



SIoux LOOKOUT  
**Meno Ya Win**  
 HEALTH CENTRE

# Meno Ya Win News

September 2013  
 Volume 11, Issue 8

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

“My child is the greatest gift to me from our Creator. I take full responsibility to take care of him, to teach him, to guide him, to meet all his needs. I always know where he is, what he is doing, what he is thinking, and what comes out of my child’s mouth because I’ve taught him everything he knows.”

~Ralph Johnson, Elder

“If I give you what I ask, the time may come when I will ask you to lend me one of your daughters and one of your sons to live with us; and in return I will lend you one of my daughters and one of my sons for you to teach what is good, and after they have learned, to teach us. If you grant us what I ask, although I do not know you, I will shake hands with you. This is all I have to say.

~Chief Sakatcheway, upon signing Treaty 3 adhesion, Oct 3, 1873. (140 yr ago).

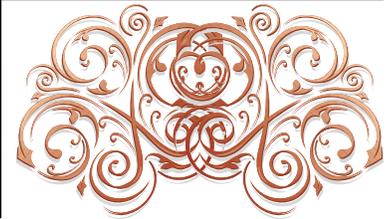
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## SLMHC Launches MORE OB Program



Back row L-R: Kadie Osler, Brad Lance, Dr. Lianne Gerber Finn, Jennifer Salomon, Dr. Joe Dooley. Front row L-R: Emily Monaco, Allison Wilson, Megan Bollinger, Heather Brazier, Pauline Linklater



On Sept 17, SLMHC held the official launch of its participation in a three year patient safety program designed specifically for labour and delivery units.

Developed by the Society of Obstetricians and Gynaecologists of Canada, this evidence based program has been successfully utilized by countless hospitals and birthing centres across North America for more than a decade. The overarching goal of the program is to create a culture of safety within birthing units. This is done through the development of fundamental knowledge, skills, attitudes, behaviours and practices that ensure safety is the top priority. Participants are required to complete online readings and practice hands-on skills, as well as rehearse emergencies and reflect on real clinical scenarios.

The SLMHC launch kicked off with an introductory video and group discus-

sion, followed by a presentation given by Dr. Lianne Gerber-Finn who is a member of the MOREOB Core Team. The Core Team is the interdisciplinary group responsible for coordinating the implementation of the program at SLMHC, although all of the frontline care providers on the Maternity unit will be participating in program activities.

Following the introduction, participants completed an online pre-test which allowed them to measure their current obstetrical knowledge. Brad Lance, Patient Care Manager for the Maternity unit, and Dr. Gerber-Finn then demonstrated a *skills drill*, which is one of the hands-on activities participants will be engaged in throughout the program.

The launch was capped off with a barbecue for participants and their families at Core Team chairperson, Heather Brazier’s house.

~Submitted by Emily Monaco, RN

## Workplace Culture

### Blending innovation and tradition; a new model for Aboriginal staff; care providers and patient care

by Barbara J. Bowes

The challenge for any health-care facility, health-care leaders and human resource professionals is how to structure an organization and build an operating culture where respect and integration between Aboriginal and non-Aboriginal cultures is a given as the most effective model for delivering service and managing a workplace.

Aboriginal people experienced an erosion of their culture and language during colonization by non-Aboriginal societies. An example is the early residential school system where acculturation and assimilation were the goals of the governments of the day. Thousands of young children were taken from their families and forced to attend these schools, resulting in cultural disruption and loss of identity.

This issue has come to the public's attention over the last decade as a result of the residential school inquiries and the many painful and frightening stories of confusion, loss of family, identity and language the majority of students endured.

Yet, in many cases, the issue of cultural disruption still holds true when Aboriginal people, particularly Aboriginal language speakers in north-western Ontario, encounter and enter the health-care system. In addition to language barriers, patients are known to experience a distinct culture clash that directly impacts the ability of professionals to develop and communicate an appropriate health-care plan. Many times, caregivers learn after the fact that patients were confused about their discharge plans and support strategies back home in their communities.

#### REVOLUTIONARY MODEL DEVELOPED

Despite many challenges, a new model of care has been developed by the establishment of the Sioux Lookout Meno Ya Win Health Centre (SLMHC), located in north-western Ontario. Following years of negotiations with government officials and First Nation leaders, an amalgamation was approved for the town's provincially mandated hospital and one of the last federal "Indian Hospitals." A special provincial act created a new amalgamation hospital that included unique clauses establishing a two-thirds First Nations and one-third non-Aboriginal board of directors. It also included a clause for SLMHC to be able to serve traditional foods (uninspected meats) to its patients.

The staff, physicians and the board then spent five years working with community members, First Nation leaders and healers, architects and the Ministry of Health and Long Term Care developing a functional plan that encompassed a healthcare model that provides a broad

set of services to address the health and cultural needs of its mostly Aboriginal population.

The operational model developed by SLMHC is indeed revolutionary and unique amongst hospitals. The challenges confronting SLMHC leaders in transforming its organizational culture and its means of delivering services right from the board level to that of the front-line staff, were great. Amalgamating the cultures and practices of the provincial and federal staff was challenging for everyone. As well, patients from both hospitals also had to make cultural adjustments.

The board of directors operates with a blended management model that borrows concepts from the chief and council model as well as the conventional hospital board constructs. In addition, the board is advised by an Elders Council representing both Christian and traditional teachings.

#### CROSS-CULTURAL TRAINING

Restructuring the relationships between Aboriginal and non-Aboriginal cultures required significant staff training and development initiatives over a lengthy period of time. All exiting and new staff take two days of training, called Bimaadiziwin, which means "living in a good way." This staff training program has been in use for more than seven years.

The program focuses on building cross-cultural competency that goes beyond cultural awareness and understanding on changed behavior and congruence with the integrated values of the health centre. Staff continue to take sequential courses to build their level of competency skills.

Program content is directed toward reducing the barriers to cross-cultural patient safety and includes inter-cultural care processes, overcoming cultural barriers, sacred learning, traditional practices and beliefs and understanding the impact of colonialism and the residential school system. It also includes communication and active listening, conflict resolution skills and giving and receiving feedback.

#### MEDICAL INTERPRETER ROLE

Another key element of SLMHC's organizational cultural change was the introduction of a professional medical interpreter role to help patients understand and navigate through the health-care system. As there wasn't an existing Anishinabe interpreter program in Canada, SLMHC set about designing a curriculum. This was possible with assistance from Confederation College and the Sioux Lookout Area Aboriginal Management Board (SLAAMB). SLMHC and the College designed the one-year course and SLAAMB found program funding to assist the class participants. Students consisted mainly of existing SLMHC staff who was already acting as interpreters and a few others from the area. The program studies were hard; however, after one year, 12 people graduated as certified medical interpreters.

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The program focused on building interpretation skills for four languages: Ojibway, Cree, Oji-Cree and English. Part of the challenge was that Anishinabe languages do not have the specific technical words needed to describe many of our modern health-care terminology. Thus, concurrently, SLMHC undertook, again with the assistance from elders, linguistics professors and others, the task of building medical lexicons in the three Anishinabe languages.

Program participants also learned the nuances of the Canadian health-care system, compared this to traditional culture and identified areas where misunderstandings could occur. They examined policies and procedures such as patient privacy and developed protocols on how to blend the rules of modern medicine with the needs of patients wanting care from traditional healers.

The role of the medical interpreter, or "Wiichiiwewin" worker, has become increasingly important to service delivery at SLMHC. Working side by side with physicians, nurses and other health-care professionals on a 24/7 basis, these interpreters help ensure patient safety at every stage of the health-care plan. The medical interpreters are part of weekly patient rounds and routinely make comments in patient charts.

The interpreter role has since expanded to include patient visitation, family liaison and checking on patients status. With increasing demand for their services within the health-care system, interpreters will soon be

fully integrated into the emergency unit.

SLMHC management is overwhelmed with the success of the Wiichiiwewin worker program and its role in ensuring patient safety. The interpreters clearly take the initiative to ensure clear communication and solid patient understanding of their health-care plan. Yet, equally important is the whole-hearted acceptance of the interpreter role and the entire cultural competency model by physicians, nurse, allied health care providers and the patients.

Irene Beardy, a six-year veteran as a medical interpreter, and Emily Gregg, a member of the resident elder program both roundly applause the program as an effective means to help Anishinabe speaking patients feel relaxed, comfortable and confident their hospital and home care health needs will be understood, respected and supported.

The workforce planning and operational model undertaken by the Sioux Lookout Meno Ya Win Health Centre, its staff training program and Wiichiiwewin interpreter service clearly demonstrate that when respect and integration between Aboriginal and non-Aboriginal cultures is the goal, the provision of health-care services is greatly enhanced.

*~Barbara J. Bowes is president of Legacy Bowes Group. She is the author of five books and her popular "Working World" column appears every Saturday in the Winnipeg Free Press. She can be reached at [barb@legacybowes.com](mailto:barb@legacybowes.com)*

*Taken from: hrprofessional, the magazine of human resources through leadership / October 2013.*

## Bimaadiziwin Training, September 16, 17 & 18, 2013

Two, two day Bimaadiziwin training workshops were held on site during the week of September 16<sup>th</sup> with twenty-two staff successfully completing the training.

Comments from the evaluations:

What was the most valuable learning over these 2 days and why?

- I enjoyed hearing the first hand accounts of growing up Aboriginal in the area. It's a good reminder of how systemic some of these issues are.
- enjoyed learning new ways to resolve conflict because it showed me different ways to help me in conflict situations.
- Understanding and hearing the experiences of our

native Canadians. This was an excellent learning experience for me and I will use all lessons learned throughout my social service career.

- The experience of First Nation people in residential schools and their personal commitment to taking control of their lives and make a better life for themselves and future generations.

- Hearing personal stories from the guest speakers and learning the history of the culture. I found these two pieces provided a great foundation for understanding aboriginal life today.

- I enjoyed the personal stories of the residential school survivors and see how they have overcome obstacles! Gives me hope for current patients still struggling. Conflict resolution – can use it in many aspects of life.



*Continued on page 4*

*Continued from page 3*

Staff that attended include: Catherine Kivi, RN; Kevin Beda, Diagnostic Imaging; Sonya Link, Manager, Pharmacy; Lori Blunt, RN; Stephanie Simpson, CCAS Student; Sean Lemmon, Housekeeping; Erma Meekis, Housekeeping; Annette Schroeter, Research; Mikail Woychyshyn, Security; Chris Jefferson, Finance; Shelby Thompson, Lab; Sue-Ann Ferguson, Aramark; Mark Gonske, Community CCAS; Lori Rousseau, Housekeeping; Tony Anderson, Housekeeping; Cheryl Villabrille, Housekeeping; Laura Garrow, CCDC Social Worker; Frank Nemeth, Maintenance; Robbie Bates, NOSM; Tessa Boyer, NOSM; Valerie Nicholls, NOSM; Kayla Berst, NOSM. (photograph not available).

The SLMHC Management & Bimaadiziwin training team extends a warm thank you to all participants for your patience and willingness to sit for long periods, listening and for sharing your own knowledge and experiences, and by actively participating in all of the exercises and in the daily ceremony. And thank you for joining in on the laughter! Best wishes to everyone as you continue your journey in mino'ayawin.

~ Training team: Don DeGenova, Esther vanGennip, Ralph Johnson, Merv Ningewance, Renee Southwind, and Lac Seul First Nation traditional drum & singers. September 2013.

## SLMHC celebrates with Peggy Sanders!

A surprise birthday party that had been secretly organized by "a few elves" turned out to be a fun splash and thoroughly enjoyed by Peggy, her daughter Christine and granddaughter Anna and many long time friends of Peggy, as well as staff of SLMHC.

The party was held on Thursday morning, September 26<sup>th</sup> in the main entrance of the health centre. A long row of lovely hand knitted and colorful baby bonnets hung on the lattice outside the entrance – a reminder of her life long project of days gone by when she would honor every baby born at the (former) Sioux Lookout Indian Hospital, the (former) Sioux Lookout Zone Hospital and then at the new SLMHC by giving each a warm baby bonnet and taking a photograph of them. Peggy would give each new mom a copy of the photograph and then keep one in a photo album. Recently, Peggy donated her photo albums to the new SLMHC which were displayed at the party.

Dean Osmond, Vice President of Corporate Services, Performance and COO, on behalf of SLMHC greeted Peggy with a warm welcome and extended gratitude for her many years of service on the hospital board. He congratulated her and wished her a happy birthday on her 90<sup>th</sup> year.

Peggy radiated with happiness as she smiled at each and every person present. Truly, she appreciated this wonderful surprise party held in her honor. At her side were her daughter Christine and granddaughter Anna.



L-R: Dean Osmond, VP, Corporate Services, SLMHC; Kathryn Davidson, SLMHC Foundation Administrator; Peggy Sanders; Rita Demetzer, EA to CEO, SLMHC; & Sharon Yule, Special Projects, SLMHC

Peggy is well known as a dear friend to many people in the northern First Nation communities in our service area. For as long as anyone can remember, especially new moms, Peggy was always there for them, taking them out for "a little bit of a bumpy car ride", taking them out for tea, giving their new baby a warm bonnet to wear home, a friendly visit in the hospital to curb the lonely days while waiting for baby to be born or waiting to be discharged, and to take their photograph of both mom and baby. Her many photo albums are proof of these precious moments.

**Happy Birthday, Peggy!**

Working Hand in Hand with our Communities to Build a Healthier Future.  
Visit us at [www.slmhc.on.ca](http://www.slmhc.on.ca)

## New staff at CCAS

Please join us in welcoming several new faces to Community Counseling and Addiction Services.

Mark Gonske of Dryden commenced work with our agency September 16. Mark brings a combination of education and field experience, having obtained a Social Service Worker Diploma from Confederation College in June 2012, and having previously worked as an Addictions Recovery and Crisis Worker at Crisis Response Services in Dryden. Mark's joining our agency now brings our clinician contingency to 13!



Mark Gonske

Stephanie Simpson joins us as a student doing a second year practicum as part of the Social Service Worker Program with Confederation College Sioux Lookout Campus. Already a volunteer at the Sioux Lookout Out of the Cold, and a guard with the Ontario Provincial Police, Stephanie brings with her an eagerness to better understand how best to help and approach populations with varying needs. She will be with us for 24 hours a week, working two 12-hour shifts each week.



Stephanie Simpson



Selena Froude

We are pleased to welcome Selena Froude to our administrative staff as a casual clerk. Selena holds a Legal and Medical Secretary diploma from Keyin Technical College in St John's, Newfoundland and has lived in Sioux Lookout since 2003. Selena has extensive experience in the service industry. She was employed

with the Northern Lights Credit Union for two years as a Customer Service Representative prior to managing Swift Cash Inc for eight years.



Erika Robert

Finally, CCAS is happy to announce that Erika Robert has joined our administrative team as a casual clerk. Erika has previously worked for SLMHC as the Team Lead in Security, and is currently also employed in the Admitting Department. She joins our department as she continues her studies in Practical Nursing at Confederation College.

~ Dan Smith, Clinical Supervisor & Clifford Mushquash, Program Assistant



### Ordinary Woman, Extraordinary Dreams

*"The dream is, as a person with a disability, I want to be an example that you are still able to do anything."* - Maggie Sophia

**Wednesday, October 16th**

**5:30 pm — 8:00 pm**

**Sioux Lookout Meno Ya Win Health Centre, 1 Meno Ya Win Way**

**Josias Fiddler Conference Room (lower Level)**

**Free Admission. Light Refreshments will be served.**

Post screening discussion with Maggie and film participants.

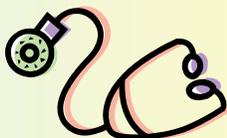
# Welcome!

## Northern Ontario School of Medicine Students



Valerie Nicholls

My name is Valerie Nicholls, I am from Thunder Bay. I enjoys Hiking, walking, reading, sewing/ knitting, gardening, going to the cabin and wood-working.



My name is Robbie Bates, I am from Thunder Bay. My parents met in Sioux Lookout. I enjoy outdoor activities such as canoeing, and hang gliding. I also have an undergraduate degree in outdoor recreation. My intrest is in Emergency Medicine, however I also want to experience fly-in medicine and rural emergency.



Robbie Bates



Kayla Berst

My name is Kayla Berst. I am from Thunder Bay. I came to Sioux Lookout because of its reputation of beautiful scenery, amazing clinical teaching opportunities and multitude of health-care resources for such a large catchment area. I am also very interested in family medicine and obstetrics.

## NEW LABORATORY TECHNOLOGIST



Sylvia Drew

SLMHC welcomes Sylvia Drew, Lab Technologist.

Sylvia moved to Sioux Lookout from Windsor, Ontario. Her and her husband have three children. She enjoys photography and quilting.

## SECURITY



Thomas Whately

I am pleased to announce that Thomas Whately has joined the SLMHC security team as a casual security guard on August 9th.

Thomas is a licensed security professional and will be a valuable addition to the team.

Welcome to SLMHC!

~Bill Brazier, Facilities Manager

## WHAT IS CROSS CULTURAL CARE TRAINING ALL ABOUT?

- It was designed to increase awareness of culturally competent care for all service providers at the Sioux Lookout Meno Ya Win Health Centre;
- The suggestions from the consultations with the Elders Committee has been fully incorporated into this training program;
- The focus in this training isn't solely on Aboriginal culture, although it is a part of the training.
- And, all cultures that are a part of the Sioux Lookout Zone are included.

Keep an eye out for upcoming fall training sessions for:

**CROSS CULTURAL CARE TRAINING**  
Day One and Day Two!

Backspace



# Backspace

by Adrienne Crosby, R.Kin, CSEP-CPT

**F**or this edition of Backspace, I will take some time to talk about your feet and how to choose footwear for work.

When you walk into a specialty shoe store or a department store, do you ever feel overwhelmed when you are shopping for footwear? I certainly do! When you see tags on shoes that say “24-hour comfort”, “improves circulation”, or “quality arch support” – is that how you determine what shoes you buy? Have you always worn a certain brand or certain type of shoe because that’s what you’ve always worn? Maybe you just go with the lowest price, because that’s what you can afford? There are many different sales pitches to try and get consumers to “buy-in” to a certain brand or type of shoe, but really – you should try the shoes on, get a good feel for them; walk around the store, run a lap if you’re buying shoes for running. Some specialty shoe stores will let you go outside and try running or walking outside in order to re-create what your feet are actually doing in shoes! Check with the sales person to see if that would be okay!

When you look at footwear, not only should your shoes be comfortable but, if you have the wrong shoes or don’t take care of your feet, you may end up with very sore or very stinky feet!

The type of shoes you buy, whether for running, walking or for a job where you are on your feet all day, depends on the shape of your foot. Here are some feet descriptions and some suggestions on types of footwear to buy:

### **If you have flat feet:**

Characteristic: when you’re standing barefoot on a flat, even surface with your toes pointed straight forward, an arch won’t be visible on the inside of your foot. The bottom of your foot from your big toe to your heel makes full or almost full contact with the floor.

You most likely over-pronate, which means that your feet roll inward when you run or walk– this can cause extra stress on your ankles and knees, which then may lead to hip or back discomfort! Sometimes back pain is something that comes from your feet!

You should look for a shoe that has “motion control” and “stability” as a feature of the shoe – check with the sales person at the store if you’re not sure where to look!

You may have to explore the possibility of orthotics, where you would require a foot assessment to get something that is custom-made to you.

### **If you have high arched feet:**

Characteristic: when you’re standing barefoot on a flat, even surface with your toes pointed straight forward, you’ll notice a space on the inside of your foot between the bottom of your big toe and your heel that doesn’t make contact with the floor. There is a varying degree of highness with high arches, not all arches are the same!

You most likely supinate, which means your feet roll outwards when you run or walk – after you have worn a pair of shoes for a while, you can take a look at the bottom of your shoe and see where the worn-down spots are, this will also tell you what type of feet you have!

You should look for shoes that are flexible and help absorb shock

People with high arches should have their feet measured periodically because arches can fall over time, which may change the shoe size you typically take!

After a long day at work, or even a few hours, do you take your shoes off and get a blast of ..... Whoa!! What is that smell?! Wearing shoes and socks that are “breathable” will help with sweaty and potentially stinky feet. Be careful with Crocs!! Although some Crocs have holes in them to “breathe”, the rubber material itself doesn’t breathe! Keeping your feet dry will help reduce the smell that comes along with moisture. If possible, have two pairs of shoes that you can rotate through the day (changing them half-way through your shift on your lunch break, for example) will allow for each pair of shoes to dry sufficiently before you wear them again. You can also change your socks at the halfway point of your shift as well to allow your socks to dry too.

Thank you for taking time to read Backspace! If you have any ideas or suggestions for upcoming issues, or would like a feature done on your specific job or department, please contact Adrienne Crosby in the Rehabilitation Department at [acrosby@slmhc.on.ca](mailto:acrosby@slmhc.on.ca)



## Patient Satisfaction as a Quality Measure

Patient Satisfaction is an important indicator to measure how we are doing and as an organization we are working to make this data collection easier and simpler.

On the Patient Portal of our website, [www.slmhc.on.ca](http://www.slmhc.on.ca), there is a link to fluid surveys. This program houses our electronic patient satisfaction surveys. To date we have surveys for Inpatients, Maternity services, Emergency Department and Rehabilitation services. These surveys allow the ongoing collection of information and require less maintenance and tabulating of the data. We have not eliminated the paper copies of these surveys as this is an accessible method for feedback for many of our patients. We do hope to establish supports for our patients that will make it easier for them to complete the survey electronically.

All healthcare team members are encouraged to assist patients to let us know how we are doing. This data is important and will drive our day to day patient care.

Coming soon are surveys for Long-term care, Laboratory services and Community Counseling and Addiction Services. Thank you for your cooperation.

*~Submitted by: Heather Fukushima, Director, Service Development, Quality & Access*



L-R: Julio Luteria, Darlene Weir, Eric MacEachern.



### CONGRATULATIONS

Winners of the 6 Coleman Cooler Chairs donated by Aramark for the Environmental Services Week Draw - Maybelline Borja, Lori Rousseau, Tony Anderson, Julio Luteria, Darlene Weir, Eric MacEachern.

A huge THANK YOU to all the Housekeeping, Laundry, & Dietary staff for their continued dedication & hard work. It is noticed and we do appreciate it.

*~Andrea Stanley, ARAMARK*



Lori Rousseau, Tony Anderson.



Maybelline Borja

## September is Food Safety Month

**A perfect time to remind busy families that food safety is a year-round necessity.**

From top to bottom, a clean kitchen is the main line of defense between your family and the spread of colds, flu and food borne illnesses. Before you prepare and enjoy foods in your kitchen, eliminate the breeding grounds for dangerous bacteria.



- Everyone in your family should **wash their hands often** – front and back, between fingers, under fingernails – in warm soapy water for at least 20 seconds (or two choruses of “Happy Birthday”) before and after every step in preparing or eating foods. That includes your kitchen helpers, such as children.

Wash Before You...	Wash After You...
<ul style="list-style-type: none"> <li>• Handle or prepare food</li> <li>• Eat meals</li> <li>• Feed children</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare food</li> <li>• Touch raw food, especially meats</li> <li>• Switch food preparation tasks</li> <li>• Touch eggs and egg-rich foods</li> <li>• Use the restroom</li> <li>• Change a diaper</li> <li>• Cough or sneeze</li> <li>• Handle garbage, dirty dishes</li> <li>• Smoke a cigarette</li> <li>• Pet animals</li> <li>• Use the phone</li> <li>• Touch face, hair, body, other people</li> <li>• Touch a cut or sore</li> <li>• Clean or touch dirty laundry</li> </ul>

- **Clean all work surfaces** often to remove food particles and spills. Use hot, soapy water. Keep nonfood items – mail, newspapers, purses, reusable tote bags – off counters and away from food and utensils. Wash the counter carefully before and after food preparation, as well as items commonly touched such as cabinet knobs and the refrigerator handle.
- **Wash dishes, cutting boards and cookware** in the dishwasher or in hot, soapy water, and always rinse them well. Remember that chipped plates and china can collect bacteria.
- **Replace old cutting boards** that have cracks, crevices and excessive knife scars.
- **Change towels and dishcloths often** and wash them in the hot cycle of your washing machine. Allow them to dry out between each use. If they are damp, they’re the perfect breeding ground for bacteria. Throw out dirty sponges or wash them in a bleach-water solution.
- **Clean spills right away** on any appliance. Wash appliance with hot, soapy water. Pay close attention to the refrigerator and the freezer – shelves, sides and door– where foods are stored. Pack perishables in coolers with a refrigerator thermometer while you clean or defrost your refrigerator or freezer to ensure your foods stay at the proper temperature 40°F or below.
- **Clean your microwave regularly**, because splatters can also collect bacteria.

~Submitted by Andrea Stanley, ARAMARK Administrative Assistant  
 \*(All information collected from [www.homefoodsafety.org](http://www.homefoodsafety.org))

**SLMHC ACCREDITATION**

October 21 - 24, 2013

“It’s in your hands.”





### Notice to patients:

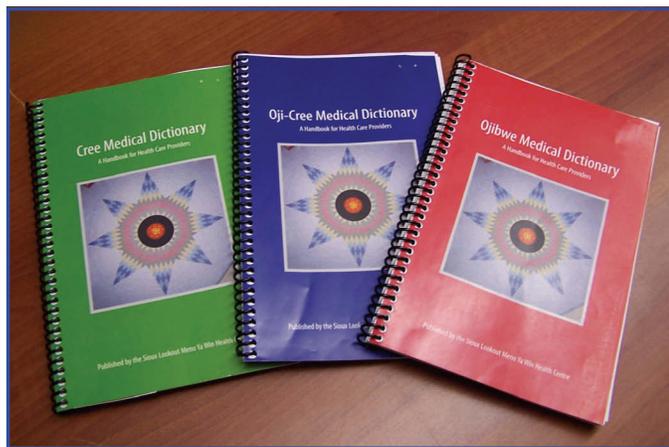
Please do not wear any scented products including perfume, cologne, soaps, hand cream, hair products, deodorants, etc, to your appointment as Sioux Lookout Meno Ya Win Health Centre aims to be a **scent-free environment** for the safety of our staff and patients.

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

### **NEW MULTI-CULTURAL ROOM LOCATION**

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

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



### *Medical Dictionaries*

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

### **Interpreter Services**

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

## **HELP KEEP THE TRADITIONAL FOODS PROGRAM GOING!**

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

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



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

*~Submitted by: Miranda Bramer, Dietary Manager*

### **The Meno Ya Win News**

is prepared by the

**Communications & Community Development Department, at SLMHC.**

**Send your stories/announcements to:**

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

# Ways to get 10 000 Steps per Day

1. Go for a walking coffee break.
2. Walk or Cycle to work.
3. Jump rope for 10 minutes (2900 steps).
4. Try an exercise class at one of the local fitness centers.
5. Park your car a 10 min. walk from the grocery store or work.
6. Take a stretch break at your desk every 60 minutes throughout the day (check out [http://www.centre4activeliving.ca/workplace/trr/tools/yoga\\_atdesk\\_en.html](http://www.centre4activeliving.ca/workplace/trr/tools/yoga_atdesk_en.html)).
7. Use your local trails to hike.
8. Play outside with your family or pet.
9. During a teleconference lift small weights at your desk for at least 10 minutes (try bicep curls, shoulder press, sit on an exercise ball etc.).
10. During T V commercial breaks fill your time with sit-ups or push-ups.
11. Dance to music for 10 min (1180 steps).
12. Make an appointment with yourself to be physically active every day.
13. Take 10 minutes before your day starts to stretch or do jumping jacks.
14. Play the Wii Fit or sports games or Dance Dance Revolution with your friends or kids.
15. Start a walking group at work and go for lunch hour walks or walks before work.
16. Go to the rink for Public Skating.
17. **HAVE FUN.** Make times for the activities that you love or use to love doing!



## SLMHC Lab Gets a New Analyzer

September 4<sup>th</sup> was the first day the laboratory started using the new Siemens Dimension EXL 200 chemistry analyzer to report patient results. This new analyzer combines the work that our two former chemistry analyzers did. This means every routine chemistry test from blood sugar to liver and cardiac tests to drug levels can be done on one analyzer. This frees up space in the lab and also gets the results out to the physicians in a more timely manner. The test on this analyzer for detecting heart attacks is more sensitive than that of the former analyzer that did the same test.

The new analyzer is also capable of doing tests that the former analyzers were incapable of doing. This means that some tests that historically had to be referred out to Thunder Bay Regional Hospital for testing, are now able to be done here in the SLMHC lab. The EXL 200 is also the same analyzer that the rest of the hospital labs in our region have moved to. This gives our labs more support as we know we have colleagues in the area we can call on for any troubleshooting help or if we need any supplies, they can be shared. Keeping up with new technology and equipment is another example of how the SLMHC laboratory strives to put the patient first!

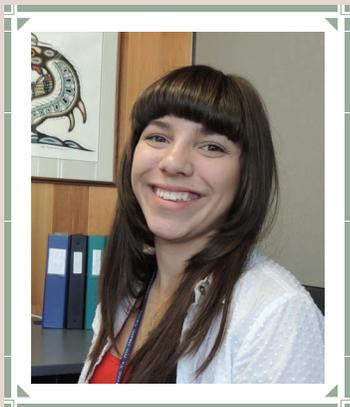


(L-R) Rachel Tremblay, MLT, Garth Parker, Technical Application Specialist for Siemens Canada and Brad Caughell, MLT, with the new Siemens Dimension EXL 200 chemistry analyzer

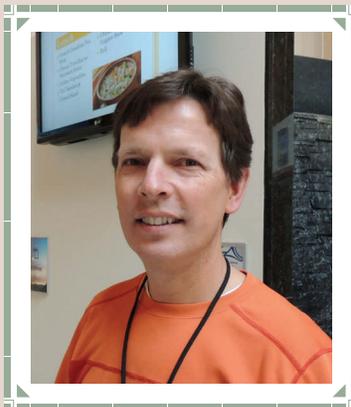
~Brenda Voth M.L.T., BScApp.(Med. & App. Biotech.), Manager of Laboratory Services~

# Question of the Month

## "What was the best part of your summer?"



*"Moving to Sioux Lookout & meeting people!"*  
 ~ Alynne Harel, Assistant, SLMHC Foundation



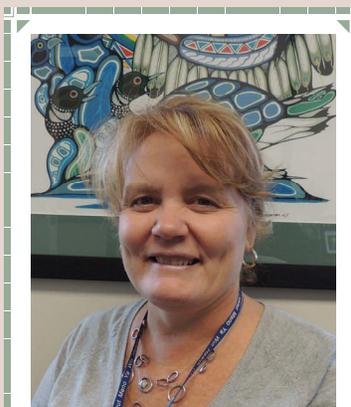
*"Going on a canoe trip to Wannage Lake with my family."*  
 ~ Dr. Larry Willms



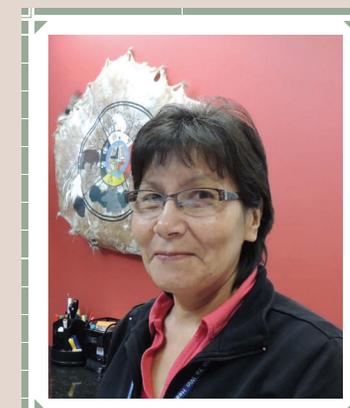
*"Picking blueberries, spending time with my grandkids at the cabin, riding the lawnmower with my grandson!"* ~ Dorothy Parenteau, Interpreter



*"Enjoying the Blueberry Festival with my family."*  
 ~ Katherine Davidson, Foundation Administrator



*"Fishing on Lac Seul."*  
 ~Heather Shepherd, VP, Health Services & CNE



*"Picking blueberries."*  
 ~ Evelyn McKay, Interpreter

### Baapin (Laugh!) for your health's sake...

- \* Patient has chest pain if she lies on her left side for over a year. Health care bloopers...
- \* On the second day the knee was better, and on the third day it disappeared.
- \* While in the emergency room, she was xrated and sent home.
- \* I saw your patient today, who is still under our car for physical therapy.

- \* She is numb from the toes down.
- \* The lab test indicated abnormal liver functions.
- \* When he fainted, his eyes rolled around the room.
- \* The baby was delivered, the cord clamped and cut and handed to the pediatrician, who breathed & cried immediately.





## 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*

### When a First Nation client presents at Rehabilitation Department.....

- **When did your symptoms start?** - Aniin'apii ga-maadamanji'oyan?
- **Can you point to the area on your body where you felt the symptoms?** - lwe ga-inamanji'oyan, inoo'an ma-yaa edinamaji'oyan.
- **Since your symptoms developed, have they gotten better, worse or stayed the same?** - lwe apii ga-maadamanji'oyan, gidini-mino'ayaana, maagi'zsha gaye awaashime, maagizha gaye bezshi'gwan?
- **On a scale of one to ten, how would you rate your pain? Remember one is no pain and ten is pain as if someone is chopping off your hand.** Aniin epii'jiwiisagendaman? - Daabzhko minik bezhig ako midaaso. Bez-hig gawiin api'ji, midaaso daabzhko awiya egiizh'kizhang gi'ninj.
- **Is there anything that relieves your symptoms?** Gegoon'ina gi-minooshkagoon?
- **How often do you experience your symptoms? Once a month/week/day/ hour/ or all of the time?** - Aniin minik daaswaa ena'maji'oyan? Abiding daaswaa ingo-giiziiz, ingo-dawate, ingo-giizhig, ingo-dibaa'igan, maagizha gaye bizhishig?
- **Have your symptoms affected your sleeping pattern?** - Owe ga-inamaji'oyan, gi-damaji'igoon-na giini-baayan?
- **Have your symptoms affected your ability to do any of your daily activities?** Owe ga-inamaji'oyan, gidoo-jinisidaawii-na gii-danakamigiziyen daso-giishig?

**Yes**—eya      **here**—oma

**No**—gaawiin

**only sometimes**—aya pii'eta

**Very painful, it is**—wiige ni-wiisagendam

**Right there** - amii'ima

**you are hurting me** - gi-wiisagibinish

### Community Counseling & Addiction Services is pleased to offer: safeTALK – Suicide Awareness for Everyone.

This 4 hour workshop alerts one to warning signs indicating risk of suicide. The workshop emphasizes the importance of recognizing the signs, communicating with the person at risk and getting help or resources for the person at risk.

safeTALK is meant for anyone who wants to promote suicide safety regardless of previous experience or background. It is especially appropriate for any front-line hospital workers with direct access to clients and patients in our facility such as Clerks, Security, Dietary and Housekeeping Aids.

safeTALK sessions will be offered on the following dates and times:

October 23                      12pm – 4pm                      Education Boardroom

November 4                      8am – 12pm                      Education Boardroom

Space is limited per session. If interested, please obtain the appropriate approval of your manager to attend, and register by contacting Clifford Mushquash, Program assistant at [cmushquash@slmhc.on.ca](mailto:cmushquash@slmhc.on.ca) or at extension 4855.

# Information & Technology Systems Update

## Meditech Community-Wide Scheduling

SLMHC has joined with Dryden Regional Hospital, Riverside Health Care Facilities Inc., Lake of the Woods District Hospital, Thunder Bay Regional Health Science Centre and the Northwest Local Health Integration Network on a joint project to install Meditech Community-Wide Scheduling.

Patients often require various ambulatory care and diagnostic service resources of several hospitals within the Northwest LHIN. At each facility/department, patient information is constantly re-collected, appointments are booked potentially in isolation of other services, and the scheduled patient/staff resources are not consolidated within any common patient electronic medical record.

Meditech Community-Wide Scheduling functionality and referral management solution acts as both a centralized appointment book and a decentralized one, facilitating patient scheduling and resource management at both single and multi-facility healthcare organizations (including multiple hospitals). The solution automatically tracks both patient and provider schedules, as well as the availability of necessary rooms, equipment, and resources, simplifying the process of searching for and scheduling available appointment slots. Information would be available in Meditech so that medical and clinical staff will have knowledge of bookings for diagnostic tests, surgery, or any ambulatory care aspect. There would be better information available to all participating hospitals, reduction in amount of patient information collected for the appointments, and better coordination of staff/facility resources.

Work on the new systems is on-going and will continue over the winter of 2013-2014. Go-Live is currently scheduled for spring 2014.

## SLMHC Evaluating BI Vendors

SLMHC's BI Selection Committee is currently mid-way through evaluating vendor responses to an request for proposal (RFP) issued this summer.

### What is BI?

Business Intelligence (BI) is an umbrella term that encompasses the software applications used to analyze our raw data and the process of analytical processing, querying and reporting. BI is a tool that can help us to improve decision making, become more effective and efficient. More than a reporting or trending tool, we can use BI to identify inefficient business processes. BI includes reporting (query, reporting and search tools), analysis (quality improvement and visualization tools), automated monitoring (dashboards and scorecards) and prediction (predictive analytics).

### What will it do for us?

Currently we have copious amounts of data, most of which is untapped and unused, for a variety of reasons including the time to get access to it through numerous systems or because it requires manual mining. Our reporting typically provides us with retrospective data. Performance, planning and budgeting are not closely linked. We need to move from using hindsight to foresight.

With the current state of the health care system involving minimal growth in funding coupled with our exponential growth in services and demand for service, we need to find ways to do what we do better. Done right, BI is an excellent opportunity to put our data to work for us. Whether it is looking at key improvement/reportable indicators or internal objectives BI can help us reduce the time and effort to move data from source systems to end users.

The selection committee will wrap up the evaluations in November with a vendor chosen by the end of the year. The planned go-live is March 2014.

## SLMHC ITS DRP: Stage One

SLMHC's Information Technology and Systems (ITS) department has embarked on the first stage of a Disaster Recovery Plan (DRP) for the hospital. In stage one we are:

- upgrading our network link between the hospital and the William George Extended Care Unit,
- split our current phone system between the 2 sites;
- split our incoming phone lines between the 2 sites;
- split our current backup system between the 2 sites.

This work will reintegrate Extended Care back into the hospital's phone system and allow four digit dialing between the two sites and provide redundancy of hardware and incoming services. The hospital Wi-Fi networks will also be extended to the Extended Care to provide access for Wi-Fi phones and increase mobile device capacity for future projects. This will also enable ITS to have off-site backup capabilities in the event of a failure of backup systems at the hospital. We will also be looking into the feasibility of a backup Internet connection located at the Extended Care.

We are currently waiting on the installation of the upgraded network between the hospital and Extended Care. Once the new wiring is completed we can begin to change over the phone system and backup system at Extended Care. We expect this project will be completed by the end of 2013.

~Submitted by Dave Hildebrand  
Manager, Information & Technology Systems

# Photo Gallery



The SLMHC Diabetes program held a 5k run on September 7th to raise awareness for diabetes. SLMHC employees who participated were (Front L-R): Katie Beck, Nicole Carnochan, Rylee Blasky & Erika Eckert. (Back L-R) Mary Spray, Amber Brohm, Emily Thorpe & Norah Laverty. (Missing from picture: Karen Parent).



Birthday cake for Peggy Sanders! Knitted baby bonnets hung over the framed picture of Peggy & her baby photo albums were on display in the Gathering Area of the SLMHC, Thursday, September 26th.



September 27th—SLMHC donates used van to the Fire Department, municipality of Sioux Lookout. Dean Osmond, VP, Corporate Services & COO, hands over the keys to Rob Favot, Manager, Fire Department.



Kathy Loon (far right) & friends enjoy looking over Peggy's photo albums

**Sioux Lookout Meno Ya Win Health Centre**  
Patient Centered      Service Oriented  
Performance Focused



June Wynn, making bannock for all.



SIoux LOOKOUT  
MENO YA WIN HEALTH CENTRE

# 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.**

### Ways to Give

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

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

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

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

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

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

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

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

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

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

### 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: \_\_\_\_\_