



SIOUX LOOKOUT
Meno Ya Win
 HEALTH CENTRE

Meno Ya Win News

May 2009
 Volume 7, Issue 5

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

"Our society tends to 'paint' you with a brush, but at SLMHC, this is changing, and will continue to change. Yes, we are all different, but we make a whole, to be one, and respecting our differences in who we are. We are Canadians, living in this country. And it is sure amazing to observe the First Nation people in our area have such a great determination to hold onto their identity".

-Marnie Hoey, Board Member,
 SLMHC, October 2005

SLMHC embarks on a journey in Transformation of Care

*Patient Centered,
 Service Oriented &
 Performance Focused.*

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HONORABLE DAVID CAPLAN, MINISTER OF HEALTH & LONG TERM CARE TOURED THE CONSTRUCTION SITE OF THE NEW SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE



Honorable David Caplan, Minister of Health & Long Term Care
 and Frank Beardy, Co-Chair of the SLMHC Board.

The Honorable David Caplan, Minister of Health & Long Term Care toured the construction site of the new Sioux Lookout Meno Ya Win Health Centre on Friday, May 29, 2009. The Minister was joined by NWLHIN Board Chair Ms. Janice Beazley, Board Member Ennis Fiddler and CEO Gwen Dubois-Wing and Mr. David Smith, Vice President, EllisDon Consulting.

SLMHC Board Co-Chairs Frank Beardy and Kai Koivukoski and CEO Roger Walker, led the tour and pointed out key features in the design of the new health centre. The Minister said he was very impressed with the project because as he could see it was clearly a total community effort when it came to realizing the dream, and that it would mean better health care for the people in the area. Minister Caplan said, "We're going to work on that with you."

After a wonderful lunch provided by EllisDon Construction which included fried freshly caught pickerel and bannock, Frank Beardy, Co-Chair, of Sioux Lookout Meno Ya Win Health Centre Board of Directors presented the Minister a wooden paddle with hand painted art work on it, and a fishing cap. Frank also introduced SLMHC's Eagle Feather to Minister Caplan, and shared with him the purpose of the feather. The board and management take the feather to meetings and special gatherings. It represents truth and honor. Whoever is holding the feather has the right to speak and all others listen. The Minister said he was greatly honored to have an opportunity to hold the feather, to know the importance of it in the culture of the area and the symbolism behind it.

First Nations Palliative Care Poster Displayed at the Provincial Hospice Palliative Care Conference in Toronto



Barb Linkewich, VP Health Services proudly displays the "First Nations Palliative Care: A qualitative study of bereaved family members" Poster done by Sioux Lookout Meno Ya Win Health Centre & Northern Ontario School of Medicine.

A poster done by SLMHC and Northern Ontario School of Medicine (NOSM) titled **First Nations Palliative Care: A qualitative study of bereaved family members** was displayed at the Provincial Hospice Palliative Care conference in Toronto in April. The purpose of the study was to understand cross-cultural hospital-based end-of-life care from the perspective of recently bereaved First Nations family members in our area. The study

found that First Nations family members described palliative care as a community and extended family experience. Effective services need to reflect that. Communication strategies need to involve respectful directness. Rooms and services need to accommodate larger number of attendees than is usual in Western society. Respect comes in many forms and end of life care involves all hospital employees. Participants were generally positive with the nursing care their relative received. The study concluded that cross cultural care at the time of death is always challenging. Service delivery and communication strategies need to meet cultural and family needs. The authors learned about the importance of respect, communication, appropriate environment, and care giving for culturally appropriate palliative care in their institution. These learnings are the foundation for the palliative care program and will be incorporated into the space in the new hospital, due to open early 2011.

An article on the study is published in April's issue of *Canadian Family Physician*. Authors of the article are Len Kelly, Barb Linkewich, Helen Cromarty, Natalie St Pierre-Hansen, Irwin Antone and Chris Giles.

Submitted by Barb Linkewich, VP Health Services

Volunteer Appreciation Night 2009



L—R: Pastor Merle Burtholder, Ellen Bell, Joanne Zawada, and Edith Sencartier

With flowers, electric candles, china tea cups, table cloths, the atmosphere was set up for a cozy night at Extended Care. On April 28, 2009 a small but dedicated group of volunteers attended a drop-in dessert

night at Extended Care. It was very special for the residents to be able to spend time with the volunteers in a social setting.

Some of the volunteers who attended were from committees for Long Term Care, Pastoral and Spiritual Care, coordinators for bingos, volunteers who read with residents, or simply sitting and chatting with the residents.

Most volunteers often make a weekly or monthly commitment to the organization. This makes a world of difference in the lives of clients and residents. Show your support to our volunteers by getting to know them better.

If you would like to become a volunteer, please contact: Margie Kimball at Extended Care.

Submitted by Sharon Yule, Project Manager

ARE YOU HERE FOR MATERNITY?

Are you here for maternity? This is a phrase that most staff at the nursing desk, located at 5th Avenue asks several times a day. The maternity program at Sioux Lookout Meno Ya Win Health Centre is the busiest maternity program in North-western Ontario. The maternity program at SLMHC involves several clinics, programs, and visits for the expecting mother. Most expectant mothers come to Sioux Lookout for confinement 3 weeks prior to their expected due date. Some expectant mothers have had to come down for confinement as early as 6 weeks prior to the expectant due date. This can be a long time away from family and friends for the expectant mother.

The clinics offered at SLMHC are: routine prenatal care, follow up for ultrasound, pre-admission, and teaching. Teaching can involve: breastfeeding, post-partum depression, SIDS, immunizations, information on the "Healthy Baby, Healthy Children program". From April 2008 to March 2009 there were 2257 clinic visits. All expectant mothers will get a review from the nurse on: breathing techniques in labour, pain management, signs and symptoms of labour and when the expectant mother should come to the hospital. Also, all expectant mothers get a tour of the maternity ward.

The maternity ward is staffed with dedicated and highly trained nurses. Leann Tyler is the team leader for the maternity program. She is responsible for holding the clinics and education training for all expectant mothers. The dedicated maternity nurses are: Heather Brazier, Hannah Boomhower, Donalda Carleton, Terrie Joseph, Marcia Meijaard, and

Nicole Lamothe. A maternity nurse will give education on breastfeeding, bathing, prevention of SIDS and proper nutrition for breastfeeding mothers. Kathy Storey, Donna D., and Liz Daniels, are nurses, from the Medical/Surgical floor, that have assisted in maternity for several years.

Heather Brazier is a maternity nurse that has extended training in maternity and neo natal care. She is a trainer for Neo Natal Resuscitation Provider. To date, Heather Brazier has trained 32 nurses and physicians in Neo Natal Resuscitation. The staff trained in this course may assist the maternity nurse during difficult situations. She has attended a work shop in Toronto on "Drug use and pregnancy".

From December 2008 till March 2009, SLMHC has registered 381 live births. That number almost averages one baby a day on the maternity floor. But don't let that number fool you. Some days the maternity floor can have as many as 5 or 6 births. On a calm day, however, only 1 birth may happen. Like the old saying, "Babies come when babies are ready." When a baby is ready to come, it is all hands on deck to assist the maternity nurse during the delivery. Baby deliveries are a full team effort and several nurses from the acute floor will head to the maternity to assist.

Any nurse who wants to get maternity experience, SLMHC is the place to be. From the dedicated staff, to the education, to the high volume of births, Sioux Lookout Meno Ya Win Health Centre is a Center of Excellence for maternity.

Submitted by Cynthia Dwyer, RPN

RELAX AND REVIEW: A MIND, BODY, SPIRIT APPROACH TO WELLNESS



Heather Pace and Elaine Pace

Over the course of 8 weeks, from March to May, Elaine and Heather Pace led a series of inter-

esting and fun educational workshops. Some of the topics and discussions covered were guided imagery, taking care of yourself, leading a positive way of life, and experiences with the Women's Drumming group, Yoga, Ho'oponoPono and guest speakers.

Heather offered us many delicious food treats and demonstrations of the preparation of healthy foods. How can you go wrong when sampling fresh salsa, fruit smoothies or handmade truffles?

These drop in sessions for staff and community lasted about 2 hours and depending on the topic had anywhere from 10—30 people on any given evening. This was a great way to jump into spring and look at ways of taking care of ourselves.

Submitted by Sharon Yule, Special Projects Manager

H1N1A- THE FACTS

- First cases identified in Mexico in early April (*source: World Health Organization (WHO)*)
- Virus is a triple recombinant : human + avian + swine influenza viruses (*source: WHO*)
- Symptoms similar to seasonal influenza: most commonly reported symptoms include fever, cough, sore throat, malaise and headache. Nausea, vomiting and diarrhea has occurred in up to 38% of cases (*source: WHO*)
- Virus is transmitted easily from person-to-person resulting in regional and community outbreaks
- Incubation period appears to be 2 to 7 days (more information needed for accurate determination) (*source: NEJM*)
- Period of communicability appears to be from 1 day before onset of symptoms to 5—7 days after onset or until symptoms resolve (*source: New England Journal of Medicine (NEJM)*)
- Individuals at highest risk for severe complications appear to be similar to seasonal influenza: underlying chronic illness, pregnant women, children <5yrs, adults > 65yrs (*source: NEJM*)
- As of May 21, 2009: 41 countries have officially reported 11,034 cases of influenza A(H1N1) including 85 deaths (*source: WHO*)
- Excellent information can be found on the New England Journal of Medicine site at <http://h1n1.nejm.org/> the World Health Organization web site at <http://www.who.int/csr/disease/swineflu/en/index.html>

Summary of MOHLTC Recommendation for H1N1 Management

- Both Droplet and Contact Precautions are recommended to prevent transmission
- **Travel history** can no longer predict who is infected, therefore a fit tested N95 respirator in addition to Droplet and Contact Precautions should be used by health care workers when providing care within 2 metres of patients with influenza – like illness (ILI)
- If fit tested N95 respirator not available, health-care workers should don a surgical mask and if possible, place surgical mask on patient
- Emergency Departments should actively screen all patients
- Passive screening (signage at point of entry) should be carried out in all health care facilities
- Important health notices can be viewed at <http://www.health.gov.on.ca/english/providers/program/emu/ihn.html>
- Healthcare providers can receive important health notices directly through e-mail or fax by registering at the following link <https://www.publichealthontario.ca/portal/server.pt>
- For questions or concerns, *please call the Health Care Provider hotline toll free at 1-866-212-2272 Monday to Friday from 9am to 4 pm.*

Submitted by Marsha Hamilton, Population Health Manager



Did you know...

We now recycle Alkaline non-rechargeable batteries as well as re-chargeable batteries! We will recycle the following battery types: Alkaline, Zinc Carbon, Lithium, Zinc Air, Silver Oxide, Mercury Oxide and Nickel Cadmium re-chargeable batteries from cell phones and medical devices.

For more information contact the Stores department at Ext 5134 or 6255

**INFLUENZA UPDATE by Dr. James R. Arthurs, Medical Officer of Health (A)
for the Northwestern Health Unit**



Influenza Update

June 1, 2009

4:00 PM CDT

**Dr. James R. Arthurs
Medical Officer of Health (A)**

Dr. Jim Arthurs, Medical Officer of Health for the Northwestern Health Unit (NWHU), has announced confirmation of the first case of novel H1N1 Influenza in the NWHU region.

The individual has recovered from mild symptoms of the acute illness and is currently reported as well. Not unlike many of the cases around the province, there are underlying chronic conditions.

The symptoms are similar to those of the seasonal influenza. The virus continues to spread less rapidly than first expected and with much less severity, as most cases around the province continue to be mild.

To quote a recent article by Dr. Richard Schabas, Medical Officer of Health for Hastings and Prince Edward Counties and formerly Ontario's Chief Medical Officer of Health from 1987-97:

"Since the first alarming reports of an outbreak in Mexico, nearly all the news about H1N1 Influenza has been good even though the outbreak has rekindled concerns about a global influenza pandemic. To date the illness caused by this virus seems to be very mild. The story is not over yet—we need better epidemiology from around the world and continue surveillance locally.

It will be especially interesting to watch the behavior of this virus in the southern hemisphere as they are entering their normal flu season.

Influenza is an important infectious disease. It regularly kills more Canadians than any other infectious disease—pandemics do happen—triggered by the appearance of new strains for which we have no immunity—but many of our fears are based on misconceptions."

The NWHU will continue its surveillance and contact follow up efforts.

If you are ill, do not visit family or friends who are patients at your local hospital or extended care facility.

Dr. Arthurs reiterates the cautious advice of the Ministry of Health and Long-Term Care as well as the Public Health Agency of Canada:

Symptoms of H1N1 flu are similar to seasonal influenza (flu) including headache, chills and cough followed by fever, loss of appetite, muscle aches and fatigue, runny nose, sneezing, watery eyes and throat irritation. Nausea, vomiting

Continued on page 6...

Northwestern Health Unit

Influenza Update

June 1, 2009

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and diarrhea may occur in adults as well as in children. In more severe cases, or in people with chronic conditions, complications such as pneumonia may develop.

What can I do to protect myself from getting sick?

There is no vaccine available right now to protect against H1N1 flu virus. There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza. Take these everyday steps to protect your health:

- Wash your hands often with soap and water, especially after you cough or sneeze. 60% -90% alcohol-based hand rub is also effective.
- Sneeze and cough in your sleeve.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- If you get sick with the flu, stay home from work or school and limit contact with others.

What is the best way to keep from spreading the virus through coughing or sneezing?

If you are sick, limit your contact with other people as much as possible. Do not go to work or school if ill. Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. Put your used tissue in the waste basket. Cover your cough or sneeze in your sleeve if you do not have a tissue. Then, clean your hands, and do so every time you cough or sneeze.

For further information please contact the following websites:

Northwestern Health Unit: www.nwhu.on.ca

Ontario Ministry of Health and Long-Term Care: www.health.gov.on.ca

Public Health Agency of Canada: www.phac-aspc.gc.ca

World Health Organization: www.who.int

Centres for Disease Control: www.cdc.gov



Smoking and Parking

This is a friendly reminder for all staff.

Smoking

It is a provincial government regulation aimed at reducing the exposure to second-hand smoke. Smoking is only permitted 9 meters from any common traffic area. Everyone is responsible to direct smokers to the designated areas posted at each site. Staff is reminded that smoking breaks are not to be taken in addition to the rest breaks permitted in the Collective Agreement. It is important for everyone to comply with this policy.

Parking for staff should only be in the staff designated parking lots, not in the area reserved for patients. We have minimal parking at our patient care sites and we must remember to give our patients/visitors room to park, close to our entrances.

We appreciate your cooperation and support for these important policies. It is critical for us to achieve our standards of patient care, and to avoid management from taking any disciplinary measures.

Thank you.

Doug Moynihan, VP Corporate Services
On behalf of Senior Management

Accidents can shatter lives

Every month over a thousand people suffer serious injuries as a result of slips, trips or falls in the workplace. These shattering injuries can be avoided by sensible and proportionate management of the risks.

Health & Safety Executive, U.K.

Use the right equipment for work at height, and use it safely



- Wear shoes with good grip, so you don't slip



- Keep your workplace clean and tidy



- Deal with a spill—sort it, or report it!



- Keep your site free from obstructions



Submitted by Occupational Health and Safety Committee.

Physiotherapy month was a great success!

Thank you to all who came out to the Q & A lunch sessions. The Lunch & Learn on May 20th was well attended with Renee Southwind winning the draw (an exercise ball). Congratulations Renee! During the whole month of May a quiz was available for all to participate in. Many questions were asked about general physio & fitness. We will do our best to answer these and submit them in next month's newsletter.

Congratulations to Lorraine Miles, the winner of a spring gardening basket. We wish you all a great summer ahead!

~ The Rehabilitation Department

SEXUAL ASSAULT CONTEST WINNERS!

Thank you to all the participants of the survey on Sexual Assault.

The winner of the \$50.00 M&M gift certificate is Angie McLeary, Rehabilitation Department. The winner of the aluminum water bottle is Nan Kejic-Comber, Interpreter. The winner of the passport holder is Rita Demetzer, Executive Assistant to CEO.

The word Assault was spelled wrong in the title of the survey and we had a special prize for anyone who noticed. No one informed us of the spelling error so there was no winner this year.

~ Dave Hildebrand, SLMHC Intranet

SAYING GOODBYE TO THE ICE



Figure 1 Althea George with two small people looking out to the ice – May 7, 2009

This morning I saw Althea George standing by the shores of Pelican Lake with 2 very young people looking out to the lake with a layer of fog over it. It looked as if they were saying goodbye to the ice. It was a powerful pictorial moment for me because it brought forward a moment of time with my mother along with my brothers and sisters as we said our good byes to the ice one year.

One spring day when I was a very young boy of 4 or 5 years old my mother told me something the spring that has always stayed with me. On this particular day, she was with us, my brother and sisters and I, at the shores of one of the many lakes in the area which was our home. It was the end of reasonably warm spring day; the fog was developing over the ice and eventually came inland and hid the face of the clear day that was there a few moments ago. I still remember this day, how I just stood there in awe of nature's wondrous display of its presence. We became completely enveloped by this

fog. In the coolness of the fog my mother quietly told us that this was the ice's way of saying goodbye, that it was going to be leaving soon. In some sense this was one of those defining moments in my life. It was defining because how I viewed the world from then on was being developed.



When my mother said "the ice is saying good bye", she said it in such a way as if she was talking about a friend that was going away. In the traditional First Nations world view, every thing in this world is a living thing with a spirit. The trees, the rocks, the sky, the mountain, the river, etc. all are living things which need to be acknowledged as such, and respected as such. Thus, it was that day; my Mother said her good bye to the ice with a clear sense of respect and tone in her voice.

This is what flooded back into my mind as I watched Althea George with the 2 small persons looking out at the ice. At that moment, the earth was a wonderful friendly place to be in....because it was a friend...a sense of well being, menoyawin, overcame my being.

~ Douglas Semple, Special Advisor to CEO and Board

Wiichi'iwewin Interpreters Program

"As a non-English speaking person; they heavily rely on the interpreter/translator to get the message across. Interpreting and translating is one of the crucial jobs a person can have."
~Elder Jeremiah McKay.

May 2009 marks the 3rd anniversary of the Interpreters Program. Over the last year the Traditional Healing, Medicine, Foods and Support Program (THMFS) has been under review and is expanding to continue to meet the needs of the Sioux Lookout Meno Ya Win Health Centre (SLMHC) Vision Mission and Values Statements. The intent of the THMFS program will be to include ALL Patients/Residents/Customers in this program, as we move through the Transformation of Care.

We are looking to see how our program can become more "Patient Centered, Service Oriented and Performance Focused". This means, the Interpreters at SLMHC will be focusing on how to support and assist ALL people who come in through our doors and the staff working with those people. We would appreciate all Staff filling out the Interpreter Services survey coming out in June which will enhance to further develop and meet the needs of the Patients/Residents, Physicians and the Staff.

To celebrate and acknowledge the Interpreters, there will be a 3rd Year Anniversary Celebration BBQ Time and Location will be forwarded to you at the later date.

Submitted by: Joan Cachagee, BA/Bed, IND., NLIP
Manager of Traditional Healing, Medicines, Foods and Support Program

CANADA'S RESIDENTIAL SCHOOL HISTORY

1620 – 1680 – In New France the first boarding school arrangements are made for Indian Youth by the Recollects, a French order, and later the Jesuits and the female order, the Ursulines. By 1680 the New France experiment of education of Indian children in residential establishments is terminated.

1842 – Bagot Commission Reports that Indians ought to acquire “industry and knowledge” laid the cornerstone for IRS.

(D. Napier, Anglican Journal)

1847 – Egerton Ryerson report to Indian Affairs: “The education of Indians consists not merely of training the mind but of a wearing of the habits and feelings of their ancestors and the acquirements of the language, arts and customs of civilized life.” He suggested a partnership between government and church and that schooling be a religious nature.

(D. Napier, Anglican Journal)

1857 – Gradual Civilization Act passed to assimilate Indians.

1867 – Constitution Act – Canada is responsible for Indians and their lands. It adopts a policy of assimilation.

1870 – 1910 – Period of assimilation where the clear objective of both missionaries and government was to assimilate Aboriginal children into the lower fringes of mainstream society.

1910 – 1950 – Period of Segregation where policies were to segregate Aboriginal children, teach Aboriginal children enough to return home and be self-supporting.

1920 – Compulsory attendance for all children ages 7 – 15 years. Children were forcibly taken from their families by priests, Indian agents and police officers.

1931 – There were 80 residential schools operating in Canada.

1945 – There were 9,149 students in residential schools with over 100 students in grade 8 and none registered in grade 9 or higher.

1948 – There were 72 residential schools with 9,368 students.

1950's – 1970's – Integration policy recognized the failure of the residential school system and by the mid to late 1950's began the replacement of Indian children into mainstream public schools. This process happened in different areas of the country at different times.

1960 – Indians gain the franchise – the right to vote and become citizens of Canada.

1969 – Government assumes full control of schools. There were 52 residential schools with 7,704 students.

1972 – National Indian Brotherhood called for Indian control of Indian education and was endorsed by the Canadian government in 1973.

1979 – There were 12 residential schools with 1,899 students.

1980's – Residential School students began disclosing sexual and other forms of abuse at residential schools.

1998 – The AFN established the Indian Residential Schools Resolution Unit and the Aboriginal Healing Foundation is established.

2001 – PM Chrétien announces creation of the Office of Indian Residential Schools Resolution Canada.

2002 – The government proposes an Alternative Dispute Resolution (ADR) system to settle claims.

2003 – The Anglican, Presbyterian churches sign agreements with the government to compensate former residential school systems.

2004 – Aboriginal Healing Foundation hosts a “Day of Commemoration” for residential school students.

The Future – Former students and family will continue to journey down the road of healing and reconciliation.

(“Healing the Generations”, Residential School Project Newsletter, Nishnawbe Aski Nation, FALL/WINTER 2004, Page 5, Issue 3)

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

Γησ VJ- VΛΓΔ·CσPL' σCJ9Δ·σε² ρDf DαfBU' Γ·δΔ·Δ"ΔV·ησβ².

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

GRAPHICS STANDARDS AT SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE

A Strong Visual Identity is Pivotal



“A strong visual identity is pivotal to communicating the mission and vision of an organization and demonstrates professionalism and reliability. The mission of Sioux Lookout Meno Ya Win Health Centre is clear from our name, which in the Oji-Cree language

means “health, wellness, well-being.” It refers to holistic healing and wellness, and the “whole self being in a state of complete wellness.” The visual identity of Sioux Lookout Meno Ya Win Health Centre inspires trust in our services and spreads awareness of our high standard of patient care and innovative approach to healing. It is important to maintain the integrity of the Sioux Lookout Meno Ya Win Health Centre logo by consistently reproducing it on all printed materials, signage, and other media applications. This creates an identity that is easily recognizable to the general public and other health care providers. The Sioux Lookout Meno Ya Win Health Centre logo will play an integral part in promoting our commitment to holistic medicine and excellent quality of care”.

Quote from: Visual Identity Guide for SLMHC, page 6.

Staff are reminded to check out the [Intranet](#) site for forms located under Resources, then click on Templates. Please make time to read the VIG, it is for use organization wide.

Thank you for your cooperation!.

~ Communications & Community Development



DID YOU KNOW?

Sioux Lookout Meno Ya Win has launched a corporate clothing line with **Signatures Signs and Stitchery** which includes a selection of clothing options for all staff with our Hospital logo. This is a great chance to place your orders for spring and summer. For a complete look at clothing options and for additional information to order see the intranet site under Resources → Useful Information or contact Sherree at Signatures directly phone # 807-737-2444 to place your order. A portion of all employee purchases will be graciously donated to the Hospital Foundation by Signatures.

Submitted by Michelle Beaulne, Manager, Material Management



Community Counselling
&
Addiction Services



Share for Hope Program Looking for Speakers

New Program

The “Share for Hope” program is a newly developed program designed to provide inspiration and hope to individuals residing at the Out of the Cold Shelter. November 17th, 2008 marked the commencement of the Share for Hope program, which was well received by Out of the Cold Shelter residents.

Community Member Sharing

Community members who have overcome their own life struggles similar to many of the issues the Out of the Cold residents are facing; e.g. homelessness, mental health and addiction issues, chaotic upbringings, isolation and abuse, are invited into the shelter Monday mornings to share their stories of hope, inspiration and recovery.

Inspirational Message

Invited speakers discuss what their life was like when they experienced little or no hope, their turning point, and their life now. Speakers are also encouraged to share the steps they took that led to changing their life, the types of supports they used and found helpful, and the lessons they learned. As part of the speaker’s inspirational message of hope, Out of the Cold Shelter residents are also encouraged to access the help they need.

The Goal

The goal of the Share for Hope program is to provide inspiration and hope to the Out of the Cold residents by hearing from individuals who have also experienced tough and difficult times in their life, but who have also managed to recover and regain their health, sense of self-worth and happiness.

Speakers Needed

If you are a community member who has an inspirational story to share about your own life, and would like to volunteer to speak to the residents at the Out of the Cold Shelter, please contact Trish Hancharuk at 737-7207.

Trish Hancharuk, Counsellor

Community Counselling & Addiction Services

Working in partnership with Out of the Cold Shelter

HANDWASHING
is the most effective way
to fight GERMS!



Rhoda Miller

WELCOME!

We're pleased to announce that Rhoda Miller has joined the Traditional Healing, Medicine, Foods & Support Program as the Interpreters Coordinator and Administrative Assistant effective May 25, 2009. She's not exactly new to SLMHC as she worked as a Personal Support Worker at the Ex-

tended Care and at the 7th Avenue Site for a number of years. She brings many years of experience working in health care field and in administrative support work. Rhoda can be reached at 737-8835, or drop in at her office at 60 1/2 Front Street. Please join me in welcoming Rhoda to her new position!

~Joan Cachagee, Manager, THMFS Program

ATTENTION ALL STAFF GOLFERS

The posters have been posted. The date has been set. The charity is the **BEARSKIN AIRLINES CHARITY GOLF CLASSIC**. The hospital is willing to sponsor two teams on a 50/50 basis. Names for Team Members will be drawn by June 10th.

If your name is drawn you will need to have permission to be away from the department from your Manager

DATE: JUNE 25, 2009

SHARED COST: Golfers \$100.00/person
(hospital \$400.00/team)

FORMAT: 4 person, 18 holes, "Best shot scramble
Single team tee-off. Minimum team handicap 60

FEATURES: Auction, Raffle and Dinner
and other golfing contests

If you are interested in golfing on behalf of the hospital please send your name to syule@slmhc.on.ca by **JUNE 5** or extension 3248

June is Now NATIONAL ABORIGINAL HISTORY Month

On June 4, 2009, a motion from New Democrat Jean Crowder (Nanaimo-Cowichan) received unanimous consent declaring June as National Aboriginal History Month.

Two provinces, Saskatchewan and Alberta, already celebrate June as Aboriginal History Month. Saskatchewan has celebrated it now for a third year.

Communities across Canada already celebrate National Aboriginal Day on June 21st.

June 21st is National Aboriginal Day

Sioux Lookout Meno Ya Win Health Centre extends warm wishes for your personal health, wellness and wellbeing in celebration of National Aboriginal Day.

As Canadian Aboriginal people celebrate their unique culture and languages, SLMHC encourages all Canadians to take the opportunity to gain an understanding and appreciation of the First Nations people.

We acknowledge all First Nations people on this National Aboriginal Day for the cultural richness they have contributed to our community, and that we all continue to enjoy.

Get Active! Eat Well! Get Plenty of Rest! Stay Healthy!

Interpreter Services at SLMHC

- Interpreter services are available in the Oji-Cree, Ojibway, and Cree languages, (dialects of the SLMHC service area).
- Interpreters are available at the 5th and 7th Ave Sites, and at the William "Bill" George Extended Care.

Hours of Service

Monday to Friday

7:00 am—7:00 pm at 7th & 5th Ave Sites—float
4:00 am—7:00 pm at Extended Care
7:00 pm—9:30 pm at 5th Ave Site—float
9:30 pm—12:00 am (mn) at 7th Ave Site—float

Saturday & Sunday

7:30 am—7:30 pm at 5th Ave Site—float
4:00 pm—7:00 pm at Extended Care
7:00 pm—12:00 am (mn) at 7th Ave Site—float

QUESTION OF THE MONTH...

What did you do on a May long weekend?



Susan Albany, Interpreter
"I stayed indoors because of the snow."



Annie Evans, Housecleaning
"I stayed home and relaxed."



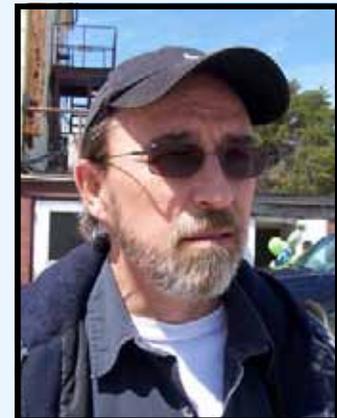
Magdi Hussein, Ultrasound Technologist
"I invited lot of friends and cooked."



Christine Bernier, Ward Clerk
"We went on a boat, fishing and clean our yard."



Florence Bailey,
"Family visited—laughed about the snow—went fishing—ate fish—yum yum! Cleaned my house, did my laundry (yuck) painted some flower pots."



Sean MacEachern, Maintenance
"Yard work and I went shopping at Dryden."

From the Sioux Lookout Four Party Services Agreement, signed April 11, 1997

Principles

The following principles of service will be used in the new hospital:

- * high quality service which means that people will be:
 - ⇒ seen promptly or as soon as possible;
 - ⇒ told in a way that is understandable, what is the matter and what steps will be taken;

- ⇒ well looked after;
- ⇒ listened to; and
- ⇒ treated with respect, dignity and compassion.

- * fairness and respect for all patients, residents and staff, with a commitment to move towards employment equity.
- * respect for the individual's right to confidentiality with care taken to balance this with the collective needs of families and communities.
- * full and equal access to all insured hospital and related services for all people of the Sioux Lookout District.



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

A visit to the Physiotherapy Department (in both Oji-Cree & Ojibwe)

Aniin enamaji'oyan?	How are you feeling?
Nigaa-giijinoogane	I have a sore hip.
Niwiisagendaan	I am in pain.
Aandi mayaa?	Where exactly?
Omaa nake	Right here!
Aaniin dash wenjiwisagendaman?.....	Why then are you in pain?
Nigii-bagideshin, nigii-bangishin	I tripped, I fell down.
Nigii-banadagokii	I missed a step!
Nigii-ozaami gichi-niim!	I danced too hard!
Aandaawi'wi'ishin	Heal me.
Maano giyaabi gichi-niimin!	Go ahead and <i>boogie</i> some more!
Gibaapi-ish na?	Are you laughing at me? (in reference to, "are you making fun of me?")
Gaawiin, debwe osha, wawaakawiiyan eta, giga-mino'aya	No, it is a fact, by keeping (your body) moving, is the only way you will heal.
Maamakaach!	Amazing! or Unbelievable!
Wawaakawiiyan eta, giga-mino'aya! ...	By keeping (your body) moving, is the only way you will heal.
Miigwech, miinawaa gawaabamin!	Thank you, I will see you again.



*A belief amongst Native people is that we will see each other again soon, therefore no word was created for good-bye.

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: \$1,215.00

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
 Foundation

Pizza Fridays



MONEY RAISED TO DATE: \$1,553.00

This fundraising initiative is generously sponsored by:



OUR READERS COMMENTS

"I was wondering who it is who puts together the newsletter for the SLMHC? It is always excellent and very informative! Thanks."

~ **Marilyn Koval, MD, CCFP, Sioux Lookout Zone Family Physicians**

"I just finished reading your newsletter. It is really well done. Congratulations on all of the good work you are doing!"

~ **Heather Grey, Senior Planning & Integration Consultant, North West Local Health Integration Network**

"Wow, amazing the variety of interesting and wonderful things that we are all involved with and working on...contributing to a fun and healthy life and making Sioux Lookout Meno Ya Win Health Centre a great place to be. Thanks for bringing it all together for us to take a moment in this busy world to stop and reflect on our achievements and interactions."

~ **Rachael Carter-Wilson, BSc. PT, Physical Therapist**

"Wow, lots of good articles and information again this month. Has it been thought about to take all the Anishinaabemodaa and conversational words that you put in every month, in a folder like a dictionary for future staff use or easy access on the intranet."

~ **Sharon Yule, Special Projects Manager**



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 culturally-responsive acute, long term and ambulatory care, mental health and addiction services, and community-based and traditional healing 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

***Enhanced Services
 Partnerships***

and Care that is

***Patient centered
 Service oriented
 Performance focused***

Values:

We value compassion, fairness, integrity and teamwork.

We celebrate diversity.

We recognize different pathways to health.

... We do care!

PHOTO GALLERY

Retired Nurses Tea at Extended Care, May 13



Margie Kimball & Heather Fukushima singing Karaoke!



5th Orientation Group



Volunteer Appreciation Night at ECU

Photo taken by Doug Semple



Retired Nurses Tea at Extended Care, May 13



Renee Southwind, Helen Cromarty, Joan Cachagee and Delilah Anderson at the farewell party for Heather Shepherd.



Margie Kimball & Sharon Yule

Volunteer Appreciation Night



PHOTO GALLERY

HONORABLE DAVID CAPLAN, MINISTER OF HEALTH & LONG TERM CARE VISITS THE CONSTRUCTION SITE OF THE NEW HEALTH CENTRE



Honorable David Caplan enjoys pickerel!



Janice Beazley & Gwen Dubois-Wing



Janice Beazley & Howard Kitchkeesick



Merv Ningewance, SLMHC Board Member & Honorable David Caplan, Minister of Health & Long Term Care



Canoe above the entrance way



John Cutfeet, Honorable David Caplan, Frank Beardy, Ennis Fiddler, Merv Ningewance, Janice Beazley



Janice Beazley, Honorable David Caplan, Roger Walker



Touring the construction site.....

RUB - A - DUB-DUB FREE THOSE HANDS OF GRUB



JUST CLEAN YOUR HANDS

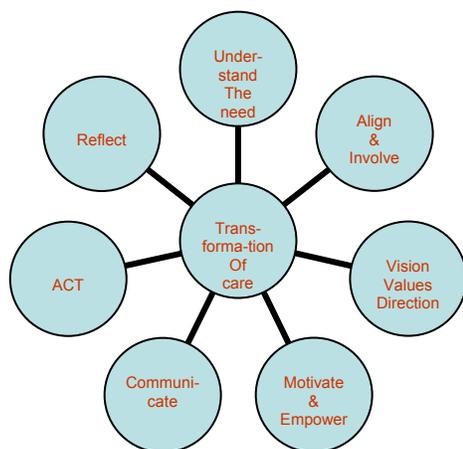
Our Transformation of Care: Achieving culture change within

Together we have embarked on a path designed to lead us through a “transformation of care” with the destination defined as “patient-centered, service-oriented, and performance-focused” care.

The transformation will:

- ~ enable a **shift in our culture**; “the way we do things around here, *the spirit of our organization*”
- ~ **provide leverage** for health care improvement at every level, in every department throughout our facility.
- ~ **be ongoing**; it is *not a quick fix*.

There are seven steps to the transformation process:



1. **Seek understanding** of the need for transformation.
2. **Align and involve**; enlist the right people; build a transformation team
3. **Define** the **vision**, the **values** and the **direction**
4. **Motivate and empower** leaders
5. **Communicate** the vision with consistency and connectivity
6. **Commit to Action** on the transformation plan
7. **Reflect** on the outcomes

The initial areas identified for improvement include:

- ~ **How we do things**; the spirit in which we provide care, the way we treat each other and the way that we communicate with others.
- ~ We need to **embrace the opportunity** to create new experiences and remove barriers
- ~ We need to develop, understand and teach **new techniques**
- ~ Seek to **understand** the “value added” of every individual employed and/or engaged in our healthcare system.
- ~ **Improve communication & collaboration**- more than just cooperation; shared understanding, mutual trust & respect.
- ~ **Model** new attitudes that are positive and reflective of our hospital values
- ~ **Improve professionalism** in all departments
- ~ **Performance that aligns** with the Mission, Vision & Values and our strategic direction.
- ~ **Leadership** that is accountable and “lives the mission, vision and values”.
- ~ **Accountability** to provide compassionate, culturally sensitive, safe, client/family centered care to all.
- ~ More emphasis on a **culture of safety**
- ~ **How we feel** about the work we do

Steps taken to date:

- Engage Senior Management team & Managers
- Presentation to Senior Managers Feb 12, 2009
- Presentation to Medical Advisory Committee March 2009
- 2 day Managers “DREAM advancement”
 - ~ April 7 & 8
 - ~ 3 Task Groups Communication, Unity, & HR
- Board involvement in Vision April and May 2009
- Development of Transformation Team June 2009



Heather Shepherd, Joan Cachagee at Managers Retreat, April 7 & 8, 2009.