



SIoux LOOKOUT

Meno Ya Win

HEALTH CENTRE

Meno Ya Win News

MAY 2010
Volume 8, Issue 5

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

Wisdom is the sharing of wise experiences and knowledge, but a lot of it is common sense. The difference is how we apply this common sense - we all have the ability to keep going even when we face challenges in our lives - basically it comes down to your attitude.

~ Author Unknown

Inside this issue:

Qmentum Accreditation Update	2
The Honourable Minister Justice Murray Sinclair visits ECU	3
2nd National Transcultural Health Conference	4
Something old is new again!	5
InSIGHT—Aboriginal Health	6
Diagnostic Imaging Department's Role in Patient Safety	7
Hand Hygiene	8
Ethics Corner—LITERACY	10
Celebrating People in Action!	12
Question of the month...	14
Anishinaabemodaa	16
Photo Gallery	18
Foundation News	20

DONORS TO JANELLE WESLEY'S FUND TOURED THE NEW HOSPITAL SITE



Left to right: Dave Murray, SLMHC CEO & President; Liz Loon; Debra Wesley; Viola Tresham (Janelle's Mother); Dr. Joe Dooley; Douglas Semple, Board Member; Marion Kenny; Mark Gaudet, OPP representative; Marnie Hoey, Foundation President; Terry Jewell, Foundation Vice President; Kathryn Davidson, Development Officer

In January 1998 a Cop Shave Off event was held to raise money to create a room at the new Health Centre for children and families to have privacy and comfort during prolonged hospital stays. The event was inspired by Janelle Wesley, a local seven year old girl and her courageous battle with cancer. The funds raised have now grown to just under \$40,000.00.

On May 21st, 2010 Members of Janelle's family visited the new hospital site along with Dr. Joe

Dooley and Marion Kenny, members of the Shave off committee and Mark Gaudet, OPP representative.

Janelle's mother Viola Tresham, and Janelle's sister Debra Wesley, were joined by Liz Loon, a relative who also served as a board member. It was a day of honouring, sharing, and remembering.

A room will named in Janelle's memory at the new Health Centre.

Submitted by Kathryn Davidson, Foundation Administrator

Accreditation

Quality & Safety

MATTERS



Thank you to everyone who completed the Qmentum Accreditation Quiz, and congratulations to **Anna Wellwood** and **Jessica Sawyer** for winning the restaurant gift certificate draw prizes! All participants received a healthy snack coupon as a token of appreciation for their continued interest in the Qmentum Accreditation process. Keep up the great work!

For those who didn't get a chance to complete the quiz, the answers are provided below:

- Qmentum Accreditation is part of SLMHC's **Continuous Quality Improvement** journey.
- Qmentum Accreditation emphasizes: **Health System Performance**; **Risk Prevention Planning**; **Patient Safety**; and **Governance**.
- **14** Accreditation Teams are working with **Isaac Sithole**, the Accreditation Coordinator, towards achieving our shared goal of **improving the quality and safety** of our health services through accreditation. The teams are as follows:
 - Ambulatory Care
 - Diagnostic Imaging
 - Effective Organization
 - Emergency Department
 - Infection Prevention & Control
 - Long Term Care
 - Managing Medications
 - Maternal Child
 - Medicine Services
 - Mental Health Services
 - Operating Room/Surgery/CSR
 - Sustainable Governance
- The **Patient Safety Culture Survey** (completed February, 2010) provides valuable insight into staff perceptions of patient safety and helps to measure the presence and degree of our organization's safety culture.
- The **Worklife Pulse survey** (completed March, 2010) provides a snapshot of our organization's quality of worklife.
- Information about SLMHC's current practices has been collected through **self-assessment questionnaires**. The results of these questionnaires are made available in a document referred to as a **Quality Performance Roadmap**, which helps to determine areas of strength and opportunities for improvement
- **Everyone** at SLMHC has a role in Patient Safety!
- More information about the Qmentum Accreditation process can be obtained from: **Bulletin Boards**; the **intranet**; **newsletters**; **pamphlets**; or by contacting **managers**, accreditation **team members**, **Isaac Sithole** (Accreditation Coordinator) at isithole@slmhc.on.ca or **Melissa Ayotte** (administrative support) at mayotte@slmhc.on.ca or 737-2877 (2104).

THE HONOURABLE MINISTER JUSTICE MURRAY SINCLAIR'S VISIT AT EXTENDED CARE UNIT



On Wednesday, May 12, 2010, the Honourable Justice Murray Sinclair, the chair for the Truth and Reconciliation Commission of Canada, and some of his associates, visited the Extended Care during the lunch hour. Justice Sinclair went around the dining room meeting and greeting the elders. Katie Morris, one of our residents, brought out her moccasins for him to look at. Justice Sinclair bought a pair of moccasins with the bear beaded on, for his wife. The purpose of his visit was to meet and support the survivors of the residential school system in our Long term Care home.

Submitted by Margie Kimball, Activation Coordinator



L—r: Joan Cachagee, THMFSP Manager; Barb Linkewich, VP Health Services; the Honourable Justice Murray Sinclair

On May 12th, 2010, the Honourable Justice Murray Sinclair arrived at the Extended Care Unit accompanied by two of his staff. The visit to ECU was a small part of the Truth and Reconciliation Commission's visit to Sioux Lookout. Justice Sinclair had been encouraged to visit the ECU where he could personally meet some of the residents who had attended one of the residential schools.

It was good to see the residents interacting with Justice Murray Sinclair. He was able to speak to residents individually, especially those who attended Residential School. One of the residents, who is normally somewhat withdrawn and quiet, was able to briefly tell his story to Justice Sinclair. He recalled experiences while in Residential School and as he spoke he seemed to glow as if it was the first time someone ever took the time to genuinely listen to him. For an observer, the interaction between the residents and Justice Sinclair was awesome.

Submitted by Joan Cachagee, Manager of Traditional Healing, Medicines, Foods and Supports Program

2nd National Transcultural Health Conference

The conference was held on May 2 - 4, 2010 in Calgary, Alberta and brought together educators, policy makers, researchers and advocates from across North America to explore multicultural diversity in clinical practice, education and research.

The Sioux Lookout Meno Ya Win Health Centre (SLMHC) was a Gold Sponsor for the conference for catering the Welcome Reception and Cultural Show on the first day Sunday, May 2, 2010. Attending from SLMHC were "Chefs" Joan Cachagee, Amelia Sturgeon, Joan Elsie Winter and Helen Cromarty.

The Traditional Healing Medicines Foods & Support (THMFS) program provided the foods while the Hyatt Regency graciously provided support from the head chef and his staff, kitchen space and any and all utensils needed to cook the traditional anishinaabe foods. We were provided with chef's hats, aprons and also gloves for handling the uncooked meats.

The menu included different recipes of moose meat, beaver, goose, stews, fried pickerel, smoked fish, ground fish (pemmican) with blueberries, fried and baked bannock and jams. The "Chefs" explained the various foods and answered many questions about the animals and the sources of the meats. There were other foods available and everybody seemed to enjoy all the foods. There was also a SLMHC

poster display, a program description and Meno Ya Win story by Helen Cromarty. There was a lot of interest and questions about the foods, the posters, the geography and the people and Meno Ya Win.

The workshops were all interesting topics and excellent. The four of us tried to cover as many as we could. Some were on Aboriginal Health Research, many on Cultural Competency, Equity & Diversity, Child Palliative Care and Death, Multicultural and Seniors issues and Linguistics including a Health Literacy Audit to name a few. There were also poster presentations, panel discussions, excellent keynote speakers, good entertainment and great networking among the delegates.

One of the presentations on Day 3 was entitled "Three days and Three Nights" by Janette A Hurlley, MD and Tim Gorman. It was about the largest homeless shelter in Canada called "The Calgary Drop-In & Rehab Centre" that houses 1000+ per night. Following the presentation, attendees were invited for a tour and meet with the patrons using the faculty that evening. The visit was great and the Elders were impressed to see the magnitude of this Drop-In facility available for the homeless and street people

One of the panel presenters was our old friend Roger Walker, now President & CEO of Timmins & District Hospital,

who did the welcoming remarks for Day 2 and as a panelist presented on The Sioux Lookout Meno Ya Win Health Centre Cross-Cultural Continuum of Care.

We think he misses us because he kept saying "We, at Meno Ya Win".

Submitted by Helen Cromarty, Special Advisor for First Nations Health and Joan Cachagee, Manager of Traditional Healing, Medicines, Foods and Supports Program

ARAMARK Management

I would like to announce the following changes to the ARAMARK management structure effective today.

As I am sure most of you are aware, Pat Jantzen has retired from her position as Housekeeping and Laundry Supervisor.

We are pleased to announce the return of Fran Levesque to the Sioux Lookout Meno Ya Win Health Centre. Fran will have the title Manager of Dietary Services. Fran had previously worked for 13 years at the Zone and Meno Ya Win Health Centre before she moved to Southern Ontario where she spent the last five years working for ARAMARK as Manager of Support Services at Headwaters Health in Orangeville, Ontario. I thank you in advance for your support in welcoming Fran back to Sioux Lookout.

Also, Cathy Stanley will have a new title and role within the ARAMARK management team. Cathy will be Manager of Laundry and Housekeeping.

I will be continuing in my role as Environmental Services Manager.

~ Al Kernohan, Manager Environmental Services

Something old is new again!

Old medical equipment is getting a new lease on life—and hopefully also saving lives. In the late fall of 2009 Sioux Lookout Meno Ya win donated out-of-use medical equipment to Medical Equipment Modernization Opportunity Cuba (MEMO Cuba) which aims to help Cuban hospitals in need. This included pieces of medical equipment that our hospital has replaced over the years due to technological changes, updates in codes and standards, and other equipment that has been deemed surplus to our needs but still useful perhaps in other healthcare settings such as the hospitals in Cuba.



Surplus medical equipment gets a 2nd life

Through cooperation with the MEMO Cuba chapter in Sioux Lookout headed by Merle Burkholder, in January 2010 a container was shipped and arrived at Sagua hospital, a 300 beds hospital in Sagua de Grande (pop 130,000) which serves the Western half of Villa Clara province (pop 880,000). Saqua hospital is a general hospital with medicine, surgery (no laparoscopic as yet) obstetrics and renal dialysis. According to Burkholder “the funding to ship the container came from local businesses, churches, and individuals. All the funding came from Sioux Lookout even though we shipped



Dr. Harvey & staff at Sagua hospital

some items from other towns in this container. We also received donations from the Riverside Health Centre in Fort Frances and the Dryden Regional Health Centre in Dryden. We plan to purchase another container this Fall and will ship it to Cuba as soon as we are able to pack it and have the funds for shipping. If there are enough equipment that we can salvage from the two hospital sites when they close in Sioux Lookout, we will send more than one container. We had good community support for our first container and we are confident that we will be able to arrange funding for as many containers as we can fill.” The Sioux Lookout group is also planning to work with other hospitals in the area that may have surplus equipment.

Getting the container to Cuba was a bit of a challenge, first going by truck to Winnipeg the container was then placed on a CN rail car and travelled to Halifax, and then caught the next container ship to Havana, Cuba a voyage of five days. Sometimes containers take a while to get taken by truck from Havana to Villa Clara Province (400 km) due to scarcity of trucks however the Sioux Lookout container arrived without problem at the Sagua hospital.

...continued page 6

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

Γινεο υς- νλγδ-σερλς' σςογδ-σερ λδρ δερβυ' Γεβδ-δ' Δ"Δν-οιςβ'.

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

Something old is new again!

... continued from page 5



Any equipment that was not required at Sagua hospital was moved to one of the other hospitals that MEMO works with in the province; Placetas (pop 74,000) Remedios (pop 70,000) or Caibarien (pop 40,000).



Sagua Hospital, Sagua de Grande Cuba

Dr. Jerome Harvey, MEMO Cuba Project director in Thunder Bay states, "The staff at Saqua hospital is very keen and grateful. The Cuban minister of health said that since we have been helping health care in Villa Clara has taken a 180 degree turn for the better."

For more information on the MEMO Cuba group see their website at www.memocuba.org

Submitted by Michelle Beaulne, Manager, Materials Service

InSIGHT

Aboriginal Health Forum

The Aboriginal Health Forum was held in Toronto at the St. Andrews Club & Conference Centre on May 17 - 18, 2010. Trina Kakekagumick, Joan Cachagee and Helen Cromarty represented the Sioux Lookout Meno Ya Health Centre.

This *Insight* information conference explored the latest challenges, solutions and best practices in Aboriginal health care.

- We heard about the best practices in primary prevention methodology for early identification and chronic disease management using a multidisciplinary approach;
- We learned about recognizing the intergenerational links and address the effects of substance abuse, fetal alcohol spectrum disorder residential school negligence and abuse, techniques to end the cycle of poverty and illness;
- There was also focus on the daunt human resources challenges that we face day to day and about the mechanisms being put in place to ensure successful recruitment and retention of Aboriginal staff in hospitals and other health care institutions;
- The technological solutions being used and the latest on the implementation of eHealth and tele-health systems that are crucial for and in addressing remote, rural and urban disparities and improving Aboriginal health outcomes.

The good part about this conference was that you did not have to chose different workshops and miss others. The sessions were all held in one room. The discussions, networking and exchange of information was great.

We really enjoyed it!

Submitted by Helen Cromarty, Special Advisor for First Nations Health

Diagnostic Imaging Department's Role in Patient Safety



The Diagnostic Imaging (DI) department at SLMHC provides Ultrasound and X-Ray services. These procedures provide important information about the medical condition of patients, which assists health care staff in providing accurate diagnoses and effective treatment of patients. DI staff work as a team to provide health care that is **Patient Centered, Service Oriented, and Performance Focused**. Each member of the DI team has an important role in patient safety.

The clerks in the department are responsible for ensuring that the correct patient is booked for the correct procedure. They must follow specific timelines for booking certain procedures. The clerks provide the patients with instructions for preparing for their procedures. If a patient is not properly prepped for the procedure, the procedure may have to be cancelled or repeated, which could result in a delay of treatment.

Patient identification prior to a procedure is obtained from identification wrist bands, red cards and verbally from the patient. The requisition received is first reviewed by the booking Clerks, and then by the Technologist to ensure that the clinical information pertains to the examination requested by the Physician.

Sonographers ensure that the equipment used for invasive procedures is clean and disinfected prior to each use. Latex covers are used for endovaginal probes as an additional method of protecting patient safety.

The diagnostic procedures in the X-Ray department require the use of radiation. There is no amount of radiation that is completely safe. Physicians consider risk versus benefit when ordering x-ray procedures for their patients. The A.L.A.R.A. Principle (*As Low As Reasonably Achievable*) is unique to the X-ray department regarding patient safety. The Technologists use dose reduction methods to ensure the A.L.A.R.A. Principle is being adhered to in order to protect the safety of patients and the health care professionals involved in the patient's care. Dose reduction methods include using short exposure times, large distances between the source of radiation and personnel, and proper shielding such as lead aprons for all persons in the x-ray room.

Communication with the patient is key during an examination to prevent any unnecessary movement which could cause blurring of the image or unwanted rotation of the body part being ex-

amined. Immobilization techniques such as the pigg-o-stat for pediatric chest x-rays, tape, radiolucent sponges, and sandbags are used to keep patient movement at a minimum. This will also reduce the use of personnel holding a patient in position during the exposure. Controlling the movement of patients increases the likelihood of producing a high quality diagnostic image, which reduces the need for repeat exposures.

All female patients between the ages of 11 and 55 are asked if they are pregnant. Radiation has specific effects to the fetus during different stages of pregnancy. If a patient is suspected of being pregnant, they are sent for a pregnancy test and the x-ray is postponed until results of the test are received. If the patient is pregnant, the ordering physician is contacted and the risk versus benefit is considered before continuing with the procedure. If the risk is greater than the benefit, the procedure is postponed until after pregnancy. If the benefit of the procedure supersedes the risk of radiation exposure, the patient and fetus are protected with extra lead shielding.

The DI department has preventative maintenance procedures in place for the equipment used. They are tested based on regulations from H.A.R.P. (Healing Arts Radiation Protection). Monthly inspections are performed to ensure the equipment used is in proper working condition. Technologists monitor their exposure to radiation on an ongoing basis through the use of safety badges.

...continued page 8

Diagnostic Imaging Department's Role in Patient Safety

...continued from page 7

The Radiologist's role is to interpret the images and determine if there is any pathology or fracture shown. The patient identification is checked again; the clinical information and procedures completed are verified, and the results are reported.

DI staff work together as a team to collect medical information that is instrumental in providing accurate diagnoses and effective treatment of patients. Each team member understands how he/she contributes to patient safety, which ensures the attainment of reliable results in a manner that minimizes the risk to patients and staff.

As part of SLMHC, the DI department is committed to Continuous Quality Improvement. Participation in the Qmentum accreditation process provides the DI department an opportunity to formally evaluate the effectiveness of its services, identify potential opportunities for improvement, and recognize its strengths. For more information, please review the DI accreditation team's action plan (available in the accreditation section on the intranet), or contact Emilie at egaudreau@slmhc.on.ca.

Submitted by Emilie Gaudreau,
Diagnostic Imaging



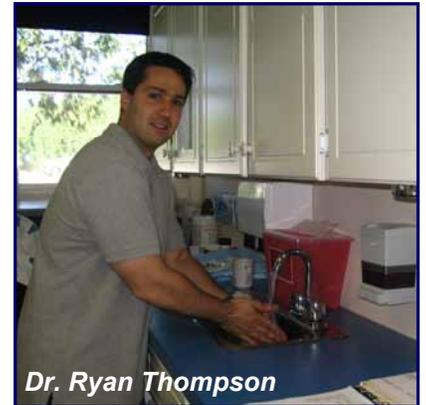
2009/2010 Patient Safety Reporting Hand Hygiene

Hand Hygiene Compliance Form Category	2009		2010	
	5 th Ave. Site	7 th Ave. Site	5 th Ave. Site	7 th Ave. Site
The number of times hand hygiene was performed before initial patient/patient environment contact. Note: Combine all categories of HCP.	72	97	46	6
The number of times hand hygiene was performed before aseptic procedure. Note: Combine all categories of HCP.	3	5	10	0
The number of times hand hygiene was performed after body fluid exposure risk. Note: Combine all categories of HCP.	8	11	14	2
The number of times hand hygiene was performed after patient/patient environment contact. Note: Combine all categories of HCP.	98	69		
The number of observed hand hygiene indications for before initial patient/patient environment contact. Note: Combine all categories of HCP.	119	161	72	13
The number of observed hand hygiene indications for before aseptic procedure. Note: Combine all categories of HCP.	8	5	11	0
The number of observed hand hygiene indications for before body fluid exposure risk. Note: Combine all categories of HCP.	10	11	19	2
The number of observed hand hygiene indications for after patient/patient environment contact. Note: Combine all categories of HCP.	105	146	93	22
The % compliance for before initial patient/patient environment contact by combined categories of HCP.	60.50%	60.25%	51.85%	28.57%
The % compliance for before aseptic procedure by combined categories of HCP.	37.50%	100%	90.91%	
The % compliance for after body fluid exposure risk by combined categories of HCP.	80%	100%	73.68%	100%
The % compliance for after patient/patient environment contact by combined categories of HCP.	93.33%	47.26%	77.42%	60%

AMBASSADORS OF HANDWASHING!



Kathy Lister, Registered Nurse



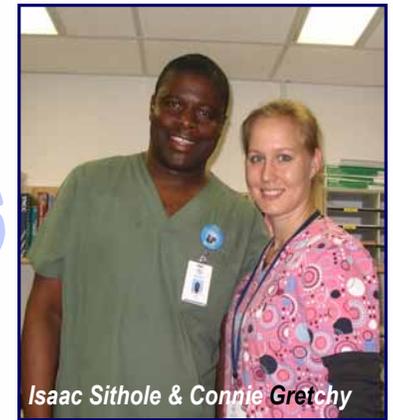
Dr. Ryan Thompson

These are people within the organization who did not miss a single opportunity to perform hand hygiene.



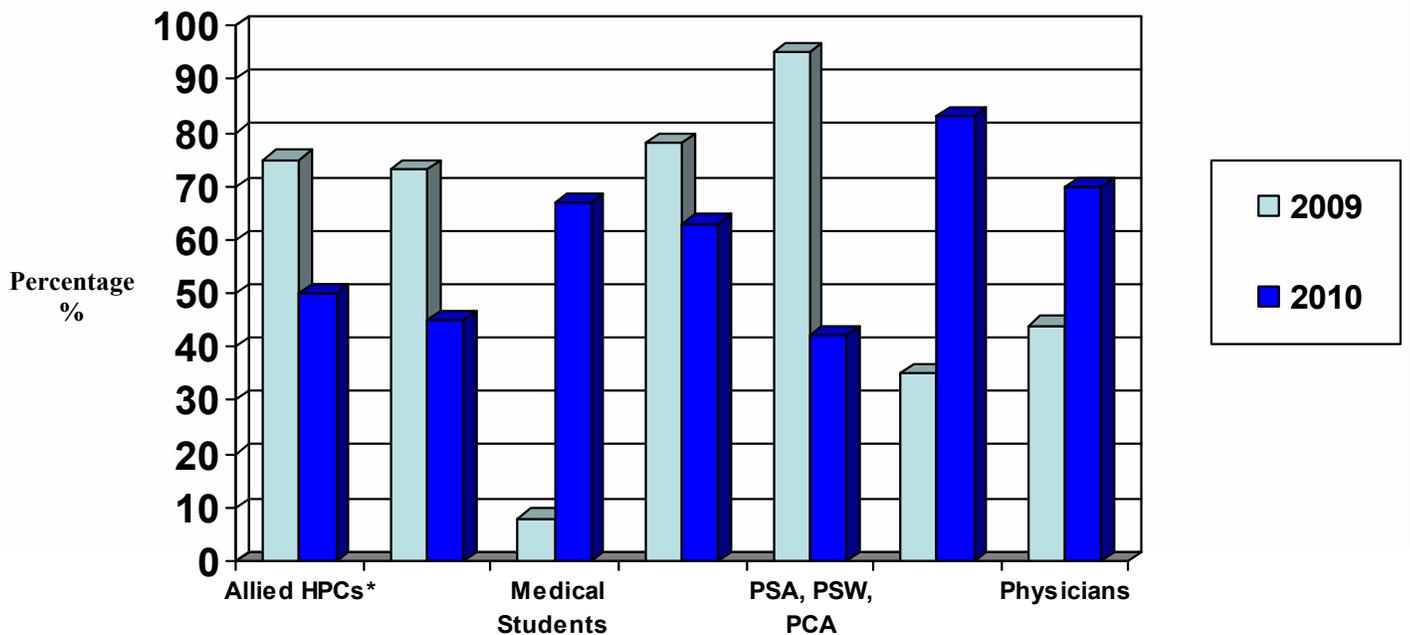
Dr. Sharon Madden

Congratulations!



Isaac Sithole & Connie Gretchy

Hand Hygiene Compliance by Category of Health Care Provider



Ethics Corner: LITERACY

These are just two of the stories from "[Caring for Poor and Vulnerable Populations](#)"

Through the Patient's Eyes: Health Literacy: What Patients Know When They Leave Your Office or Clinic

Have you ever thought that the patient in front of you, who has listened to a careful explanation of what he or she needs to do, may not understand what you have said? Some very brave patients agreed to speak with physician interviewers about this hidden and shame-causing problem

Mr. Dallas is a respected community leader and church deacon. He also reads at a third-grade level. In addition to his reading problem, Mr. Dallas has pointed out that the simplest medical directions are often incomplete and confusing.

Mr. Dallas [reading the label of one of the prescription drugs he takes regularly]: Take one capsule.

Researcher: That's right, one capsule.

Mr. Dallas: One capsule. I don't know what that says, is that ten?

Researcher: Twice.

Mr. Dallas: Twice daily.

Researcher: Okay, so how would you take this?

Mr. Dallas: It's not on there how to take it. It says take it twice daily, but it don't say what time to take it.

Mrs. Irwin, now retired, had a successful career as a bus driver, though she never went to

school and reads at a second-grade level. She identifies her prescriptions by looking at the pills, not at the labels. On the desk in front of Mrs. Irwin and a researcher is a collection of pill bottles that Mrs. Irwin has brought with her, saying that she takes them all.

Researcher: Tell you what . . . take these two and tell me which one is which and what you take them for.

Mrs. Irwin: That looks like my medicine that he gives me in the morning. I take that and the little pill that—no this is lithium. Ain't it? Yeah, that's lithium. [The label says Lipitor.]

Researcher: Okay, what do you take that medicine for?

Mrs. Irwin: Don't ask me. He puts me on that and I just take it. Anything he tells me to take, I'll take it.

Researcher: Okay. So you trust him?

Mrs. Irwin: Oh, you better believe it. With my life.

The potential for serious medical error embedded in the 2 encounters just described cannot be overstated. Especially since research shows that as much as 50 percent of the population has difficulty understanding medical instructions. Mr. Dallas does not know when to take his medicine. Mrs. Irwin would respond to a new doctor's inquiry about her prescription drugs by stating that she was on lithium rather than Lipitor.

Unfortunately, no one considered the barriers posed by low

health literacy in the design of the modern health care delivery system. Patients with low literacy are at greater risk for medical errors and poor outcomes than they were 30 years ago. For example, 30 years ago a patient with an acute myocardial infarction would have been hospitalized for 5 to 6 weeks, surrounded by skilled professionals who took care of every need.

With new medical knowledge, drugs, and treatments, a similar patient today is out of the hospital in less than a week. Today's patients are quickly on their own, with long lists of instructions, medications, appointments, and very little support from skilled professionals. We expect patients to learn to care for themselves.

How much of their "non-compliance" arises from our failure to ensure their understanding and ability to carry out the needed care regimen? How many medical errors occur because we've based our procedures and processes on the false assumption that everyone can read at a very sophisticated level?

Mr. Dallas: I would go to the lady, you know, that passed me the thing [clipboard], and say, "Look, I need some help with this, I can't fill it out," I'd say. "I don't have time right now," she would answer. "Can you wait a while, 'cause I don't have time; you're going to be last." You're always last when you don't know.

...continued page 11

Ethics Corner: LITERACY

...continued from page 10

Handing new patients with low health literacy questionnaires that ask medical history and insurance questions is like handing them an entrance test they cannot possibly pass. Some respond like Mr. Dallas, embarrassingly seeking help from the office staff help and being treated as an annoying interruption to someone's busy schedule. Some just answer "no" to everything so they can get into the office and talk to a real person about their problems. Others avoid the uncomfortable situation altogether; they avoid routine or even symptom-related office and clinic visits and present themselves at the emergency department only when they are acutely and dangerously ill. At least there someone else holds the clipboard and asks the questions.

Incomplete or inaccurate information on the intake clipboard can also be interpreted as coming from hostile patients. "She checked 'No Prior Surgeries,'" one physician said, "and when I examined her, I found she had had a C-section. I guess she was testing me."

There's no "right way" for a patient with low health literacy to act. Bringing help along can be misunderstood by doctors and staff. A blank stare of incomprehension seems annoying at best, hostile at worst. Trying to please, agreeing without understanding, leads to misinforma-

tion and possible medical error. Avoiding the medical encounter altogether can ultimately lead to an emergency department visit.

The patient's shame creates yet another barrier between the patient and physician. Shame is ever-present for people with low literacy. One recent study found that 69 percent of people who cannot read have never told their spouses. Nineteen percent have never told anyone. As physicians, we don't want to "corner" low literacy patients; we don't want to force them to admit they cannot read. But we must make it possible for them to get the accurate information they need to care for themselves safely and effectively.

Create a Shame-Free Environment: Offer to help, especially with paperwork. Let patients know that many people have difficulty reading and learning new information and that you can help. If you see an incomplete form, just ask the question yourself and fill in the answer, without impatience or annoyance.

Use Simple and Direct Language: Speak slowly and cover only 2 or 3 concepts at a time. Read written material aloud to the patient and underline key points.

Use the "Teach-Back" Technique: Simply asking a patient if he or she understands is not enough. Instead say something like, "Tell me what you will do

and show me how you will do it when you are at home."

Invite a Family Member or Friend: Ask the patient if he or she would like to have a family member or friend along during the counseling and planning section of the visit.

Conclusion

If, as surveys indicate, as many as 50 percent of patients do not understand the doctors' explanations and the instructions on their prescriptions, then low health literacy is a major contributor to disparity in health outcomes. And it cuts across generational, ethnic, and racial lines.

Patients with low literacy face barriers at every step in their attempts to receive health care. Physicians can ease those problems or make them worse. If we are unaware of the problem, we may interpret the patient's self-protective behavior and coping mechanisms as inappropriate or hostile and label the patient "difficult." Our instinctive withdrawal will only add to the patient's problem. To the degree that we can aid patient's understanding and compliance, we work toward better health outcomes and fewer medical errors, and we reinforce health maintenance behavior.

Joanne Schwartzberg, MD, & Faith Lagay, PhD
Virtual Mentor: November 2001,
Volume 3, Number 11

Submitted by Helen Cromarty, Special Advisor on First Nations Health

CELEBRATING PEOPLE IN ACTION

If you talk to any person that volunteers you'll find that they are busy people and often volunteer for a number of organizations. How many of our staff volunteer after the end of a workday? Just listen to others talk about hockey, skating, Girl Guides, Boy Scouts, or school fundraising that their kids are involved in, or, with other organizations like the Rotary, Lions, Foundations, churches, Cancer Society, or providing individual support for others in the community. These are just a few things that people volunteer for in Sioux lookout.

Have you thought lately about the Sioux Lookout Meno Ya Win Health Centre volunteers? They just want to make a difference in organizations and lives. What most volunteers find out is they always get more from the experience than they put in. SLMHC volunteers can be broken down into a number of groups:

1. **Individuals** that come and volunteer mostly at Extended Care. We had over 600 hours of time donated last year. They spend time reading, playing cards or other games, gardening, decorating, bake sales, taking care of birds and fish, celebrating birthdays and other special occasions as well as spending time with the residents.

2. Our **Pastoral Care Team** and standing committee that has been in place for over 20 years meets a couple times a year. We have 24 hour on call coverage 365 days a year from the seven churches and ministers in town. The ministers are there for patients, residents, families and staff. They are there for you too. We also have Traditional Healers on our Pastoral Care list that help out as needed.

3. Our **Board Members** devote a great deal of time attending to governance, advocacy and political issues on behalf of the hospital and extended care.

4. **Our staff** sometimes do special things for people or organizations that are not part of their job description – like collecting winter mitts and scarves for patients to wear home when they have nothing; or, they bring in flowers, plants or food treats to share with other staff. They decorate departments so all can enjoy, baking or helping with garage sales for resident or patient fundraising activities, being there when a family member is sick and taking time for other patients and residents while there, making chocolates as a fund raiser for new equipment, being on the Staff Association or sometimes just staying longer to make a difference in their department.

5. And there is what I call the **ripple effect volunteers** ... These groups are closely associated with the hospital like the Sioux Lookout Hospital Auxiliary that has been around since 1922 or the Hudson Auxiliary that has been around for almost 60 years. These groups have

carnation and tag days or Easter hamper or doll draws. How about the Foundation or the community business partners like Bearskin Airlines, Rotary and all the other businesses or organizations that work very hard to make a difference for the staff, patients and residents? They help make the SLMHC a wonderful place to work and get great health care.

So this month and for the rest of the year, please take time to get to know these volunteers better and support their efforts and thank them for all their support and time.

If you know someone that has a few hours each month, please encourage them to volunteer at the hospital or Extended Care. Over the next few months we will be looking for volunteers to be a part of our new greeters program or gift shop in the new hospital. We will continue to need volunteers for reading, pet therapy, playing games, book cart, gardening, bake sales or just visiting.

For more information on how to become a SLMHC volunteer, please contact Sharon Yule at ext. 3248, Margie Kimball at ext. 4006 (ex care) or Cortney Durham (B-ward).

We have also updated the hospital website to include a section on our volunteers, so check it out and pass it on. And remember to ask yourself ... **What am I doing to make a difference in my Community?**

Thanks,

Sharon Yule, Volunteer Coordinator

Cancer Prevention Tips for Employees

- ≈ The emotional and physical pain of this life threatening disease affects family, friends, personal lives, and it also has a major impact on the workplace.
- ≈ More than one third (36%) say that as a result of having cancer, they were unable to do their job as well as they could before, and one in five say having cancer had a negative impact on how they were viewed in terms of their ability to do their job.
- ≈ Look around your office: Millions of people are living with cancer or have been cured of the disease.
- ≈ Although no prevention measure is guaranteed to stop cancer, there are steps to take to help decrease the risk.

Maintain a healthy weight throughout life:

- Balance caloric intake with physical activity.

- Achieve and maintain a healthy BMI.

Adopt a physically active lifestyle.

- Adults: Engage in at least 30 minutes of moderate to vigorous physical activity five or more days of the week; 45 to 60 minutes of intentional physical activity is recommended.

Eat a healthy diet.

- Choose foods and beverages in amounts that help achieve and maintain a healthy weight.
- Eat five or more servings of a variety of vegetables and fruits each day.
- Choose whole grains in preference to processed (refined) grains.
- Limit consumption of processed and red meats.

If you drink alcoholic beverages, limit consumption.

- Drink no more than one drink per day for women, or two per day for men.

This article sponsored by the Workplace Health & Wellness Committee in corporation with the Corporate Wellness Advisor.

The Difference Between Winning and Losing

by Catherine Pulsifer

Some of the significant differences between winning and losing are:

Hanging on, persevering, **WINNING**

Letting go, giving up easily, **LOSING**

Accepting responsibility for your actions, **WINNING**

Always having an excuse for your actions, **LOSING**

Taking the initiative, **WINNING**

Waiting to be told what to do, **LOSING**

Knowing what you want and setting goals to achieve it, **WINNING**

Wishing for things, but taking no action, **LOSING**

Seeing the big picture, and setting your goals accordingly, **WINNING**

Seeing only where you are today, **LOSING**

Adopt a WINNING attitude!

The Sioux Lookout Meno Ya Win Health Centre Foundation is dedicated to raising funds for the new hospital, general equipment needs, and the W.A. George Extended Care, in order to enhance health care in our community. The following is a list of funds that **YOU** can donate to:

- | | |
|---------------|---------------------------|
| • CT Scanner | • New Hospital |
| • General | • WA George Extended Care |
| • Mammography | • Hospital Equipment |



SIoux LOOKOUT
MENO YA WIN HEALTH CENTRE

Foundation

To make a donation, call Kathryn Davidson, Interim Development Officer, SLMHC Foundation at 807-737-7997 — cell 807-738-0566 or view our website at www.slmhc.on.ca and please visit our office at 69 Front Street. Thank you!

QUESTION OF THE MONTH...

WHAT ARE YOU LOOKING FORWARD TO WHEN WE MOVE TO THE NEW HOSPITAL?



Sharon Yule, Volunteer Coordinator/Special Projects Manager
"Having the majority of staff & programs under one fabulous new building."



**Judy Carroll, RN
 Chemotherapy Day Medicine**
"Everything!! A new building, user friendly, and getting to know co-workers all in 1 building. It will be great for excellent patient care."



Kathryn Davidson, Foundation Administrator
"Having all our health care sites and services under one roof!"



Doug Pierce, Facility Manager
"Operating a building with new high tech equipment!"



Eunice Kakekayash, Interpreter
"Interpreter's lounge!"



Delilah Anderson, Administrative Clerk
"Having all staff and patients in one new building!"

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.



Did you Know?

The "Green" Side of Meno Ya Win

Our organization may be 'greener' than you think! The Sioux Lookout Meno Ya Win Health Centre participates in various 'reuse, reduce and recycle' programs...

We recycle:

- All printer & copy toners including inkjet cartridges
- All batteries including Nickel Cadmium and regular Alkaline can be recycled. Please save your batteries and send these to the Stores department, ext. 5134
- We recycle all cell phones and cell phone batteries
- All paper products including magazines, newspaper
- Plastic bottles
- We support the computers for schools program with our redundant PC's where possible (Industry Canada initiative)
- Our copy paper meets the sourcing requirements of the sustainable forestry initiative program (www.SFIprogram.org)
- We have Zero mercury in all thermometers in use in our patient care sites
- We are reviewing with Maintenance our opportunities to recycle fluorescent tubes, ballasts and bulbs RMC (ISO 14001
<http://www.rawmaterials.com/products-services/wastes-managed/permitted-wastes/>)
- We support and continually review information and feedback from the Canadian Coalition for Green healthcare
<http://www.greenhealthcare.ca/>
- We review and give preference, where feasible, to vendors who supply reusable products, limit packaging, supply products and packaging that are easily recyclable or reduce waste to our landfills
- We have a rigorous cardboard recycling program which is supported through Maintenance, house-keeping and our Porters

For more information on the aforementioned please contact the Materials Services Department or Environment Services Team Lead Michelle Beaulne at ext. 5104.

Submitted by Michelle Beaulne, Manager, Materials Services



Community Counselling
&
Addiction Services



Share for Hope Program Looking for Speakers

Update

November 17th, 2008 marked the commencement of the Share for Hope program. This program was designed to provide inspiration and hope to individuals residing at the Out of the Cold Shelter and has been well received by the shelter residents.

Every Monday morning at 7:30 a.m. a volunteer from the community comes into the shelter to share their story. They speak for 30-40 minutes about what their life was like when they experienced little or no hope, steps they took to overcome their own life struggles/issues, the supports used, and life after change. The speakers talk about issues as those faced by the Out of the Cold residents.

Looking for More Speakers

To date we have had 54 speakers and we are looking for more. The goal is to continue to provide this service long-term. We would like to invite you to contact Trish Hancharuk at 737-7207 or 737-4506 to book a date to speak. Your story could be the turning point for someone to have the courage to change their life!

Some Ideas to Share About

- Homelessness and your journey into housing
- Battle with mental health and addiction issues and your journey to wellness.
- Coming from a chaotic upbringing (i.e. parental substance abuse, fighting), how this affected you and steps taken to have a different life.
- Residential school impact and your healing journey
- Experience with trauma/abuse and the impact this had on your life, along with how you healed to have a better life.
- Unresolved grief and steps taken towards acceptance.
- Having a loved one struggling with an addiction issue, the impact this has had on the family, and how the loved one got better.

Trish Hancharuk, Counselor
Community Counseling & Addiction Services
Working in partnership with Out of the Cold Shelter



Handwashing
is the most
effective way to
fight the germs!

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

WORDS/PHRASES IN OJI-CREE ROMAN ORTHOGRAPHY

Can you lift yourself up?	Gigagii-obindiz na?	
Lift your leg up.	Obikaadetaan	
Lift your arms up.	Obiniketaan	
Lay down.	Bimishinin	
Lay on your side.	Obemishinin	
Turn over to the other side.	Kwekishinin	
Are you warm enough? (as being in bed under the covers?)	Gigiishooshin na?	
Do you want a blanket?	Waaboyaan na ginadawendaan?	
Are you cold?	Gikawach na?	
Do you have a temperature?	Gigishidewise na?	
Have you had a temperature, (as in - above the normal?)	Aasha na gigiigishidewise?	
How long have you had this temperature?	Aan minikok aasha ewijigishidewiseyan?	
How long have you felt sick?	Aan minikok aasha ewiji-aakoziwamajihooyan?	

Translation Provided by: Larry Beardy, Sioux Lookout, Ontario
Document Created by: Communications & Community Development, SLMHC

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: \$1,368.93

The *Meno Ya Win News* is prepared by:
Communications & Community Development dept

All departments are invited to send updates to:

danderson@slmhc.on.ca



SIoux LOOKOUT
MENO YA WIN HEALTH CENTRE
Foundation

Pizza Fridays



MONEY RAISED TO DATE: **\$4,364.00**

This fundraising initiative is generously sponsored by:



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

HAT SALES



*Ball caps for sale
\$20.00 each! Proceeds
to the Sioux Lookout
Meno Ya Win Health
Centre Foundation's
New Hospital Fund.*

Funds raised to date \$1,060.00



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



Photos taken at hospital site, May 21, 2010.

Photo Gallery



Carnation Day!
Sioux Lookout Hospital Auxiliary

Barb Linkewich,
VP Health Services



Thank you to the Staff Association, Executive, Health & Wellness Committee, Dietary & M&C Staff for all the team work to create the wonderful staff barbeque on June 1st.



Jessica James, Kitimavik volunteer; Marie Eliuk; Lorraine Bennett—Canvassers for Carnation day. This is part of the Sioux Lookout Hospital Auxiliary fundraising activities.



"Say, CHEEZE."



"Say, CHEEZE."



Hospital Wide Orientation Workshop held on May 17 & 18, 2010



SIOUX LOOKOUT
MENO YA WIN HEALTH CENTRE

Foundation



Foundation News

Spring 2010

OPENING THE DOORS

THE COUNTDOWN HAS BEGUN

The new Sioux Lookout Meno Ya Win Health Centre will open its doors to patients in late 2010. This new 140,000 square-foot Health Centre will bring many health care services together under one roof.

We now need your help to purchase state-of-the-art medical equipment and furniture. Together we can open doors to healthier futures for people living in Sioux Lookout and the northern communities.

If you are interested in donating or fundraising for a specific piece of equipment please contact the Foundation Office at 737-7997 or donate online at:
www.slmhc.on.ca/foundation

THANK YOU,

**MARNIE HOEY, PRESIDENT
SIOUX LOOKOUT MENO YA WIN
HEALTH CENTRE FOUNDATION**

We Need Your Help! – A message from

October 2010! – Get ready for major celebrations this coming October!

The new hospital facility will be handed over to Sioux Lookout Meno Ya Win Health Centre from Ellis Don on October 1st. This represents the beginning of a very busy month to get the facility ready for full operation which will take place on November 8th, 2010. During October we will have the opportunity to have several key celebrations to mark this momentous occasion. The construction of this hospital represents the fifth largest hospital project ever to be undertaken in northern Ontario and is the culmination of two decades of negotiations, advocacy and effort to see a single unified facility to serve the people of Sioux Lookout and the First Nations communities to the north.

While we are moving toward the completion of the \$140 million project we still must ensure that we meet our local commitment to the project of \$2.65 million dollars. To date we have raised 2.2 million and we need to reach our goal as soon as possible.

The local commitment will allow us to ensure that we have the necessary equipment in place to support our new and expanded programs at the new hospital.

The management and board of Sioux Lookout Meno Ya Win Health Centre are thankful for the efforts of the Foundation in helping to achieve our local commitments. We are excited about the prospects of the “Opening the Doors” campaign. Hopefully it will be the effort that puts us over the top for fundraising for this project that we are all so proud of. If you have already donated to the campaign we want to thank you! There will be a donor recognition event in October that we will be advising you of. If you have not donated this is the opportunity for you to make a difference. There are equipment needs as well as naming opportunities for individuals or families. This is a once in a lifetime opportunity to do something for your community that will last a generation or more. Please consider the positive impact that you can have on health services for our area for years to come!

Dave Murray, President and CEO
SLMHC

LEAVING A LEGACY – Naming Rooms at the New Facility



In preparation for Opening the Doors Marnie Hoey President, Terry Jewell VP and Harvey Friesen Treasurer of the Meno Ya Win Foundation Board have selected their “named rooms” and are ready to Open the Doors to the New Sioux Lookout Meno Ya Win Health Centre.

Their donations have provided them with the opportunity to leave an enduring legacy. Marnie Hoey has selected the Boardroom located in the grand entrance to the facility, Terry Jewell will be naming an Education/Conference Room, and Harvey Friesen will be naming the Emergency Department and waiting area.

Naming opportunities start at \$10,000 for patient rooms and go up from there.

If you have already contributed \$10,000 or more to the New Hospital Campaign please call Kathryn at 737-7997 to make sure your name is on a room before opening.

Donors to the original campaign not at the \$10,000 level can top up their donation to become eligible, and anyone who would like to now donate \$10,000 or more can do so and name an area within the new facility.

Thank you to our Sponsors!

Event	Sponsored By
Pizza Fridays	ARAMARK
Toonies for Fridays	SLMHC Staff
Chocolate Raffle	Bonnie Findlay
Tree of Hearts	Bloomin’ Wild Flowers, The Bootlegger, Buckbuster Video, Cheers!, Grant’s Store, Mascotto’s Marine, Chicken Chef, W.A. “Bill” George Extended Care Facility, Sioux Lookout Meno Ya Win Health Centre, and the Sioux Lookout Travel Information Centre
CT Radio-a-thon	Wasaya Group Inc., Wawatay Radio, Wasaya Airways, Mascotto’s Marine, Johnny’s Fresh Market, Home Hardware, Dick & Nellie’s Bar & Grill, Bearskin Airlines, Northern Store 522, Sunset Inn & Suites, Sporttop, Bonnie Moore, Abe Kakepetum, John Beardy, DJ’s Gas Bar.
Charity Golf Classic	Bearskin Airlines – Proceeds to the New Hospital Fund
Golf Tournament	Ellis Don – Proceeds to the CT Scanner Campaign
Sioux Lookout Alumni Social	Barbara Bowes, Legacy Bowes Group – Proceeds to the Mammography Campaign

CT Scanner Update

We’re at \$1,171,078.11 and climbing!

New Pledges:

Wapekeka First Nation \$60,000

Lac Seul First Nation \$50,000

Thank you to Wasaya Group Inc. for Championing the CT Scanner Project!

Upcoming Events

2010 Bearskin Charity Golf Classic

The Golf Classic takes place in Sioux Lookout June 24, 2010. A portion of the proceeds will go to the Sioux Lookout Meno Ya Win Health Centre. For more information please contact Rick Kirton at 807 737 3600.

Annual General Meeting

TBA

Thank you to our Donors!

Annual Summary and complete list of Donors will soon be available online at www.slmhc.on.ca/foundation Thank you to all of our Contributors – together we are ensuring healthier futures for everyone living in Sioux Lookout and our Northern Communities!