



SIoux LOOKOUT
Meno Ya Win
 HEALTH CENTRE

Meno Ya Win News

March 2009
 Volume 7, Issue 3

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

SIoux LOOKOUT SENIORS TOUR NEW HOSPITAL



*Work spares us from
 three evils: boredom,
 vice, and need.*

Voltaire



*Sow an act, and you
 reap a habit; sow a
 habit, and you reap a
 character; sow a
 character, and you
 reap a destiny.*

George Dana Boardman

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Twenty-eight Sioux Lookout and area seniors toured the new hospital site on March 27. Doug Moynihan, and Howard Kitchkesick, Assistant Project Manager, conducted the tour. Marie Eliuk (left foreground), President of the Sioux Area Activity Centre, organized the visit.

The tour included a bus ride around the whole site with stops at the new hostel, main entrance to the new hospital, north side view of the main and lower levels, west end, ambulatory care entrance and waiting area,

emergency, and the inpatient wing (pictured below). Explanations of the services to be located at each area were provided. After the bus tour, the Ellis-Don temporary building board room display of drawings, architects' renderings, color charts and materials samples was visited.

Those participating in the tour asked many questions, and expressed amazement and pride in the new building and the progress being made to ensure its completion by December 2010.



FETAL REMAINS POSTER PRESENTATION



Hannah Boomhower, Maternity Nurse and Barb Linkewich, VP Health Services.

On February 6th, 2009, Sioux Lookout Meno Ya Win Health Centre (SLMHC) took part in the Show Case of Applied Research put on by St. Joseph's Care Group held at the Nor' Wester Hotel in Thunder Bay, Ontario.

Hannah Boomhower, maternity nurse who is working on the perinatal bereavement package for the Obstetrical program at SLMHC, and Barb Linkewich, VP Health Services, presented the poster "Cross-cultural client safety – A case study: The care & handling of fetal remains" written by Heather Shepherd, Karen Parent, Helen Cromarty and Barb Linkewich.

The object of the day was to showcase research relevant to the programs and services provided in health care at the clinical practice level. The day provided opportunity to foster networking and research partnerships and as a bonus for recruitment of nurses. A number of nursing professors and student nurses were interested in the poster, our hospital and the Traditional Foods, Medicine and Healing program at SLMHC. The poster and the draft information packet and protocols generated much interest from our regional partners. It was of particular interest to First Nations organizations such as Dilico, an organization that works with families who may face similar concerns. The information package with protocols is in the final stage of revision and is expected to be disseminated in the summer of 2009.

The essence of the poster and the development of the resulting protocols are reflected here.

Background

In April 2004, three tragic incidents involving miscarriages happened within 5 days. Usual processes were not followed and "lab specimens" were returned directly to mothers in 3 communities without notice or appropriate handling. Burial and ceremonial handling of fetal remains is a common practice in many of our First Nations communities. The shock, anger and pain experienced by the mothers, families and tight-knit communities, coupled with an initial denial of any problem by the regional laboratory services, added to the anger and generated outrage on a national scale. Community leaders and Elders called for prompt action to ensure that "it will never happen again."

Method

A thorough external and internal review identified root causes of the problem and the potential for similar problems to occur across Ontario. The two hospitals involved were mandated to develop an approach that could be shared to prevent the recurrence of this problem.

Results

Promising Practices were identified and an information packet with protocols has been developed to provide all Ontario health service providers with best practices and support materials. Early identification and remedy of process breakdown for the past 4 years resulted in a major cross-cultural safety initiative at SLMHC.

Conclusion

SLMHC is moving beyond providing cultural awareness and training support for staff to a point where cultural competency and cross-cultural fluency are embedded in the psyche of the organization and reflected in the behavior of the staff and, as an organization, SLMHC continues to provide care, concern and support for the mothers and their families at this difficult time.

*"All life is sacred. It is a gift from the Creator."
Josias Fiddler, Anishnaabe Elder*

Submitted by Barb Linkewich, VP Health Services

Nursing News

Since the New Year, lots of good stuff has been happening with the nursing staff at Meno Ya Win. Not only are the nurses busy taking care of patients, a lot of education, training, precepting and orientating have been going on as well. All of the nurses are looking forward to spring and summer. However with winter coming to an end, the unofficial beginning of Respiratory tract infection season begun.

The Emergency department has seen over 2408 patients since the beginning of the year. Several had been infants/toddlers and elders with respiratory tract infections. Almost all of the respiratory tract infections had to be admitted to the hospital floor. Once on the floor these patients receive intensive treatment and monitoring. Respiratory tract infections can be fatal to a population who has compromised immune systems, such as the elderly or underdeveloped immune system, as with the infants/toddlers. Most patients with respiratory tract infection require isolation rooms. When a patient needs to be isolated a lot of planning is required to be able to accommodate the admission.

Planning for admission is almost like planning for a major military offensive. (And trust me I know) Lots of logistics planning go into accommodating patients on the nursing floors. Patients need to be accommodated for admission come from the emergency departments and as well for those coming back from outlining hospitals. It truly is a team effort to accommodate everyone and provide the best care possible. With the assistance and the hard work of our Discharge Planner/Bed Utilization Coordinator, Samantha Brook, RN, patients have been able to repatriate sooner to finishing recuperated closer to his or her home. Under Sam's guidance the nursing floor is able to accommodate the influx of admission from the Emergency Department.

Danielle Collier, RN the new Professional Practice Leader, has been very busy with education and training for the nursing staff such as:

1. IV medication and certification has commenced

for the Registered Practical Nurses.

2. Education and training on the use of the Northern Medical School On Line library. The library has a wealth of information for health care professional to resource on diseases, medications and treatments.
3. Danielle has been certified as ACLS (Advanced Cardiac Life Support) trainer. Once a physician has been recruited to assist with education, nursing staff will begin training on ACLS.
4. Danielle attended a conference, sponsored by the Registered Nursing Association of Ontario, on setting up a preceptor workshop for the nursing staff.
5. The hospital has received funding from the government for 71 PDA devices. Danielle actually came in during night shifts to ensure that the nurses would receive the new training.

Several nurses on the acute floor, as well as in Emergency department, have been busy precepting Registered Nursing Students from Ottawa University. The nurses that preceptor these student have a wealth of experience and knowledge to pass along to these budding nurses.

All three sites have had Registered Practical Nursing student partaking in clinical placement as part of their curriculum. Once again with the unique diversity that is Meno Ya Win, I believe there is no other place to receive an exceptional learning opportunities.

Several nurses have transferred to different facilities: Judy Hindy, RPN has accepted the full time responsibility as Team Leader at William George Extended Care, RPN's Michelle Veary and Siobhan Moran have transferred to 5th Ave., Colleen Mckillop, RN transferred into the Operation Room, while Donalda Carlton, RN has returned to the floor and Angie Monty, RPN moved over to 7th Ave.

I look forward to the coming summer and the exciting time in the nursing department at Meno Ya Win Hospital.

~Cynthia Dwyer, RPN

Working Hand in Hand with Our Communities to Build a Healthier Future

ΓΝΩΣΤΕ ΤΗΝ ΚΑΡΔΙΑ ΤΗΣ ΚΟΙΝΩΝΙΑΣ ΜΑΣ ΚΑΙ ΣΥΜΜΕΤΕΧΕΤΕ ΣΤΗΝ ΚΑΤΑΣΤΑΣΗ ΤΗΣ.

Travailler main dans la main avec nos communautés pour construire un future plus sain.

SAFETY GROUP UPDATE

The Joint Occupational Health and Safety committee members are hard at work participating in the province-wide Safety Group Program. Here is an update of what we have been up to for the last year and what is coming up.

Each year, we choose five safety elements from a pre-selected list provided by the Workplace Safety and Insurance Board (WSIB). This is a province-wide endeavor for hospitals to make a safer workplace and to ultimately reduce accidents, and with that comes lower WSIB rates and potential rebates which will benefit each and every one of us. We are required to set standards for each element, communicate the standard, train, evaluate, acknowledge success and make improvements.

The five elements that were chosen for 2008 were indoor air quality testing, confined space entry, ergonomic assessments, return to work case management, and the occupational health and safety policy on philosophy.

For these five elements, we are evaluating, acknowledging success and making improvements. For those staff members that are affected directly or indirectly by the above elements, we would welcome any and all comments from you. Please forward comments to Lorraine Bolen, Safety Group Coordinator or Carole Slater, JOH&SC secretary.

For 2009, the following safety group elements have been chosen:

- Incident Investigations
- Lifting Devices (for patients)
- Machine Guarding
- Sound Exposure Testing
- Return to Work – Physical Demands Analysis

Setting of the standards and training will commence soon with a completion date of June 30, 2009.

Keep your eye on the monthly newsletter for further updates. Until then, BE SAFE!

Submitted by Ed Mickelson, co-chair JOHSC & Doug Pierce, co-chair JOHSC

SEVEN WORKPLACE EMAIL ETIQUETTE COMMANDMENTS

Here are seven things to remember when composing, addressing and sending that electronic message:

1. **Maximize Subject Lines:** Subject lines are like article headlines: They're both key to getting what they're attached to noticed. Sometimes I put my whole text in the subject, followed by n/t (shorthand for no text), so people don't even have to open it. That's respectful of others' time, too.
2. **Do Not Flag Every Email as Sent with High Importance:** What you're sending is important to you, and it just well might be mission-critical. But like the boy who cried wolf, the drop-everything emergencies get lost in the shuffle when every email from you is marked as high priority. To make sure the real fire drills get recognized as such, use this feature sparingly.
3. **Use BCC with Caution:** The blind-CC feature can be useful, especially when you want to protect the privacy of the recipients of a group email -- you can CC yourself and BCC everyone on your list. Blind-carbon copying people who shouldn't really be seeing the email is sneaky, and it's a way to spread gossip. Keep it clean.

4. **Spell-Check:** Yes, I can't tell you how many emails I get that make me cringe at the bad spelling and sloppy grammar. Simple solution: Set up Outlook to automatically spell-check outgoing mail. You can always shut it off if you need to.
5. **Respect Reply to All:** Some people always hit reply to all when replying to an email. But lengthy threads don't always need to be seen by the entire email list. I'd wager this kind of include-all thinking is one of the main reasons for clogged inboxes everywhere.
6. **Reflect Professionalism** not post-it notes. Use proper grammar, spelling and language. E-mails have become a major format of communication within the office. Always write in full sentences. Do not use e-mail slang when writing work e-mails. Not everyone will understand your slang and you could be misinterpreted.
7. **Clean Up Forwarding Messages:** There is no reason to send an e-mail back and forth with all the information. Delete the unnecessary information so that only relevant information is attached.

*Rose Ellison B.A., SMC-C
Community Counseling and Addictions*

SLMHC DELEGATES ATTEND THE NW LHIN'S 2ND ABORIGINAL HEALTH FORUM IN THUNDER BAY, MARCH 4 & 5



Margie Kimball, Activity Coordinator, Long Term Care; and Renee Southwind, Manager, Communications & Community Development

The theme for the two day forum was "Pathways for Collaboration" and many delegates from across the region came to participate in discussions, provide feedback and advice to the LHIN and other health care providers to ensure collaboration when planning health services. Through panel presentations there was opportunity to learn about what other health care providers and organizations are providing in their communities, what is working, what are the challenges and barriers, and how can we all work together for the betterment of all the people we serve.

In the opening ceremony, elders sang songs to the beat of a traditional hand drum giving thanks to our Creator, then led the whole group in a circle of 'give and receive' greetings. Everyone had an opportunity to greet everyone either by a hand shake or a hug. Many people commented what a nice way it was to start the forum because it put them at ease right from the beginning.

Margie Kimball, Activity Coordinator, Long Term Care, and Renee Southwind, Manager, Communications & Community Development, attended the forum and participated on the Senior Services

panel presentations. Margie spoke in Oji-Cree in her introduction and Renee observed a few people in the audience smile at one another and nod their heads with approval. Their presentation included an overview of the background of SLMHC and the senior care needs of a remote, isolated, culturally diverse population. The main points covered were:

- For the most part the residents of our long term care facility come from communities which are at considerable distance from Sioux Lookout;
- The residents are even further isolated from regular contact between residents and members of their families and communities because there is no year round road access to 24 of the communities;
- Costs of air travel to be with family members are prohibitive for the majority of people living in these communities;
- Contact and visitation are major issues;
- Through video-visitation we are bringing care closer to home, and enhancing quality of life;
- Supporting our elders through a video visitation link to our home communities:
- One hundred forty-one family and community members in 16 First Nations were able to spend time with loved ones in visits that otherwise would not have been able to happen. Groups as large as 15 participated. The results were very positive.
- Residents' morale demonstrably improved. Feelings of isolation and loneliness decreased.
- Reported family satisfaction is higher.

Continued page 6...

SLMHC DELEGATES ATTEND THE NW LHIN'S 2ND ABORIGINAL HEALTH FORUM IN THUNDER BAY, MARCH 4, 5

...Continued from page 5

- A permanent video conferencing link is now being established on site in our long term care facility.
- Although there are Interpreter Services available at SLMHC, the need is still obvious in the 'bigger picture'. Interpreters are needed at all health services centers throughout Ontario and outside of the province where our clients are being directed to for more services.

A couple of comments made by participants that stood out for Margie and Renee were that the NW LHIN needs to view each First Nation community in the region as a unique and individual community. Each community has its own heartbeat. First Nation communities cannot be treated in a 'cookie cutter' manner. An elder also commented that it is

good to see Anishinaabe representation on the board and noted the two representatives come from the north and south areas of the region. He suggested they need to look at having a representative each from the east and west. Anishinaabe people do everything in fours and so we should honor this way of doing things.

The forum was great for networking, meeting old friends and colleagues, meeting new ones, and meeting the LHIN board and staff, and to learn what the LHIN is about. The location was good, the food and snacks were healthy and nutritious, and there was even a time to re-energize with Taiji (Tai Chi) with Master Peng. All in all, everything was great at the forum.

~Submitted by: Margie Kimball, Activity Coordinator-Extended Care, & Renee Southwind, Manager, C & CD.

ERGONOMICS & MUSCULOSKELETAL DISORDER PREVENTION PROGRAM AT SLMHC

I'm sure that everyone has heard of ergonomics and musculoskeletal disorders (MSDs) in their daily life. Well, what are MSDs, you ask? MSDs are injuries and disorders of the musculoskeletal system (muscles, tendons, nerves, bursa, blood vessels, joints and ligaments). MSDs do not include musculoskeletal injuries or disorders that are the direct result of a fall, struck by or against, caught in or on, vehicle collision, etc. There are a number of factors that can increase an individual's risk for a MSD, but the key hazards are:

- ✦ Force
- ✦ Fixed or awkward postures, and
- ✦ Repetition

Musculoskeletal disorders (MSDs) are the number one type of work-related lost-time claim reported to the Workplace Safety and Insurance Board (WSIB) in Ontario. MSD is an umbrella term for a number of injuries and disorders of the muscles, tendons, nerves, etc. Other terms that mean the same include:

- ✦ Repetitive strain injury (RSI)
- ✦ Cumulative trauma disorder (CTD)
- ✦ Work-related musculoskeletal disorder (WMSD)
- ✦ Musculoskeletal injury (MSI, MSK)
- ✦ Occupation overuse syndrome (OOS), and
- ✦ Sprain and strain

Ergonomics is the applied science of fitting jobs to peo-

ple. Ergonomics encompasses the body of knowledge about physical abilities and limitations as well as other human characteristics that are relevant to job design. Ergonomic design is the application of this body of knowledge to the design of the workplace (i.e. work tasks, equipment and environment) for safe and efficient use by workers.

Just recently, SLMHC has revised their ergonomics policy and the updated version will be available for viewing on the intranet soon. To summarize, it will be a requirement that an ergonomic assessment be given to:

- a) New hires who work at a physical workstation (i.e. desk)
- b) Mandatory Health & Safety Training
- c) Employees who are being relocated (change of office)
- d) Employees concerned about their work area
- e) Employees referred by the Control Practitioner/Staff Health Nurse due to occupational issues, and
- f) Work areas where MSD hazards have been identified during monthly JOHS inspections

If you have any questions regarding your workstation, or would like to have an ergonomic assessment completed, you can contact Marsha Hamilton (Infection Control Practitioner/Staff Health Nurse), Melissa Zarecki (CK) or Eva Viires (OT).

*Submitted by Melissa Zarecki (CK, CEP, RCT®),
Chronic Disease Management Lead*

CONGRATULATIONS, IRENE BEARDY!



Irene Beardy, Interpreter

Meno Ya Win extends congratulations to Irene Beardy who was selected as one of 5 health and allied careers role models as Nishnawbe Aski Nation (NAN) launched its Aboriginal Health Human Resources Initiative (AHHRI) at the NAN Winter Chiefs Assembly in Timmins on March 10 - 12. The

AHHRI program is seeking to develop approaches and strategies for the retention of health care providers within NAN communities.

Irene Beardy's experience in the health field extends back to her work at the Big Trout Lake Nursing Station in Kitchenuhmaykoosib Inninuwug (KI) as an Interpreter, Referral Clerk and in a community health representative's (CHR) role.

Irene is on staff at Meno Ya Win Health Centre as an Interpreter and has just recently moved from a casual into a full-time position. As a member of the team of Interpreters, she has become known for her provision of outstanding services as an interpreter and for her patient-oriented services and caring for all patients.

Having Irene on our team of Interpreters has given enhanced qualities to our patients and visitors with much meaning while they are in the hospital setting. The nursing staff in all three sites as well as the phy-

sicians have enjoyed working with Irene. She provides assistance to the nursing staff when possible and spends quality time with all patients as shown in the following testimonials.

"The nursing staff on the Med/Surgical Unit have stated on several occasions how much they appreciate Irene's help on the unit. She is client focused which shows during her interaction with them. Our organization is pleased to have Irene a part of our team".

~Dean Osmond, R.N. Manager of Acute Care & Specialty Areas

"I would like to take the time to express how grateful I was for the assistance given to me by Irene, Interpreter. On Friday the 13th I had 6 patients, which included the 3 in room #12. The patients in room 12 need a lot of assistance. Irene assisted me with the patients by getting them water, helping one patient to the restroom, (constantly) visiting with the patients, and setting up patient food trays. We were short on the floor that day and I was concerned about patients not receiving the attention they needed. With Irene's assistance, my patients were well taken care of. My day was less hectic due to her help.

I would also like to note that Irene is always available when we need her. She is always willing to assist the nurses and it is much appreciated. Thank you"

~Cynthia Dwyer, RPN Staff Nurse

"I was privileged to have worked with Irene at the Big Trout Lake Nursing Station many years ago. She was and still is a caring individual who goes about her work with dedication and beneath her quietness is strength of a compassionate caregiver. Yes. I still feel privileged to be on the same team"

~Helen Cromarty, Special Advisor for First Nation Health

Submitted by Helen Cromarty, Special Advisor for First Nation Health

Aramark News—CONGRATULATIONS!



Al Kemohan, Manager of Aramark presenting a prize to Angie McCleary, Rehab Department

Hockeyville was a Kraft promotion held the last two 2 weeks of January. Aramark offered a special on a Kraft product at lunch-time. Anyone who bought a special could enter a draw to win a very nice \$30 hockeyville hat. There were 3

lucky winners: Dorelene Kusick, Housekeeping Aide; Debbie Haney, Dietary; and Greg Malcolm, Housekeeping Aide.

Energy Week was held February 23—27. Anyone could enter their name and ideas on energy saving tips. The lucky winner of a very nice Energy Saving Prize was Angie McCleary. Angie's idea was to shut lights off when not in use. Great Idea!

March is Nutrition Month. Healthy snacks are offered at 5th and 7th sites. Enjoy!

Congratulations to all the winners. Thank you to everyone who participated the last few months. Lots of Fun!

From Aramark.

QUESTION OF THE MONTH...

WHAT DID YOU DO DURING THE MARCH/SPRING BREAK?



Judy Belisle, Purchasing
"I went to Winnipeg to spend time with my sister and my brother and shopped until I dropped."



Bobbi-Jo Huard, Telemedicine Coordinator
"My daughter and I were sick the whole week!"



Tammy Wright, X-ray Technologist
"Worked and housecleaned. (Boo, Hiss!)"



Jeanette Wisnoski, Clinic Nurse
"Spent a wonderful week with my family in Cuba."



Angie Fiddler, Interpreter
"Took the week off to spend time with my aunt and niece."



Trina Kakekagumick, Appointment Clerk
"Watched hockey."

YOU'RE INVITED TO...

The 11 Steps to a Healthier You Awards Luncheon

Wednesday, April 15th from 13:00-14:00 in the 5th Avenue Cafeteria

There will be a guest speaker and lunch will be provided

We will be handing out the \$100.00 award to each individual who completed the program. Didn't complete the program? That's okay, come out for lunch and cheer on those who did.

Please RSVP to mzarecki@slmhc.on.ca no later than April 6th.



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 (**animoosh**—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

Section 10: In the Bush (Camping, Fishing, Hunting)

Page 129, "POCKET OJIBWE, "A Phrasebook for Nearly All Occasions" by Patricia M. Ningewance



WEATHER TERMINOLOGY:

CLOUD:



- It's completely overcast.Wiinge ningokwan/ningokwad.
- It's completely overcast.Wiinge ningwaanakwad.
- It's going to be cloudy.Wii-ningokwan/ningokwad ganabach.
- Clouds are coming this way.Biidaanakwan/biidaanakwad.
- It might turn cloudy.Da-maajii-ningokwan/ningokwad.
- It's starting to get cloudy.Maajii-ningokwan/ningokwad.
- There are intermittent clouds.Babaamaanakwan/babaamaanakwad.
- The sky is clearing.Ani-mishakwan/ani-mizhakwad.
- The clouds are leaving.Animaadakwan/animaanakwad.
- It was completely overcast.Gii-ningokwan/ningokwad.
- The clouds are feathery.Biisaanakwan/biisaanakwad.
- There are low clouds.Dabasaanakwan/dabasaanakwad.



TOONIES FOR FRIDAY



SIoux LOOKOUT
MENO YA WIN HEALTH CENTRE

Foundation

Building the future of Health Care in Sioux Lookout, one toonie at a time...

Funds raised to date: \$1,136.00

The *Meno Ya Win News* is prepared by:
Communications & Community Development
Located at 69 Front Street Site.

All departments are invited to submit news,
updates to:

Email: danderson@slmhc.on.ca
Phone: (807) 737-5132
Fax: (807) 737-5128



SIoux LOOKOUT
Meno Ya Win
HEALTH CENTRE

Slogan:

Working Hand in Hand with our communities to build a healthier future.

Mission:

We are more than a hospital!

We provide acute and long term care, ambulatory care, mental health and addiction services, and community-based services to the Sioux Lookout area and to the northern First Nations.

We are *Meno Ya Win*:

We stand for: *Health
Wellness
Well-being
Wholeness*

Vision:

**We will be a *Center of Excellence* for health through
*New and Expanded Services
Partnerships***

Values:

**We value compassion, fairness, integrity and teamwork.
We celebrate diversity.
We recognize different pathways to health.
... We do care!**

**SOMEONE IS WATCHING YOU –
JUST CLEAN YOUR HANDS**



JUST CLEAN YOUR HANDS



IT'S A GIRL!

Congratulations to Amy Houtz! She had her baby on March 12th, a girl – Alexa Leyanne – 8 lb 1oz. Mom and a baby are both healthy!

After Hours Maintenance Number

Please be advised that the phone line for the Maintenance After Hours number 737 0873 has been repaired.

Maureen Oakley
Executive Assistant for Corporate Services

PHOTO GALLERY



New Hostel construction site, March 09.



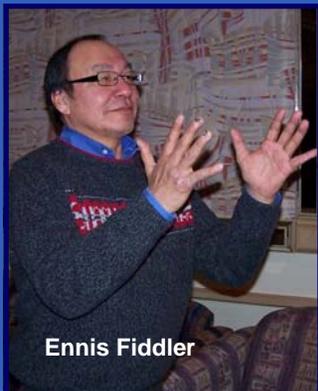
Sioux Lookout Seniors touring new hospital on March 27.



New Ambulatory Care Area



Sioux Lookout Seniors touring new hospital on March 27.



Ennis Fiddler



Margie Kimball participating at Aboriginal Health forum.



Sally Kakegamick and Margie Kimball re-energize during Tai Chi session.



Canoe—shaped waiting area.



New OR & Lab, Construction site, March 4.