

# Carewrite

Carewest news and information for everyone



*OSI staff Laura Caron, Susan Watson and Mary-Cathrine Rooney.*

## Operational Stress Injury Clinic assembles team

Carewest's new Operational Stress Injury (OSI) Clinic has assembled its team at the Administrative Centre for program development, orientation and training.

A limited number of clients will be seen by the clinic while located at the Admin Centre, but full operations will not commence until the program moves to Market Mall after all the renovations have been completed by mid-April.

The Carewest OSI Clinic is one of several similar clinics across Canada, designed to offer specialized assessment and treatment to military and RCMP members and their families who suffer from psychological trauma and stress experienced during their employment.

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There is a growing public awareness and appreciation of the sometimes horrific experiences that military and police face during the course of their duties, and the emotional and mental toll this can take on members and their families. The federal government has several new initiatives to enhance the availability and quality of resources for these needs across Canada. Occupational Stress Injury (OSI) clinics are one such resource.

Carewest and the Calgary Health Region began planning with Veterans Affairs Canada in 2002 to open an OSI clinic in Calgary. Building on the strong relationship that Carewest already had with Veterans Affairs Canada for the operation of Carewest Colonel Belcher, an agreement to fund the OSI clinic was reached in June 2005.

The OSI Clinic is part of **Joan Gilmour's** Specialized Assessment and Treatment portfolio.

*Continued on page 5*



# New Frame of Reference

The employees are who put our Frame of Reference into action – what we value, what we strive to be, how we conduct ourselves and what we will achieve.

In the January issue of *Carewrite*, we invited comments about our new Frame of Reference. The old and new Frame of References were also posted at each site with comment boxes in which to provide feedback. We received lots of excellent, constructive responses and have approved our new Frame of Reference based on that feedback. Ninety-one percent of respondents felt that the wording on the new document was clear and 87 per cent felt that new document reflects our corporate values.

Some of the comments received include:

- I trust the people who developed this Frame of Reference and respect their efforts – it’s a great company to work for.
- Well done; updated in a way that maintains the original intent and formatting easy to recognize; shows progression.
- In recent months you have made changes that appear to be fostering a healthier, happier work environment.
- Strong voice; nicely done; clear vision to the future care.
- Very clear what our goals are.
- I feel that people will read our Frame of Reference more because it states what we stand for as a facility.

Carewest’s Frame of Reference describes the way we conduct our business; it states our corporate vision, mission and values. While the old and new share similar principles, the new one is presented in plainer language, has a greater emphasis on ethics, as well as client and employee safety to better reflect our current focus.

The importance of your feedback cannot be underestimated. Employees are the heart and soul of the organization and maintain the face and integrity of Carewest amidst ongoing change and growth. The employees are also who put our Frame of Reference into action – what we value, what we strive to be, how we conduct ourselves and what we will achieve.

This is not the first change we’ve made to the Frame of Reference. It’s truly a living document – something that grows and evolves as we do. In fact, the first Frame of Reference was created in the mid-1990s. Because this is such an integral document, it will, along with our new Client Safety Statement and Employee Health & Safety Statement, be included on a large poster that will be posted at the front entrance of all of our facilities. This way, not only will our visitors know what we stand for, but each of us will be reminded everyday why we’re here.

*Dale Forbes*  
Executive Director

# Our Frame of Reference

## What We Want To Be

### *Our Vision*

Carewest, leading the way in specialized continuing care.

### *Our Mission*

We provide specialized care and support in appropriate environments for:

- Adults who require transitional services to enable them to return to the community.
- Adults who require residential or short term services for complex health needs.
- Seniors who require assessment and treatment services.

## What We Value

### *Our Guiding Principles*

- ‘Whole person’ approach to care
- Client choice and independence
- Team-based service delivery
- Ongoing quality improvement
- Client, staff, and volunteer safety
- Continuous learning
- Healthy, productive work environment
- Working with families and community
- Cost-effective service delivery

## How We Conduct Ourselves

### *Our Ethical Foundation*

Carewest aims to develop and maintain a reputation of trust, credibility and public accountability with our clients, staff and community.

### **We:**

- Uphold individual rights and responsibilities.
- Help clients and families deal with difficult health care choices.
- Operate with honesty, fairness and integrity.
- Adhere to a high standard of clinical and business ethics.

## What We Will Achieve

### *Satisfied Clients*

Provide services that achieve client satisfaction and positive outcomes and promote quality of life.

### *Targeted Service Development*

Respond to changing client needs and support the health region through needed, appropriate services.

### *Progressive Work Environment*

Provide an open, healthy, and safe environment that supports quality improvement and customer service.

### *Cost-Effective Organization*

Manage finances and seek new funding to support existing services and facilities and explore new service options.



*Artist Adele Safran with the picture she painted for the Day Hospital, in memory of Yvonne MacIsaac.*

## Work of art created in memory of Yvonne MacIsaac

Day Hospital client **Adele Safran** painted this picture in memory of **Yvonne MacIsaac**, a therapy aide who passed away December 2005.

This painting represents the great pleasure that Yvonne took in raising and showing her dogs, and will serve as a constant reminder to staff and clients of Yvonne's warm heartedness.

The Day Hospital staff and clients would like to express our appreciation to Adele for painting this beautiful work of art.

Yvonne is greatly missed.

*Trena Suarez  
Recreation Therapist  
Day Hospital North*



*First 16 participants of the revised education program.*

## Lifestyle Choices Education

*"The education program will help me help the residents to meet their goals. I better understand the way they want to be treated and valued as an individual person."*

*Participant feedback*

The Lifestyle Choices group began teaching the revised Lifestyle Choices (LSC) Education program on February 22<sup>nd</sup> and 23<sup>rd</sup> with excellent responses from the participants. It is held every

second month, usually at Carewest Sarcee. Participants are employees of Carewest working in the Lifestyle Choices program, but it is open to all Carewest employees and there is no cost to attend. The program focuses on holistic or whole person care for the client and the effects of living with chronic illness typical for most of our clients.

*Joan Stregger & Christine Willey, Lifestyle Choices Program*

## OSI clinic assembles team

*Continued from page 1*

Many of the Admin Centre staff have already met Administrative Assistant **Susan Watson**. She provides complete administrative support to the operations of the OSI Clinic. Sue joined the OSI Clinic in January after many years of successful employment with Calgary Lab Services.

**Mary-Catherine Rooney** is a psychologist and Clinical Coordinator. Mary-Catherine was Clinical Director of the Trauma Response Team and Advisory Board for the Calgary Fire Department and Calgary Emergency Medical Services, and also maintained private practice specializing in the treatment of psychological trauma.

In partnership with the Calgary Health Region's Department of Psychiatry, **Dr. Stephen Boucher** has been appointed Medical Director and Staff Psychiatrist for the OSI Clinic. Dr. Boucher has many years experience as a psychiatrist, researcher and member of inter-disciplinary mental health teams. He joins the OSI Clinic from the position of Medical Director of a large psychiatric day program at Peter Lougheed Hospital.

**Laura Caron** has joined our team as Nurse Clinician. Laura is a registered psychiatric nurse with eight years experience in mental health and psychiatric settings. Her work history includes Riverview and Surrey Memorial hospitals in Vancouver, Calgary Remand Centre and Calgary Health Region Mental Health Services. She will have a central role in the OSI Clinic's intake and initial assessment, as well as ongoing medication and health management duties.

**May Wong** is the OSI Clinic's second psychologist. May has been the Senior Psychologist at Columbia Health with about 16 years experience in assessment, rehabilitation services and pain management. She is also bilingual and can practice in French – a very real bonus for some of the clients.

**Tiffany Fassnidge** will be the clinical social worker. She will join the team in April and will develop the family component of the program. Tiffany is leaving the military to join the OSI Clinic and her familiarity with the military will be a big asset for working with the client population.

**Harvey Smith**, who most of you have already met or read about in January's *Carewrite*, joined Carewest in October as leader for the implementation and operation of the OSI Clinic. Harvey came to Carewest from the Calgary Health Region Mental Health Services and is also active in the University of Calgary Departments of Psychiatry and Psychology.

*Harvey Smith  
OSI Leader*

# Did you KNOW

## Pandemic Planning



**DID YOU KNOW...** that Carewest is working closely with the Calgary Health Region to create a pandemic influenza response plan?

A great deal of effort is going into making sure Carewest is as ready as possible for a pandemic influenza. A special committee, including Carewest leadership, Infection Prevention and Control, Employee Health and Safety, Human Resources, Communications, Housekeeping and Food Services, among others, is meeting regularly to ensure we're on track with our preparations.

We're not alone. Organizations around the country – and the globe – are doing the same. Canada was one of the first countries to have a pandemic influenza plan in place. It sets out specific measures and actions required from health and other government departments and organizations at national, provincial and local levels to support an effective response. Carewest is in good company – the Calgary Health Region is the first health region in Alberta to publicly come out with a plan.

**By Lynne Koziey  
Communications Coordinator**

*If you have any interesting facts about Carewest, we'd love to hear them. Please email [Lynne.Koziey@calgaryhealthregion.ca](mailto:Lynne.Koziey@calgaryhealthregion.ca) or send an inter-office mail to Lynne at the Administrative Building.*

# Shaking the salt habit

**We all need some salt (sodium) in our diet to maintain good health. But, did you know that too much salt may raise blood pressure and increase the risk of heart disease in some people?**

## Salt/Sodium – Do you know the difference?

Salt usually refers to common white table salt, a mixture of 40 per cent sodium and 60 per cent chloride. Table salt is also called sodium chloride.

Sodium is a mineral that is essential to our diet. The body requires a small amount of sodium to be healthy but, most people eat too much. Sodium is one ingredient in table salt and is also found in some additives and preservatives such as monosodium glutamate (MSG).

## How much is too much?

According to the Institute of Medicine, the adequate amount for sodium is 1500 mg per day. This is the amount that our body requires for normal functioning.

The salt we shake onto our food or add to our cooking accounts for only about 10 to 15 per cent of the sodium we consume. The amount of salt that comes from processed foods is as high as 75 to 80 per cent. That is because salt is added to almost all processed foods as a preservative and flavour enhancer.



## The following foods are high in sodium, and should be eaten in moderation:

- Salty snacks like pretzels, chips and packaged popcorn.
- Foods containing MSG and other preservatives made from sodium.
- Processed and packaged foods including canned meats, frozen meals, processed meats (hot dogs, salami, luncheon meats, bacon ham and corned beef), pickles and olives.
- Condiments such as barbecue sauce, ketchup, mustard, gravies and salad dressings.

## How to reduce your salt intake:

- **Do it gradually**...it takes a couple of months for your taste buds to adjust. By cutting back a little at a time, you will hardly notice the change.
- **Use other flavourings**...cook at home more often, using flavour enhancers such as flavoured vinegars, lemon and/or lime juice and zest, fresh garlic, ginger and herbs, chipotle peppers, black pepper and other spices.
- **Read labels**...pre-packaged foods list the sodium content in the 'nutrition facts' panel. Adjust the amount if you eat more than the stated serving size.

*From the Becel Heart Health Information Bureau  
"Setting our Sites on Health & Safety"  
Employee Health and Safety*

# EMPLOYEE PROFILE

## john bragg

Carewest employees and volunteers make up a vibrant community with diverse talents and dreams. Each of us has a story to tell and a difference to make. This month we profile John Bragg, Carewest Colonel Belcher Food Services Leader.

For **John Bragg**, the *Joy of Cooking* isn't just a name of a book.

Carewest Colonel Belcher's food services leader for not only loves the craft – he's an expert.

In fact, every Wednesday on CBC Radio's the Homestretch (at 4:15 p.m.), you can hear *Bragg About Food*, where, according to CBC's website "local food expert John Bragg examines a critical element of our daily lives – what we put in our mouths."

Ask John about his extensive food knowledge and you'll hear a self-taught man talk about a hobby that he managed to parlay into a career – despite having no formal training.

"I feel I have a tremendous amount of food information in my brain that I can share to help people make good choice around food," he says.

John's culinary history started after he graduated with a science degree from Memorial University of Newfoundland.

"After I graduated I had to eat to survive. I shared a house with a group of people and we were all very passionate about cooking and had a strong interest in food," he

says, noting that the *Joy of Cooking* was his first cookbook.

"That was our entertainment – we cooked. That was the start of my deep interest."

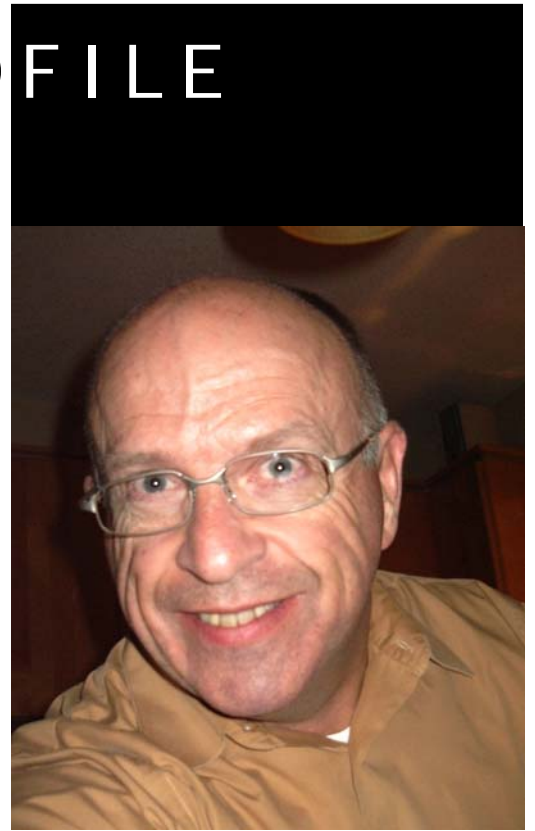
For 10 years he put his science degree to good use as a cancer research technician but when he reached a turning point he had to decide if he wanted to continue in that field or do "something more exciting."

"I chose something more exciting," he laughs. "I had this early mid-life crisis at 30 and went into restaurants."

John's first restaurant experience was washing lettuce – all day – at a Mediterranean restaurant in 1982. Within nine months they made him manager.

"I was the chief cook, bottle washer and manger."

From there he went to the legendary 4<sup>th</sup> Street Rose, where he started as a breakfast cook, became kitchen manager within a couple of months, and then onto the job of special projects manager, where he conducted the restaurant's menu research, development and implementation. He remained at the iconic restaurant for close to 10 years.



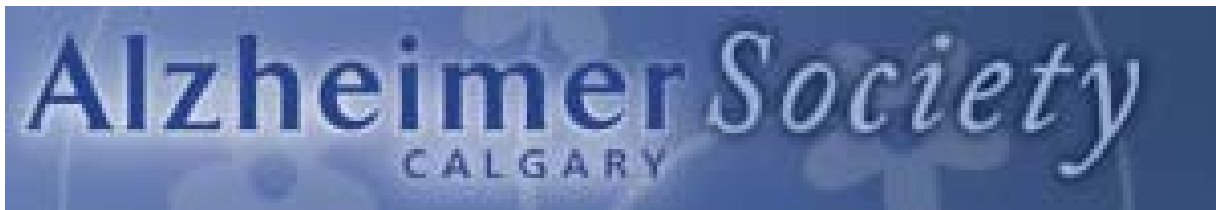
"I was the menu guy who did the recipe testing and costing. Those were fun days."

After 4<sup>th</sup> Street Rose was sold, John worked as a consultant doing menu research for various restaurants around Calgary. From there he landed a job teaching – very briefly – at SAIT before being lured by the dean of the department into becoming the institution's food operations manger.

"It was a huge change. I went from trendy food to student food." After six years at SAIT, John came to Carewest Colonel Belcher in 2003.

"It's been really great. Again, it was a big shift, but it's about challenge, shifting your thinking, pushing yourself and quickly learning a new aspect of food delivery and still stay on your feet," he says.

*Continued on page 8*



## Communicating more effectively with people with dementia

The other day, a fellow from an insurance company was talking to some staff about various benefits and options in insurance packages. He confidently zipped through his presentation, peppering his conversation with numbers and percentages and terminology with which his audience was unfamiliar.

In a lull, one staff member said, “This is what it must feel like for people whose dementia affects their comprehension. I’m just not getting this.”

Even if you’re not explaining something complex, communicating effectively means following some simple rules of thumb that apply to everyone, including those with dementia. Using terms that may be unfamiliar can sidetrack your message while the listener pauses to consider the meaning of the word. Throwing in a lot of facts and figures can overwhelm comprehension. Your listeners may smile and nod, unwilling to let you know you lost them.

The same principles apply when communicating with people with dementia. Rather than instructing a person with dementia to, “Go into that room, put on this gown — but leave the back open — then come back here and wait for me,” break the sequence down into single sentences. Demonstrate while explaining. “Put on this gown. This part goes this way.” And so on...one step at a time. Make sure they are aware you are speaking to them.

In other situations, using notes as reminders can be effective if the person is still able to comprehend the written word. “I will come at 3 p.m.” Ensure that words and numbers are clearly legible.

Body language is as important as spoken or written language. Smile, even if you are under stress or pressure. A person with dementia may not be able to comprehend that your frustration is not caused by them. Watch the person’s eyes for expressions of anxiety or confusion that may not be verbalized. When communication focuses on the individual, rather than the task, you will ultimately be able to achieve much better care results.

*Source: Enhancing Communication, part of the Practical Care Series developed by the Dementia Care Training Centre, Alzheimer Society of Calgary*

*Submitted by Karen Ritchie  
Alzheimer Society of Calgary*

### **Employee Profile: John Bragg**

*Continued from page 7*

“The best part has been being able to pull all that together and increase client satisfaction. Being able to bring some sort of satisfaction to these people at this stage of their life is really rewarding. And if you can improve the quality of their day through food, then you can go home at the end of the day feeling very satisfied.”

*Lynne Koziey  
Communications Coordinator*

## ANNUAL EVENT

# Changes ahead for Carewest FunDFest

Carewest's key fundraising initiative, FunDFest, celebrated its 10<sup>th</sup> anniversary on January 18<sup>th</sup>, 2006, raising more than \$65,000 for Quality of Life programs at Carewest facilities throughout Calgary.

But rather than let the event become stagnant, organizers have decided to revamp FunDFest and give it a new look. Next year's version will better reflect the changing face of Carewest.

The new FunDFest will highlight the diverse members of our community who use Carewest's services. Currently the Calgary Health Trust and the FunDFest organizing committee are forming focus groups to determine the new direction for the event.

Ticket prices to the gala event will also drop, making FunDFest more accessible to the public and encouraging more ticket sales. This will hopefully increase the amount of proceeds the Quality of Life programs will receive.

Quality of Life programs include activities, technology and mobility supports that contribute to the enjoyment of living, social engagement and well-being of Carewest residents and staff. These include community interaction opportunities like bus outings or sporting events, leisure-based programs such as music therapy and woodworking, technology like computers and augmentative communication devices, haircuts, manicures and other elements of personal grooming, as well as wheelchairs, electric beds and other mobility aids.

*Calgary Health Trust*



## ARAMARK Housekeeping Corner

### USE YOUR SOCKS

# Mini-blind spring cleaning tips



No one likes cleaning mini-blinds, so we typically let them sit on the window and collect more and more dust until we can't stand it anymore and attempt to clean them.

To make this task a little easier, try slipping your hand into a pair of old socks. Dip one hand into a bucket of warm soapy water (ensure it has a degreaser in it) and then hold the blinds between your two hands. Rub them back and forth until you've cleaned the entire surface. Then reverse sides so the dry sock dries the blinds.

Then after you have finished cleaning the blind, wipe it with damp fabric softener sheets to eliminate static that collects dust, which will make cleaning them easier next time.

***By Peter Pawluk, Operations Manager for ARAMARK, Carewest Housekeeping***

[WWW.REALAGE.COM](http://WWW.REALAGE.COM)

## Dazed and Confused



Just because your body is awake, that doesn't mean your mind is. Research suggests that most people experience severe cognitive impairment during the first three to 10 minutes after waking up. In fact, mental faculties may not reach peak performance for up to two hours after rising. Give yourself ample time to wake up before tackling tasks requiring concentration or careful thought, such as driving or doing your taxes. Participants performed worse on a simple arithmetic test taken immediately after awakening from eight hours of sleep than they did when they took the test after 26 hours of sleep deprivation.

## NEW SET OF WHEELS

# Second truck provides smooth delivery

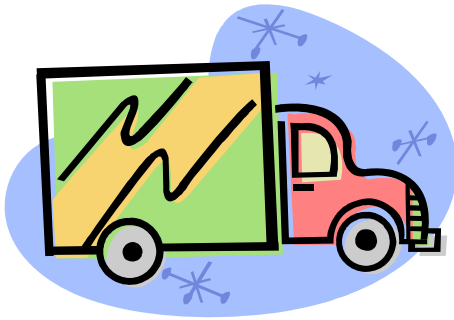
*“Logistics means having the right thing, at the right place, at the right time”*

Carewest has a new set of wheels... a second truck is now doing pick-ups and deliveries between Carewest sites.

For many years, one truck has been responsible for transporting food, medications, mail and supplies between Carewest sites. All of these commodities have increased significantly over the last six years.

“Carewest has grown and the clients we serve have changed,” says **Heather Truber**, Leader, Food Services and Carewest Commissary. “That has increased the demand to move items within the organization. For

example, we are now delivering twice as many medications as we were six years ago.”



In August 2005, Carewest senior administration authorized Heather to conduct an internal logistics review. She sent a survey to all groups who ship a lot, such as Physical Plant Services and Food Services. Next, she met with the ‘super users’ like Pharmacy, shipping and receiving at Carewest Dr. Vernon Fanning and **Jean Stern** of Carewest Administration.

The results of the review were clear – Carewest needed another truck. This extra set of wheels enables the organization to be more responsive to the needs of the sites and to have items delivered in a more timely manner.

*Heather Truber*  
*Leader, Food Services and Carewest Commissary*

Route 4		Route 4A (New Truck)	
Pick-up/ Delivery Times	Sites	Pick-up/ Delivery Times	Sites
8:05 a.m.	Dr. Vernon Fanning	8:30 a.m.	Dr. Vernon Fanning
8:20 a.m.	George Boyack	8:45 a.m.	Carewest Administration
9:00 a.m.	Colonel Belcher	9:00 a.m.	Dr. Vernon Fanning
9:10 a.m.	Foothills Medical Centre	9:10 a.m.	Nickle House
9:30 a.m.	Sarcee	9:20 a.m.	George Boyack
10:30 a.m.	Glenmore Park	9:40 a.m.	Cross Bow
10:45 a.m.	Rockyview General Hospital	10:05 a.m.	Colonel Belcher
11:20 a.m.	Dr. Vernon Fanning	10:35 a.m.	Sarcee
12:10 p.m.	Dr. Vernon Fanning	11:20 a.m.	Glenmore Park
12:25 p.m.	Peter Lougheed Centre	11:50 a.m.	Carewest Administration
1:15 p.m.	Alberta Children’s Hospital	12:00	Dr. Vernon Fanning
1:45 p.m.	Colonel Belcher	1:00 p.m.	George Boyack
2:05 p.m.	Signal Pointe	1:20 p.m.	Carewest Administration
2:30 p.m.	Sarcee	2:00 p.m.	Glenmore Park
2:50 p.m.	Royal Park	2:30 p.m.	Royal Park
3:20 p.m.	Glenmore Park	2:45 p.m.	Sarcee
3:45 p.m.	George Boyack	3:30 p.m.	Signal Pointe
4:00 p.m.	Dr. Vernon Fanning	4:00 p.m.	Colonel Belcher
		4:45 p.m.	Dr. Vernon Fanning

## Exercise speeds up wound healing

A recent study from the University of Ohio published in the *Journal of Gerontology: Medical Sciences* has found that regular exercise may accelerate the wound healing process by up to 25 per cent. This is important news for seniors as the body's natural ability to heal even small wounds decreases with age.



the people who exercised (29 days in the exercise group versus 39 days in the non-exercise group). In addition to wound healing, the study looked at neuroendocrine function and perceived daily stress.

The study indicates that exercise may help overcome these effects of aging. It was based on a group of several (28) older adults, half of whom participated in exercise on a regular basis and half of whom did not exercise. Each participant in the study received a small puncture wound on the back of the upper arm. The wounds were photographed three times a week until they were no longer visible. During the study, exercises were done three times a week for a period of three months.

The study recommends that if a senior can only participate in limited exercise, you should include cardiovascular activity, strength and flexibility in the routine. If a senior doesn't want to exercise, then blend exercise into daily living activities. Walking to meals, household chores, gardening and other activities can be helpful.

C.F. Emery and colleagues published the results of their research in the *Journal of Geriatrics Series A—Biological and Medical Sciences* (Exercise accelerates wound healing among healthy older adults: A preliminary investigation).

At the end of the study, the researchers found that skin wounds healed an average of 10 days faster in

*Submitted by Danuta Krajca, Licensed Practical Nurse and Barb Heynen, Occupational Therapist Carewest Colonel Belcher Carewest Skin and Wound Committee*



MARCH

### National Colorectal Cancer Awareness Month

#### *Did you know?*

Colorectal cancer is the second leading cause of cancer deaths in men and women. More than 19,600 Canadians are diagnosed with it each year and 8,400 people die of the disease.

"All Canadians over the age of 50 should be screened for colorectal cancer and people with a family history of the disease should be screened earlier", says **Barry D. Stein**, President of the Colorectal Cancer Association of Canada. "Regular screening and healthy lifestyles are the best ways to prevent colorectal cancer."

Talk to your health care provider about colorectal cancer screening. Colorectal cancer is preventable, treatable and beatable.

*Source: [www.ccac-acc.ca/](http://www.ccac-acc.ca/)*

WWW.REALAGE.COM

## Seeking Peak Capacity

How vigorously are you able to work out? The answer may predict how long you will live.

In a recent study, people who had the ability to reach a certain level of exercise intensity when they worked out tended to live longer than the people in their age group who couldn't reach that intensity level. Boost your exercise capacity -- and your longevity -- with interval training by adding short bursts of more intense activity to your workout.

## Carewrite schedule

### April

Submission deadline: April 5<sup>th</sup>  
Publishing date: April 13<sup>th</sup>

### May

Submission deadline: May 10<sup>th</sup>  
Publishing date: May 18<sup>th</sup>

**All submissions  
are welcome!**

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## Top 10 ways you know you are living in 2006...

1. You accidentally enter your password on the microwave.
2. You haven't played solitaire with real cards in 10 years.
3. You have a list of 15 phone numbers to reach your family of three.
4. You e-mail the person who works at the desk next to you.
5. Your reason for not staying in touch with friends and family is that they don't have e-mail addresses.
6. You pull up in your own driveway and use your cell phone to see if anyone is home to help you carry in the groceries.
7. Every commercial on television has a web site at the bottom of the screen.
8. Leaving the house without your cell phone, which you didn't have the first 20 or 30 (or 60) years of your life, is now a cause for panic and you turn around to go and get it.
9. You get up in the morning and go on-line before getting your coffee.
10. You start tilting your head sideways to smile : )

