux LOOKOUT

Meno Ya Win

HEALTH CENTRE

# Meno Ya Win News

Volume 12, Issue 4

*Working Hand in Hand with our Communities to Build a Healthier Future.*

## Fun Facts:

**Sneezes regularly exceed 100 mph.**  
There's a good reason why you can't keep your eyes open when you sneeze—that sneeze is rocketing out of your body at close to 100 mph. This is, of course, a good reason to cover your mouth when you sneeze.



## Have your say

Want to see something in the newsletter?

Have an idea for a story?

Send your ideas and submissions to:  
Mary Spray at [mspray@slmhc.on.ca](mailto:mspray@slmhc.on.ca)

(put "newsletter" in the subject line of the email.)

## Inside this issue:

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## SLMHC Gets Two New Certified Breast Patient Navigators!



Tracy Cryderman (left) and Deanna Lance (right) are now certified breast patient navigators

**T**he mammography department at Sioux Lookout Meno Ya Win Health Centre is open year round and provides full service breast imaging. We offer our patients screening mammograms, diagnostic mammograms, breast ultrasounds, breast biopsies and breast needle localizations (in coordination with a surgical appointment).

We are staffed by a full time Radiologist – Dr Neety Panu, two mammographers – Tracy Cryderman and DeAnna Lance, and 4 ultrasonographers (three are female).

In March 2014, Tracy and DeAnna travelled to Las Vegas to attend the National Consortium of Breast Centers (NCBC) conference. While there, they also received training and became Certified Breast Patient Navigators in Imaging. Their role as breast patient navigators at SLMHC is to facilitate and counsel a patient in their journey through the breast imaging process – from a screening or diagnostic mammogram and when necessary, to follow up views and/or a breast ultrasound to a breast biopsy, and occasionally to breast surgery. They ensure that when follow up breast imaging or breast intervention is required, that it is being done, and is that it is being completed within a reasonable time frame. Breast patient navigators will also be a support person for these patients. They will provide education and are there to answer questions that patients may have.

***The overall goal of this program is: To save the lives of women diagnosed with breast cancer and ensure timely and efficient delivery of breast care/cancer services through quality and excellence in the navigation of a breast patient through their imaging and/or cancer care and treatment.***

<http://www.bpnc.org/intro.cfm>



## SLMHC Lab Passes Accreditation With Flying Colours.

On June 10<sup>th</sup> and 11<sup>th</sup>, the SLMHC Laboratory went through an Ontario Laboratory Accreditation Assessment. This accreditation process is much more vigorous and thorough than the hospital wide accreditation process. It is a mandatory process that happens every 4 years whether we want it or not! Four assessors were on site for the two days and assessed 480 requirements one by one. The lab was cited for only 7 minor non-conformances which means the final mark was 98.54%!

I would like to thank all the of the SLMHC lab staff for their hard work, dedication to quality and commitment to excellent patient care!

Congratulations!

~Brenda Voth, Manager of Laboratory Services~



Lab accretior interviews lab staff

## Pensions: To Save or Not To Save

There has been a lot of discussion over the past year regarding starting up provincial pension plans to force people to save for their retirement. CPP is already in place as a federal pension plan which everyone who works contributes to.

If you are a full time employee at SLMHC, you are automatically enrolled and will be contributing to the Healthcare of Ontario Pension Plan (HOOPP). If you are part time, but work over 700 hours in a year, you can voluntarily contribute to the plan. Currently, for every \$1.00 you contribute, SLMHC contributes \$1.26. How could that be a bad thing? Call Shelly Read in payroll to find out if you're eligible to contribute.

A representative from HOOPP was just here a few weeks ago and, over and above all of the information she provided, she advised that HOOPP currently has approximately 110% of funds required to pay out pensions.

At SLMHC we think everyone should do what they can to save for their retirement. It's one less thing to worry about, which can only contribute to your good health.

For a thorough discussion about what you can do to save money for your retirement, you should seek out a financial advisor.

The following article, by Susan Eng, was found online and we are reprinting it here to provide you with facts and figures about saving for retirement.

## Top 10 Dumb Things People Say About Pensions

By Susan Eng

A lot of Canadians don't save enough for retirement and many oppose any suggestion to increase CPP or set up new supplementary pension plans. Here are their reasons:

### 10. I plan to work 'til I drop!

That would be great if you stayed healthy and you

always had a job. Canadians are certainly living longer, healthier lives but not everyone. 24 percent of seniors have multiple chronic conditions and take on average 5 different prescription meds.

Older workers who lost their jobs in the late 1990s had three times as much difficulty getting new ones as their younger counterparts and they either got jobs within the first two years or not at all . 30 per cent of Canadian retirees have had to return to work to pay off debts.

*(Continued on page 3)*

(Continued from page 2)

### 9. I can live on CPP and Old Age Security

Old Age Security pays a maximum of \$6,618 a year, CPP \$12,500 for maximum total of \$19,000 – enough to live on while you're living in your parents' basement but not when you're 65 and paying for the roof over your head plus other incidentals like food.

### 8. I expect a sizeable inheritance when my parents die

Great if they die healthy. Otherwise, long term care costs could eat into that inheritance to the tune of at least \$20,000 a year and that's in a publicly funded nursing home. Private retirement residences charge upwards of \$5,000 a month and home care is not entirely covered or even available.

Besides, your parents may feel they've sacrificed enough for you and go SKI-ing – "Spend the Kids' Inheritance!" That's why it's never a good idea to plan your financial future around other people's money.

### 7. I have a house and nearly \$100,000 in RRSPs

Very good. Only \$800,000 more to go. BMO Harris Private Banking reports that most people think a minimum of \$908,000 in liquid savings is needed if you plan on living off your investments. They're about right. If you earn \$60,000 a year now and want to live on \$40,000 (plus CPP and OAS) once you retire, then you need \$1 million earning 4 per cent per year! Doable, but first you need the million dollars.

### 6. I can do better on my own

Could be true — if you have been earning 8-10 per cent on your savings over the past several years as have the major pension funds like CPP, Ontario Teachers' Pension Plan or the Healthcare of Ontario Pension Plan or many private pension plans, all of which were hit in the market downturn but have since bounced back. Did you? Many retirees who were devastated in 2008 – 9 did not recover their savings, some have had to return to work.

But chances are that you won't match the record of the professional investment managers and more important, they can invest in super funds with high returns that you and I cannot access unless we're investing millions at a time.

### 5. I'm not giving the government any more of my money

Money you put into a supplementary pension plan does not go to the government, it is invested and returned to you with interest when you retire. A recent study reported that almost 80 percent of the pension cheque is actually investment income earned on your contributions.

In fact, it costs the government money because you can deduct the contributions and save on taxes – as you do with RRSP contributions. Do you make any RRSP contributions? Didn't think so. Most Canadians don't do that either.

### 4. Government should just lower my taxes and I will save on my own

Refer to #7 and #6 above. Have you paid a million dollars in taxes?

3. Government says that the economy is too "soft" for people to divert money into savings

So we should do our patriotic duty and spend the economy out of recession as George W Bush exhorted Americans to do after the Wall Street crash? Sounds like advice from your local pusher: c'mon just one more!

### 2. The government will take care of me

With what? Besides OAS and CPP (see #2) there is nothing on the books to help people if they do not help themselves. And if you're like most Canadians, you'd rather stick pins in your eyes than go on welfare.

### 1. The number one dumb thing people say about pension: We need to cut down the gold-plated pension plans that MPs and civil servants have

And that helps you how? Reduce your taxes maybe (see #4). But the right answer is that all of us should be able to save affordably in a large well managed pension plan that help us get that "golden" retirement the travel ads keep telling us about.

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- See more at: <http://www.carp.ca/2014/02/24/top-10-dumb-things-people-say-pensions/#sthash.ydmTsTnT.dpuf>

## Small hospitals embrace new quality improvement tool.

Story taken from Northern Ontario Medical Journal (Vol. 8, Issue. 1, 2014)

By: Norm Tollinsky

In a presentation at the Ontario Hospital Association's Rural and Northern Health Care Conference May 8, Meno Ya Win Health Centre CEO Dave Murray, project lead Jen Maki and quality improvement guru Dr. Ben Chan unveiled a quality improvement planning tool for small hospitals.

The one size fits all quality indicators all hospitals in Ontario are currently required to measure and report on aren't always meaningful to small hospitals, said Murray.

"Small hospitals need to find our role and get the Ministry and the funders to understand what value we provide the system and why it's important to make sure we stay in business. In order to do that we need to be able to demonstrate that we do provide value and for that we need data, we need metrics and we need proof."

Tapping the Small, Northern and Rural Fund created by the Ministry of Health and Long-Term Care, and



Dr. Ben Chan, former executive director of Health Quality Ontario, addressing the Ontario Hospital Association's Northern and Rural Health Care Conference May 8. (Jenn Maki, VP Quality & Support Services pictured on right.)

the expertise of Dr. Chan, former executive director of Health Quality Ontario, 10 hospital CEOs got together to come up with more relevant quality improvement indicators.

Measuring and reporting on Emergency Department wait times is one example of a quality indicator that isn't relevant to small hospitals, said Maki, vice-president of quality at Meno Ya Win.

*(Continued on page 5)*

## THANK YOU!



The Medical/Surgical Unit would like to extend a big **thank you** to Dr. Kirlew, who has graciously donated a television and an XBOX for pediatric patients.

This is a very generous donation that will help make admission to hospital a bit more pleasant for our junior patients.



### Thanks a Bunch!

A **BIG** thank you goes out to the horticultural society for donating their time and energy to help keep our courtyards looking great.

The group will be helping out again this Thursday.



(Continued from page 4)

In small hospitals “time to triage is about two minutes and time to admission is one-sixth of the provincial average,” she noted. As a result, “the Ministry doesn’t recognize our wait time numbers because they’re too small.”

When people look at the reports on the Health Quality Ontario website, and see all the zeroes and not reportables, “it looks really bad,” said Maki.

“Sometimes, people outside small communities have the impression that if you go to a rural hospital, you’re going to get a lesser quality of care, but we know that’s not the case.”

C. difficile is another quality indicator that’s irrelevant to small hospitals, said Chan, who regularly does locums in Sioux Lookout and other communities in Northern Ontario.

For months, a small hospital can go with zero cases of C. diff and then have a blip, he explained, “so statistically, it’s impossible to demonstrate an improvement.”

Also meaningless for most small hospitals are the quality indicators relating to intensive care units “because most of them don’t have an ICU.”

Instead, the decision was made to focus on transitions and high-quality discharge plans, “because so much of what we do is about transitions,” said Chan.

By focusing on transitions and discharge plans, hospitals can identify shortcomings and opportunities for improvement.

A high quality discharge plan, he said, should include a risk assessment, follow-up instructions for primary care, condition-specific to do lists and a quality medication reconciliation.

“What I would love as a family doctor is information that tells me ‘these are all the changes in medication that were made and these are the reasons why,’” said Chan. “There’s nothing more frustrating than having a medication dropped with no reason. It drives me nuts, so let’s clean up that communication process so everybody understands and there’s no confusion.”

Chan also endorsed the use of the “teachback” technique to confirm patients have understood their discharge instructions.

“Before patients go home, ask them to repeat back everything you’ve said to them. I’m always humbled as a primary care doctor whenever I send a patient home and realize that although I thought I was speaking slowly and in plain English, it turns out that half of what I said didn’t register.”

A complete discharge plan, said Chan, should also reference the key contact people, the diagnosis, the patient’s functional status and the services and devices needed.

The 10 hospitals have committed to what has been dubbed the BATON project, short for Better Admissions and Transitions in Ontario’s Northwest, for the current year, and hope to eventually pass it on to other small hospitals across Ontario.

Reference:

Tollinsky, N. (2014). Small hospitals embrace new quality improvement tool. *Northern Ontario Medical Journal*, 8(1), 21.



Maja Martin, NOSM Coordinator

## **WELCOME!**

My name is Maja Martin and I am the new Northern Ontario School of Medicine (NOSM) Site Administrative Coordinator and Local Education Group Administrator at SLMHC (it’s a mouthful!). I will be coordinating and scheduling for the NOSM medical students and residents visiting Sioux Lookout as well as assisting the Local Education Group. Prior to this position, I was a clinical assistant to the psychology, psychiatry and expressive arts therapy clinics at Nodin Child and Family Services and prior to that a ward clerk in the Day Medicine Department here at SLMHC. I am excited to be back at the hospital. Since I’ve arrived people have been exceptionally welcoming and I’d like to thank them for that!

# 5<sup>th</sup> Annual Community Fish Fry a huge success!

On behalf of Dick Bramer, Cathy Stanley, Sue Ferguson, and myself, I would like to thank everyone who attended the 5<sup>th</sup> Annual Community Fish Fry at the Town Beach on Sunday June 8<sup>th</sup>. We served 440 guests to a delicious meal of fresh caught walleye (donated by the Walleye Weekend Tournament Contestants), baked beans, home-made coleslaw, biscuits, drinks and cookies.

We once again partnered with the SLMHC Foundation who collected donations for the fish fry. They were able to raise \$1651.00, which all goes to the Foundation for programs and equipment at SLMHC.



Erica Mulville shows off her fish battering skills.

Thank you to the SLKT Anglers and Hunters, who hold the Walleye Weekend Tournament every year and promote the donations of fish from the tournament to the SLMHC Miichim Program.

Thank you to the Blueberry Festival Committee who worked with us to ensure this year's event was a success.

Thank you to Rainbow Propane who, once again, generously donated the propane for the fish fry.

We also thank all those who gave generous donations in support of the foundation. Your outstanding support is

greatly appreciated and helps to further enhance health care in Sioux Lookout and the surrounding communities.

But mostly a HUGE thank you goes out to all the volunteers who helped make this fish fry the great event that it was: Erica Robert, Catherine Kivi, June & Ron Wynn, Erika Mulville, Annette, Schroeter, Carole Wiebe, Wayne Srigley, Pat Marshall, and Ryan Anderson. As well as Marlene Leadbeater, Ross Horne, and Andrew Taylor for ensuring we had all our items and that they were prepped and ready to go.

Without your hard work this event could not have happened. It was a long day, but a fun one! So we would like to extend a big THANK YOU to each and every one of you, for volunteering your time for our community.

Andrea Stanley, Aramark Administrative Assistant



Erika Robert and Dick Bramer serve lunch during the Community Fish Fry.



Volunteer, Mr. Pat Marshall, cooks up walleye during the Community Fish Fry held June 8, 2014.



## **ATTENTION ALL PHOTOGRAPHERS!**

We are looking for great pictures of the Sioux Lookout area, nature shots, coworkers or whatever that would make a great calendar for 2015.

Please submit your digital pictures by email to Mary Spray before September 2014. Put "calendar" in the subject line of the email. *(high resolution only, please.)*



# DID YOU KNOW ?

Here's a brief overview of some of the exciting things that happened in Dietary this year.

- Last year our Dietary department prepared and served the following meals:
- 49,000 Inpatient
- 1,124 Traditional (Miichim)
- 21,900 William George Long Term Care facility
- 4,671 "Meals on Wheels program"
- 124,560 Jeremiah McKay Hostel

That's a grand total of 201,255 meals prepared and served! (This does not include meals served through retail in the cafeteria each day). In comparison, our closest neighboring hospital served 38,000 inpatient meals last year.

- We served over 76,000 cups of coffee in the cafeteria alone.

- Our menu offers many fresh, healthy meal selections to our patients and staff that are made daily from scratch by our dietary team.
- Traditional foods (Miichim) are offered to all our patients once a week on Thursdays. All Miichim meals are made in our traditional kitchen and are prepared from scratch in such a way to ensure each meal fits with the majority of our patients nutritional diets. Miichim includes meals of moose, caribou, small game, geese, ducks, local blueberries and wild rice.
- Our dietary team has reviewed and implemented changes that have improved the delivery time of meal trays to our patients' bedside by **16** minutes. This was completed by adapting equipment, reviewing and changing job routines and establishing a standard work process for tray line. Meals now move from the kitchen to our patients faster ensuring they are fresh and hot for our patients comfort and recovery.

Our dietary team is a busy bunch!

## A New Perspective



Cyndy Ocampo, OR Nurse

It has now been 3 months since I've moved to Sioux Lookout. During that time I often contemplated whether this was a good move and if I should go back to Toronto. I had many reasons to go back: my grandfather died the first month I was here and I had no

family support here to help me cope with the feelings. But going to work and seeing my new co-workers somehow made me feel sane and assisted me to push through my pain.

The first month was the hardest and quite a culture shock. I was not used to living in a small town and having everyone know who you are before you even

step foot into the hospital. Orientation week did not help my anxiety, hearing scary rumours about the OR Department made me second-guess whether this was really for me. However, I quickly learned that, that's all they were...just rumours.

I discovered that the OR department is not just a team of nurses, doctors, housekeepers, clerks and CPD, but we are a family. Our relationships go beyond the four walls and our weekly OR luncheon. We help each other without looking for anything in return: from simple things like driving someone to the airport, giving advice to an individual in need, to helping somebody move, or cooking dinner after someone has gone through surgery. And everything people do for one another is genuinely appreciated.

When I think about how I have grown as an individual and a nurse, I can say in confidence that my move to Sioux Lookout was worth it. I would like to thank my OR family for being my family away from home. "Ohana means family. Family means nobody gets left behind or forgotten" – Lilo and Stitch.

~Cyndy Ocampo, RN~

## QEDHS Senior Sandwich Society Donates to SLMHC Foundation

*Written by Lance Hildebrand, QEDHS Teacher*

The Senior Sandwich Society (S.S.S.) is a group of grade 12 students from Q.E.D.H.S. who engage in a variety of activities. One of our traditions is to organize a Christmas fundraising activity. This year, with the direction of the S.S.S., the Q.E.D.H.S. staff and student body were able to raise over \$1100 in eight days. The Sandwich Society directed this money to two causes. One was international in scope; money was sent to the Red Cross to support typhoon relief in the Philippines. The remainder of the money (\$500) was dedicated to a local cause. The Sandwich Society students wanted to honour a former member and her partner, both of whom are alumni of Queen Elizabeth. Last year, Natasha Sakchekapo-Lalande and Lorne Davis lost their only child. Their son, Joseph Philip Maahiigan Sakchekapo-Davis passed away at the age of 4 months. The Sandwich Society felt it was important to recognize their loss and honour their son's memory by donating to the S.L.M.H.C. Foundation. This is

the essence of the Sandwich Society's mandate. We try to teach our young people to reach out to others, to be supportive of others and to look for opportunities make a difference. Hopefully our humble efforts have achieved some of our goals.

The photo was taken at the food prep table in the Food and Nutrition room at Q.E. This is where the S.S.S. held its monthly meetings. Those in the picture from left to right are: Rita Demetzer, Foundation Board Member, Lance Hildebrand with the niece of Natasha Sakchekapo-Lalande, Michelle Theriault, Q.E. Teacher, Natasha Sakchekapo-Lalande, Marnie Hoey, Foundation President and Joel Anderson, Foundation Assistant. Absent from the photo was Janine Lavoie, Q.E. Teacher.



## Wellness Byte

### 7 Steps to Blood Pressure Control

1. **Get your numbers checked!** Experts recommend having your blood pressure checked at least every one to two years by a health care professional. Tip: Sit quietly for five minutes before testing for a more accurate reading. It's okay to have your blood pressure checked at every medical appointment.
2. **Watch your weight.** Losing even a few pounds can lower blood pressure, most dramatically in those who are already overweight and have hypertension.
3. **Limit saturated and trans fats.** They're high in calories and can contribute to obesity and high blood pressure. Reading nutrition labels on food packaging will tell you if there are saturated or trans fats in the food.
4. **Keep moving.** Exercise helps you reach and maintain a healthy weight and lowers blood pressure. Get 30 to 60 minutes of moderate physical activity, such as brisk walking or biking, most days of the week.
5. **Limit alcohol if you drink.** Drinking too much alcohol can raise blood pressure. The Canadian Mental Health Association advises that if you drink alcohol, have no more than two standard drinks on any one day (up to 14 per week for men and up to 9 per week for women).
6. **Go easy on sodium.** Eating a diet that is high in sodium may contribute to higher blood pressure; since most people consume more than they need, cutting back is wise for just about everyone.
7. **Take medication as directed.** If you take a blood pressure drug, use it as prescribed, even if you feel fine. Talk to a medical professional if you have any side effects or think your medication or the dosage may have to be changed.

Body Bulletin Canada, May 2011

# Ethics Corner

Working in healthcare we are at times confronted with situations which gnaw at us and create lasting inner turmoil. As we struggle internally for resolution, questions pierce our minds and many of us may find ourselves squirming in discomfort as the problem unfolds. The Ethics Working Group can help to navigate dilemmas that may arise in the workplace by providing support and leadership for all patients and staff.

We are currently working on refining the SLMHC Medicine Wheel Ethics Framework and await the results of a research project started last autumn which is testing and evaluating its use. This is an

exciting and unique project as it reflects many Anishinaabe values and cultural teachings throughout its structure. Last year in June SLMHC held its first workshop on the framework. Watch for another education workshop on ethics and the Medicine Wheel Ethics Framework coming up this fall.

The Ethics Working Group requires diverse representation and seeks active and interested committee members. We are pleased to welcome our newest member Glendene Schardt, a RN from the Assault Care & Treatment Program (ACT), to our committee.

If you are interested in joining the Ethics Working Group contact Annette Schroeter, 737-6578 or [aschroeter@slmhc.on.ca](mailto:aschroeter@slmhc.on.ca).

## What is Pastoral Care?

*By Fr. Mike Mahoney*

The best image I can think of for pastoral care is the image of a shepherd's care for the sheep. This is a traditional Christian image and the metaphor of the shepherd is used often in scripture. The Good Shepherd leads his sheep to secure pastures where they can rest and are nourished.

Pastoral care in a broad sense is 'helping others'; and traditionally in the Catholic faith is 'care of souls'. Pastoral care helps people find meaning and ultimately peace in their relationship with God and their experience, especially during the upheavals of sickness, suffering, and difficulties.

As an image, pastoral can refer to art (a pastoral scene), country or rural living, or music. It conveys a simple and serene setting where there is calm and well being.

Speaking of 'well being'; I love the name of our hospital, Meno Ya Win. Translating as 'health, wellness, and well being' it has always struck me as a profound expression of pastoral care. To

supplement physical healing with care for the spiritual and emotional aspects of people.

### The holistic vision in Christian tradition.

There's a story in the 'Flowers of St. Francis' about a leper who was very difficult to help because of his bitter and angry spirit. He would not let any of the hospital monks help him and lashed out at anyone who tried. When St. Francis came to visit, he challenged him to help because he was in pain night and day. Francis prayed for him, and said he would wash his wounds himself. He prepared hot water with aromatic herbs and as the saint washed the leper's body the man felt himself being healed physically as his flesh was restored. With his healing the man began to feel great sorrow for his past behavior and with many tears he began to heal on the inside too.

Well being, serenity, peace; all these are goals of pastoral care; to help people in their need.

*... for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.*

*Matthew 25: 35-36*



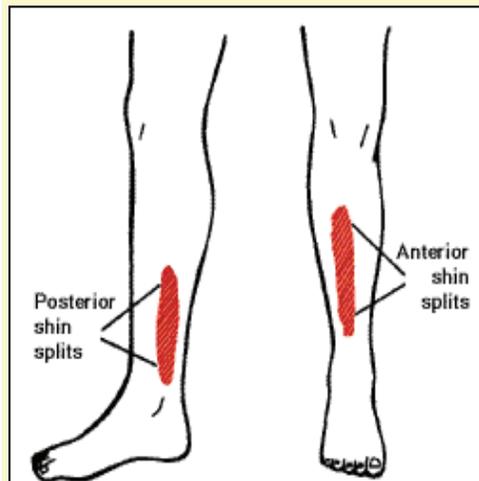
# Back Space

by Adrienne Crosby, R.Kin, CSEP-CPT

## Do you suffer from LOWER LEG or FOOT PAIN?

Welcome back to Backspace! The weather is warming up and after being cooped up all winter, it's time to get outside and get moving! Often times, as soon as the weather gets nice, we go guns blazing into our summer activities, whether we're running, walking or taking on sporting activities, and that's when the risk of injury increases.

If you have lower leg pain, you may be suffering from something called shin splints or medial tibial stress Syndrome (MTSS). This condition is very common, especially in people who are on their feet a lot through the day, are very active (running/walking), or who are starting a new activity such as running or walking.



Shin splints usually result from overuse. Maybe you've tried increasing your running speed, distance or you're running on a hard or angled surface, or maybe you've tried running instead of walking.

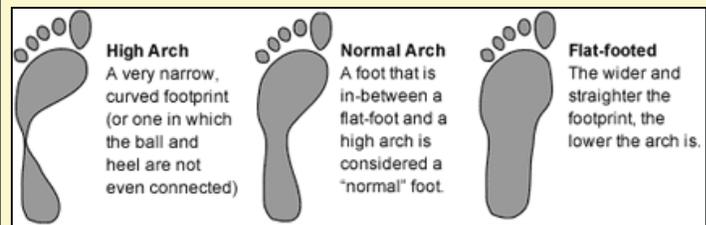
Anterior shin splints occur usually with an increase or change in activity, which creates unfamiliar forces that place heavy strain on the anterior tibialis muscle, causing it to become irritated and inflamed.

Posterior shin splints are generally caused by muscle imbalances in the foot and leg. Tight calf muscles and flat arches (pronation) can cause posterior shin splints. As the foot flattens with each step, the posterior tibialis muscle gets stretched, causing it to pull on the tibia, causing pain and damage.

If you think you may have anterior or posterior shin splints, rest plays an important role in decreasing pain and inflammation. Applying cold packs and taking anti-inflammatory medications are useful in the early stages of treatment. Think of the R.I.C.E principle when treating shin splints (Rest, Ice, Compression, and Elevation).

Wearing appropriate shoes can also play a role in decreasing lower leg and foot pain. People with flat feet may need to wear orthotics to support the arch. Have you ever walked into a store to buy a pair of sneakers or runners and have felt overwhelmed? Don't worry; here are a few pointers to keep in mind when you're picking out a new pair!

- Know your feet! You may know your shoe size, but what about the width? Are both feet the same size, or maybe they're slightly different. You may need a half or full size larger or smaller than what you think!
- Know your arch shape! Here is a simple way to find your arch shape, when you step out of the shower, take a look at the footprint you leave on the bathmat. The shape of your footprint will indicate the type of arch you have.



- Know your running or walking style – you can have it checked by a foot specialist or a physiotherapist, but there is an easy way for you to check! If you own a well-used pair of sneakers, check the wear pattern on the soles. Overpronation is identified by wear patterns along the inside edge of your shoe; supination is identified by wear along the outer edge of your shoe. If you have a neutral gait pattern (stride), the shoe wear is centralized to the ball of your foot and a small portion of your heel.

*(Continued on page 11)*



### Joe Harding, Medical Device Reprocessing

- 3. What's your favourite hobby?  
Bodybuilding
- 4. What's your favourite food?  
Chicken souvlaki from the Pita Pit.
- 5. What is your greatest achievement?  
My son
- 6. What is your favourite place?

- 1. Where were you born?  
Sioux Lookout
- 2. What would you want to do if you weren't doing this job?  
Be a full time personal trainer and own my own business.

- The gym
- 7. What makes you laugh?  
My kids
- 8. What makes you cry?  
Loss of things I care a lot about
- 9. What is your greatest extravagance?  
My motorcycle
- 10. What is your idea of perfect happiness?  
Being with my kids and working out.
- 11. What is your greatest fear?  
Heights
- 12. Which living person do you most admire?  
My dad
- 13. Which talent would you most like to have?  
To be handy at fixing things.
- 14. What is your most treasured possession?  
My children.

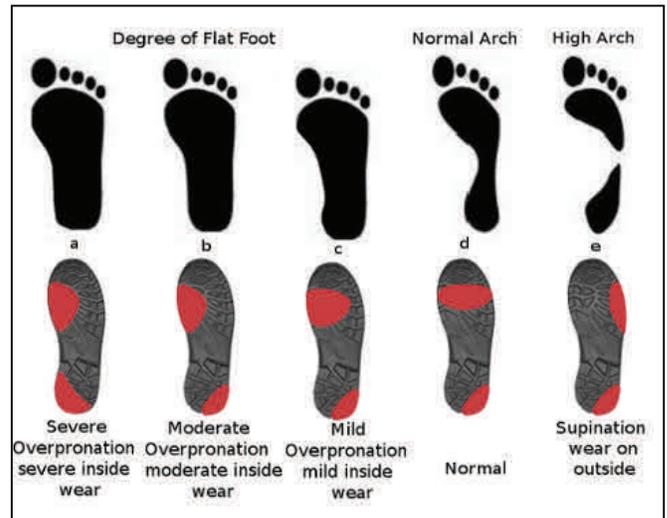
*Based on Proust questionnaire*

Who Are You?

*(Continued from page 10)*

Now that you've checked your shoes and foot pattern, what type of arches do you have? This information will be helpful when you are shopping for new sneakers or shoes. If you're on your feet a lot through the day or you have started a walking or running program, try to purchase your footwear from a specialty store such as Running Room or Foot Locker, where staff should be familiar with what type of shoe is the best for your own individual feet! Your feet (and often your knees, hips and back!) will thank you!

Thanks for reading Backspace and see you next month!



#### EXTREME COUPONING SLMHC Health & Wellness Committee Style.

Ok, so we're not asking you to go **to** the *Extreme*, but if you would like to save a few bucks come check out the Health & Wellness Budgeting & Coupon Board located on the lower level by the locker rooms.

While you are there, check out the tips on couponing and budget planning, have a look through the coupons and take what you can use, and BTW...if you have some coupons at home you can spare, bring them in and drop them off with Andrea Stanley or Adrienne Crosby.

## Anishinaabemodaa

**Lesson:** There are 2 kinds of vowels in the Ojibway language: long and short vowels. It's important to recognize the difference between these 2 sets of vowel sounds so that you can follow the set grammar rules.

**Short vowels:** i as in pit (**abin**—sit)

o as in book (**ozaam**—too much)

a as in cup (**animooosh**—dog)

**Long vowels:**

e as in bed (**miigwech**—thank you)

ii as in peek (**niin**—me)

oo as in between soup and soap (**boozhoo**)

aa as in doctor's "say ah" (**omaa**—here)

Reference: *Talking Gookom's Language*, by Patricia M. Ningewance

### REVIEW PREVIOUS WORDS

1. *Wawiiadendagozi* .....he is funny
2. *Minwendam* .....he is happy
3. *Debishkine* .....he is full
4. *Giige* .....he heals,
5. *Gizhewaadizi* he is kind, warm  
hearted
6. *Wiibaa mino ayaan*....get well soon
7. *Gimino ayaana* .....Are you well?
8. *Shawiigwenin* .....smile
9. *Baapin* .....laugh
10. *Gizshawenimin* .....I care about you.

### USEFUL EXPRESSIONS:

**Dipaabaawe** ..... he is wet.

**Ganawaabi** ..... he watches.

**Goshkozi** ..... he wakes up.

**Bimose** ..... he walks.

**Niinamizi** ..... he is weak.

**Obiidoon** ..... he brings it.



## New to the SLMHC Lab



**Ruben Cudiamat,  
Medical Laboratory  
Technologist**

Originally from the Philippines, Ruben moved to Canada April 13, 2013.

He is married with one daughter. He enjoys biking and badminton. WELCOME Ruben!



**Judy McCormick  
Medical Laboratory  
Technologist**

Originally from Windsor Ontario, this is Judy's second career, the first being a Veterinary Technician in Emergency medicine.

She enjoys lacrosse, quilling, swimming, and canoeing. Judy has two children, a daughter and a son.

Welcome Judy!



**Leena Thibodeau  
Medical Laboratory  
Technologist**

Leena moved to Sioux Lookout from GERALTON.

She has four dogs, two chocolate labs, a rottweiler miniature poodle mix and a Jack Russell.

She enjoys riding and training horses as well as giving riding lessons.

Welcome Leena!

## Education Station

### Curious about upcoming training? Wondering when a course will be offered?

Check out the Staff Education Calendar! Find the calendar through the SLMHC intranet website by selecting Staff Education (under sites). The calendar contains a detailed schedule of upcoming training and education opportunities.

### Conducting research? Checking up on a specific nursing procedure?

EBSCO Host and Lippincott's Best Practice Nursing Procedures are available for all your research and reference needs!

- **EBSCO Host** is available through the SLMHC Intranet website, and contains several Full Text Databases of cutting-edge medical research.
- **Lippincott's Best Practice Nursing Procedures** is available through the SLMHC Intranet website; select Staff Education (under Sites) to access the Education Links (located to the right of the Staff Education Calendar).

Check for yourself, or contact the Education Department to find out more!

### THANK YOU!

I just wanted to let you know that DRHC is LOVING having Kim Hooper (Speech Language Pathologist) working with us! She is fabulous and I have not heard anything but positive feedback on her skill, thoroughness, thoughtfulness and patient centered care.

Thank you so much for partnering with us. I think it has added so much to our inpatient unit. We so appreciate her!!!

Thanks

Lucy Venne-Fecho,  
Dryden Regional Health Centre

## HELP DESK: EXT 4357

Got an IT problem? Call the ITS Help Desk.

### HOURS OF OPERATION

0730–1700 Monday to Friday

### AFTER HOURS ON CALL

For after hours IT assistance please call the switchboard and have IT paged.

## Information Technology & Systems

*Excellent Customer Service, Every time.*

## CONGRATULATIONS EMERGENCY PREPAREDNESS WEEK PRIZE WINNERS!

Winner of the  
Emergency Preparedness Week  
72 hour kit was.....

Samantha Brooks!

**Know the risks  
Make a plan  
Get a kit.**



Second prize  
was won by  
April Fairgreive.



## Best Practice Guidelines. What's it all about?

Today health care organizations and practitioners strive to make sure the approaches used in practice are producing quality outcomes and are based on the best evidence. The expectation is that health care professionals use evidence based practice to provide high quality and ethical client care. Best Practice Guidelines (BPGs) direct clinical practice, standards, protocols, education programs and policies that are part of the daily practice of all health care workers. Examples of guidelines are: *Abuse and Neglect in Older Adults, Assessment and device selection for vascular access, Prevention of falls and falls injuries in older adults and Professionalism in Nursing.*

The Registered Nurses' Association of Ontario (RNAO) launched the Nursing Best Practice Guidelines Program in November 1999 with funding from the Government of Ontario. BPGs are utilized in Canada, United States, Spain, Australia, as well as other countries.

Best practices are recommendations that may evolve based on ongoing key expert experience, judgment, perspective and continued research. They are also known as systematically developed states of recommended practice in a specific clinical or health work environment area, are based on best evidence, are designed to provide direction to practitioners and managers in their clinical and management decision-making.

Several organizations have focused on bringing best evidence to practice and address clinical issues,

however, the Registered Nurses Association of Ontario (RNAO) is one of the few organizations in the world that develops guidelines specifically for nurses. The guidelines include recommendations tailored specifically to nursing interventions, as well as related education and policy recommendations.

Regardless of the source or focus, best practice guidelines (BPGs) are developed and implemented to achieve one or more of the following objectives:

- To deliver effective care based on current evidence
- To resolve a problem in the clinical setting (e.g. poor management of pain).
- To achieve excellence in care delivery by meeting or exceeding quality assurance standards.
- To introduce an innovation (e.g. a new test or treatment).
- To eliminate use of interventions not recognized as best practice.
- To create work environments that enable clinical excellence.

Successful uptake of these Nursing Best Practice Guidelines requires a concerted effort of four groups: nurses themselves, other healthcare colleagues, nurse educators in academic and practice settings, and employers. There is much to learn from one another. By implementing and utilizing BPGs, together, we can ensure that Canadians receive the best possible care every time they come in contact with us.

For more information on the RNAO BPGs please go to [www.rnao.ca](http://www.rnao.ca) or chat with me.

Cynthia Dwyer, RN  
Best Practice Champion

## CONGRATULATIONS!

Congratulations to Debbie Topozini, Patient Care Manager and to former ACT program manager, Carol Maxwell, now retired. They were nominated for, and received, the RNAO Leadership Award in Nursing Administration. Debbie was able to attend the award presentation in Toronto. They were nominated by their fellow workers for the time they spent as managers of the Assault Care and Treatment program.

To see the full article, go to [www.siouxbulletin.com](http://www.siouxbulletin.com) and look for the June 11<sup>th</sup> edition of the paper.





### Notice to patients:

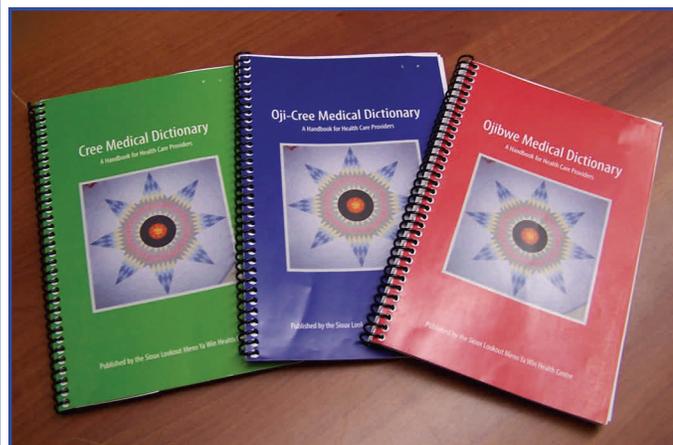
Please do not wear any scented products including perfume, cologne, soaps, hand cream, hair products, deodorants, etc, to your appointment as Sioux Lookout Meno Ya Win Health Centre aims to be a **scent-free environment** for the safety of our staff and patients.

If your scented products cause an allergic reaction to our staff and/or patients, you may be sent home and have your test rescheduled.

### MULTI-CULTURAL ROOM LOCATION

Please be advised that the multicultural room has been relocated to the open space behind the main entrance.

This quiet room is open to all patients, visitors and staff.



### Medical Dictionaries

Available in 3 languages—Cree, Oji-Cree & Ojibway, (in dialects spoken in the northern First Nation communities within the SLMHC service area.) Visit our website at [www.slmhc.on.ca](http://www.slmhc.on.ca) to view the dictionaries.

### Interpreter Services

are available 24 hours / 7 days per week at Sioux Lookout Meno Ya Win Health Centre. Just ask! We are mino'ayawin.

## HELP KEEP THE TRADITIONAL FOODS PROGRAM GOING!

### Looking for a way to help us make a difference in patient satisfaction?

Please think about donating some traditional food items. We are looking for blueberries, wild rice, wild game and fish. These need to be locally harvested items. We use these items to serve patients at the hospital, William George Extended Care Facility, and the hostel. We give them the option of having a traditional meal for lunch every Thursday. We also keep frozen meals on hand for patients who are used to eating a more traditional diet.



The Sioux Lookout Meno Ya Win Health Centre has worked very hard to get the legislation passed so that we can be the only hospital in Ontario to serve uninspected meats to patients. We want to make sure we have a steady flow of donations to keep this program going. If you are interested in helping please contact Sue Ann Ferguson at extension 4161 or [sferguson@slmhc.on.ca](mailto:sferguson@slmhc.on.ca) to fill out the required paperwork for donations.

~Submitted by: Miranda Bramer, Dietary Manager

### The Meno Ya Win News

is prepared by the

Communications & Community Development Department, at SLMHC.

Send your stories/announcements to:

Mary at 737-6586 or email at: [mspray@slmhc.on.ca](mailto:mspray@slmhc.on.ca)



SIoux LOOKOUT  
MENO YA WIN HEALTH CENTRE

## Foundation

### Ways to Give

**General Gift** – support the Sioux Lookout Meno Ya Win Health Centre's vision with a one-time gift

**Pledge** – Make a pledge with payments over three to five years, and you will be recognized for the full amount in the year you make your pledge.

**Tribute Donations** – Celebrate a special occasion, or honour or remember a loved one with a donation in their name.

**Planned Giving** – What is your legacy? There are many ways to leave a gift to the Sioux Lookout Meno Ya Win Health Centre Foundation. Whether it is a gift in your will, a gift of life insurance, a gift from your retirement assets, or a gift of securities, you can rest assured knowing your gift today will continue to give long into the future.

**Monthly Giving** – Help us secure a stable source of funding by providing a gift each month.

**Annual Giving** - Support our Annual Tree of Hearts Campaign and help us light the lights in honour or in memory of someone special to you.

**Third Party Fundraising** - Donate the proceeds from your event to one of our funds.

**Volunteer** - Join in our efforts to enhance healthcare in the north.

Donate in person at the Foundation Office or send donation to:  
SLMHC Foundation Box 909 Sioux Lookout, ON P8T 1B4

Donate on line at [www.slmhc.on.ca/foundation](http://www.slmhc.on.ca/foundation)

## A Tradition of Caring...A Tradition of Sharing

We give for many reasons but one thing remains the same, the money we give does make a difference.

The Sioux Lookout Meno Ya Win Health Centre Foundation is dedicated to raising funds for the Sioux Lookout Meno Ya Win Health Centre and the William A. "Bill" George Extended Care Facility in order to enhance health care in our communities.

A contribution to the Sioux Lookout Meno Ya Win Health Centre Foundation is an investment in a healthy future for you, your family, and our communities. Invest in the Sioux Lookout Meno Ya Win Health Centre and help us make a difference – **Now, and for the Future.**

### Where you can direct your funds

**Diagnostic Imaging (DI) Fund** – Help to fund diagnostic imaging needs at SLMHC. We are currently raising funds for the purchase of an additional ultrasound machine estimated at \$300,000 to support current services and to allow SLMHC to enhance its cardiac imaging.

**Women's Health Fund** – Donations to the Women's Health Fund help to support SLMHC's mammography unit and raise funds in support of programs, services and equipment needs to enhance healthcare for women in our region.

**Chemotherapy Services** – Your donations help to support cancer care at SLMHC.

**Palliative Care Fund** – Help to enhance end of life care with a contribution to the Palliative Care Fund.

**Extended Care Fund** – Your gift helps to fund program and equipment needs at the William A. Bill George Extended Care Facility.

**General Equipment Fund** – Assist with ongoing equipment needs at the Sioux Lookout Meno Ya Win Health Centre.

**Community Counseling and Addiction Services (CCAS)**

**Youth Programs Fund** – Invest in our youth to ensure a healthier future for our communities.

**Janelle Wesley Fund** – Your contributions help to fund programming and equipment needs for the Janelle Wesley Room, a gathering place for children and families, named in memory of Janelle Miranda Wesley who lost her battle to cancer at the age of seven.

**DONATION FORM:**  Yes I would like to make a donation in the amount of \$\_\_\_\_\_.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment method:

Cheque payable to SLMHC Foundation

MasterCard or  Visa Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I would like to direct my donation to:  CCAS Youth Programs Fund  General Equipment Fund  Chemotherapy Services  
 Diagnostic Imaging Fund  Women's Health Fund  Extended Care Fund  Palliative Care  Janelle Wesley Fund

Is this an "In Memory" or "In Honour" of a special occasion donation? If yes please provide the following information:

In Memory of : \_\_\_\_\_ or In Honour of : \_\_\_\_\_

Name and address of person to be notified:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

# Regional Wellness Response Program

## Strong today. Stronger tomorrow.

The Regional Wellness Response program was established for First Nations in the Sioux Lookout area due to an increase of opiate drug abuse, increased needle usage and needle sharing, and an increase in the hepatitis C virus.

To respond to priority areas of substance abuse and blood-borne infections, the following services are available: Needle Distribution Program, Community Wellness Development Team, and a Hepatitis C Program.

### Needle Distribution Program

- Harm reduction strategy working with community groups and northern nursing stations to distribute clean drug use supplies
- Reduce unsafe drug use, prevent contracting and transmission of blood-borne infections
- Provide opportunity for drug users to connect with health, addiction and other social services

### Community Wellness Development Team

- Team consisting of a Project Facilitator, Addictions Specialist and Mental Health Specialist
- Provide on-going support/consultation to First Nations while they build capacity and community-driven treatment responses to address prescription drug abuse and underlying mental health issues

### Hepatitis C Program

- Support people infected with, affected by, at risk of and/or vulnerable to Hepatitis C and related infections
- Increase access, investigations, support and referrals for treatment
- Increase knowledge and awareness to prevent transmission of the hepatitis C virus (HCV)
- Reduce stigma associated with drug use and/or having a blood-borne infection
- Collaboration with health service providers responding to HCV to ensure those infected are supported throughout their care



Sioux Lookout  
First Nations  
Health Authority  
[www.slnha.com](http://www.slnha.com)

#### For more information contact:

Trish Hancharuk, Regional Wellness Response Program Coordinator  
807-737-6188 / 1-800-446-7863

