

# thrive

living **healthy**. living **well**.



## What is Community Health Assessment?

**P**rairie Mountain Health has just completed the first comprehensive Community Health Assessment (CHA) for the region, which is part of a dynamic, ongoing process to gather information about the health, health behaviours, and health care use of people in the region. The CHA report describes trends in the health of our communities as well as the strengths and challenges that affect health.



Another critical aspect of the CHA is to look beyond disease and health care use to the factors that affect health. There is much more to being healthy than eating well and being physically active. Many factors have an impact on our health, ranging from

experiences in early childhood and the education we receive to the job and social supports that we have and the environment we live in. Income is considered one of the most important of these “*determinants of health*.”

*continued on page 3*

## Enhancing the Delivery of Care

Prairie Mountain Health (PMH) is always working to enhance the delivery of care and ensure efficient use of resources. One of those resources is a hospital bed. No matter when or where patients are admitted—PMH wants to make sure they will receive quality, safe care in the right place, at the right time, and by the right provider. For the complete story on ensuring that all Prairie Mountain Health residents get the care they need go to page 7.



Graphic courtesy of Saskatoon Health Region and CommunityNew Collaboration.

## Inside this issue of *thrive*

Letter from the CEO	2
Check It Out	2
By the Numbers	3
Lifestyle Changes Really Do Make A Difference	4
Falls Are Preventable	4
Best Breathers	5
Health Status is Improving for Some, But Not All	6
Enhancing the Delivery of Care	7

# Setting the Course

**Penny Gilson**

CEO, Prairie Mountain Health

PMH's first *Community Health Assessment* is a document that includes information gathered that will help the region set long-term goals for positive changes. A large part of this edition of *Thrive* is dedicated to the findings in this document. How healthy is our region? What programs and services are working? What isn't working? Some of the findings have shown a disparity among groups across the region, meaning some communities or pockets of the population are healthier than others. Many of these disparities are related to social and income level and are not the result of individual choices people make. Numerous factors need to be assessed in order to determine why certain populations are at a disadvantage when it comes to their health and the services they receive. Along with other service providers in our region, what changes do we need to work at to ensure equal care for all and provide



Penny Gilson, CEO, Prairie Mountain Health

support to those who need it most?

The Board of Directors is in the final stages of using the *Community Health Assessment* findings to guide the next five-year strategic plan; it is clear that equity in health care is a key issue.

As we continue to work on improving the wellness of our communities, we also need to keep our "system" healthy and running efficiently. Enhancing the flow of patients within our region means that we need to ensure beds are available in the right place at the right

time by the right provider. PMH continues to move forward in this area. Our story on "Enhancing the Delivery of Care" will give our readers a look at the progress in achieving our goal of providing the best quality of care. These goals cannot be achieved without the understanding of our community.

Here's to our collective "health"! ■



## SOCIAL MEDIA

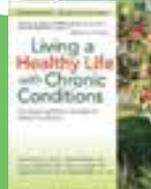
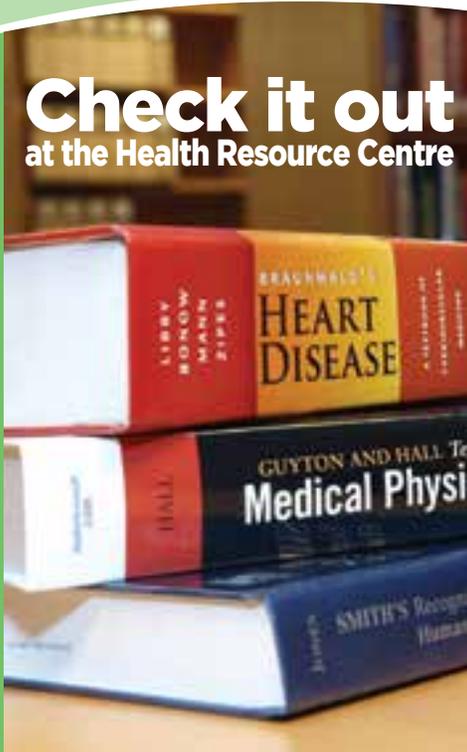
Remember to follow us on Twitter **@PrairieMtHealth** and Like us on Facebook.

You will find information regarding our programs and services, news items, health promotion, and wellness tips to name a few.

## PMH CAREERS

We are also excited to announce our PMH Careers Twitter account **@pmhcareers** where you will find information about job opportunities available within the Prairie Mountain Health region.

## Check it out at the Health Resource Centre



**Living a Healthy Life with Chronic Conditions** has helped many

people with ongoing physical or mental health issues to achieve their greatest possible potential and again get pleasure from life. With the simple goal of helping those with chronic illnesses live productive, healthy lives, this guide to the tried and tested Chronic Disease Self-Management Program will teach readers the information and skills they need to manage chronic conditions on a daily basis while doing the things they need and want to do.



If there are any secrets to remaining active, energetic, and

disease-free, **Mayo Clinic on Healthy Aging** is where you'll find them! This complete guide to healthy aging explores common health and lifestyle concerns and what you can do to enjoy a longer and more purposeful life. Retirement planning, changing health needs, and independence are discussed in detail. You'll also find practical tips to keep your mind, body, and spirit in top shape.



What does it take to reach a healthy 100? In **The Roadmap to**

**100: The Breakthrough Science of a Long and Healthy Life**, Dr. Walter Bortz, a top gerontologist and faculty member at Stanford Medical School, offers invigorating information on how to maintain your health for many years. Filled with in-depth insight, sage advice, and prescriptive recommendations for healthy aging, this practical guide gives you the power to control your destiny and your health.

The featured books are available to borrow at the Health Resource Centre (HRC), located at the Brandon Regional Health Centre, or check your local library. The HRC is open to the public Monday to Friday, 8:00 a.m. to 4:30 p.m. To contact us, please call 204-578-4080 or email library@pmh-mb.ca.

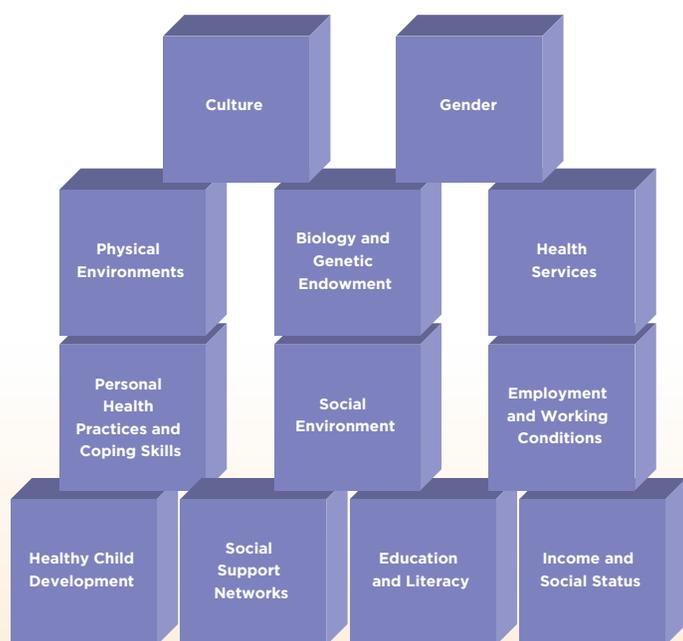
# What is Community Health Assessment?

*continued from page 1*

These factors work together to influence how healthy a person, family or community is.

These determinants of health are not equal among all residents of PMH. Some people are disadvantaged because of their social or economic situation, race, disability, age, or many other reasons. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within communities. Some people need additional supports in order to thrive and flourish while others may not require the same supports. Addressing inequities means offering resources based on need versus providing the same level of supports to everyone. In the CHA we have attempted to identify some of the disparities in health status across PMH so that we can begin to look at ways to improve the health of our residents by offering supports to those who need it most and influencing the determinants of health.

## Social Determinants of Health



### How do we use the CHA?

The results from the Community Health Assessment are the foundation for the PMH Strategic Plan. CHA findings are used by regional programs and services to help them to understand how well we are meeting the needs of PMH residents and how changes in population and disease may affect demand for health care services. Three health issues from the CHA report have been highlighted—respiratory illness, diabetes and falls. PMH followed up with clients who access programs related to those issues to determine how well their needs are being met. These clients shared their experiences



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with specific PMH programs and their personal stories are included on pages 4 and 5 of this issue of *Thrive*.

The inequities described in the CHA will be of interest to decision-makers in the health system as well as partners that have the ability to influence the determinants of health in the community. This information will be of value for other groups that are interested in improving health and quality of life in our communities. ■

To access the full Community Health Assessment document, and for descriptions and locations of the PMH districts, please visit [www.prairiemountainhealth.ca](http://www.prairiemountainhealth.ca)

## By the Numbers

### From the Community Health Assessment 2015

- 31%** PMH deaths caused by circulatory disease
- 22%** PMH residents living with arthritis
- 82.3** Average life expectancy for PMH females
- 77.4** Average life expectancy for PMH males
- 13%** PMH residents (75+) residing in a personal care home
- 11%** PMH residents living with osteoporosis



Diabetes and Heart Health Program Dietitian Educator Virginia Cail uses a conversation map in a group setting.

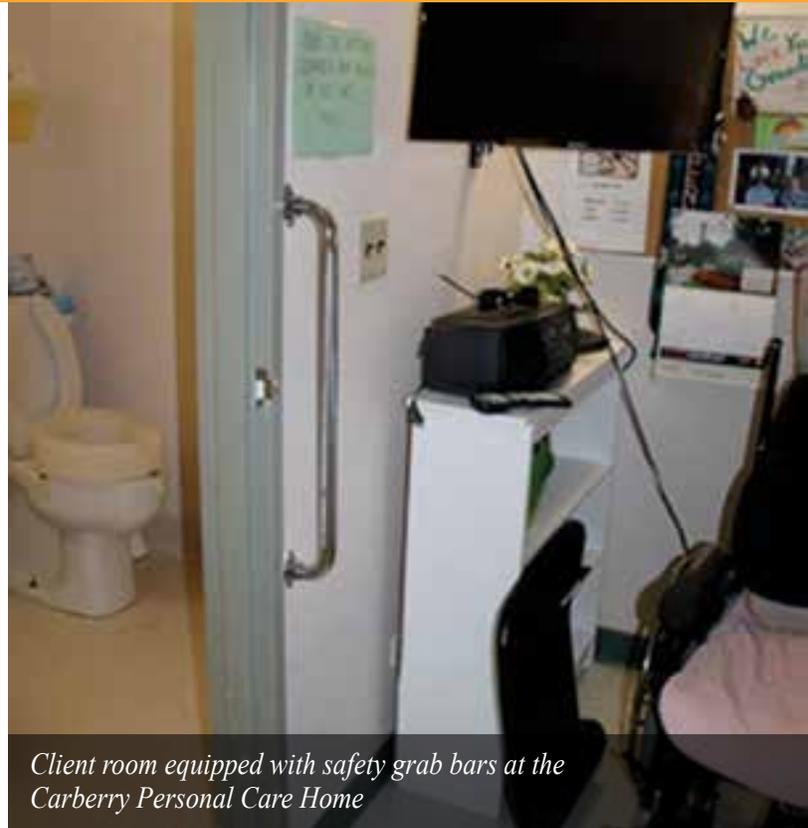
## Lifestyle Changes Really Do Make a Difference

Bob was 50 years old when he was diagnosed with Type 2 diabetes. His doctor referred him to the Diabetes and Heart Health Program in Swan River where a dietitian assessed his lifestyle. She helped him develop a healthy eating and exercise program and he lost 138 lbs. over the next 18 months. Bob continues with the lifestyle plan that was recommended through the program and he has been able to keep the weight off for the past six years. He is not taking any medication and he says, "I'm healthier now than when I was 18 years old. I have more energy now than I've had for most of my adult life." Bob credits his dietitian and doctor, changes to his lifestyle and his own stubbornness for his success—"I'm living proof that there are things you can do when you have diabetes."



**Porcupine Mountain residents are almost twice as likely to be living with diabetes than residents in Whitemud. Over 14,000 Prairie Mountain Health residents are living with diabetes.**

Dawn learned that she had Type 2 diabetes when she was 55 years old. Her doctor ordered two oral medications to help control her blood sugar levels and referred her to the Diabetes and Heart Health Program in Dauphin. After a thorough assessment, the dietitian taught her how to monitor her blood sugars, read food labels, and understand the importance of carbohydrates and protein in her diet. Dawn continues to see the dietitian each month and the diabetic nurse on an annual basis. Dawn has worked hard to maintain a healthy lifestyle so she doesn't develop many of the problems that are associated with diabetes. She credits her "5-person team"—a dietitian, an eye doctor, family doctor, pharmacist, counselor and herself—for her "success in being as healthy a diabetic as I can be." Dawn says, "They've all taken such an interest in me and I couldn't have done it without them." The changes in Dawn's diet and physical activity have helped to stabilize her blood sugars and her doctor has since discontinued one of the diabetes medications. ■



Client room equipped with safety grab bars at the Carberry Personal Care Home

## Falls are Preventable!

In November 2014, a project was launched to reduce the number of client falls at the Carberry Health Centre. The project team first looked at when and where clients were falling and the contributing factors. The majority of falls occurred in the client rooms and "personal items not within reach" was a major contributing factor. Client rooms were then mapped and the team discovered that clients need to walk on average 12 steps one way to retrieve personal items from their bedside tables or get to the washroom.

Several key actions were taken to address the problem such as moving bedside tables closer to the client, installing grab bars beside the entrance to the bathroom and replacing the towel bar in the bathroom parallel to the toilet/vanity, providing non-slip footwear for clients who were prone to falling at night, providing staff education about the use of medications in the elderly including sedatives, anti-depressants and anti-anxiety agents and realigning staffing at the peak times for falls so that staff would be available in the client's room.



**Falls is the leading cause of injury hospitalizations and deaths for Prairie Mountain Health seniors. In 2013, there were 6,047 client falls in PMH's facilities.**

These actions have resulted in a 17% reduction in falls among clients at the Carberry Health Centre. The greatest achievement was realized with an 89 year old man who had been falling on average six times per month and has not fallen once since the interventions were put in place! ■



*Participants of the Pulmonary Rehabilitation program walking to build endurance.*

## Best Breathers

The Lung Health Clinic at the Brandon Regional Health Centre has made a world of difference for clients. Ron was diagnosed with chronic obstructive pulmonary disease (COPD) when he was 61 years old. He had been experiencing frequent colds and coughing episodes, and feeling short of breath during activity. Ron joined the Best Breathers program through the Lung Health Clinic where he participated in the six-week education series and learned about important topics such as nutrition, exercise and medication use.



**Respiratory illness kills almost 1 in 10 PMH residents.**

He followed up with the weekly walking group where his exercise tolerance is monitored by the Lung Health Nurse and an exercise

program which is delivered by a physiotherapist. Ron says the program helps him stay motivated to do everything he can to remain healthy. “That’s why I’m in this program—there’s no way I want to be on oxygen.”

Eleanor went to her doctor after she began experiencing shortness of breath while climbing stairs or walking up hills. She was prescribed blood pressure medication but did not see much improvement in her physical health despite losing 35 lbs. In 2012, she had many more tests in Brandon and Winnipeg which led to a diagnosis of pulmonary arterial hypertension (PAH) at the age of 56. PAH is a serious illness that makes it difficult for blood to flow through the lungs and becomes progressively worse.

Eleanor was on continuous oxygen therapy when she joined an internet chat group and learned about pulmonary rehabilitation. In 2013, Eleanor became a client of the Lung

Health program and has never looked back. Eleanor says, “They’re quite the group that look after us—they’re just amazing! When you see the amount of time they put into our health, it holds us accountable because we have to do our part too.



**Porcupine Mountain residents are more than twice as likely to be living with a respiratory illness than residents in Whitemud. Over 20,000 Prairie Mountain Health residents are living with a respiratory illness.**

The problem is that people want quick results but it takes time. You have to dedicate yourself to the plan and you can’t stop. Even when you’re feeling better, you have to stay with the plan—because it works.” Eleanor is no longer on continuous oxygen therapy and enjoys a quality of life that she was not sure was possible two years ago. ■

### DASH Tent—Sunday, May 31<sup>st</sup>, 10 a.m. to 4 p.m. Kirkcaldy School Grounds, 10 Knowlton Dr.

#### THANK YOU TO OUR 2015 DASH SPONSORS

Prairie Mountain Health and the BRHC Foundation thank the following businesses and volunteers who help make Dudley’s Ambulatory Surgical Hospital - DASH TENT a huge success. Because of their support this fun and educational event is FREE to children and their families!

- BSN Medical
- Canada Moving
- Dietitians of Canada
- Display Manitoba
- Domino’s Pizza
- Elite Safety Services Inc.
- Giant Tiger
- Humpty’s Family Restaurant - 18th Street
- McDonald’s Restaurant
- MGEU
- Pepsi
- Prairie West Academy
- Regent Custom Cresting
- Reid Takvam—Tent Rental
- Safeway—Corral Centre
- Summit Promotions
- Ventures
- Walmart



*DASH Tent is held in conjunction with the Westman Dreams for Kids Children’s Country Fair!*



# Health Status is Improving for Some, But Not All

There is considerable inequity in health status across PMH, with some of the population living with a higher burden of illness. There was a strong connection between income and health, with individuals living in lower income areas affected more by physical and mental illness. As summarized in the table below, there are substantial differences between PMH's healthiest districts and the least healthy.

## Premature Death

The top causes of premature death in Prairie Mountain Health are cancer, circulatory diseases (including heart attacks and strokes), as well as injury and poisoning. The premature mortality rate (PMR) indicates the average annual rate which residents die before reaching age 75.

PMR is an important indicator of the overall health status of a region's population, with high PMR indicating poor health status.



**Brandon Downtown residents are almost twice as likely to die before the age of 75 than residents in Brandon South End.**

## Life Expectancy

Life expectancy for Prairie Mountain Health females is almost 5 years longer than for male residents, although life expectancy did improve significantly over time for males.

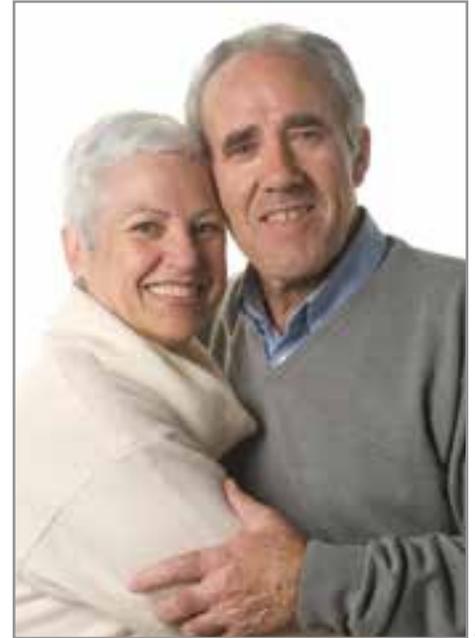
Although life expectancy for Aboriginal residents is improving, it is still on average five years less than all other Manitobans.



**Life expectancy for Brandon Downtown females is 12 years shorter than for females of Brandon South End.**



**Life expectancy for Porcupine Mountain males is 8.5 years shorter than for male residents of Brandon South End.**



## Rates of Selected Conditions

Manitoba, Prairie Mountain Health and range from lowest to highest district values

Indicator	MB	PMH	PMH Best	PMH Range	Manitoba	PMH	PMH Worst
Premature Mortality Rate (per 1,000 residents 0-74)	3.1	3.1	2.2	[2.2, 4.4]	3.8	3.1	4.4
Heart Attack Rate (per 1,000 residents 19+)	4.1	4.3	3.5	[3.5, 7.1]	4.8	4.3	7.1
Stroke Rate (per 1,000 residents 40+)	2.7	2.5	1.6	[1.6, 4.0]	3.2	2.5	4.0
Hypertension Prevalence (19+)	25.6%	26.8%	25.1%	[25.1%, 31.2%]	28.5%	26.8%	31.2%
Total Respiratory Morbidity Prevalence	9.5%	12.1%	8.2%	[8.2%, 19.2%]	14.5%	12.1%	19.2%
Diabetes Prevalence (19+)	10.0%	10.4%	8.4%	[8.4%, 14.3%]	11.5%	10.4%	14.3%
Mood & Anxiety Disorders Prevalence (10+)	23.3%	24.8%	18.1%	[18.1%, 33.7%]	25.5%	24.8%	33.7%
Dementia Prevalence (55+)	10.6%	9.0%	5.3%	[5.3%, 15.9%]	11.5%	9.0%	15.9%
Substance Abuse Prevalence (10+)	5.0%	5.4%	3.2%	[3.2%, 8.4%]	6.5%	5.4%	8.4%

**Red** significantly worse than the MB average    **Yellow** not significantly different    **Green** significantly better than the MB average  
Prevalence refers to the number of cases of a disease in a population at a given time.

# Enhancing the Delivery of Care

**H**ospital beds can be a scarce resource. When it comes to availability of beds, we often hear that hospitals are “bursting at the seams” and there are times when Prairie Mountain Health (PMH) is no exception to this reality.

Regardless of how you enter the health care system, through the emergency department or for scheduled surgery, a bed to meet your care needs may be required. No matter when or where patients are admitted—Prairie Mountain Health wants to make sure that they will receive quality, safe care in the right place, at the right time, and by the right provider. There are times when some acute care facilities reach bed capacity, causing backlogs and affecting other areas of the health system. This can mean acutely ill patients cannot be admitted or surgeries that have been scheduled for months in advance may have to be postponed because there is not an inpatient bed available.

To ensure that beds are available in the right place for those who require them PMH has developed a policy to assist in managing the appropriate use of hospital beds. When beds in a hospital are nearing capacity, the health care team will review all current inpatients to determine if there are alternative locations/options for care. The goal is to have the patients cared for as close to where they live as possible, but the priority will be safe, quality care in the beds that are available. “We understand the inconvenience patients and their families may feel as a result of a transfer out of their community—however, it is important to realize



*Intensive Care Unit at the Brandon Regional Health Centre*

that there are acutely ill patients needing these beds,” says Penny Gilson, Chief Executive Officer of Prairie Mountain Health region. “We need to be able to ensure that cancer patients can get their surgeries; that cardiac patients can be admitted; and that trauma victims have access to a level of care needed for their recovery.”

## **Largest Referral Centre for PMH**

The Brandon Regional Health Centre (BRHC) is the largest referral centre for high care needs in Prairie Mountain Health. BRHC provides speciality services to the region and in order to maintain that level of service beds need to be available. The “bed” is not simply a place for the patient to sleep. Other factors must be considered. Patients with specific needs have to be placed in areas designed to care for those needs, meaning special equipment and specialized staff. Brian Schoonbaert is the Chief Operating Officer of the BRHC. He says the public needs to understand this will not happen all the time only when it is absolutely necessary. “Sometimes acute care beds are occupied by patients waiting to be placed in a personal care home or by patients who are “stable” and do not require the specialized or more intensive care offered by the larger health care sites. If beds are needed in these specialized centers, there are other places within the region where other patients can get excellent quality, safe care.”

Schoonbaert says BRHC has faced a shortage of beds for some time, and it continues to be a problem for a number of reasons.

Canada’s aging population means people are living longer and often their long term care becomes more complex. The Prairie Mountain Health region has a growing population. As well, the addition of the Western Manitoba Cancer Centre in Brandon means that some of these patients may need beds during treatment.

## **Rivers Rehabilitation Centre**

The practice of moving patients to another facility to improve patient flow and provide the best possible care is not new to the region. Several years ago BRHC faced a shortage of beds for rehabilitation for orthopedic patients getting procedures such as hip and knee replacements. A pilot project was implemented in Rivers where the health centre became a rehabilitation centre for these types of surgeries. Without this additional rehabilitation capacity, Brandon would not have been able to do more surgeries to address wait times. The Rivers Health Centre has staff who specialize in care for (orthopedic) rehabilitation patients e.g. physiotherapist, occupational therapist, rehab aides, nurses. This program has been evaluated as being very successful. The patients are very satisfied with their care. One patient provided the following feedback, “There are simply not words strong enough or unique enough to describe how impressed and thankful I am for this unit and this staff. Thank you seems so inadequate.”

*continued on next page*



*Elsie Czerkawski from Brandon, receives rehab therapy from Occupational Therapist Emma Wolfe at the Riverdale Health Centre after suffering a fracture.*

### Transitional Care Sites

Another way Prairie Mountain Health addresses bed use is by designating some facilities as transitional care sites. Transitional care sites came about as a result of some rural hospitals not having the necessary resources to sustain the facility operating as an acute care centre with emergency services. It was determined that these facilities could still serve a valuable purpose by operating as a transitional care site. Transitional care is the care of a patient who does not require 24/7 medical supervision by a physician but still requires some 24/7 nursing care. There are a variety of different circumstances where this type of care is appropriate:

- Patients who are waiting to be placed in a personal care home, when a bed is not yet available for them at the facility of their choice. These patients are no longer able to manage at home, even with home care supports, so require admission to a health care facility for nursing support (or 24/7 nursing care) but do not require the 24/7 medical care.
- Patients who need to be admitted to provide their caregiver a break (respite care).
- Patients who are recovering—who have been acutely ill and hospitalized at an acute care centre but no longer require the 24/7 medical care only available at acute care sites.

Pat Cockburn is the Senior Advisor Acute Care and Nursing for Prairie Mountain Health, “For example someone comes into the Brandon emergency department and they have pneumonia and they need a bed because they are frail and elderly. They could be admitted to Souris or Minnedosa or another PMH facility where their needs can still be met in a safe environment. We need to try and admit people to

the appropriate place and ensure the beds in Brandon are available for those who need that level of care.” Cockburn cited an example when the Swan Valley Health Centre had no acute beds open going into a weekend. An assessment was done on some inpatients resulting in transfers to Grandview and Gilbert Plains so that there were acute care beds available in Swan River.

In another situation, an elderly couple was admitted to two separate hospitals one in the rural area and the other to the Brandon Regional Health Centre. Due to their medical conditions they were not able to return home and the process began to have them moved to a personal care home. Their first choice home would have seen them wait for a long time and no guarantee they could be placed in the same home. During this time, two beds became available in another rural personal care home not located in their home community. After touring the facility with family, they decided to move into that care home.

Today they are together and happy which may not have happened if they had waited for their first choice. In turn, this move opened up two acute care beds in two facilities that are often full to capacity.

It is now policy that anytime someone is admitted to a PMH facility a staff member will go over an interim placement transfer notification letter. It is to make sure that the patient and their family if possible, are aware of the possibility that a transfer may occur. Before any transfer takes place many factors will be looked at: how medically stable a patient is; can the receiving facility manage that patient’s care needs; what available location would result in the least amount of inconvenience for family/social supports; are there other options for care—can family take the patient home; would additional home care supports, if available, facilitate discharge home; etc. If a transfer needs to happen, every effort will be made to try and move to a location as close as possible to the patient’s community of residence.

PMH recognizes that admission to hospital is often a stressful time for not only the patient but their family. It would never be anyone’s intent to make this time more stressful, but it is important to note that there are not always the exact right resources in the exact right location to meet all demands. Prairie Mountain Health hopes that people will understand that no one ever knows if they might need lifesaving surgery or intensive care but if one day they do having a bed available at the right time could make all the difference. PMH asks for people’s cooperation and understanding that if one day that someone is you or your family member, then a bed with the right care will be available at the time you need it. Thank you for your anticipated patience as we try to ensure all Prairie Mountain Health residents get the care they need. ■



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