



Fraser Health

Healthy Individuals, Healthy Communities

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Don't let another year go up in smoke

By Dr. Nadine Loewen

More than 45,000 Canadians will die prematurely this year due to tobacco. Many more will suffer from cough, breathing problems and heart disease. Others will suffer from exhaled smoke and from the negative role model of smoking parents, coaches and other caregivers. And don't forget smelly breath, hands and clothes, yellowed teeth and stained fingers, and the inconvenience of standing outside in all kinds of weather just to have a cigarette!

Most smokers **want to quit**. If you are one of them, try following this advice:

1. Don't reduce number or type of cigarette - it doesn't work that way. Smoking even a few cigarettes a day can hurt your health. If you try to smoke fewer cigarettes but do not stop completely, you'll soon be smoking the same amount again.

Smoking "low-tar, low-nicotine" cigarettes makes no difference, either. Because nicotine is so addictive, if you switch to lower-nicotine brands you'll likely just puff harder, longer, and more often on each cigarette. **Your best option is to quit completely.**

2. Write down why you want to quit.

Do you want to:

- Feel in control of you life?
- Have better health?
- Set a good example for your children?
- Protect your family from breathing other people's smoke?

Really wanting to quit smoking is very important to how much success you will have. Smokers who survive a heart attack are the most likely to quit for good—they're very motivated. **Find a reason for quitting before you have no choice.** Write your reasons on a small piece of paper and carry it with you. Read it before you are tempted to light up!

3. Know that it will take effort to quit smoking. Nicotine is habit forming. Knowing this will help you be more able to deal with the symptoms of withdrawal that can occur, such as bad moods and really wanting to smoke. There are many ways smokers quit, including using nicotine replacement products (gum and patches), but there is no easy way. Nearly all smokers have some feelings of nicotine withdrawal



Editor's Note: Dr. Nadine Loewen is the Medical Health Officer for Fraser North.

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Government grant to redesign primary health care

Fraser Health has received a \$12.5 million dollar grant over four years from the federal and provincial governments to strengthen and enhance primary health care delivery.

The amount is Fraser Health's share of a \$74 million federal-provincial fund for primary health care renewal.

Primary health care emphasizes health promotion, illness prevention, the management of chronic diseases, as well as linking individuals and patients to other services such as home care, palliative care, diagnostics, rehabilitation services, and specialized care provided in hospitals. Teams of health care providers including physicians, nurses, pharmacists, nutritionists, physiotherapists and others work together to offer a comprehensive range of services.

"We know that there are challenges today facing those with chronic disease such as diabetes, and vulnerable and at risk populations such as frail seniors," said Keith Anderson, Vice President, Health Planning and System Development.

"We also know that it is difficult for people to find family physicians. We want to work with our health care partners in improving the way we provide care in our communities."

Over the next four years, Fraser Health will fund new and innovative ways to change how we deliver primary health care services. Fraser Health is developing initiatives and plans in consultation with physicians, health care providers and other health authorities. Each initiative will address primary care renewal and will be funded following careful analysis and review.

Fraser Health will announce its first primary health care initiative in early 2003.

Planning new hospital no small task

By Cheryl Quinton

With technology advancing daily, the planning team is preparing for what will be needed five years from now when the doors to the new Abbotsford Hospital and Cancer Centre (AHCC) expect to open.

Furthermore, the team is planning for every piece of equipment that will be needed, how every square inch will be best utilized, appropriate staffing levels, and ensuring that accounting procedures are in place that allows room for flexibility, international currencies and inflation.

Much has gone on behind the scenes as the Abbotsford Hospital and Cancer Centre Project Team lays the groundwork for this new state-of-the-art facility:

- Team members have visited, hosted visitors and researched various Public-Private Partnership (P3) models around the world, and have evaluated several Alternative Service Delivery options.
- Clinical Best Practices from leading healthcare facilities have been well researched and documented. These will form the cornerstone of all design work.
- Comprehensive output specifications have been developed for all clinical, non-clinical and support areas of the facility. These documents are key to ensuring that "form follows function" in the design of the facility.

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RCH's cardiac rapid recovery program critical to heart patient satisfaction

A delegation from Winnipeg's St. Boniface Hospital, a national leader in heart health, visited Royal Columbian Hospital last week to learn how to make its cardiac care program even better. Considering that St. Boniface is recognized as a cardiac centre of

Recovery Program for Cardiac Surgery Patients developed by a team at RCH, and the delegation came to RCH to see the program in action and to meet with front line care providers to discuss how it works.

The program, first implemented six years ago at RCH, has transformed post-operative care from a reactive illness-focused model to a wellness model. Its underlying premise is, when patients are free of postoperative pain, nausea and constipation they'll feel remarkably well soon after heart surgery, and as a result will experience a more rapid and uncomplicated recovery.

St. Boniface cardiac unit's 90 per cent customer satisfaction rate is the highest rate of the entire hospital.

"We're always looking to raise the bar and we believe this rapid recovery program will help us reach even greater levels of satisfaction," said Rhonda Findlater, Program Team Manager at St. Boniface.



St. Boniface delegates visit front line providers at RCH to ask how cardiac recovery program is working.

excellence, RCH deserves kudos for grabbing their attention.

St. Boniface recently purchased the Rapid

Surrey Memorial's Family Birthing Unit gets new obstetrical data system

Caregivers can monitor patient data anywhere on the unit

Surrey Memorial Hospital is the second busiest maternity hospital in BC, and the Family Birthing Unit (FBU) there is the largest single room maternity care facility in western Canada. Single room maternity care produces positive outcomes for women and their birth experience.

"In the single room maternity care unit, we focus on providing family-centred care in a home-like atmosphere," says Lesley Smith, FBU Manager. "Our goal is to encourage women to be involved in making informed decisions about the care they and their newborns receive."

A new obstetrical data system will enable physicians and nurses to access and update patient information anywhere on the unit from any other location. The data will keep nurses and physicians alerted to any significant changes in a labouring mother's status, enabling them to assess risk.

The unit has 38 private birthing rooms where women labour, give birth, and receive postpartum care along with their new babies who stay in the room with them. The FBU also contains four antepartum beds to stabilize women with risk factors, a five-bed triage/assessment area, a dedicated obstetrical OR, and a two-bed recovery room. Because birthing takes place in every room, the unit required an innovative, point-of-entry data system with multi-station connectivity.

"The Family Birthing Unit is a large unit to cover," says Robert Molina, Project Manager for the new FBU obstetrical data management system. "The four nursing stations were not linked to share information, so a nurse at one station may have had to walk to another station or to a birthing room to check a patient's status. The new system displays timely data as caregivers update patient information at the bedside."

Updates done at the bedside

Every birthing room is equipped with a wireless computer the size of an 8 ½" by 11" piece of paper. These computers have touch screens and pull-down menus that care providers can use to update patient information and make anecdotal entries. Updates done by nurses at the bedside will immediately appear on the

computers at the nursing stations, in triage, in the clinical care leader's office, and in the physician's lounge on the unit.

Nurses and physicians can obtain immediate data on a patient, such as the admission data, maternal information - fetal status and postpartum - and newborn data. Colour coding will be used to highlight particular information. For example, the screen will indicate if a fetus is being monitored electronically with blue highlighting. Postpartum patients will be visibly distinguished from labouring patients.

In the second phase of the project, staff will be able to archive all fetal heart rate monitor tracings onto an optical disc for safekeeping and easy retrieval. At that time, physicians and clinical resource nurses will have the option of viewing real-time fetal monitoring data outside the patient room.



Family Birthing Unit RN Monica Nicol shows the obstetrical data monitor that provides patient information at the bedside at Surrey Memorial.

Don't 'What If' - sign up now

If you knew you were at 30 per cent risk of heart attack in the next 10 years, and there was something you could do about it, wouldn't you do it?

If you have been diagnosed with heart disease or are at moderate to high risk for heart disease, enrol in the **Cardiovascular Health Best Practice Project**, a partnership between Fraser Health and Simon Fraser University. The four-year research project will focus on actively involving people in midlife in improving their own cardiovascular prospects.

If you're between the ages of 45-64 and live in a Fraser Health community, call **604-412-6492** for more information on this project or to register.



OUR FOUNDATIONS

Langley fire fighters and merchants donate to children's health

When flames engulfed the Value Village store on 56th & Glover Road, fire fighters from Langley City, Langley Township and Surrey battled hard to control and stop the fire from spreading to surrounding stores.

To express their appreciation, neighbourhood merchants held a one-day fundraiser and donated five per cent of their total sales to the Langley City Fire & Rescue. The fire fighters matched the funds, presenting the Children's Health Centre at Surrey Memorial Hospital (SMH) with a \$3,000 donation.

Thrifty giving

As a result of an eight-week fundraising campaign, Thrifty Foods in Tsawwassen and 17 other stores across Vancouver Island raised over \$1 million dollars to support maternity and child care. More than \$22,000 went to the South Delta Public Health Unit.

The funds will help support:

- Breastfeeding clinics
- Post-natal classes
- Books for new babies
- Baby visits
- Immunizations

Having the right skills in the right place at the right time

By Connie Wilks

Rhonda Veldhoen, a Clinical Manager at Langley Memorial Hospital, knew there had to be a better way. She knew there were times when no RN, RPN or LPN was available to take a shift, but the patient census and acuity level on the unit meant that appropriate coverage was necessary.

Borrowing from an idea she'd heard about at Surrey Memorial, Veldhoen adapted the concept of nursing assistants to meet the requirements of LMH. After determining the level of need, she reviewed the nursing assistant job description and discussed the idea of expanding the program to LMH with her colleagues and the HEU.

"We realized that our nursing students would be able to utilize more of the skills they have been learning if they worked as nursing assistants. An unexpected bonus was when our service aides indicated great interest in expanding their skills too," adds Veldhoen.

The Nursing Assistant Education Program was established with the assistance of Els Fraser (Education and Development) and Marjory Li (CRN/Medicine). In simple terms, nursing assistants can take vital signs, do basic assessments, and initiate oxygen therapy.

"We were careful to introduce the concept

to the RNs and LPNs on the floors so that they could understand how the nursing assistants could be of help. We designed the program around what they *could* do to help, not around what they *couldn't* do."

Training done on own time

Veldhoen was pleased at the level of interest in the nursing assistant position, considering that the education must be completed on the person's own time. There are three components to the nursing assistant education program - pre-reading, a daylong lab/workshop, and experience in a clinical setting.

"It allows a lot more variety for service aides who take the upgrade," says Veldhoen. "They work in CCU, Emerg, Psych - areas where we often have a real need for their services because of the staffing challenges we are still facing."

The course seems to have whetted their appetites to learn more - several services aides have decided to formally pursue RN status.

If you're interested in the nursing assistant education program at Langley Memorial, or how nursing assistants fit in a unit, contact Rhonda Veldhoen at rhonda.veldhoen@fraserhealth.ca

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Tips how to quit smoking

when they try to quit. Give yourself a month to get over these feelings. Take quitting one day at a time, even one minute at a time—whatever you need to succeed.

4. Half of all adult smokers have quit; you can, too. That's the good news. There are millions of people alive today who have learned to face life without a cigarette. To stay healthy, quitting smoking is the best step you can take. And, if you slip

and start smoking again, don't give up! Most people quit several times before smoking becomes a permanent thing of the past.

5. Get help if you need it. Many groups offer written materials, programs, and advice to help smokers quit:

- Your doctor is a good source of help. So is the BC Doctors Stop Smoking Program web site at

www.bcdssp.com/faq's-smokers.htm;

- Call the toll-free **BC Smokers' Helpline** at 1-877-455-2233;
- Fraser Health has assembled a resource list for people who want to stop smoking. Find it at www.fraserhealth.ca.

Material for this article came largely from the National Center for Chronic Disease Prevention and Health Promotion. The original article and other interesting information to help you quit smoking can be found at <http://www.cdc.gov/tobacco/quit/quittip.htm>.

Form follows function in facility design

- With a project of such magnitude, experts in various fields such as architecture, engineering, cost control, and transaction advisors have been retained to ensure that design and technical specifications are met, and that all designs proposed by a P3 proponent are evaluated against those specs. Their work will ensure that the project results in "best value for money" to health authorities.
- Communication plans have been finalized, ensuring that staff, physicians and the various stakeholders are kept up to date on developments.

Since the Premier's announcement in November, the team has spent countless hours preparing the Expression of Interest (EOI) for a P3 procurement approach. Following the short-listing of the successful candidates, a Request for Proposal (RFP) will be issued.

The new 261-bed (potentially 300-bed) hospital will be a modern regional referral centre for Fraser Health. Together, the hospital and cancer centre will cover an

area of almost 570,000 square feet - more than three times the size of the current MSA Hospital.

"For the first time, Fraser East residents will have access to MRI technology and nuclear medicine services close to where they live," explained Mike Marasco, Chief Project Officer. "The cancer centre will offer modern, appropriate diagnostic and treatment services. No longer will residents from Fraser East - many of them seniors - have to travel long distances for cancer-related services."

The health centre campus, to be located on a 26-acre site in Abbotsford on Marshall Road, bordering Gladwin Road to the west, has the potential for the location of a number of ancillary businesses. With its state-of-the-art equipment and facilities, the centre will serve to attract and retain top-notch medical professionals to Abbotsford and Fraser East.

Construction on the new hospital and cancer centre is anticipated to start in 2004, with completion in 2007.

nearly 17 patients under 14 coming to the hospital on December 25 alone, it was no problem to find appreciative recipients for Adam's thoughtful gifts.

Another "Christmas elf" who each year quietly makes life a little easier for residents of New Westminster, is Ray Melville, who works as a plumber at Royal Columbian Hospital. Ray often delivers donations by truck (pictured here). In December, he and his "helpers" collected 500 pounds of non-perishable food and \$61 in cash, which they sent to the Union Gospel Mission in New Westminster. Ray's giving isn't limited to any one season: last year, thanks to the staff at RCH, Ray was able to send about 20 van loads of clothing, blankets, shoes and toys to drop in centres and the needy in the immediate area.

If you happen to be at RCH, your donations of clothing can be dropped off in the maintenance department.

Simple gifts

True generosity rewards the giver, as well as the recipient. Over the holiday season, many people found ways to express their generous natures. Here are just a couple of examples - one from each side of Fraser Health.



Seven-year-old Adam Miller

Adam Miller, a seven-year-old (pictured here in the lobby of Chilliwack General Hospital) who attends Vedder Elementary, wanted to make things a little nicer for children who needed to come to CGH over

Christmas. Using money he had earned for household chores - helping with the dishes, stacking firewood for his grandparents who live in Hope - Adam bought a dozen different toys to appeal to a wide range of ages and interests. And, with



OUR PEOPLE

Hello and Dubai

Effective February 3, **Dona MacKie** will become Manager Health Services, Surgical Services, reporting to Carole Edwards, Director Health Services, Abbotsford/Mission.

MacKie is currently a Clinical Resource Nurse in the OR at Surrey Memorial Hospital, and brings considerable surgical experience into this role. She holds a BScN from the University of Victoria and is a MSN candidate at UBC.

She will be based at MSA Hospital.

Donna Kuffler, Director Health Services, Mission Hospital has accepted a new and exciting role at the Rashid Hospital in Dubai.

Vivian Giglio, Health Services Administrator for Mission/Abbotsford, extends her thanks to Donna for her "tremendous leadership in implementing significant changes at Mission Memorial Hospital over the past year."

Donna will be leaving February 14.



Ray Melville in RCH plant services filled 20 vans with donations for the needy.

People who've been there know that 'Psychosis Sucks' – and want others to know too

By Marie Nightingale

"Psychosis Sucks" is the message of a mental health public awareness campaign launched January 17 at a press conference at Peace Arch Hospital.

The Honourable Dr. Gulzar Cheema, Minister of State for Mental Health, and the Honourable Gordon Hogg, Minister of Children and Family Development, were there to unveil the Early Psychosis Intervention campaign as well formally acknowledged the \$30,000 commitment from the Peace Arch Hospital Foundation to the campaign.

The public awareness campaign targets physicians, other health care providers, schools and the general public through the distribution of brochures, posters, and a six-month bus and newspaper ad campaign to promote a new web site geared to teenagers.

The web site, www.psychosissucks.ca, offers easily accessible information such as what is psychosis, what does it mean to have psychosis, and how to get help for yourself, a friend or loved one.

EPI campaign goals:

- Identifying early signs and symptoms to start an effective treatment plan
- Increasing awareness of what help is available and how best to access appropriate care

Early intervention is prevention

The program provides much-needed clinical services and education intended to promote wellness, reduce socially isolating behaviour and restore previous levels of functioning, says Linda Wowk, a Nurse Clinician with the EPI Program and coordinator of the public awareness campaign.

"Treatment is most effective when started early, and for many early intervention means the first psychotic episode is also the last," says Dr. Bill MacEwan, EPI Clinical Director, Fraser Health.

Early psychosis is the early stage of any psychotic condition that affects the mind, such as schizophrenia or bipolar disorder. About three per cent of all people will experience a psychotic episode in their life, and often the first episode occurs in young people between the ages of 13 to 30 years old.



"Psychosis is treatable, recovery is expected - that's the EPI philosophy and the foundation for all our efforts in creating greater public understanding of this important issue," adds Dr. MacEwan.

Upcoming EPI events

- Fraser South EPI Program is sponsoring an EPI conference for health care professionals on February 27, 2003.
- October 9, Early Psychosis Intervention will be on the agenda of a public education forum targeted to youth and young adults from Burnaby to Maple Ridge.

For further information contact Wowk, at 604-538-4243.



This is your information source for news, views and issues about Fraser Health. If you know of an event that deserves coverage, and an issue that deserves debate, or news worth reporting, let us know...quickly. We'd like every Fraser Health employee to be a news source for *inFocus*.

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inFocus reserves the right to edit content for accuracy, grammar, and space. We welcome your ideas and story suggestions.

Fraser Health

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