



SIoux LOOKOUT
Meno Ya Win
 HEALTH CENTRE

Meno Ya Win News

November 2012
 Volume 10, Issue 10

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

(A) healing ritual changes a person from an isolated (diseased) state to one of incorporation (health)...In the transformation from one state to another, the prior state or condition must cease to exist. It must die.

~(Allen, 1986:80)



Marriage is not a noun; it's a verb. It isn't something you get. It's something you do. It's the way you love your partner every day.

~ Barbara Dr Angelis

"In the middle of a storm all eyes turn to the leader."

~ Author Unknown

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The Centre for Addiction and Mental Health Visits SLMHC



Meeting 1 (L-R) Dr. Catherine Zahn, CEO of CAMH; Cristine Rego Provincial Aboriginal Training Consultant of CAMH; Lori Spadorcia, Executive Director, Office of Strategy and Partnerships of CAMH, Dr. Robert Cooper, Project Lead – Innovation, SLMHC

Dr. Catherine Zahn, the CEO of Toronto's Centre for Addiction and Mental Health (CAMH), visited SLMHC on November 8th as part of her first visit to Northwestern Ontario. Dr. Zahn trained as a neurologist before holding a number of senior leadership roles in The University Health Network, a group of hospitals in Toronto. In December, 2009, she became CEO of CAMH.

The province of Ontario has given CAMH a mandate to provide mental health and addiction services across Ontario and, consequently, they are becoming involved in mental health and addiction services in our area. The

goals of their trip were to learn more about the challenges of providing services in the north and to gain a better understanding of the services we are already providing. A number of representatives from SLMHC were present to provide Dr. Zahn and her team with information about our area and the services we provide.

After their visit here, Dr. Zahn and her team visited with NODIN before heading on to Lac Seul and then back south to Sudbury and Toronto.



Meeting 2 (L-R) Vince Ostberg, Manager, THMFS Program; Dr. T.O'Driscoll, Chief of Staff, and Kevin Berube, Director, Nodin Counseling Services

~ Submitted by: Dr. Robert Cooper, Project Lead – Innovation, SLMHC



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Our new web site was launched on November 27th!

Visit us at: www.slmhc.on.ca

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

SLMHC Hosts Dr. Eli Nix



Dr. Eli Nix, PhD, Postdoctoral Research Fellow , Medical Sciences Division, NOSM West Campus



Dr. Eli Nix with Helen Cromarty, Special Advisor for First Nations Health

On November 19th SLMHC hosted a presentation by Dr Eli Nix titled “Invasive Bacterial Infections: Haemophilus Influenza A (hia)”. Research performed by the NOSM has found that First Nations people in Northern Ontario have a much higher incidence of invasive bacterial infection compared to the general population and is considered an emerging threat to First Nations health in northern Ontario.

The session was well attended and generated an excellent discussion. ~ Submitted by: Helen Cromarty

Quality News

Everyone has a role in Quality Improvement

Quality improvement is an effective way to improve care for patients and clients, and improve practice for staff in all departments. In healthcare there are always opportunities to improve and we all have important roles in quality improvement at Meno Ya Win.

SLMHC is focused on improving in the following areas:

Safety People should not be harmed by accidents or mistakes when they receive care. The work environment promotes safety of all staff.

Effectiveness People receive care that works and is based on the best available evidence. Staff practices and organizational systems are best on the best available evidence and recommendations.

Accessibility People get the right care or service at the right time in the right setting by the right person.

Patient-centred Offering services in a way that is sensitive to an individual’s needs and preferences.

Integrated All parts of the organization are organized, connected and working together to provide high quality care.

We all have a role in quality improvement. Our roles may differ significantly from department to department, but they are all important. Aside from doing our best, here are just a few of the ways we can each contribute:

- Identify problems or systems that aren’t working as well as they could be.
- Be part of the solution – share your improvement ideas.
- Report incidents and near misses.
- Participate in the Accreditation and employee surveys.
- Communicate –your learnings and success with others.

We all have a role in quality improvement at Meno Ya Win.



Lean Corner

This is the second month of Lean Corner, where you can learn a bit about Lean and find out how we are implementing it at SLMHC. In case you missed it last month, here is a description of what Lean is:

Lean is a philosophy and a set of tools for identifying good solutions to problems and then successfully implementing those solutions. Most of the tools can be applied to any problem, but there are a few tools that are used specifically to help improve processes and make them more efficient.

A central idea in Lean is the sequence of steps involved in tackling a problem. The four basic steps are:

- **Plan** – study the problem and develop a solution
- **Do** – test your solution by implementing it on a small scale
- **Study** – look at the results of your test (Did it work? How well?)
- **Act** – implement and share a good solution, figure out what went wrong if your solution didn't work

This process is called PDSA (after the first letter of each of the steps).

PDSA is usually a continuous cycle of improvement. The idea is that each time you go through the cycle you will learn more about what works and what doesn't, helping you to make your solution better and better.

These cycles should be relatively quick. One of the benefits of developing and testing solutions in a cycle is that the first solution you test does not have to be perfect, as long as you make sure your test will not cause any serious problems. You should make an effort to produce a good solution, but this approach helps 'get things moving' by reducing the need to find the perfect solution before going ahead. This is why the first test should be small, and only applied on a larger scale once it has been proven. Of course, until we are all used to this method of solving problems, you should check with your manager before you go ahead with it.

For each step in PDSA, there are Lean tools to guide you through the process. I will be available to talk about these tools as needed for groups who are working on PDSAs, and I will put a brief description of one tool in the Lean Corner, each month.

If you'd like some help planning or implementing PDSA, call Rob Cooper at x4360 or send me an email at projects@slmhc.on.ca.

Stay tuned!

Occupational Health & Safety Update

Did you know that if you are in a situation where you feel physically threatened by a person's behaviors or you see that another staff, patient or visitor is being physically threatened, that you should call the switchboard operator first?

Did you know that a Code White is the violent or behavioral situation that you are responding to?

Did you know that if you are working somewhere else in the building and a code white was called in one of the clinical areas, that you may respond if you have Non-Violent Crisis Intervention training?

Did you know that the one thing that you can do to try

and de-escalate the situation is to speak with the acting-out person?

Did you know that NVCI stands for Nonviolent Crisis Intervention?

Thank you to all staff who completed the Emergency Response Quiz that was located on the table outside of the cafeteria during the last two weeks and congratulations to the winners of the quiz, Kathy Greene, Neil Michelin, and Denise Tilburg.

Submitted by Connie Pilgrim, Co-Chair, on behalf of the Joint Occupational Health and Safety Committee

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

ΓΠσ VS- ΠΛΓΔ·CσPLζ' σCσ9Δ·σε² ΠΔΓ ΔεΠ6U' Γ·εζΔ·² Δ"ΔV·Πσβ².

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

SLMHC's Organizational Goals

Last month we published the first goal: "Safe, Patient-Centred Care." This month we are sharing the second: "High Performing and Learning Health System". For those who did not see last month's article, here is what we said about where these goals and the descriptions below came from:

As many of you know, we spent the summer and part of the fall working on developing a better understanding of what our organizational goals mean and how they can direct activity for both our management team and our front-line staff.

SLMHC's four organization goals were developed by our board of directors and they are intended to guide all of our activities at SLMHC. Senior management broke down those four goals into eight objectives, and we asked you to describe those eight objectives for us so we would have a clearer idea what we are

working towards. We did a staff survey, and asked for your opinions on the wards and in front of the cafeteria, and we had a series of meetings to gather your opinions.

While we value and have kept all the suggestions that you gave us, we have had to make generalizations based on your suggestions to create these descriptions.

We hope that you will see the spirit of your suggestions reflected in what we have produced.

As you know, the four organizational objectives at SLMHC are:

- Safe, Patient-Centred Care
- High Performing and Learning Health System
- Efficient, Effective, and Service Oriented
- Working Toward Integrated Services and Being Collaborative

Organization Goal #2: High Performing and Learning Health System

1. Organizational Objective:

- **Use best practices, evidence-based care, and benchmarking to focus on quality and patient safety.**

Patient Perspective

Make clear that the care patients receive is high quality, effective, and measured and that we are focused on safety and effectiveness.

Organization Perspective

We must ensure that all staff have a common definition and understanding of best practices. There must be a culture that embraces quality improvement and continually seeks to find better ways of delivering services and care. We must continue to support all forms of education for our staff and students.

2. Organizational Objective:

- **Support applied, patient-centred research that will assist in defining best practices that are applicable to our unique setting and of value to those we serve a system of safe, cross-cultural care.**

Patient Perspective

Make clear that we undertake research initiatives that will result in improved health care for those we serve.

Make clear that research will not take advantage of an individual's circumstances for the benefit of the researchers.

Organization Perspective

We must provide resources to support research. We must build support for our efforts by publicizing our research efforts and findings. We must guard against the tendency to chase research dollars and projects for the sole purpose of research – it must have benefits for those we serve.

3. Organizational Objective:

- **Foster learning and adapting to change through the sharing of ideas and knowledge, and developing the skills of employees, students and associated Health Professionals.**

Patient Perspective

Make clear that patients are served by knowledgeable and professional staff who demonstrate excellence in the quality of care and services they provide.

Organization Perspective

Support each staff member's learning journey. Provide the tools and resources to develop those skills we need to be an organization that is open to change, willing to embrace new ideas and concepts, and continually striving to be the very best.

Welcome to SLMHC

CONGRATULATIONS



In recognition of Cynthia Dwyer for her successful completion of her Bachelor of Nursing degree and passing the College of Nurses of Ontario exam.

What a great achievement!

~Nursing Leadership~



Charles Brown

WELCOME!

Welcome Charles Brown, Co-ordinator for Interpreter Services under the Traditional Healing, Medicine, Food & Supports Program.

Charles is originally from Bearskin Lake First Nation where he served as a band councilor for many years. He earned a teaching degree from Lakehead University in 2004 and was a resource teacher for the Kewachiwin Education Resource Centre. He speaks Oji-Cree fluently, is an avid outdoorsman, and loves hockey, soft ball and golf. Charles came into the position on November 19th.

~ Vince Ostberg, Manager, THMFS Program



Amy Wall and her new son Emmitt.

Congratulations!

The Professional Practice department would like to congratulate Amy and Henry Wall on the arrival of their son, Emmitt,

~Submitted by Mariea Spray Professional Practice Leader

Welcome



Sonia Link,
Staff Pharmacist

the University Toronto for my pharmacy degree. When I graduated, my husband and I decided we wanted to have a bit of an adventure and experience Northern Ontario. It so happened that employment was readily available to both of us in Sioux Lookout. The original plan was just to stay a couple of years, but we enjoy it here so much (both the beautiful natural surroundings and the people), that we decided to stay permanently. (And since our decision, we've met many people with similar stories!)

I grew up in Owen Sound in Southern Ontario. I lived there until I was finished high school, and then moved to Hamilton, ON to study at McMaster University. Afterwards, went to

I'm excited to be part of the team at the Meno Ya Win Health Centre!

WELCOME!!



Laurence Hay,
Education Assistant

The Professional Practice department would like to welcome Laurence Hay to SLMHC. Laurence will be filling a term position for the Education Assistant.

~Submitted by Mariea Spray Professional Practice Leader



(L-R) Joe Harding (Housekeeping, Nicole Rosiak (RPN), Neil Michelin (Dietary), Jorge DeMatos (Housekeeping) and Dan Smith (CCAS) show off their "stashes" for Movember to raise awareness for men's health, specifically prostate cancer and male mental health initiatives.



~Above photo submitted by Karen Parent~



"To choose is also to begin."
~ Author Unknown

ETHICS CORNER

One of the four factors that needs addressing in the safe practice and successful delivery of health care services to understanding and identifying client needs is the contextual or structural factor

Social structures vary greatly according to physical conditions and cultural (memetic) context. They range from the simplest tribal structure in which one chief is a provisional ruler of a small group, to the largest and most complicated modern society, with its many overlapping layers of responsibility and power. These structures give rise to - and are determined by - numerous different ethical systems, many serving to justify an unequitable distribution of power, wealth, or influence. These ethical systems are worthy subjects for memetic investigation, but evolutionary theory has its own strong implications for the field of philosophy dealing with moral and ethical behavior.

ThinkQuest 2000

Contextual or Structural

There is potential for misunderstanding or mishap due to cultural habitats and (lack of) knowledge associated with them and these are some of the examples that we know about, see and experience:

- SLMHC: isolated First Nations communities versus "urban"-based services
- Example: first time in a high end Hil-Rom bed or an elevator
- Example: use of taxi as a post-op transfer vehicle – 100 km+ of bumpy road
- Example: airport to home in back of an open pickup and/or skidoo with no "road" at -40° C;
- Example: generated power only available for limited hours/day because of cost and availability of diesel fuel
- Example: cost and availability of foods
- Example: limited number of telephone lines, access to hydro, cost of staples, no cell service

*~Submitted by Helen Cromarty
Special Advisor for First Nations Health*

Chiefs Honoured

Nishnawbe Aski Nation honoured two former chiefs for their contributions in helping shape the organization and improving the lives of First Nations.

Both former grand chief Frank Beardy and founding grand council Treat 9 vice-president Chris Cromarty were honoured with lifetime achievement awards at the NAN chief's assembly meeting in Thunder Bay.

The two elders received the plaque, a pin, a ring and a jacket as well as a blessing.

Cromarty retired in 2002 so he could spend time with his wife Annie in Wunnumin Lake First Nation.

He was heavily involved in the amalgamation of the Sioux Lookout Hospital in the 1980s and the first First Nation to be an executive assistant to a provincial minister at Queen's Park when he worked with Minister of Northern Development Rene Fontaine.

Beardy now lives in Thunder Bay with his wife Maggie and have numerous grandchildren and grandchildren.



NAN Grand Chief Harvey Yesno congratulates Chris Cromarty at the NAN Day of Prayer Event at Dennis Franklin Cromarty High School Wednesday night. Mr. Cromarty was presented a headdress for his outstanding contributions to the people of Nishnawbe Aski Nation.

(excerpt taken from the tbnewswatch.com website)

Labine, J. (2012, November 18). Chiefs honoured. *Tbnewswatch.com*. Retrieved from <http://www.tbnewswatch.com/artsandlife/248202/Chiefs>

A Christmas Adventure With Grandma



I remember my first Christmas adventure with Grandma. I was just a kid. I remember tearing across town on my bike to visit her on the day my big sister dropped the bomb: "There is no Santa Claus," she jeered. "Even dummies know that!"

My Grandma was not the gushy kind, never had been. I fled to her that day because I knew she would be straight with me. I knew Grandma always told the truth, and I knew that the truth always went down a whole lot easier when swallowed with one of her world-famous cinnamon buns. I knew they were world-famous, because Grandma said so. It had to be true.



Grandma was home, and the buns were still warm. Between bites, I told her everything. She was ready for me. "No Santa Claus!" she snorted. "Ridiculous! Don't believe it. That rumor has been going around for years, and it makes me mad, plain mad. Now, put on your coat, and let's go."

"Go? Go where, Grandma?" I asked. I hadn't even finished my second world-famous, cinnamon bun. "Where" turned out to be Kerby's General Store, the one store in town that had a little bit of just about every thing. As we walked through its doors, Grandma handed me ten dollars. That was a bundle in those days. "Take this money," she said, "and buy something for someone who needs it. I'll wait for you in the car." Then she turned and walked out of Kerby's.



I was only eight years old. I'd often gone shopping with my mother, but never had I shopped for anything all by myself. The store seemed big and crowded, full of people scrambling to finish their Christmas shopping. For a few moments I just stood there, confused, clutching that ten dollar bill, wondering what to buy, and who on earth to buy it for.

I thought of everybody I knew: my family, my friends, my neighbors, the kids at school, the people who went to my church. I was just about thought out, when I suddenly thought of Bobby Decker. He was a

kid with bad breath and messy hair, and he sat right behind me in Mrs. Pollock's grade-two class. Bobby Decker didn't have a coat. I knew that because he never went out or recess during the winter. His mother always wrote a note, telling the teacher that he had a cough, but all the kids knew that Bobby Decker didn't have a cough, and he didn't have a coat. I fingered the ten-dollar bill with growing excitement. I would buy Bobby Decker a coat!

I settled on a red corduroy one that had a hood to it. It looked real warm, and he would like that. "Is this a Christmas present for someone?" the lady behind the counter asked kindly, as I laid my ten dollars down. "Yes," I replied shyly. "It's for Bobby." The nice lady smiled at me. I didn't get any change, but she put the coat in a bag and wished me a Merry Christmas.



That evening, Grandma helped me wrap the coat in Christmas paper and ribbons (a little tag fell out of the coat, and Grandma tucked it in her Bible) and wrote, "To Bobby, From Santa Claus" on it -- Grandma said that Santa always insisted on secrecy. Then she drove me over to Bobby Decker's house, explaining as we went that I was now and forever officially one of Santa's helpers.

Grandma parked down the street from Bobby's house, and she and I crept noiselessly and hid in the bushes by his front walk. Then Grandma gave me a nudge. "All right, Santa Claus," she whispered, "get going."

I took a deep breath, dashed for his front door, threw the present down on his step, pounded his doorbell and flew back to the safety of the bushes and Grandma. Together we waited breathlessly in the darkness for the front door to open. Finally it did, and there stood Bobby.



Fifty years haven't dimmed the thrill of those moments spent shivering, beside my Grandma, in Bobby Decker's bushes. That night, I realized that those awful rumors about Santa Claus were just what Grandma said they were: ridiculous. Santa was alive and well, and we were on his team.

I still have the Bible, with the tag tucked inside: \$19.95.

~Submitted by Sharon Yule, Special Projects



Christmas Live Broadcast

Donated by: Wawatay Radio
 December 12th, 2012
 1:00 p.m. – 2:00 p.m.
 Extended Care Unit

Join us for:

Coffee or Tea
Christmas Greetings

DIETARY DEPARTMENT UPDATE

The dietary department has installed new locks on the serveries. They will keep patient food available for patients and will also cut down on any cross contamination of people going into the fridge. That is why it's important to keep serveries locked and only staff should be using them. We also have a patient refrigerator and water/ice machine in the patient lounge.



SLMHC Shop-n-Swap

We are planning an internal swap n' shop to be put on the intranet just for the hospital and anyone else that is connected to us (i.e. ECU). I am sending you the link so that you can see what it would look like. (<http://sls20030/forum/default.aspx>) As you can see, there is a place for hospital events such as bake sales, walk-a-thons, etc, a place to put your educational videos (how to wash your hands), and then you have a place to buy, sell or rent. Got a car you want to sell? Why not advertise here first before you try the newspapers, radio stations, kijijii or facebook? It might be a quicker sale!

How about advertising your candle business? We have so

Does a free pancake breakfast and time off with pay sound good to you?

If so, sign up today for the.....

Meno Ya Win Family: Employee Giving Campaign
 Become a member of the Meno Ya Win Family and help make a difference right here at home!

All employees who sign up will receive a free pancake breakfast served by Senior Management, complimentary gift card from ARAMARK, foundation tote bag and mug, a pin to identify your membership, and a charitable receipt for your donation.....plus many chances to win gift certificates and promotional items from participating businesses throughout the year.

Additional prizes include a dinner for two, a travel voucher for your next vacation, a three month Rec Centre cardio membership, merchandise from our sponsors, four draws for three months preferred employee parking, time off with pay, and a Will and Powers of Attorney courtesy of McAuley & Partners.

Plus the top three donors will receive a complimentary health assessment conducted by our Sioux Lookout Meno YaWin Health Centre professionals including a fitness evaluation and consultation with a dietician.*

100% of your contribution will support programs, services, and equipment needs at SLMHC.

Sign up at the foundation office or payroll department, or at the foundation table by the cafeteria from 11am – 1pm on November 8th, November 14th, November 23rd, November 28th, and December 4th.

*complete campaign details available at the foundation office

I can't change the direction of the wind, but I can adjust my sails to always reach my destination.

~Jimmy Dean

many different crafts being made by many people in this organization and nobody but a handful of people know this; so this would be a great place to advertise.

I am sending this to you, first, to advertise that we are implementing this and second, to ask for your input on other categories that Dave and I didn't think about.

If you have other suggestions to add, please contact Dave Hildebrand (ext. 6555) to discuss.

Thank you.

Colleen Fox
 Phone: 737-2877 ext 4443
cfox@slmhc.on.ca



INTRODUCING THE SLMHC

Antimicrobial Stewardship Committee

WHAT IS IT??

It is a team of staff members from SLMHC who meet to discuss issues and develop strategies to optimize the appropriate use of antimicrobials (antibiotics and similar drugs).



WHY DO WE NEED THIS PROGRAM?

To implement strategies and provide education that will prevent the development of organisms that become resistant to antibiotics.

ANTIBIOTIC RESISTANCE FACTS

1. Antibiotic resistance has been called one of the world's most pressing public health problems.
2. The number of bacteria resistant to antibiotics has increased in the last decade. Many bacterial infections are becoming resistant to the most commonly prescribed antibiotic treatments.
3. Every time a person takes antibiotics, sensitive bacteria are killed, but resistant germs may be left to grow and multiply. Repeated and improper uses of antibiotics are primary causes of the increase in drug-resistant bacteria.
4. Antibiotic overuse contributes to the growing problems of Clostridium difficile infection and antibiotic resistance in healthcare facilities.
5. Improving antibiotic use through stewardship interventions and programs improves patient outcomes, reduces antimicrobial resistance, and saves money.
6. Interventions to improve antibiotic use can be implemented in any healthcare setting - from the smallest to the largest.
7. Improving antibiotic use is a medication-safety and patient-safety issue.
8. Misuse of antibiotics jeopardizes the usefulness of essential drugs. Decreasing inappropriate antibiotic use is the best way to control resistance.

9. Children are of particular concern because they have the highest rates of antibiotic use.
10. Antibiotic resistance can cause significant danger and suffering for people who have common infections that once were easily treatable with antibiotics. When antibiotics fail to work, the consequences are longer-lasting illnesses, more doctor visits or extended hospital stays, and the need for more expensive and toxic medications. Some resistant infections can even cause death.

This sounds hazardous to an organism's health!!!!!!!!!!!!!!

11. People infected with drug-resistant organisms are more likely to have longer and more expensive hospital stays, and may be more likely to die as a result of the infection.

WHO'S ON THE TEAM??

Representatives from various departments in the hospital including Pharmacy, Nursing, Laboratory, Physicians, Infection Control, and Management.

WHAT'S BEEN DONE SO FAR??

- Hand hygiene education and compliance measures
- Discussions, audits & education sessions, regarding MRSA (Methacillin Resistant Staph Aureus)
- Review of Vancomycin use, protocols and procedures
- Annual SLMHC specific Antibiograms distributed service area wide that provide lists of recommended antibiotics to use against specific organisms (posted in all physician areas of the hospital for ease of use)



How can healthcare providers help prevent the spread of antibiotic resistance?

- Only prescribing antibiotic therapy when likely to be beneficial to the patient.
- Using an agent targeting the likely pathogens.
- Prescribing the antibiotic for the appropriate dose and duration.

Implementation of an antimicrobial stewardship program helps ensure that patients receive the right antibiotic, at the right dose, at the right time, and for the right duration.



If everyone - healthcare providers, hospital administrators, policy makers, and patients - work together to employ effective prevention strategies and support antimicrobial stewardship programs, we can more effectively combat antibiotic resistance and ultimately save lives.

Question of the Month

"How are you getting ready for Christmas?"



John Cutfeet (Board Member)
"Increasing my exercise program in preparation for the feasting."



Sol Mamakwa (Board Co-chair)
"Attending as many banquets as possible to cut down on my food budget! LOL!"



Joyce Timpson (Board Member)
"I bought out the gift shop... One stop shopping!"



Anna Wellwood (Admitting)
"No preparations. I'm going to the East coast to celebrate my in-laws 60th wedding anniversary."



Sean MacEachern (Maintenance)
"Decorating and putting up lights."



Grant Anderson (Maintenance)
"Hanging Christmas lights up and listening to the kids' wish list everyday."



Stacey Lukye (Cardiopulmonary Technician)
"Lot's of on-line shopping!"



Christine Tavares (Admitting)
"Baking, shopping, checking our community events and planning how to spend the holidays with my family."



Mary Spray (Admin Assistant-CCD)
"Nothing! I'm all done. Now I just have to relax."

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

Mino means good, nice, well. (is a preverb)

Mino-ayaa – live well, have good health .

Mino-giishigan – nice day, it is

Mino-jinge – eats well, he/she

Mino-pijige – likes the taste of things, he/she

Minopogozi – tastes good (eg. waabooz minopogozi – rabbit tastes good)

Mino-bimaadizi – lives well, have good health, lead a good life (he/she)

Minochige – do things well, do good things (he/she)

Minobizo – run well, (eg. a car)

Minonaagozi – looks good, (he/she)

Minigin – grows well

Minomaate – smells good

Minomaagozi – smells good, (he/she)

Minotam – likes hearing something, likes the sound, (he/she)

Minotaagozi – sounds nice (he/she) (eg. bineshiinz minotaagozi – the bird sounds nice)



THANK YOU!



(L-R) Kathryn Davidson, Foundation Administrator with Dietary staff - Darlene Wier, Bonnie Findlay and Neil Michelin

Members of SLMHC Dietary Staff were recognized for their contributions to the Sioux Lookout Meno Ya Win Health Centre Foundation for donating tips collected in the cafeteria to help improve diagnostic imaging services at SLMHC. Nearly \$300.00 has been donated to support the CT Scanner and Mammography programs to date.

Service Catalogue Announcement:

The Information Technology & Services Steering Committee are proud to announce the official launch of the SLMHC Service Catalogue, a one stop shop for all SLMHC's services, how to access them, when they are available and who to talk to if you have comments or concerns with the service. A link to the Service Catalogue can be found on the main page of the Intranet.

~Dave Hildebrand, IS Manager

"Don't be afraid to give up the good to go for the great."

~John D. Rockefeller~

INTERPRETER SERVICES ARE AVAILABLE 24 HOURS A DAY

Ask for an interpreter if:

- You do not speak or understand English.
- You speak and understand English but do not understand the medical language.
- You are at Emergency or Admitting / Registration and do not know anyone.
- You do not know what to do or where to go.

An interpreter will help you:

- Understand the doctors, nurses and other health care workers in the hospital.
- Talk to the doctors and nurses.
- Understand your illness and your treatment.
- Understand the tests such as ultrasound, x-ray, labs, etc.
- And be with you while you have tests.

Interpreters are also available to interpret at the following clinics:

- Appointment Clinic
- Prenatal Clinic
- Hugh Allen Clinic
- Diabetes Clinic

The Interpreter Services are provided in 3 distinct languages:

- Oji-Cree
- Cree
- Ojibway

Meno Ya Win News
is prepared by the
Communications & Community
Development
Department, SLMHC.

Send your stories/announcements to:

Mary at 737- 6586 or email at:
mspray@slmhc.on.ca

Kudos

Loved the newsletter...GREAT JOB!

~Karen Parent, Director of Clinical Support Services



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, 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



Board Meeting, November 29, 2012
(Front: L-R) Marnie Hoey (Foundation President), Barb Linkewich (VP Clinical Services & Research), Joyce Timpson (Board Member) and Sadie Maxwell (Board Member) (Back: L-R) Dave Murray (CEO), Terry Jewell (Board Member), Sol Mamakwa (co-chair), Leroy Quoquat (Board Member), John Cutfeet (Board Member) and Roy Spence (Board Member).



Kathryn Davidson (Foundation Administrator) takes donations during the Meno Ya Win Family: Employee Giving Campaign.



Sharon Yule sets up a team mate for a shot.



Dave Murray, CEO; Dean Osmond, VP-Corporate Service; Mary Spray, Programs Admin Assistant.



Interpreter staff:
L-R) Mary Oombash, Ken Kamenawatamin, Lorraine Loonfoot (THMFS Assistant) and Ophelia Kamenawatamin.



Lynn Martin, hard at work in the Gift Shop.



Barb Linkewich (VP Clinical Services & Research) has a little fun during this years Skip to Equip, November 9-11.



Volunteer Jennifer Gauley and dog Harley.

← Helen Cromarty, Special Advisor on FN Health Care; Mary Spray, Programs Admin Assistant; and Dave Murray, CEO & President, at the celebration for the launch of SLMHC new web site on Friday, November 30th. The web site was launched on Thursday, November 29th.





SIoux LOOKOUT
MENO YA WIN HEALTH CENTRE

Foundation

MEDIA RELEASE

November 15, 2012 Sioux Lookout, Ontario – Sioux Lookout Meno Ya Win Health Centre Foundation receives \$53,000 from Bearskin Airlines Skip to Equip Curling Classic

The 2nd Annual Bearskin Airlines Skip to Equip Classic was held November 9th – 11th, 2012 in Sioux Lookout. The women's only curling bonspiel drew participants from throughout the region including teams from Sioux Lookout, Pickle Lake, Dryden, Red Lake and Thunder Bay, in an effort to raise funds for the Sioux Lookout Meno Ya Win Health Centre (SLMHC).

A total of \$58,000 was raised during the event, of which \$5,000 was donated to the local Sioux Lookout Golf and Curling Club. The remaining \$53,000 was donated to the Sioux Lookout Meno Ya Win Health Centre Foundation to assist with the purchase of an additional ultrasound machine to further support SLMHC's mammography program. Last year funds totalling \$58,000 from the 1st Annual Skip to Equip were donated to the foundation to assist with the purchase of the digital mammography unit for SLMHC.

Marnie Hoey, foundation president commented on the donation, "We thank the Skip to Equip Committee for their dedication and hard work. They are truly an amazing group of people. Their kind and generous gift furthers our goal to reduce wait times and travel burdens for patients, and ultimately save lives in the north."

In addition to collecting pledges, funds throughout the weekend were derived from 50/50 draws, a penny auction, silent auctions and a raffle for a five day fly-in fishing trip for four people on legendary Lac Seul. David Williams of Sioux Lookout was the lucky winner of the trip, generously sponsored by Anderson's Lodge and Slate Falls Airways. The success of the event has been overwhelming, and would not be possible without the generosity of the many sponsors, donors, volunteers, and participants who help make this happen.

Skip to Equip Committee Chairperson, Muriel Anderson noted, "The success of the past two years to benefit health care in our area gives the committee energy to continue planning the event." The 3rd Annual Bearskin Airlines Skip to Equip Classic is scheduled to take place November 8 – 10th, 2013 at the Sioux Lookout Golf & Curling Club.

ABOUT THE SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE FOUNDATION

The Sioux Lookout Meno Ya Win Health Centre Foundation is a registered charity, incorporated in 1994. Our purpose is to raise moneys to provide funding for medical equipment, education, special treatment programs and building funds for the Sioux Lookout Meno Ya Win Health Centre, a state of the art health care facility serving 30,000 people living in Sioux Lookout, the surrounding communities and 29 northern First Nations.

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For more information, please contact:

Kathryn Davidson, Foundation Administrator, 807-737-7997.



SIoux LOOKOUT
MENO YA WIN HEALTH CENTRE

Foundation

Ways to Give

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

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

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

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

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

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

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

Volunteer – Join in our efforts to enhance healthcare in the north.

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

Donate on line at www.slmhc.on.ca/foundation

A Tradition of Caring...A Tradition of Sharing

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

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

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

Where you can direct your funds

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

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

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

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

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

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

Community Counseling and Addiction Services (CCAS)

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

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

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

Name: _____ Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____

Payment method:

Cheque payable to SLMHC Foundation

MasterCard or Visa Card # _____ Exp Date: _____ Signature: _____

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

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

In Memory of : _____ or In Honour of : _____

Name and address of person to be notified:

Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____