

thrive

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



Emergency Department Patient Guide

Know Your Options

We know that coming to an emergency department can be stressful for you or a family member. Our Emergency Departments (EDs) are here for you if you need emergency care. When an illness or injury happens you need to decide how serious it is. It's not always easy to know if a medical problem needs emergency care. In some situations, emergency medical treatment is a must.

How Do You Decide?

Understanding how an Emergency Department works may help you decide if you need to go there. When you arrive, you go through a process called triage: a nurse will speak with you and do a quick assessment. The nurse will determine how ill or injured you are and how quickly you should be seen— basically prioritizing patients.



Emergency Department, Souris Hospital

- **EMERGENT:** Examples: heart attack, major trauma, severe head injury, amputation, severe difficulty breathing (due to an allergic reaction or other cause), unconsciousness, severe bleeding, severe burns.
For Emergent situations, CALL 911, or your local medical services number.
- **URGENT:** Examples: head injury (but still awake), deep cut, foreign body in the eyes or ears, high fever/uncontrolled vomiting or diarrhea in an infant or toddler, chest pain (not related to a known heart problem), signs of serious infection.

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Flu Shot Clinics in PMH Set to Start October 17

Every year, the flu season in Manitoba begins in late fall and usually lasts until spring. For 2015-2016, the flu vaccine is available **free of charge** to all Manitobans. It offers protection against **four** flu virus strains, including H1N1. Prairie Mountain Health launches its flu campaign after the Thanksgiving long weekend. Watch for ads and posters in your home community advertising flu clinic dates and locations. Also check out the Prairie Mountain Health Facebook page and Twitter page for more information!

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Do Your Part to Stay Healthy

Penny Gilson

CEO, Prairie Mountain Health



Penny Gilson, CEO, Prairie Mountain Health

It is hard to believe that summer 2015 is already coming to an end. I hope everyone had an opportunity to get some enjoyment, relaxation and quality time with family and friends. I also want to acknowledge many Prairie Mountain Health (PMH) staff and physicians who go above and beyond in the summer to make sure operations continue while colleagues get their needed and deserved vacation. The unique thing about healthcare is that we are one of the few industries that needs to ensure staffing around the clock, seven days

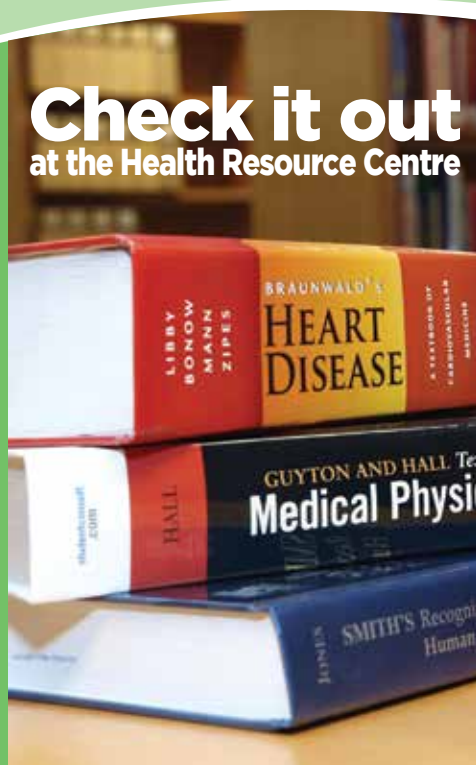
a week. This can be challenging at the best of times but can be even more difficult during peak vacation times. As a result it takes the whole team working together to ensure that staff get time off and shifts are covered so that our residents and patients can continue to get the care they need. Thank you also to members of the PMH Regional Leadership, Management and Scheduling Teams who spend many hours

finding the staff to fill all of the shifts. All of your efforts are sincerely appreciated.

It's also getting to be that time of the year where we seem to be much more susceptible to catching nagging colds and flu. Getting vaccinated annually against the flu is the first and most important step in protecting against this serious disease. Flu outbreaks can start as early as October, so please get your flu shot. Watch for advertising across the region on when and where you can get your flu shot—there will be many opportunities available. Other important means of keeping our communities healthy is remembering to wash our hands to reduce the spread of germs, and staying at home from work or school if you are sick. While many of us have the good fortune to be healthy, there are those who are much more vulnerable, and us not taking these steps—vaccination, washing our hands, and staying home if sick—puts them at even greater risk. So please do your part to keep our communities healthy this fall and winter. We all need to do our part! ■



Remember to follow us on Twitter [@PrairieMtHealth](#) and [@pmhcareers](#) and Like us on Facebook.



Check it out at the Health Resource Centre



It's hard to talk with children and teens about death, but during times

of grief, what kids need most is honesty and loving support. An ideal book for parents, caregivers, and counselors, **Finding the Words** offers practical, compassionate, and age-appropriate guidance on how to talk with children and teens about death and other sensitive topics, such as terminal illness, suicide, homicide, accidental death, the death of a child, pet death, funerals, and cremation.



Receiving and accepting help from others is essential for all

those in mourning, and grieving children and teens especially need compassionate support. In **Companioning the Grieving Child**, caregivers will learn how to comfort and guide children and teens through the journey of grief. This book is a must-read for parents, teachers, child counselors, and anyone who wants to offer support and companionship to children and teens affected by the death of someone they loved.



Children mourn in their own unique ways and need love

and support of the adults who care for them. **Sarah's Journey** describes the grief experience of a young girl as she mourns the sudden loss of her father, and offers compassionate, practical counsel for adults who want to help grieving children. Covered are common concerns such as normal behaviours in grieving kids, helping children with funerals, grieving kids at school, "misbehaviour" in the grieving child, and helping children heal.

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.

Emergency Department Patient Guide

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- **LESS URGENT:** Examples: minor fracture/sprain, severe back pain, skin/wound infection, severe headaches (migraines).
- **NON URGENT:** Examples: colds, minor cuts, bites, sore throat, sinus problems.

If you think your situation is emergent or urgent, don't hesitate—seek medical attention.

How Long Will I Wait?

Patients are seen in order of need, not time of arrival. Arriving by ambulance does not always mean you will be seen sooner than other patients. You must also keep in mind there may be other groups of patients who come to this waiting room. Some have already been seen by a doctor in their office and are now being admitted directly. There may be a maternity patient in labour who is also being admitted at the patient registration area, or a patient who is being brought in before you because the specialist that they have been sent to see has arrived to see them.

Remember, services are not offered on a first-come, first-served basis... the most ill or severely injured are seen first regardless of when they show up.

- **1st Priority – Seen immediately.**
Examples: cardiac arrest, unconsciousness, and severe breathing problems
- **2nd Priority – Seen as soon as possible.**
Examples: severe stomach pain, fractures, head injuries, some breathing problems
- **Last Priority – Seen when time permits.**
Examples: minor cuts or injuries, colds, sore throats

Not everyone will necessarily see a physician, depending on their care needs. The nurse who triages you may be able to provide the care you need. The nurse may recommend that you see a physician or nurse practitioner in a clinic the following day.



Emergency Department entrance, Brandon Regional Health Centre

AT THE EMERGENCY DEPARTMENT

What to Bring With You

- Manitoba Health Card
- List of medications

While Waiting

- Please do not leave without being treated. Should you decide to leave, please talk to one of our staff members first.
- If you are feeling worse, let the nurse know.
- Talk to the nurse before going to the washroom in case they need a sample, and before you have anything to eat or drink.

Code of Behaviour/Conduct

Patients, staff and visitors all want to be safe in the ED. Prairie Mountain Health has a policy of zero tolerance to violence. This means acts of violence, swearing, threats or verbal abuse will not be tolerated. Anyone who is violent or abusive will be asked to leave.

Before You Leave the Emergency Department Make Sure You Understand:

- Your diagnosis
- Treatment advice
- New Prescriptions
- Anything else you might need to do at home

Admission to the Hospital

Depending on your condition and physician's examination, you may be admitted to the hospital and further information may be required from you.

Transfer to a Different Hospital

Depending on your treatment needs, you may need to be transferred to another hospital in the region.

OTHER INFORMATION FOR PATIENTS & FAMILIES

Language Services

If you don't have family who are able to provide interpretation, please ask the nurse.

Visitors

We understand and support your need for family and friends to assist you, but for safety reasons we can only allow one or two visitors with you in the ED treatment area at any time. Occasionally we may need to ask them to leave during your treatment. Visitors must always respect the privacy and care of other patients. Children must be accompanied by a parent or care provider.

Are There Other Options?

If you are confident that your medical problem does not require urgent or emergent care, there are other options available:

- **Health Links - Info Santé - Toll-free 1-888-315-9257.** A 24-hour, 7-days a week telephone information service. Staffed by registered nurses with the knowledge to provide answers over the phone to health care questions and guide you to the care you need. This service is free of charge everywhere in Manitoba.
- **Primary Care / Medical Clinic.** Unless you require emergency care, seeing your family doctor/primary care provider (i.e. Nurse Practitioner) is usually the best option. Your primary care provider knows your health history and can order necessary tests or refer you to the specialists you need. If you do not have a regular primary care provider and would like one, call the

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Living with Dementia

The Experiences of Older Couples in Managing Their Lives Together

Dr. Fran Racher, Dr. Dean Care, Nancy McPherson, Terri Miller, Sharran Mullins

Brandon University Health Studies faculty often partner with Prairie Mountain Health as an organization or with staff to make research happen. The goal is to improve the health of the community.

Do you know someone living in the community with Alzheimer's disease or dementia? Through this study, we were able to interview eight couples in the Westman community with one spouse living with dementia. They taught us about the impact of dementia on relationships, the challenges in managing their lives together, and the resources required to continue to reside together in their homes. These eight couples shared their stories with us through a series of interviews every six to eight weeks over a 15-month period; a total of 46 interviews were completed.

Through these discussions, we learned that most couples are creative and resilient in problem-solving. However, the couples' ability to manage living with dementia appeared to be strongly influenced by:

- the severity of the disease, frequency of symptoms, and complexity of illness;
- the knowledge, commitment, strength, and confidence of the care partner;
- their individual personalities/characteristics and the dynamic of the couple;
- and the degree to which the service providers, health professionals, family, and

friends were sensitive to and able to meet the needs of the couples as partners and the partners as individuals.

Supports and resources in the community were frequently described as not enough or not effective, and couples often reached a point where the option to continue to live together was no longer possible.

We hope that the results of this study will enhance the understanding of health professionals, service providers, and family, friends, and the general public. A focus on sustaining couplehood poses significant challenges for program and policy development. Living with dementia must be viewed through three lenses—the spousal caregiver, the partner with dementia, and the couple as a unit of care. Each view will reveal unique opportunities and

challenges for programs and services.

Next steps include:

- Public education to help family and friends understand the importance of their role in supporting a couple living with dementia and be aware of the types of practical support that are helpful.
- Caregiver education on the course of the disease and help to develop strategies for managing challenges.
- Program development that is appropriate and meaningful with creative and flexible activities.

The couples provided many helpful suggestions and practical tips to help people with the dementia journey. This information can be found on the PMH website at www.prairiemountainhealth.ca. ■

Dr. Fran Racher and Dr. Dean Care are from the Faculty of Health Studies at Brandon University.

Nancy McPherson is a Professor in the Faculty of Health Studies and is the **Population Health Planner Analyst with Prairie Mountain Health**.

Terri Miller is a clinician/owner of Foster Common Unity Counselling Services and a student in the Masters in Psychiatric Nursing Program. She is completing a study to understand the experiences of couples living with dementia as they undertake relocation of the spouse with dementia to long-term care.

Sharran Mullins is on staff at **Fairview Personal Care Home within Prairie Mountain Health** and is about to undertake a study of spousal caregivers' experiences of end-of-life care for partners with dementia living in a personal care home.

Our thanks to the Alzheimer Society of Canada for funding, and the Alzheimer Society of Manitoba - Westman Regional Office for their support of the project.

For more information about BU Health Studies research, contact Donna Epp, Research Facilitator, at eppd@brandonu.ca or 204-571-8532.

Get Vaccinated

Don't Spread the Flu!



Flu vaccination clinic in Boissevain

What is the Flu and How is it Spread?

The flu is not a stomach virus, nor is it the common cold. The flu is a respiratory virus, and it is spread when an infected person coughs or sneezes. You can also get the flu when a person touches a surface with flu virus on it and then touches his or her nose, mouth, or eyes.

The flu is very contagious, and people can spread the virus **before** they show any symptoms. Some people will not have symptoms, but can carry the virus and spread it to others. The flu can lead to serious complications such as bacterial infections, bronchitis, pneumonia, and kidney or heart failure.

What is the Flu Vaccine?

For most people, the flu vaccine is given as a needle in the arm. Healthy children two to 17 years of age can also receive a spray that is put inside the nose (FluMist®). All flu vaccines

are approved by Health Canada, and will be provided at no charge to Manitobans.

Every year, scientists monitor the global spread of flu and decide what flu viruses will most likely cause widespread illness. The flu vaccine helps your body recognize these flu viruses so it can protect you.

Why Do I Need A Flu Shot Every Year?

Because flu viruses change over time, each year a new flu vaccine has to be developed. The protection offered by a flu shot will also decrease over time, so it very important to get a flu shot **every year**.

Who Should Get the Flu Vaccine?

The flu vaccine is recommended for **all Manitobans over 6 months of age**.

Some people are at greater risk of serious complications from the flu. The flu vaccine

is strongly recommended for the following individuals: children age 6 months to 59 months, those with a chronic illness, seniors aged 65 years or older, healthy pregnant women, residents of personal care homes or long-term care facilities, health care workers and first responders, individuals of Aboriginal ancestry, and people who are severely overweight or obese. The flu vaccine is also recommended for household contacts or caregivers of these people.

Are There Any Side Effects?

Vaccines are known to be very safe. It is much safer to get the flu vaccine than to get the flu. The most common side effect of the injectable flu vaccine is redness, soreness, and swelling where the needle was given. Some people will experience muscle aches or fever, lasting 1-2 days. With the intranasal flu vaccine, the most common side effects are a runny nose or nasal congestion.

How do I Find Out More Information About the Flu?

You can contact your local public health office, nurse practitioner, pharmacy, or physician clinic. You can also visit www.prairiemountainhealth.ca or www.gov.mb.ca/health/flu/index.html for more information on the flu and to find flu clinics in your area. ■

References:

MB Health, and *Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2015-2016*

For the 2015-2016 flu season, the intranasal (FluMist®) flu vaccine will be available. However, due to production delays, **FluMist® may not be available until the week of October 26th**. For more information please contact your local public health office.



Some children are eligible for FluMist®, a form of flu vaccine that is administered via an intranasal spray.



Patient & Family Engagement

Patients have an important role to play in their own health care. This includes reading, understanding and acting on health information, working with staff in decision making and providing feedback on health care practices. Growing evidence shows that patients and families who are involved in their health care can, in fact, lead to improvements in how care is delivered.

Prairie Mountain Health strongly supports patient and family involvement and has hired a Patient Engagement Facilitator to develop a framework for patient- and family-centered health care. This one-year project will see patients, families, and health professionals work together to lay the foundation that will lead to better-quality health care.

This project includes tools and training for both patients and staff, and a Steering Committee that oversees the development and progress of this project. This initiative has been made possible through a financial contribution by the Manitoba Patient Access Network (MPAN).

What is Patient and Family Engagement as Defined by Prairie Mountain Health?

- Patient and family engagement is a partnership among patients, family members, and healthcare providers.
- This team provides knowledge, insight and viewpoints for individual care,

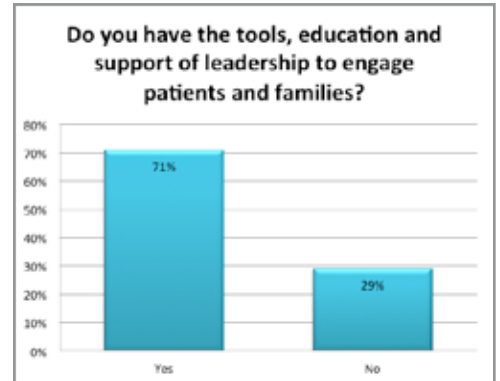
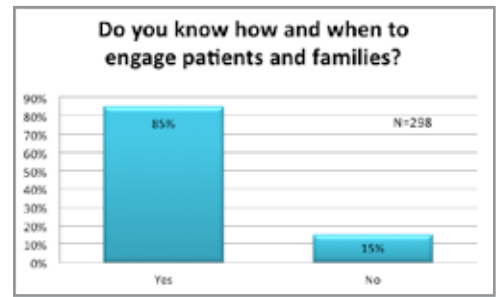
and the design, implementation and evaluation of programs and policies.

- Engagement includes the values and needs of patients, healthcare providers, and the community.

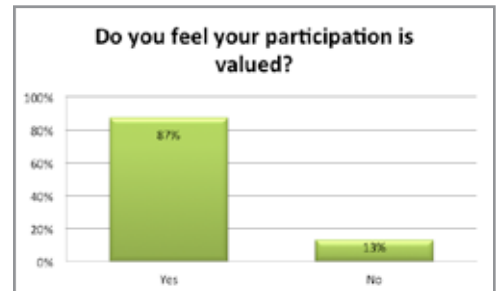
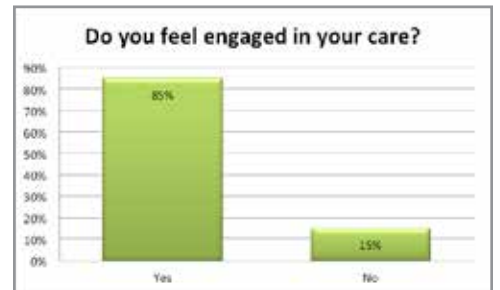
A family is defined as a group of individuals who are connected by kinship, affection, dependency or trust. The family is defined by the patient. A patient is intended to include all patients, clients, and residents.

Early into the project, surveys were conducted with both patients and staff, related to the understanding of Patient and Family Engagement in Prairie Mountain Health. These surveys gathered information about our current state of patient and family engagement in a variety of programs and services. The information collected will help in the development of a Prairie Mountain Health Model for Patient and Family Engagement.

The following charts summarize some information collected from the 298 staff who participated in our survey.



Patient surveys were conducted throughout the region in a variety of service areas. Patients were asked a few simple yes or no questions about Patient and Family Engagement. Again, below are some results from the surveys.



The next steps in the project will include defining what the desired goals are for Patient and Family Engagement in PMH, including identification of gaps between current state and future state, the development of regional framework and identifying action items.

If you have questions regarding this project, please contact Cindy Parypa at cparypa@pmh-mb.ca or 204-573-7687. ■

Support for Those Bereaved by Suicide

The **Brandon & Area Suicide Prevention Implementation Network (SPIN)** recognizes the importance of providing services and supports to those bereaved by suicide.

Research has shown that one of the most effective ways to cope after losing a loved one is to tap into one's support system. This may include family members, friends, neighbours, clergy, co-workers, counsellors or support groups. Help may be down the street at a friend's kitchen table, or it could be just a phone call away. By reaching out to a local or provincial crisis line one can get the support, counselling or information that can make a difference in one's healing journey. No matter who you are or where you live, there is help available; get connected—you are not alone.

Death by suicide can leave one feeling



many things, such as confused, scared, depressed or angry. There are often many unanswered questions. Grief work is hard work as we are left vulnerable and shaken when someone close to us dies. It may be comforting to know that through this emotional and spiritual hard work, we can ultimately arrive at a place of acceptance, reconciliation and healing.

The Brandon & Area SPIN recently donated a collection of new books on the topics of grief and loss to the Brandon Regional Health Centre Learning Resource Centre (*see page 2*). Many of these books are authored by Dr. Alan Wolfelt, an educator and grief counsellor widely known across North America for his compassionate messages and expertise in the area of human grief. There are practical ideas for healing the grieving heart, body and mind for children, teens, adults and seniors. Anyone can sign out these books. See www.spinbrandon.ca for a complete list of books available.

For people living in the Prairie Mountain Health region, there are supports and services for those who are struggling and in need of support. There is hope and recovery.

- **PMH - South Crisis Services:**
1-888-379-7699
- **PMH - North Crisis Services:**
1-866-332-3030
- **Manitoba Farm, Rural & Northern Support Services:** 1-866-367-3276
- **Manitoba Suicide Line:**
1-877-435-7170
- **Brandon & Area Suicide Support Group** (support through SPIN & Klinik):
204-571-4183
- **Klinik Websites / Smartphone App** (funded through Manitoba Health):
www.reasontolive.ca
www.trauma-recovery.ca
www.calminthestormapp.com

Visit the Brandon & Area SPIN website at www.spinbrandon.ca for upcoming SPIN events, resources, and educational opportunities. If you are a person who would like to become involved in any of the Brandon & Area SPIN's suicide prevention initiatives, contact Kathy Foley at 204-578-2529 or kfoley@pmh.mb.ca . ■

Healthy Together Now community funding available

The Resilient Journey speaker and author, Dick O'Brien, visits the community of Rivers and Brandon and makes a lasting impression! The folks in the **Hamiota Municipality** are sharing their bulk veggies, making it easier to access and eat healthy food and they are building friendships while doing it! **Wawayseecappo First Nation** brings the art of healthy cooking to the men in their community! They are building skills, confidence, positive relationships and delicious, nutritious food all in one kitchen! Skills, confidence and knowledge are being learned at **Making Waves Brandon**, which provides affordable and accessible one-on-one swimming instruction to children with disabilities. A **Physical Literacy Workshop** is being planned in Dauphin that will focus on fundamental movement skills and how to develop them featuring guest speakers Dr. Dean Kreillaars and Michelle Johnson! Over

a dozen schools took part in the **Back Off Tobacco Youth Strategy** project that was developed for Grade 8 students to increase their knowledge about tobacco awareness. Students were rewarded with a healthy living basket upon completion of the program!

These are just a few of the projects initiated to promote healthy living behaviors and they were all made possible through the *Healthy Together Now* funding. *Healthy Together Now* is a community-led, regionally coordinated and government supported, grassroots program to help prevent chronic disease in Manitoba. Projects are planned and led by individual communities and groups while the Manitoba Government and regional health authorities provide funding, support and training.

Healthy Together Now activities address the four healthy living behaviours that help prevent chronic disease: tobacco reduction, healthy eating, increased physical activity, and positive



Garden share program in Hamiota

mental well-being. Participating communities and groups identify needs, plan, implement and evaluate projects that promote healthy living behaviours in their community. These projects can reach people of all ages at home, at school, at work and in their community setting. Health Promotion staff are available and willing to help communities and groups establish their priorities, and plan and build activities to address the specific needs of their area.

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Emergency Department Patient Guide

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Family Doctor Finder toll-free at 1-866-690-8260 between 8:30 a.m. and 4:30 p.m., Monday to Friday. This program can assist you in finding a primary care provider in your area who is accepting new patients.

- **Pharmacist.** Pharmacists have the authority to prescribe and administer certain drugs under limited conditions and they can provide expert advice about your prescriptions and about over-the-counter medications. Your pharmacist can help you understand the medications you take and how they might interact with each other.

What Else Can I Do?

- Before you have a medical problem, know your options/contact information and keep those numbers close by so they are there for you when you need them.
- Ask about your family doctor’s/nurse practitioner’s regular office hours and after-hours availability.
- Ensure you and your family have enough prescribed medication over holidays and weekends.

- If you have a chronic illness, keep your regular appointments with your doctor/nurse practitioner. Be sure you understand your doctor’s/nurse practitioner’s advice and ask what changes in your condition could require medical attention.

Prairie Mountain Health is always working to improve patient flow throughout our health care system including in our Emergency Departments. Enhancing our delivery of care means our patients are receiving the right care at the right time by the right provider. For a complete list of our programs and services visit our website at www.prairiemountainhealth.ca. ■

Sources: Canadian Triage and Acuity Scale (CTAS)
WRHA Emergency Department Patient Guide

Healthy Together Now

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Healthy Together Now Projects

- **Grassroots:** Community members identify, initiate and lead projects.
- **Evidence-informed:** Evidence is used to plan and design each project and to measure its effectiveness.
- **Integrated:** *Healthy Together Now* aligns and blends with existing programs to add value and enhance their reach.
- **Focused:** Projects target priority populations as identified by communities and health regions.
- **Sustainable:** Strong partnerships and community ownership promote lasting effects.

There are several chronic diseases affecting our communities such as diabetes, heart disease, cancer, hypertension, to name a few. Chronic disease prevention is something all of us can help promote in our communities. *Healthy Together Now* funding is available in the Prairie Mountain Health region for chronic disease prevention activities.

For more information on how your community or group can get involved and/or access funding please contact the following Prairie Mountain Health staff:

- **Brandon:** Nikki Dean – Health Promotion Coordinator – 204-578-2194, ndean@pmh-mb.ca
- **South:** Christa Veitch, Health Promotion Coordinator – 1-204-328-7101 or cveitch@pmh-mb.ca
- **North:** Pam Chetyrbuk, Community Health Facilitator – 1-204-622-4189 or pchetyrbuk@pmh-mb.ca ■

By the Numbers

Some quick facts and figures from the PMH Community Health Assessment (CHA). For the full report, please visit the PMH website.

24.8% PMH residents living with mood and anxiety disorders

4,867 PMH residents (55+) living with dementia

18.7% Hospitalizations for digestive issues (most frequent cause)

24.3% PMH seniors (75+) living in the community use Benzodiazepines

20,675 PMH residents living with a respiratory illness

24.3% PMH residents (19+) living with Ischemic Heart Disease



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150A—7th Street
Brandon, Manitoba R7A 7M2

Your feedback is encouraged.
Send comments to: Monica Truffyn
Communications Coordinator
Phone: 204-578-2319 | Fax: 204-578-2820
mtruffyn@pmh-mb.ca