A TRADITIONAL GIFT FOR FUTURE GENERATIONS

PHYSICIAN ASSISTANTS MAKING THEIR MARK

YOUR GUIDE TO EMERGENCY DEPARTMENTS

Get Active this Spring!
A Traditional Gift for Future Generations

Campaign aimed at replenishing breastfeeding culture

By Kathryn McBurney

In traditional aboriginal world view, children are seen as gifts and are to be respected. Aboriginal Peoples once considered breast milk as a sacred gift, a medicine a mother gives to her child. First Nations’ breastfeeding mothers had special status as important contributors to the well-being of future generations.

Recent medical studies have proven breast milk provides some protection against diabetes, results in decreased risk for childhood obesity, less ear infections, fewer illness-related visits to the doctor, and a decrease in tooth decay in toddlers and children. In fact, the World Health Organization, the organization responsible for providing leadership on global health matters, developed “a global effort for improving the role of maternity services to enable mothers to breastfeed babies for the best start in life.”

Unfortunately, Aboriginal Peoples have suffered a loss of culture and traditions which has had a significant impact on breastfeeding among aboriginal mothers.

According to the Status of Women Canada website, the negative experience of Aboriginal Peoples “is rooted in the intrusion of outside ‘experts.’” And, “Outside experts decided ‘what was best for the Indians’ which has proven to have devastating results.”

For example, during the 1950s and 60s many aboriginal men and women moved from reserves in search of jobs. Many women who breastfed on reserve switched to formula feeding based upon urban physicians’ advice — as it was common medical practice to advise formula feeding in that era.

This loss of culture and tradition continues with new aboriginal mothers either lacking support from their own mothers, who were told to formula feed, or by new moms leaving their reserves to gain employment or further education, severing ties with their social network and family support.

“It’s important to have key support persons for all breastfeeding mothers,” Jennifer

NEW! Check out the search engine now available on the WRHA website www.wrha.mb.ca
Aboriginal Peoples in the Downtown and Point Douglas areas. Research into the campaign message and image of an aboriginal mother actually breastfeeding her older baby involved guidance and feedback from a variety of aboriginal participants.

The campaign image of the breastfeeding mother was displayed on seven Downtown and Point Douglas bus shelters in December 2008. Winnipeg health region public health nurses will also hand out 5000 fridge magnets with the positive breastfeeding message “A Traditional Gift for Future Generations” to prenatal and new parents in the region throughout 2009.

Whitford says, “The positive public imaging of an aboriginal mother breastfeeding is just one approach to celebrating breastfeeding and the benefits it provides to our diverse community.”

Sources: These sources are from the excerpt which was sourced from Status of Women Canada website at: http://www.swc-cfc.gc.ca/pubs/pubspr/0662379594/200410.0662379594.23.e.html


Other Sources: World Health Organization website at: http://www.who.int/nutrition/topics/bfhi/en/index.html

Healthy Baby Community Programs in Winnipeg

Health Baby drop-in programs are available throughout the Winnipeg community. At these friendly and supportive free drop-ins, moms and soon-to-be moms can:

- Enjoy nutritious snacks, try new recipes, learn more about nutrition and health
- Do activities with baby, visit with other moms and moms-to-be
- Breastfeed in a supportive environment
- Ask questions about pregnancy and baby’s development
- Milk coupons are available during pregnancy and up to 6 months postnatal
- Bus tickets and on-site child care is provided if needed

To find out locations of drop-ins visit: www.gov.mb.ca/healthychild/healthybaby/list.html#winnipeg Or call the Healthy Child Manitoba Office at (204) 945-1301 or toll-free: 1-888-848-0140. Source: www.gov.mb.ca
A Physician’s Mirror Image

Physician Assistants add value, expertise to health care system

By Tammy Melesko

After nearly a decade working as a Physician Assistant, Chris Rhule is used to patients calling him “Doc.”

Rhule is one of 12 Physician Assistants [PAs] and 44 Clinical Assistants [CAs] providing care to patients in the Winnipeg health region. Physician Assistants can provide a “mirror image” of the physician’s practice, Rhule says.

“This is an intermediate option to get into the health care provider role,” says Rhule, a Cardiac Surgery PA and the Winnipeg Regional Health Authority’s Director, Clinical Assistant Program.

Physician Assistants have a broad scope of practice including prescription writing, assisting in surgery and procedures on the unit, doing rounds, ordering and evaluating diagnostic and lab tests and writing orders for treatment, just to name a few. They are employed in hospitals throughout the region in surgery, anaesthesia, critical care and medicine programs.

Rhule first learned of the PA profession while serving in the U.S. Navy as an avionics technician. Both the U.S. and Canadian militaries have long trained and employed PAs.

Until recently, PA training programs were available at U.S. universities or through the Canadian or U.S. military. Rhule, like many others, opted to get his training at a U.S. university and then bring his knowledge and expertise back to Canada. Many PAs enter the profession from an allied health background with previous experience in the health care system. Their training includes a classroom component, based on the medical model, and extensive practical hands-on training at hospitals and clinics. PAs work for a physician or group of physicians and their scope of practice depends on their experience and their supervising physician’s scope of practice.

Physician Assistants can further specialize and have the option to complete a residency program in his or her chosen specialty.

“PAs are taught to ‘know your limits,’ but be confident in what you are doing,” says Rhule, who was the first PA hired in the Winnipeg health region in 2003.

An advantage of having PAs in the health care system

There are 44 Clinical Assistants [CAs] currently working in various programs throughout the Winnipeg health region. While CAs perform many of the same duties as Physician Assistants [PAs], they have not completed formal training at a recognized PA school or through the military. Because of this, CAs have different supervisory requirements than PAs as outlined in the regulation. Clinical Assistants are hired into their positions from a variety of health care provider roles including nurses, foreign-trained doctors and allied health professionals. Clinical Assistants also receive extensive advanced training in their specialty.

Check out the search engine now available on the WRHA website www.wrha.mb.ca
is the increased amount of “face time” patients have with a PA, he says. Physician Assistants are also being hired into programs to address situations where there are physician shortages. Rhule says having PAs on staff is an added benefit when recruiting and retaining physicians in the Winnipeg health region.

The presence of PAs throughout the region is also having a positive impact on wait times and access to care. For example, at Concordia Hospital since adding PAs to the Orthopedic Surgery team, two surgeries, such as knee or hip replacements, can now take place simultaneously in two operating rooms. The surgeon is able to divide his or her time between the rooms, with PAs doing the preparation and closures, and the surgeon supervising both operations. Over the past few years the number of orthopedic surgeries have nearly tripled from two or three per day to up to seven per day.

Manitoba made Physician Assistants

Manitoba is considered a leader nationally and was the first province to formally recognize and legislate the profession even before the first PA was employed in the province.

While Manitoba has had to recruit elsewhere to fill PA positions, that’s about to change.

In fall 2008, the University of Manitoba opened its doors for the first time ever to students wishing to become PAs. The university’s Physician Assistant Education Program is the only Masters level program of its kind in the country.

“I think Manitoba is a highly desirable place to practice as a PA. I think this province will be very competitive in the Canadian job market as it evolves. The interest that physicians and health authorities have shown in our program to date suggests that we’re filling a real need,” says Sarah Clarke, Program Director, Physician Assistant Education Program, University of Manitoba.

As the need for PAs continues to grow, Rhule says the region is looking to expand the role of PAs and possibly move beyond hospitals and into primary care settings in the community.

First Year Physician Assistant Education Program (PAEP) students Nikki Lwiwksi (centre) and Melanie Richard (right) gets hands-on instruction from Claire Chandler, PAEP faculty member (left) in the Clinical Learning Simulation Facility at the University of Manitoba’s Bannatyne Campus. They are part of the first class of PAEP students who will graduate in summer 2010.

When and How to Use Emergency departments in these cases. Both handle non-life-threatening illnesses or injuries, including infections, minor injuries or pain that will not require hospital admission; Pan Am Clinic has a particular expertise in musculoskeletal issues.

If you are not sure where to go, call Health Links - Info Santé at 788-8200 (toll free 1-888-315-9257). Trained nurses will be able to answer all your questions.

If it is a serious emergency, always call 911. Winnipeg Fire and Paramedic Service will take you to the most appropriate site. If you are not sure where to go, go to your nearest emergency and they will take care of you.

If it is less urgent here are a few facts to take into consideration:

Obstetrics: Any expectant mother experiencing a health issue should first try to contact her own doctor. However, they should be aware that Health Sciences Centre (HSC) and St. Boniface General Hospital are the two sites that deliver babies and so are best equipped to handle these types of issues and so it would be best, if possible, to go to the site where she expected to deliver.

Cardiac: While any site will stabilize and deal with a patient suffering a cardiac event, St. Boniface General Hospital is the city’s Cardiac Centre and the site where all cardiac surgery takes place.

Burns and Trauma: Again while all sites can handle minor burns and traumas, HSC is the Provincial Trauma and Burn Centre that has the experts and equipment necessary to deal with the most serious of these injuries. Any patient with a serious burn and/or trauma who arrives at another site, will be transferred to HSC.

Children’s: Health Sciences Centre’s Children’s Emergency is staffed with a health care team specifically trained in dealing with children’s emergencies.

Musculoskeletal Injuries: More commonly known as breaks, bumps and bruises, all sites are equipped to deal with these. However, in a busy emergency department such injuries would be considered non-urgent.

Misericordia Health Centre’s Urgent Care [open 24/7] and the Pan Am Minor Injury Clinic [Mon to Fri 8 a.m. to 6 p.m. Sat, Sun and holidays 8 a.m. to 3 p.m.] are both other alternatives to busy emergency
Electronic Health Care

Enabling enhanced focus on patient-centered care

By Kathryn McBurney

There was a time, not long ago, when our workforce hurried to the bank on a Friday afternoon, to cash that paper paycheque or withdraw enough money to get through the weekend! Recognizing customer needs, banks were among the first to adjust their business landscape to ensure better service for clients. Today, electronic banking technology has substituted most paychecks and other paper transactions. Clients can transfer monies from one account to another from the ease of their home and get cash at a debit machine - saving time and working within their schedules.

But the change wasn’t just for clients – it improved the function of staff positions as well. Tellers at banks who were overrun with paper stamping for bill payments to other institutions now focus on more important roles of banking and customer service.

Electronic applications in health care have taken a little longer to implement, but in some ways have similar benefits associated with electronic banking. Once put into practice – information technology (IT) will provide collaborative patient-centered care and improve communication between health care providers and patients. Like tellers now focusing on more financial services, health care providers can use these technologies to provide client focused service and improved staff roles.

“For nurses, the largest population of health care providers, the benefits of electronic health care could be the most significant,” Jan Currie, Vice President and Chief Nursing Officer in the Winnipeg health region says.

IT has already improved the way health care staff learn and study, distance learning, TeleHealth and multimedia are a few examples. Integrating computers into nursing practice is more challenging, but today in some health environments nurses no longer have to jot down vital signs and remember routine charting information until they get back to the nursing station – they have portable computers that can be used at their patient’s beside.

In the Winnipeg health region, several IT initiatives are in place or in development which will help provide patient-focused service or improved staff functions for health care.

C-HOBIC - the Canadian Health Outcomes for Better Information and Care project – begins the process of collecting and standardizing related patient outcome information in Health Care Records across Canada. Currently, health organizations across Canada do not share standardized clinical information. Ontario, Prince Edward Island and Saskatchewan were the first provinces to begin collecting patient outcome information in the C-HOBIC system. Manitoba now joins as the first Home Care program in Canada to participate.

Thirty to thirty-six staff from Home Care and Personal Care Homes in the Winnipeg health region will participate in the program collecting patient outcome information on functional status, therapeutic self-care, symptom management such as pain, nausea, and fatigue, and safety outcomes and patient satisfaction with nursing care.

“Information the nurses key-in while doing an assessment is compared from one time to the next,” Linda Dando, Director of Long Term Access Centre/Home Care with Winnipeg Regional Health Authority says. “C-HOBIC builds reports on already existing data from an electronic assessment document system currently used within Home Care and the Personal Care Home Program.”

Check out the search engine now available on the WRHA website
www.wrha.mb.ca
Staff participating will receive additional reports related to the assessment data they have entered. These reports will indicate whether the client’s health status has improved or deteriorated in relation to the last assessment.

“The reports will be used by nurses to assist in identifying trends in clients and resident outcomes,” Dando says.

This benefits nurses and care coordinators in coordinating and planning the client’s services and care plan. Information related to nursing care across sectors of the health system can be shared across provinces and contributions to health outcomes can be better measured and understood.

Critical Care database - Another database in the Winnipeg health region is the Critical Care database. This free-standing database collects a wide variety of information such as demographics, clinical diagnosis, and severity of illness and therapeutic information including how many patients are treated, what was required and any interventions that took place. The system was implemented in Winnipeg’s Health Sciences Centre in 1988 and then adopted by the other Winnipeg region hospitals by 1999.

“It helps us plan staffing, plan curriculums and education for nursing and determine appropriate workloads based on reports it provides on trends in Critical Care,” Betty Lou Rock, Nursing Director with the Critical Care Program says. “The clinical information on patients is also used for research in treatments and to review the quality of treatments for specific groups of patients.”

EDIS - Another initiative, the Emergency Department Information System (EDIS), was recently implemented in all Winnipeg health region hospitals to provide a global view of the emergency department. EDIS tracks patient stay throughout their Emergency department visit, from triage desk to discharge. Colour-coded monitors allow nurses and other health care staff to easily view the number of patients, how long patients are waiting, lab results and reassessment status. EDIS also includes easy tracking of patient histories in the emergency department to assist with patient treatment.

HISP - The Hospital Information System Project (HISP), a province-wide initiative designed to improve access to patient information through a central electronic information system, an Electronic Patient Record, became active in St. Boniface General Hospital in 2008. For nurses, the system allows immediate access to orders and results, patient demographics, medication and test results, and improves access to information online such as suggested medications or drug alerts. It also decreases the need for paper, decreases errors and increases patient safety.

“The working landscape is undeniably changing all around us as IT systems become more available and more user-friendly,” Currie says. In health care, both patients and staff will benefit as, ultimately, the new age of electronic health care will connect the collective knowledge of health care staff. This connection will improve patient flow, patient outcomes and patient safety.

Sources:
Manitoba Nursing Informatics Association www.mnia.ca
ehealth Website www.manitoba-ehealth.ca
Canadian Nursing Informatics Association www.cnia.ca
Canada’s National Health Informatics Association www.coachorg.com

Nurses are able to use IT databases to collect information and provide valuable reports on patient outcomes.

Get “in motion” today. It’s good for your health! It’s a fact – by getting at least 30-60 minutes of moderate physical activity every day, you’ll enjoy better health.

Do it all at once or do it 10 minutes at a time, several times a day. For a well-rounded workout, be sure to include activities that build endurance, flexibility and strength.

Whatever your age, it’s never too early or too late to get active. So get “in motion” today!

If you need some ideas to get you started, visit winnipeginmotion.ca or call Winnipeg in at 940-3648.
ACCESS Downtown coming to downtown Winnipeg

The corner of Logan Avenue and Main Street will soon be home to ACCESS Downtown, a new, four-storey complex that will deliver a full range of health and social services, including primary care, to the residents of downtown Winnipeg.

The new ACCESS Centre, which is scheduled to open in the fall of 2009, is part of the Winnipeg Integrated Services initiative, a partnership between the Winnipeg Regional Health Authority, Manitoba Family Services and Housing, and Manitoba Health. The goal of Winnipeg Integrated Services is to bring health and social services together and offer them to the community from well-equipped, convenient community locations.

“Our goal is to provide easy access to the services and information that area residents need to stay healthy,” said Dr. Brian Postl, President and Chief Executive Officer of the Winnipeg Regional Health Authority (WRHA). “This is especially helpful to individuals and families who need more than one service.”

Milton Sussman, WRHA Chief Operating Officer and Vice President of Community Health Services, said, “by bringing health and social services together, it allows staff to work as a team, ensuring better coordination of services and improved care. It’s a tremendous benefit to the client and helps to ensure that we’re all working efficiently on a client’s behalf.”

Community development will be a priority at ACCESS Downtown. Staff will work closely with residents and community organizations to ensure services are a reflection of community needs, and clients and local residents will have opportunities to participate in the planning, delivery and evaluation of their health and social services.

Offering a wide range of services

Services offered at ACCESS Downtown may include:

- Child Care [Licensing, Monitoring and Coordination]
- Winnipe Child and Family Services
- Children’s Special Services
- Community Engagement and Development
- Community Mental Health
- Employment and Income Assistance
- Supports for Persons with Disabilities (includes Vocational Rehabilitation)
- Home Care
- Primary Care Clinic
- Population and Public Health
- Seniors Health Resource Team
- Supported Living

ACCESS Downtown will be Winnipeg’s third ACCESS Centre, following in the footsteps of ACCESS River East (2004) and ACCESS Transcona (2007). Later in 2009, a new Health and Social Service Centre will open at 755 Portage Avenue, serving the western portion of the downtown community. And planning is underway for the development of ACCESS Centres in the Inkster and St. James communities.

For more information on ACCESS Downtown and Winnipeg Integrated Services, please visit www.wrha.mb.ca

The Winnipeg Regional Health Authority will also relocate its regional head office to the Logan and Main facility, with staff occupying the top two floors. Staff are expected to move into the facility starting in the summer of 2009.

Who can I contact for more information about health and social services in my community?

Please contact the following between 8:30am and 4:30pm, Monday through Friday:

- Downtown West 940-2300
- Downtown East 940-1626
- Point Douglas 940-2025
- Inkster/Seven Oaks 938-5600
- ACCESS River East 938-5000
- ACCESS Transcona 938-5555
- River Heights 938-5500
- Fort Garry 940-2015
- St. Boniface 940-2035
- St. Vital 255-4840
- St. James-Assiniboia 940-2040
- Assiniboine South 940-2005

ACCESS Downtown coming to downtown Winnipeg

Architect’s rendition of ACCESS Downtown, 650 Main Street, a community health and social service centre opening in the fall of 2009.

3 Easy Ways to Find Health Services In Winnipeg

1. Visit www.wrha.mb.ca
   Searchable directory of health & social services, programs, and organizations.

2. White Pages Health Directory
   Look under “H” in the blue section of the Winnipeg white pages for a listing of services available in the Winnipeg health region.

3. Call Health Links/Info Santé at 204-788-8200 or toll free 1-888-315-9257
   and speak to a Registered Nurse, 24-hours a day, 7 days a week.

Check out the search engine now available on the WRHA website
www.wrha.mb.ca