



calgary health region



# leading the way

**Calgary Health Region** report to the community **2005**



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### A message from David Tuer, Chair, Calgary Health Region Board

THE FUNDAMENTAL TENET OF PROVIDING SAFE, QUALITY CARE IN MANY DIFFERENT WAYS TO MANY DIFFERENT PEOPLE IS WHAT DRIVES THE CALGARY HEALTH REGION AND ITS BOARD OF DIRECTORS. Our 24,000 staff, and 2,150 physicians all have a single sense of purpose – to focus on the patient.

These dedicated women and men need resources to continue to provide the care the public expects and deserves. The Region understands that need and has developed a 10-year, Long Term Capital Plan to meet the demands of a growing population.

The plan includes a new children's hospital that will open next year and a state-of-the-art hospital in south Calgary, which will follow in 2010. Expansions are also planned for the Peter Lougheed, Rockyview and Foothills hospitals to provide needed capacity as the city continues to grow. Residents of the inner city will also see a new health centre, similar to the South Calgary Health Centre, which opened last year.

In total, it's an investment of over \$1.5 billion dollars over the next five years. All this would not have been possible without the provincial government's ongoing commitment to health-care by providing the necessary funds to improve access to health services and reduce wait lists. I am usually quite open about the performance of our MLAs in representing our health care needs, and in this circumstance, I need to acknowledge and thank Premier Ralph Klein for his vision and leadership and thank the many Calgary and area MLAs who helped make this vision for a better health-care system a reality by providing the very significant capital we require.

Improving the health-care system of course goes beyond building new facilities and adding more beds. As I've said before, the real challenge for all of us is to lead healthier lives so we might avoid a visit to the doctor or a stay in hospital. The Calgary Health Region will be laying out its strategies for a healthier community in the next few months, as our Board Task Force on

Wellness finishes up its report and recommendations.

The benefits of a healthier community are immense and the strain taken off the system through reduced demand will allow those who are sick to see their doctor or specialist sooner. That means increasing health care costs through higher demand becomes less of an issue.

As we add facilities and services to deal with a growing and aging population, another challenge arises – recruiting enough staff and physicians. In terms of physicians, we know that there is already a national and international shortage and this is expected to continue to grow over the next 10 years.

The Calgary Health Region is already short some 500 physicians, 300 of whom are family doctors to provide first contact care for our growing population. With the construction of the South Health

Campus, it is obvious we will need even more physicians and approximately 3,000 other health care professionals.

We will need to start recruiting for that facility next year, so that we have the people in place to open the doors.

Recruitment, new facilities, a wellness initiative – all the different strategies we have in place point to the fundamental goal of caring for our patients. This is why we are all here, why we come in to work each day.

While the health-care system is not without challenges, it is also full of opportunities, which we want to take full advantage of. We are working hard to create a quality working environment for our health-care providers and, more importantly, we are seeking out new ways to share our expertise and knowledge with patients so they can make the most of their health and well-being.



The real challenge for all of us is to lead healthier lives so we might avoid a visit to the doctor or a stay in hospital.



## A message from Iris Evans, Minister of Health and Wellness

### HEALTH CARE IS ABOUT PEOPLE HELPING PEOPLE.

In the Calgary Health Region, we are fortunate to have many health-care providers who are dedicated to that belief.

Their on-going commitment is evident in everything they do.

Evidence of their passion for health care is reflected in this year's Report to the Community. This year's report provides insight into how the health-care providers, who make up the Calgary Health Region, are striving to build Canada's healthiest community.

Read the story of Stephanie McCulloch's courageous recovery from brain trauma. Stephanie was injured in 2001 when her truck struck a ditch, leaving her in a coma. It has been a long, hard struggle for Stephanie. Her journey included four months at the Foothills Medical Centre's Clinical Neurosciences Service Unit, a week in the Brain Rehabilitation Program at Alberta Hospital Ponoka, two weeks back at Foothills for medical stabilization and another 10 months of rehabilitation in Ponoka.

Stephanie's journey to recovery would not have been possible without the quality care she received from the surgeons and nurses working in the operating room. But quality care also means making sure you support individuals once they are released from the hospital. The Transitional Brain Injury Project, one of the Calgary Health Region's unique

programs, has made Stephanie's journey to recovery smoother. This program – a partnership between the Region and Universal Rehabilitation Service Agency – helps people like Stephanie reintegrate into the community by providing quality care that extends beyond the hospital operating room.

The Calgary Health Region's work in developing a comprehensive Wellness Strategy is another good example of how health-care providers can make a difference in the lives of individuals.

Arthritis was taking over Gail Carriere's life. But thanks to a Region program called Row Your Own Boat, Gail is getting control back over her life. Gail's story is particularly important because so many Albertans suffer from chronic diseases, such as arthritis. The Region has recognized the significance of this issue and has moved to create programs that help people manage their conditions and improve their quality of life. In doing so, the Region has become an acknowledged leader in the field of chronic disease management — a point that was underscored when it staged an international conference on the subject last month.

Stephanie's and Gail's stories are just two of the many stories in this year's Report to the Community that illustrate how the 24,000 staff and 2,150 physicians of the Calgary Health Region are working to serve their community. I invite you to take the time to read the personal stories in this report and congratulate the Calgary Health Region health care providers on a job well done.

## Remembering John Robert (Bud) McCaig

JOHN ROBERT (BUD) McCAIG will be fondly remembered by the staff, physicians and volunteers of the Calgary Health Region and the Calgary Health Trust for his lasting and significant contribution to the health and wellness of Albertans. Mr. McCaig passed away in January at his vacation home in Barbados. He was 75.

"The passing of our good friend Bud McCaig earlier this year left us with a deep sense of loss," said David Tuer, Board Chair of the Calgary Health Region. "Bud was a distinguished business leader, tireless community volunteer, and most importantly, a man of tremendous integrity and compassion. We want his wife, Ann, and the other members of the McCaig family to know we think of him always."

Mr. McCaig served as the chairman of the Calgary Regional Health Authority from 1994-98, generously donating his time to guide Calgary's health care system through a challenging period of growth and reorganization. He was also the founding chair of the Calgary Health Trust.

In addition to his leadership role with the Region,

Mr. McCaig chaired the Provincial Health Authorities of Alberta and the Council of Chairs. He was also on the executive committee of the Partners in Health Campaign, which raised \$54 million from private donations, to boost Calgary's health care and medical research capabilities.

One of Mr. McCaig's most profound and lasting contributions to health care will undoubtedly be his work with the Alberta Bone and Joint Health Institute. In addition to co-chairing the Institute's Board of Directors, in 2004 Mr. McCaig donated \$10 million to help develop an integrated, innovative approach to the delivery of bone and joint health care, research and education. "Bud was passionate about making a difference in the lives of people in our community, and serves as a shining example to all of us," said Jack Davis, President & CEO, Calgary Health Region. "He was a true champion for creating a world-class health-care system in Alberta.



calgary health region

### Report to the Community Leading the Way

Printed & Distributed: October 2005

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# who we are

## Mission:

The Calgary Health Region is committed to excellence in providing an accessible, accountable, integrated, community-based health system that promotes shared responsibility for improved health.

## Values:

Honesty, Respect, Integrity, Responsiveness, Dignity, Creativity, Trust and Learning.

## Established:

The Calgary Health Region was first established in 1995. In 2003, the provincial government combined the Calgary Health Region, Headwaters Health Authority and Wheatland County. Didsbury joined the Region a year later.

**Geographic Area:** 39,260 sq. km [2004]

## Vision:

Our community working together for excellence in health.

## Population by Age Groups:

<20 yrs: 299,064 or 26 per cent;  
 20 to 64 yrs: 737,292 or 65 per cent;  
 65 to 74 yrs: 59,585 or five per cent;  
 75 + yrs: 47,427 or four per cent.

## Growth in Population: Entire Calgary Health Region:

2001: 1,067,058 (increased by 24,992)  
 2002: 1,098,149 (increased by 31,091)  
 2003: 1,122,521 (increased by 24,372)  
 2004: 1,143,368 (increased by 20,847)

## Projected Annual Population Growth Rate (Next 10 Years):

Urban: 1.9% Rural: 2.7%

**Annual Budget:** \$2.3 billion [2005/06]

## Facilities:

The Region provides services in more than 100 locations including 12 acute care sites, 40 care centres and a variety of community and continuing care sites.

## Hospitals (Acute Care Facilities):

Four urban (three adult and one children's), eight rural [2005]

## Comprehensive Community Health Centres:

South Calgary Health Centre, 8th and 8th Health Centre, Okotoks Health and Wellness Centre. The Region also plans to build the Sheldon M. Chumir Health Centre in downtown Calgary and has purchased land for a North Calgary Health Centre to be located at Country Hills Boulevard. Current plans also call for building health centres in Airdrie and Cochrane.

## Number of Beds/Spaces:

7,836, including 7,145 urban and 691 rural [2005]

**Number of Employees:** 24,000 [2005]

**Number of Physicians:** 2,150 [2005]

**Number of Registered Volunteers:** 3,917 [2004]

**Total Volunteer Hours:** 257,334 [2004]

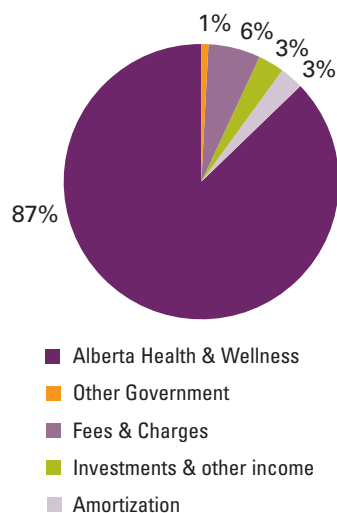
## Population Served:

1,143,368 or 36 per cent of Alberta's population [March 2004]  
 Urban population: 962,810 Rural population: 180,558

## Revenues and Expenses

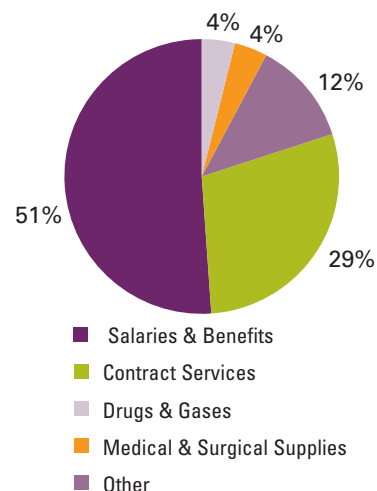
### Where the money comes from

This chart illustrates the Calgary Health Region's main sources of revenue. The largest share – 87 per cent – comes from Alberta Health and Wellness. Six per cent of the Region's revenue comes from various sources, including fees charged to non-residents for health services.



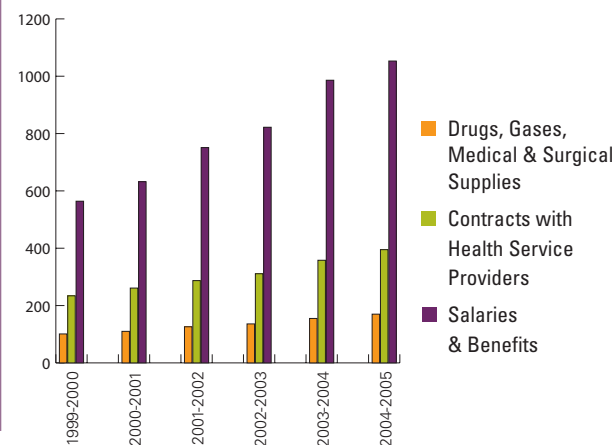
### Where the money goes

The Region's operating budget will hit \$2.3 billion this year. Salaries and benefits make up the largest cost, followed by contracted services, mostly for continuing care.



### Expense growth

The Region's budget has been growing by nine to 10 per cent a year, with some items, such as drugs and medical and surgical supplies, increasing by eight to 10 per cent a year. A significant increase in the Region's budget occurred in 2003/04 when the Headwaters and Wheatland health jurisdictions joined the Region. The fastest growing expense has been salaries and benefits, which are driven by inflation as well as growth as the Region recruits additional health-care providers to keep pace with increases in population and the demand for more services.





## Facilities and Bed Numbers:

### Banff

Mineral Springs Hospital .....16 acute care beds  
 .....24 continuing care spaces  
 Banff Community Health Centre

### Canmore

Canmore General Hospital .....18 acute care beds  
 .....23 continuing care spaces  
 Canmore Community Health Centre

### Cochrane

Cochrane Community Health Centre  
 Bethany Care Centre .....78 continuing care spaces

### Calgary

City-wide .....2,012 acute care beds  
 City-wide .....4,750 continuing care spaces  
 City-wide .....245 rehabilitation and recovery beds

### Didsbury

Didsbury Hospital .....15 acute care beds  
 .....82 continuing care spaces

### Airdrie

Airdrie Regional Health Centre  
 Bethany Care Centre .....74 continuing care spaces

### Strathmore

Strathmore District Health Services .....20 acute care beds  
 .....23 continuing care spaces  
 Strathmore Health Unit

### Okotoks

Okotoks Health and Wellness Centre

### High River

High River General Hospital .....23 acute care beds  
 .....73 continuing care spaces  
 High River Community Health Centre

### Vulcan

Vulcan Health Centre .....8 acute care beds  
 .....61 continuing care spaces

### Black Diamond

Oilfields General Hospital .....15 acute care beds  
 .....30 continuing care spaces  
 Black Diamond Community Health Centre

### Nanton

Nanton Community Health Centre

### Claresholm

Claresholm General Hospital .....16 acute care beds  
 Willow Creek Care Centre ...100 continuing care spaces  
 Claresholm Care Centre .....100 psychiatric rehab beds

### Carmangay

Little Bow Care Centre .....20 continuing care spaces



## Core Business:

To ensure delivery of quality health services while managing our financial and human resources wisely and to encourage and promote healthy living. The Calgary Health Region provides services to residents living within the Region boundaries, as well as residents of Alberta and other provinces. The majority, 88.5 per cent, of patients treated live within the Calgary Health Region. 7.1 per cent of patients reside in Alberta, but outside the Region, while 4.4 per cent of patients come from other provinces.

## Emergency Department Visits:

354,109 (2004/05)

## Emergency Department Visits by Age:

(rate per 1,000) [2004/05] <1: 614/  
 1 to 19: 228 / 20 to 44: 188 / 45 to 64: 169 / 65 to 79: 312 / 80 +: 650

## Hospital Visits:

112,445 [2004/05]

## Number of Surgeries:

62,229 [2004/05]

## Number of Infants Born:

14,473 [2003]

## Number of MRIs:

32,782 [2003/04]

## Life Expectancy (Calgary Health Region):

Female: 83 [2003] Male: 78 [2003]

## Average Length of Stay in Hospital (Calgary Health Region):

6.55 days [2004/05]



# A conversation with Jack Davis

President & CEO, Calgary Health Region

**Q:** What do you think most people living in the Calgary Health Region want and expect from their health authority?

**A:** Quality and access. The people in our community expect and deserve the best health care possible, and they want to be able to access it when they need it. That's really what it's all about: delivering quality health care to the public.

**Q:** The provincial government has approved \$1.5 billion in funding for expansion of existing facilities and construction of new ones. How important is that decision in terms of allowing the Region to deliver quality, accessible care?

**A:** It makes all the difference in the world. We know that we are providing quality health care – the Canadian Council on Health Services Accreditation said in a recent report that we are innovative and dynamic, and some of our programs were singled out as examples for the rest of Canada to emulate. But we also know that we have to add capacity to the system to ensure these programs and services can be accessed and that wait times don't become unreasonable. The \$1.5 billion capital plan we submitted to the provincial government does just that by providing for the expansion or renovation of virtually every major facility we have, along with the construction of at least one new one. And that's in addition to the funding for the new South Health Campus, which the province had previously approved. Now that we have this commitment for funding, we can move forward with plans to provide the health care services that people in our community expect.

**Q:** It sounds like there was a lot riding on the funding approval. Can you elaborate?

**A:** Well, that's true. It's no secret that we are living in one of the fastest growing communities in the country. Without the approval of this \$1.5 billion capital plan, we would not be able to keep pace with the demand for health care that comes with growth. It's as simple as that. As a result, I think it is important to recognize everyone who worked so hard to help make this happen. A lot of people in our organization worked extremely hard analyzing the numbers and making the case for this plan. You know, you just can't ask the province for \$1.5 billion and expect to get it. You have to have proof that you need it and that the money will be spent wisely, and our people did a wonderful job of doing just that. I think it's also important to recognize Premier Klein, Iris Evans (Minister of Health and Wellness), Calgary-area MLAs and others in the provincial government who understood the impor-

tance of this plan. They really came through for our community. And I also want to thank the people of our community. The public has been very patient with us as we moved through the reorganization that followed regionalization in 1995. And I think we're now well positioned to continue building the kind of health-care delivery system that people want.

**Q:** What is the Region's plan going forward for the next 10 years?

**A:** Now that we have a commitment for our capital funding needs in place, our objective is to get on with the job of building Canada's healthiest community. We're going to do that by developing a health-care delivery system based on four main strategic pillars: a culture of caring; a safe and accessible health-care delivery system; a strategic, responsive organization and an engaged and knowledgeable community. That's why we're putting such a heavy emphasis on areas like wellness. We want to help people manage their health better so they won't need health care, or at the very least, can improve the quality of their lives as they deal with the issues they are facing. We're also moving forward with projects like the Electronic Health Record, which will improve the quality and safety of health care. The next 10 years are going to be very exciting.

**Q:** How will the province's Third Way approach to health care reform affect the Region's efforts to provide quality care?

**A:** I think it will be very helpful because it will assist us in reducing wait times for certain types of procedures. But let me take this opportunity to shoot down some myths. The Third Way is not about two-tier medicine, it's about dual access medicine. It's not going to undermine our system of health care, it is going to strengthen our system of health care. This isn't about introducing pay for service medicine into our system – we already have that – it's about trying to come up with innovative ways to improve service. Right now we spend a certain amount of money each year on procedures such as cataract operations. Now, we can only budget a certain amount for that service because we have many other demands for health care dollars. However, as it turns out, there is some underutilized capacity in the Region when it comes to cataract surgeries. In other words, we're not able to allocate all physician services available, and so some people are left waiting in line. Under the Third Way approach, people who don't want to wait until the next fiscal year for an operation would



be able to buy the service they want. That's not going to create a problem, because, quite frankly, we can't fund all the demand for cataract operations. So the person who buys the service will be soaking up some of the underutilized capacity that we have in the Region. That means there will be one less person waiting in line and no negative impact in terms of how the system functions.

**Q:** You mentioned earlier that we needed to keep pace with growth in terms of building capacity, can you talk about the other ways growth affects health care?

**A:** Well, it's not just about bricks and mortar. It's also about people. Today, we employ about 24,000 staff and 2,150 doctors. Currently, Calgary is 300 doctors short just in family practice. From a human capital perspective, the Region needs another 200 doctors. Now, we've recently had some reports that doctors are starting to return from the United States, but we're still a ways off from where we need to be. The new south hospital, for example, will need an additional 3,000 health professionals and 350 more doctors. That's why one of our key objectives will be to work with the University of Calgary, SAIT, Bow Valley College and Mount Royal College to help meet that need.



**Q:** The new Alberta Children’s Hospital will open in less than one year. How will it change the delivery of health care in our community?

**A:** The new hospital is truly going to have a significant impact on patient care. It’s one of the reasons why everyone in our community should be excited about what we’re doing in health care. Not only is it the first children’s hospital to be built in Canada over the last 20 years, but the Alberta Children’s Hospital Foundation was able to raise more than \$52 million to fund programs and services over and above what you might expect government to pay for. That’s a great thing for our Region, and also for western Canada and beyond.

**Q:** Wellness has always been an important part of the Region’s mandate, but there seems to be more emphasis on this area now. How do you define the Region’s wellness initiative and why do you think it is important?

**A:** The wellness initiative is based on the goal of creating Canada’s healthiest community. We can do this by creating programs and services that help people make healthy choices. But we also want to reach out to people before they become ill. We want to try and create opportunities to become knowledgeable about health issues so they can reduce the risk of developing a chronic disease and requiring health care.

**Q:** The Region is investing in programs to help people with chronic diseases. Why is this important?

**A:** Simply put, chronic diseases are the leading cause of death in Canada. That’s why it is important for us as a Region to come up with programs, such as Row Your Own Boat, which help people manage their conditions and improve their quality of life. Programs like that don’t often generate headlines, but the simple fact is that many Canadians have one or more chronic health conditions. That means a lot of people benefit from these kinds of programs.

**Q:** The Region is leading the way with initiatives in alternative health care. The Clinic for Mind-Body Medicine is one example. Why is this important?

**A:** Well, again, this is an example of our Wellness Strategy in action. There has been growing interest in alternative and complementary medicine over the last few years, and as an innovative health organization, we need to make sure that we are keeping pace with new ideas about health and wellness. The Clinic for Mind-Body Medicine is a good example of that.

**Q:** Like many health authorities in Canada, the Calgary Health Region is working hard to provide basic services to residents. But the Region also stresses the importance of “excellence” in health care. What does “excellence” in health care mean?

**A:** When we talk about excellence in health care, we’re talking about providing a level of health care that is comparable with the best in the world. That’s why we are acquiring the best technology money can buy. And that’s why we are attracting the best and the brightest from around the world. You have a public that expects that. This is not a city or a community that accepts mediocrity. We’re also lucky because we have a great number of community leaders who are playing a role in helping us achieve our goal. Take the Stephenson Cardiovascular MR Centre, for example. Here is a businessman, Ken Stephenson, who worked with his physician, Dr. Neil Filipchuk, to create a world-class centre in cardiac health. Not only did he contribute money to the project, but he also helped fund raise for it. Then, working with Dr. Filipchuk, he helped attract Dr. Matthias Friedrich, who at the time was deputy director of Cardiology at the University of Berlin, and an internationally respected cardiac MRI researcher. The Centre’s cardiac MRI machine is a scientific breakthrough – the magnetic resonance technology it uses didn’t even exist six years ago, and now we have a world-class researcher running the program. This is how we are building excellence into our health-care system and this is why we think our Region can offer services that are comparable to the best in the world.

**Q:** You mentioned the role that community leaders can play in building our health-care system. Can you elaborate? What role does philanthropy play in fostering excellence in health care?

**A:** A huge role. We are blessed in this community to have so many leaders – the McCaigs, the Hotchkiss family and the Libins, to name just a few – who have taken such a strong interest in health care. They have played a key role in helping to create important initiatives, such as the health institutes. But really that spirit of giving cuts across all walks of life, ages and groups. The Giving section of this publication really provides a good overview of how different people in the community make contributions for the greater good.

**Q:** You often talk about the power of partnerships and the Region’s unique relationship with the University of Calgary. Does this factor into the push for excellence?

**A:** Yes, our partnership with the U of C is a big part of that. In fact, I think our partnership is quite unique in the sense that we are working together on a multitude of projects big and small. For example, we’re working together, along with our philanthropic partners, to create institutes and centres of excellence in health care. My sense is that many people don’t realize, for example, that some of these centres have more researchers working under one roof than anywhere else in Canada.

**Q:** Can you tell us a little about the Ward of the 21st Century. Is this an example of the Region leading the way in using technology to deliver better health care?

**A:** Yes. The Ward of the 21st Century at the Foothills Medical Centre is actually an example of the kind of innovation in the design and delivery of care that will be needed and built into all hospitals of the future, and it will be used as a guide for the South Health Campus. I think it is worth mentioning that the ward is also an example of our partnership with the U of C in action. We worked with the University’s Engineering Department to create the Centre for Engineered Care. The centre brings together researchers from engineering and medicine and develops new products that can be used to improve health care. Among other things, they have developed sensors capable of real-time monitoring of vital signs and movement and on-demand drug delivery systems. They’re also working on a band-aid or wireless temperature system which can be placed on a patient’s head and allow a nurse to monitor the patient’s body temperature.

**Q:** You recently initiated and hosted Canada’s first national conference on quality and safety, which was attended by health care CEOs from across Canada. Why did you take this on?

**A:** I believe that quality and safety go hand in hand, and I also think that this is an area that deserves more attention. You know, 10 or 15 years ago, the most important job in health care was to keep the system functioning amid funding cuts. Now, that’s all behind us. Now, the time has come for really pushing the boundaries in terms of providing quality service, and that’s what that conference was all about. It was the first time top administrators from across the country gathered to talk exclusively about quality and safety and I really believe that we are well positioned in Alberta to make a significant contribution to that discussion.

**Q:** What is the best thing about your job?

**A:** Well, that’s a tough question to answer, because it’s not easy for me to single out one thing when everything we do in the Region is so interesting, exciting and challenging. But I guess the bottom line is that health care is about people helping people, and so I’d have to say that having the opportunity to work with 24,000 staff members and 2,150 physicians who are dedicated to the health and wellness of others is a pretty special thing. The people who work for the Region have a tremendous passion for health care and for people, so I guess the best thing about my job is simply being part of that team.



## Rowing your own boat

People like Gail Carriere are living healthier, happier lives thanks to programs and services developed as part of the Region's Wellness Strategy

By Terry Bullick

### ARTHRITIS HAD EFFECTIVELY TAKEN OVER GAIL CARRIERE'S LIFE.

The 62-year-old woman rarely left her home, the pain in her knees making it too difficult for her to move around.

"I no longer had a desire to go out and be around people at all," Carriere says. "I wasn't even going out shopping for groceries anymore. I was just giving my kids a list."

Then Carriere heard about Row Your Own Boat, a program offered by the Calgary Health Region that seeks to help people like Carriere who suffer from chronic diseases, such as arthritis, diabetes, high blood pressure and other long-term ailments.

She was reluctant to sign up initially, concluding that her arthritis could not be alleviated, but eventually decided to give it a try. Through the program, Carriere was able to connect with other people who were facing similar challenges and learn how they were dealing with their health issues. "Seeing all these people facing the same kinds of problems was a help," she says.

Program leaders also provided her with resources and information about how she could improve the quality of her life. "We talked about meal planning and keeping active – losing a little weight is good for the knees and sitting around is the worst thing you can do for your body," she says.

Soon after enrolling in the program, Carriere started to experience a slow but dramatic change in her outlook.

"I realized I had lost my sense of myself and Row Your Own Boat gave it back to me." She adds: "It's given me my confidence back and I've learned to manage my life – and make a life for myself."

Carriere's battle against arthritis is an inspiring tale of one woman's battle to improve her quality of life. But her story also illustrates something else: The development of a Regional Wellness Strategy to help support people in their quest for a healthier life.

Sometimes, that strategy involves developing chronic disease management programs like Row Your Own Boat. Other times it means supporting initiatives to reduce smoking or promote active living and healthy eating programs. In all cases, however, it means identifying ways to optimize the health and



Gail Carriere participates in regular workouts to help manage her arthritis.

Photograph by Brent Mykytyshyn

well-being of individuals and communities.

Joanne Stalinski is Senior Vice-President of Wellness for the Region and the person who is charged with leading the development of the Wellness Strategy. "Our focus is to develop programs and services that will help keep people healthy throughout their lives, as well as caring for them after they've become ill," says Stalinski. "We believe this is what people want from their health region, and they want us to lead the way."

The Wellness Strategy is based on five pillars: advocating for healthy public policy and mobilizing communities to take action; emphasizing wellness

in all services; inspiring individuals to look after themselves; leading by example and developing innovative services and alliances with community groups.

"Essentially, this means that individuals and communities have the capacity to influence their health and healing, that health can be optimized at all stages of life and that the Region can show leadership by creating conditions for action on wellness," Stalinski says.

The Row Your Own Boat workshop is a good example of the Wellness Strategy in action. As part of the Chronic Disease Management program, the self-man-



agement workshop brings people living with a variety of chronic illnesses together once a week for six weeks. Through the workshop, participants discuss ideas and learn ways to live their lives, rather than be limited by their health conditions. Topics covered in the workshop include coping with pain and fatigue, exercise and nutrition, medication use, symptom management and goal setting and problem solving.

Sandra Delon, Director of Chronic Disease Management, says health authorities have always tried to help people with chronic diseases, but that today's emphasis on wellness means there are important differences in how that happens. "With programs like Row Your Own Boat, we teach people to manage their lives," she says. "In the old days, we taught people with chronic conditions how to manage their diseases."

Indeed, Row Your Own Boat participants often experience dramatic changes in their lives and their health and wellness, says program co-ordinator Karen Freemark. "The program has shown that people who learn to self-manage their chronic conditions

tend to be healthier, more active and experience fewer crisis situations," she says. "They also tend to use the health-care system less frequently and have less serious and shorter hospital stays when they do."

The Region's effort to help people with chronic diseases forms an important part of the Wellness Strategy, in part because chronic

diseases affect so many people and place a heavy financial burden on the health-care system. Delon says almost half of all Canadians have one or more chronic health conditions and that in many cases people are living with these conditions for 30 or more years. These conditions not only erode the quality of life of the people and families affected by them, but account for more than three-quarters of Canada's health care resources.

In Alberta, people with chronic diseases currently account for 70 per cent of all health-care spending, or \$5.5 billion of the \$8 billion spent on health every year in the province. As well, chronic diseases such as cancer, chronic obstructive pulmonary diseases (COPD) and cardiovascular diseases are the leading causes of death and disability in Canada.

"The good news is that we can get people out of hospitals . . . we're organizing how we provide services and we're learning how to work differently and more collaboratively in health care," says Delon.

While programs like Row Your Own Boat are critical pieces of the Wellness Strategy, there are other equally important elements that can only be addressed in partnership with individuals or groups within the wider community. "When we talk about

wellness, what we're really talking about is increasing the opportunities for each of us to seek and achieve a balance between physical, mental, spiritual and social well-being," Stalinski says. As a result, the Region works with partners in the community, like the United Way, the City of Calgary and the boards of education to address fundamental issues such as poverty, but also to come up with innovative ideas to influence personal lifestyle choices.

The Wellness Strategy also includes plans to enhance the quantity and quality of health and wellness information available to the public. "We have to find ways of providing people with information that they can use to help them make healthy choices – before they develop a particular illness," Stalinski says. This will help individuals to become more involved in and responsible for their own and their community's health.

"Individuals and communities can and do have the ability to influence their own health, healing and wellness," Stalinski says. "Wellness and well-being are about knowing and understanding what we can do for ourselves and our community to achieve the best health possible," she says. "It's a focus on health as a journey and making choices to live as healthily and as well as we can."

To that end, the Region also believes it has a responsibility to "live it to lead it," Stalinski says.

"We believe that our organization and its people should be role models for health and wellness . . . We're working hard to look after ourselves and that's helping us recognize problems and concerns in others' health and wellness."

Stalinski also says this "live it to lead it" attitude will see the Region's Wellness Strategy integrated into every part of the health system and will be incorporated into the Region's four long-term objectives: creating a culture of caring; creating an engaged and knowledgeable community; providing safe access to the health-care system; and creating a strategic and responsive organization.

"At the end of the day, we want the Calgary Health Region to be the healthiest community in Canada," Stalinski says. "Gail Carriere's experience shows us that not everyone can be as fit as a fiddle, but anyone can learn to live well with the health they have. The Wellness Strategy arises out of our commitment to help people do exactly that."

### Wellness Strategy

To improve the well-being of all the people it serves, the Calgary Health Region has adopted a Wellness Strategy. The five core strategies are:

**Advocating for healthy public policy, and mobilizing communities to take action.** For example, a city-wide active living program is being developed in partnership with community agencies and groups.

**Emphasizing wellness in all health services.**

Examples include the Region's Chronic Disease Management program, a Healing Garden at the new Alberta Children's Hospital, and supports for children facing health threats such as inactivity and stress.

**Inspiring individuals and families to look after themselves and each other.** Current initiatives include *Apple*, the Region's health and wellness magazine, and an in-hospital television network. Future initiatives will include promoting information in priority areas, such as physical activity, healthy eating and stress/resiliency.

**Developing innovative services and alliances.**

The Region is actively collaborating with the Integrative Health Institute of Mount Royal, University of Calgary, United Way and is part of the Southern Alberta Child and Youth Health Network to identify and act on health and community priorities.

**Leading by example.** The Region is developing ways to create healthy workplaces for our staff and physicians.

"I realized I had lost my sense of myself, and Row Your Own Boat gave it back to me...I've learned to manage my life – and make a life for myself."

## did you know?

### Healthy schools

In a bid to help create a positive environment in schools, the Calgary Health Region has developed the Comprehensive School Health program in partnership with the Calgary Board of Education, the Catholic School District and the Rocky View School Division. The program is designed to support schools by linking curriculum with individual school environments, complemented by a range of support services, including public health nurses and other professionals. To date, about 150 schools have enrolled in the program.

### Home Care expands

Home Care is quietly emerging as one of the most important - and fastest growing - services offered by the Calgary Health Region. This year, the Region plans to increase spending in the area by about \$8.5 million. The Home Care team provides more than 3.5 million hours of care to roughly 22,750 clients a year.



Home Care physiotherapist Coleene Ireland (right) discusses potential tripping hazards with Phyllis Robinson.



## Meeting the challenge

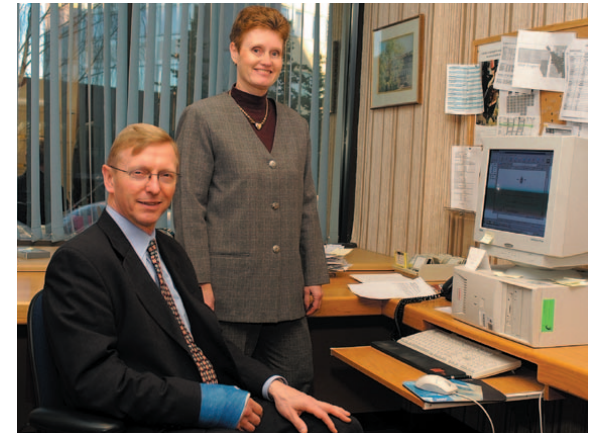
The Calgary Health Region has identified a number of key challenges it must meet in order to provide residents with the best health care possible. Here is a brief look at some of the ways the Region is meeting the challenge in promoting wellness.



Dr. Luke Shwart and Kerri Staden helped organize the Re-Think Your Drink campaign.



Dr. Don Bakal talks to patient Laurel Barney.



Dr. Don Addington with Sherri Gussman, who manages the rural early psychosis program.

### Re-thinking your drink

**THE CHALLENGE:** To reduce the number of children who are suffering from tooth decay and obesity, and are at risk of diabetes and osteoporosis.

**WHAT THE REGION IS DOING:** In a bid to improve dental health and nutrition among children, the Region launched a public awareness campaign this year entitled "Re-Think Your Drink."

Current research shows that children who consume soft drinks average one less serving of milk per day. "Kids need calcium to grow," says Dr. Luke Shwart, Manager, Community Oral Health Treatment, Calgary Health Region. "Other drinks – like pop – are displacing milk in the diet. Dentists see a lot of kids with cavities caused by diets high in sugar."

It's not just tooth decay. Daily consumption of beverages with added sugar contributes to health risks like obesity and osteoporosis. "Children today are bombarded with ads about high-fat and high-sugar food and drinks," says Kerri Staden, Co-ordinator of Nutrition and Active Living. "The Region is committed to educating children and their parents about nutritious alternatives."

During the campaign, Grade 4 students in Calgary were invited to participate in a contest to promote the "Re-Think Your Drink" campaign in their schools.

Dr. Shwart says the success of the awareness campaign will be measured when he sees fewer cavities in kids, changes in kids' school lunches and people taking the time to research beverages before they buy.

"The Region is committed to educating children and their parents about nutritious alternatives."

### Minding the body

**THE CHALLENGE:** To help patients who may not be benefitting from traditional approaches to complex conditions.

**WHAT THE REGION IS DOING:** The Region has just launched the Clinic for Mind-Body Medicine to help explore new ways of diagnosing and treating ailments.

Dr. Don Bakal, a clinical psychologist, says mind-body medicine involves the use of therapies that encourage the experiential connection between mind and body – the interaction of thoughts, feelings and bodily sensations. "The body has a natural potential for healing – and the human mind has the potential to unlock and activate internal healing processes," he says.

Dr. Bakal, professor emeritus at the University of Calgary and an adjunct professor in the university's Department of Medicine, works with a small team, including a psychiatrist, internal medicine specialist, geriatric psychiatrist and nursing support. These health specialists come together to help individuals with chronic illness manage their condition and restore wellness.

Carol Gray, Vice-President, Northeast Community Portfolio, says the clinic, launched with the support of donor Florence Cooper, fits with the Region's wellness focus through the integration of "mind, body and spirit and the recognition of the whole person."

Laurel Barney has already benefited from Dr. Bakal's approach. After undergoing eight back operations, Barney found herself in constant pain and in need of medication. "I didn't know which was worse: the pain from surgery or the stupor I was in because of the drugs." After attending the clinic for several weeks, she started to feel much better. "Now I have my sense of humour back. My husband and all my friends say they cannot believe how much better I am."

### Early psychosis treatment

**THE CHALLENGE:** To provide early detection and treatment of psychosis, a serious, but treatable brain disorder that causes a person to lose touch with reality.

**WHAT THE REGION IS DOING:** Under the leadership of Dr. Donald Addington, the Region has established the Early Psychosis Treatment Service to help diagnose and treat individuals experiencing this complex mental disorder.

"Because early detection is so crucial, we've carefully set up this service to be the entry point for dealing with what could be a long-term disease," Dr. Addington says. "This is a real chance to help people recover quickly so they can get back to their daily lives."

The program meets the Region's overall objective of improving the mental health of the population. "We are helping to promote and prevent mental health problems, improve access to care and increase the safety of residents in the Region," Dr. Addington says.

The program, which is available in rural areas through an outreach case manager and Telehealth, treats about 150 new cases a year. On average, 250 patients are involved in the service at any time. The Calgary model is among the first in Canada to provide research and evidence-based care. Dr. Addington believes his service has helped cut treatment time for untreated psychosis – the average is one year locally, while the global average is about two to three years. The service has also reduced attempted suicide, suicide rates, addictions and relapse rates.

The early psychosis program has been augmented with the recent edition of the PRIME clinic, which stands for Prevention through Research Identification Management and Education. The clinic has been developed for individuals, ages 14 to 45, who are concerned with a recent change in their thoughts or feelings.





Sharon Christie (left) hugs a patient at a health day last September.



Mom and baby Lindsay McInnis benefit from the 3 Cheers program.



A young dancer prepares to perform during Aboriginal awareness celebrations at the Calgary Health Region earlier this year.

## Helping immigrant women

**THE CHALLENGE:** New Canadians, particularly women from developing countries in Asia and Africa, are not always aware of the health services available to them.

**WHAT THE REGION IS DOING:** The Region organizes Immigrant Women's Health Days two to three times a year at the Grace Women's Health Centre. These health days recognize and respect the ethnic and cultural views and traditions of the women who attend, but are designed to encourage immigrant women to seek regular and preventative health services in their new home.

"We haven't always known how to reach some groups," says Sharon Christie, Outreach Co-ordinator. "But we've now developed ways to make 'scary' tests and examinations (such as mammography and pelvic examinations) much more positive – we want women to feel comfortable so they'll continue to get these tests."

In some cultures, for example, a male doctor would never examine a woman. In other cultures, discussing women's health – particularly breast or gynecological health – is taboo, says Christie. Immigrant women can also be reluctant to seek health services because of isolation, language barriers or a lack of transportation.

The Region's health days began as an effort to encourage immigrant women – whether they arrived in Canada 20 years or 20 days ago – to undergo regular pap smears, a test used in cervical cancer screening. "Only one group attended the first health day," says Christie. "The next one had four groups."

Today, women from a number of countries – including Afghanistan, Sudan, India and China – attend the health days, where they can undergo several preventive tests and access a variety of health services and information.

## Three cheers for parents

**THE CHALLENGE:** One of the most challenging, demanding and perplexing jobs in the world is understanding, nurturing and safeguarding the needs, abilities, growth and development of young children. Increasingly, parents and caregivers are seeking up-to-date, evidence-based information to educate and support them in raising and caring for children in the formative years.

**WHAT THE REGION IS DOING:** The Region's multifaceted 3 Cheers for the Early Years program aims to improve the health and wellness of young children by giving parents and other caregivers, such as family members and early childhood professionals, credible information and resources about young children's growth, development, health and safety.

Among the initiatives already launched by 3 Cheers are nine public awareness programs aimed at supporting healthier pregnancy and young family wellness, a variety of parenting courses for new moms and dads and a comprehensive professional resource to promote healthier child care environments. Last spring, 3 Cheers hosted a conference that encouraged teaching as an alternative to physical discipline. As well, the Region will begin distributing in October some 65,000 free copies of *Growing Miracles* – a parent's guide to understanding their children's growth, development, health and safety from birth to age six.

Like other 3 Cheers programs and materials for parents, *Growing Miracles* will be based on the principles of positive parenting. "Positive parenting builds a sense of security, trust, respect and self esteem," says Danielle Ladouceur, program manager. "Children who have those qualities have the fundamental characteristics for becoming self-actualized – healthier, happier and more productive and engaged in community life – throughout their lives."

## Aboriginal health

**THE CHALLENGE:** There is a large disparity in the health status of Aboriginal people compared to the rest of the population rooted in social inequities such as poverty, unemployment, discrimination, and physical and cultural isolation. The result is that Aboriginal people have shorter life expectancies than most Canadians.

**WHAT THE REGION IS DOING:** To improve the health and wellness of the Aboriginal population, the Region created the Aboriginal Health Program, considered one of the most sophisticated initiatives of its kind in Canada. Working closely with urban Aboriginal-serving community agencies, community members, and representatives of the Treaty 7 First Nation communities, the Region is working to reinforce Aboriginal values and traditions within the system and develop new services to enhance access to health care.

For example, the program's Aboriginal staff members provide support to Aboriginal hospital patients and their families, and to help arrange further care upon discharge from hospital. A key development has been the appointment of Celia Pace as Liaison Co-ordinator between the Region and Treaty 7 communities. "The value of my role is to build relationships to identify opportunities for collaboration with the health services organizations in First Nations communities in Southern Alberta," says Pace.

Brett Hodson, Manager of the Aboriginal Health Program, says the initiative underscores the Region's commitment to improving the overall health status of Aboriginal people. "The program serves an Aboriginal population estimated at upwards of 40,000. We are working to increase opportunities for the First Nations, Metis, and Inuit in the Region to fully participate in accessing and receiving health care and improving their well-being."



# quality care

## A living miracle

The story of one woman's journey back from brain trauma and the people who helped her along the way

By Geoffrey Vanderburg

STEPHANIE MCCULLOCH SAYS SHE IS LUCKY TO BE ALIVE.

In 2002, the 41-year-old woman was critically injured when her truck tumbled into a ditch near Caroline, Alberta, leaving her in a coma and suffering from severe head injuries.

Now, three years later, McCulloch is living in Calgary, continuing a journey to recovery that began with one month in the Intensive Care Unit at Foothills Medical Centre.

"They didn't expect me to survive," says McCulloch, flipping through a photo album full of memories of her former self. "I'm a living miracle."

McCulloch's courageous battle back from a life-altering brain injury has not been easy. Along the way, she spent four months in Foothills' Clinical Neurosciences Service Unit, a week in the Brain Rehabilitation Program at Alberta Hospital Ponoka, two weeks back in Foothills for medical stabilization and another 10 months of rehabilitation in Ponoka.

But her way has been made smoother thanks to the Transitional Brain Injury Project, a Calgary Health Region program that ensures people like McCulloch aren't left to fend for themselves once they are discharged from hospital. The program – a partnership between the Region and Universal Rehabilitation Service Agency – helps adults with brain injuries reintegrate into the community by helping them build life skills in a supportive setting.

McCulloch was discharged from Ponoka in September 2003 and lived in transitional housing in southeast Calgary until January 2004 when a spot opened in the Transitional Brain Injury Project. As part of the project, six clients live in one of two suites in the Bob Ward Residence in Calgary's southwest community of Glamorgan. The Bob Ward Residence is a three-storey complex that provides 61 units of affordable housing for people with mental illness, the physically disabled, people living below the poverty line and the brain injured.

In addition to round-the-clock supervision, the Transitional Brain Injury Project gives clients access to rehabilitation programs and health-care workers such as home care providers, occupational therapists and physical therapists.

It was during her stay at the Bob Ward Residence that McCulloch developed confidence and relearned



Stephanie McCulloch (left) and friend Karen Navarra enjoy a game of miniature golf.

Photograph by Brent Mykyshyn



basic skills, such as cooking and crafts, through structured programs.

McCulloch is grateful for the support she received through her rehabilitation from staff at the residence and home care staff such as Marj Runciman. "I want to thank them from the bottom of my heart," she says. "I couldn't have done it without their help."

After living in the Bob Ward Residence for one year, McCulloch moved into a duplex in northwest Calgary with Karen Navarra, a friend. Navarra has lent a helping hand in areas where McCulloch has faced challenges, such as driving to go shopping and ordering medication over the phone. Regular visits from health-care professionals have also helped bridge the gap from hospital to home.

"I still have many problems, but lots of people have problems," McCulloch says. "I don't focus on the stuff I can't do, I focus on the stuff I can do."

McCulloch can now live independently, take walks with a cane, take care of her shih tzu/poodle, Riley, play mini-golf, solve mathematical problems, be fanatical about cleanliness and indulge her passion for shopping at dollar stores.

Making it possible for people such as McCulloch to reintegrate into the community to continue their rehabilitation is only one example of how the Calgary Health Region is leading the way in terms of providing quality care for patients.

Quality care is more than just making sure everyone has access to medical services or that Emergency Department wait times are reasonable. It's about making sure the right patient gets the right care at the right time, even in the most difficult circumstances.

The Region placed a renewed emphasis on quality care in September 2004 when it appointed Dr. Bob Johnston as Senior Vice-President and Advisor, Patient Experience. Dr. Johnston serves as a patient advocate on the executive management team and leads a small group that investigates, develops and enhances patient experience at the Region.

"When it comes down to it, you'd like staff to be pleasant, kind and compassionate, and for patients to be treated in a timely fashion," Dr. Johnston says.

Quality care flows from the Region's four long-term objectives of creating a culture of caring, fostering an engaged and knowledgeable community, providing safe access to the system and

building a responsive organization.

Dr. Johnston's team is developing systems to improve navigation through the complex health-care system and is leading a major review of how the Region handles complaints from patients.

"How do we help frontline staff deal with concerns right up front?" Dr. Johnston asks. "We feel this is an area that could be handled better in our Region."

Dr. Alexandra Harrison, who in February 2005 accepted a new role as Director, Patient Experience, works with Dr. Johnston to enhance satisfaction with health care in the Region.

Her role includes collecting and reviewing information about best practices, both within the Region and across North America, identifying potential gaps with health-care delivery and proposing solutions.

"Our focus is to promote patient and family-centred care," Dr. Harrison says. "The family is the social context in which healing happens."

Dr. Harrison's doctoral studies related to understanding the patient experience. She researched patients' views as they moved from hospital to home care and looked at the co-ordination of care from the patients' and families' perspectives. Her work highlighted the importance of patients and families participating in the processes of care.

A number of Region community support programs, such as Row Your Own Boat, encourage patients with chronic diseases to develop the skills to manage their own condition. As the Region looks for ways to engage patients in their own care and relies increasingly on community-based partnerships, the Region's resources are no longer automatically directed to the hospital setting.

"Our role is to enhance the health status of the Region," she says. "We have to ask ourselves what is going to buy us more health."

In addition to encouraging patients and families to be engaged in their own health, the Region's commitment to quality care also involves paying attention to end-of-life planning, investing in home care and taking steps to ensure patient safety.

Last fall, the Region appointed a new vice-president for patient safety and set aside \$7 million for

work in the area as part of a plan to improve quality and minimize the risk of adverse events. The appointment of Dr. Ward Flemons as Vice-President, Quality and Safety underscores the Region's commitment to being a leader in patient safety.

Dr. Flemons says if the Region is going to identify potential problems in the system, health-care workers, patients and their families need to report hazards and incidents. "And if they report a problem, we need to learn," Dr. Flemons says. "Learning implies we will then go and fix the problem."

While the Region has strengthened its organizational structure to integrate safety into all of its operations, at the end of the day a safer system depends on widespread participation from the bottom up.

"A safer system doesn't come from one or two individuals, or even from a portfolio like mine," Dr. Flemons says. "It comes from every single person. When they see a problem, they tune into the fact that a patient could get hurt if we don't address this as an organization."

Widespread participation from staff, patients, families and friends is key to quality care of patients both in hospital and out. Region occupational therapist Barb Wheeler, who was Stephanie McCulloch's community care co-ordinator through-

out her reintegration into the community, says McCulloch's friend Karen Navarra has served as a key participant in the health-care system.

"Stephanie made it clear she didn't want Karen taking care of her, but Karen is an essential equal partner," Wheeler says.

As for Navarra, she says her role in McCulloch's rehabilitation has opened her eyes to the scope of the Region's services. Navarra says she was exposed for the first time to programs that allow clients to relearn basic house skills, to one of the city's 43 residential care homes for people facing health challenges and to Region employees with a wide range of skills and education.

"You don't realize it," she says. "You think the Calgary Health Region is a hospital. That's all you think of. In fact, there are so many other resources out there. I think it's incredible."

"I want to thank them from the bottom of my heart. I couldn't have done it without their help."

## didyouknow?

### Speaking the language

Fatima Hamad is a doctor in her homeland of Sudan, but hasn't been able to practice medicine since immigrating to Calgary. She has, however, found a way to continue working in health care and help people at the same time.

Hamad is one of 35 Certified Health Care Interpreters working for the Diversity Services branch of the Calgary Health

Region. These individuals provide face-to-face and over-the-phone interpretation in all the most commonly spoken languages in Calgary including Cantonese, Vietnamese, Punjabi, Mandarin, Hindi, Farsi, Spanish, French, Korean, Russian, Urdu, Arabic, which Hamad interprets, and Sudanese languages.

"We are a conduit for information

between doctors or health care professionals and the patient and their family," explains Hamad, who has been interpreting in Arabic for a year and a half. "We must relay the information back and forth in an accurate, professional manner. Regardless of the situation, we must be calm and remain neutral."



Delaine Johnson, Manager of Diversity Services (left), meets with interpreters: Thu Vu, William Lieu and Fatima Hamad.



# quality care

## Meeting the challenge

The Calgary Health Region has identified a number of key challenges it must meet in order to provide residents with the best health care possible. Here is a brief look at some of the things the Region is doing to enhance quality care.



Debbie Boudreau talks to a parent about medication issues.



ICU Outreach team members (l to r): Respiratory technologist Chris Cuthbert, nurse Veronica Webbink and Dr. Kendra Newell.



Janice Popp heads an innovative service designed to help children.

### Empowering families

**THE CHALLENGE:** The complexity of modern medicine, combined with the frailty of humanity, means there will always be the potential for errors. The challenge is to find ways to empower families to be a third set of eyes regarding the care of their loved ones, thus helping to catch potential hazards before they can cause harm.

**WHAT THE REGION IS DOING:** The Calgary Health Region recognizes it has an opportunity to create an environment where family members may participate in the identification of medication errors. The primary goal of the Family Medication Awareness Project, being co-ordinated by Clinical Nurse Educator Debbie Boudreau and Ann Harding, Manager of the Family & Community Resource Centre, is to enhance family-centred care through a practice culture that educates and encourages parental involvement in medication safety. "We believe parents are partners in health care," Boudreau says. "We acknowledge that parents know their children well ... another check in the system can only lead to good things." To achieve this goal, staff nurses in Child and Women's Health will be asked to incorporate two steps into their interactions with children and families. The first step involves the delivery of a safety statement that identifies the Region's commitment to family-centred care and encourages families to ask questions about medications. The second step is to clearly communicate to family members specific information related to their child's prescribed medications, including the name of the medication, the purpose, the dose and the frequency. "We're hoping to influence a shift in the culture of health care by encouraging a safety partnership with parents," says Harding.

"Another check in the system can only lead to good things."

### ICU team saves lives

**THE CHALLENGE:** To reduce the number of Code Blue calls – cases where patients go into cardiac arrest, experience extreme respiratory difficulties or develop a critical illness.

**WHAT THE REGION IS DOING:** The Intensive Care Unit Outreach Team was established at Rockyview General Hospital to decrease the number of Code Blue calls and to reduce the number of hospitalized patients being urgently admitted to the ICU. A six-month pilot project in 2004 was a success and is now being implemented in all three adult acute care hospitals in Calgary.

The ICU Outreach Team is comprised of a registered nurse, a registered respiratory therapist and a physician who respond to calls from patient care unit staff. The Outreach Team provides assistance with patients who are becoming physiologically unstable or show signs that their condition may be deteriorating. Steps are then immediately taken to administer appropriate treatment to prevent the patient from suffering negative health effects and subsequently having to be urgently admitted to ICU.

During the pilot project, the number of Code Blue calls was reduced by 39 per cent, and that's just the beginning, says Elaine Rose, Co-ordinator, Regional ICU Outreach Program. "We want to catch the patients before they reach that critical stage to optimize recovery," Rose says, adding that many of the staff who have accessed the team for their patients have praised the effectiveness of the program. "This team is available to support and assist staff from other areas of the hospital in the assessment, care, and treatment of patients that are becoming physiologically unstable," says Rose, who is implementing the program at other sites.

### Child health network

**THE CHALLENGE:** With so many individuals, organizations and resources dedicated to improving the health and well-being of children and youth in our community, there is always a need to ensure each part of this broader system is connected. Effective collaboration and co-operation is necessary to optimize services targeted to children and youth.

**WHAT THE REGION IS DOING:** When funding was announced for the new Alberta Children's Hospital in June of 2000, the Region realized the importance of building the hospital within a broader community context and system of care for children and youth. "The reality is that we all have a part to play in a comprehensive system of care for children and youth, and having everyone work together is essential," says Janice Popp, Director of the Southern Alberta Child & Youth Health Network.

"We all have a part to play. . ."

The network was created across southern Alberta four years ago to smooth transitions between cross-sector or cross-regional boundaries. Setting priorities for child and youth health, planning and facilitation involves drawing upon resources in all aspects of both health care and other related child services, Popp says.

With funding from the Region and other committed partners, SACYHN has become a valuable tool in a wider effort to bring health care services closer to home for families. SACYHN facilitates outreach services in locations throughout southern Alberta, and is a mechanism for different agencies, organizations and individual service providers to collaborate on initiatives in order to positively influence the health and well-being of children and youth.





The development of safety policies demonstrates the Region is dedicated to patient care.



Bert Enns is helping develop the end of life initiative.



Dr. Ron Read says the HTTP has been "radically successful."

## A culture of safety

**THE CHALLENGE:** A nurse sees what he believes are incorrect instructions on a patient's chart, but says nothing. A doctor misreads the handwriting on a patient's chart, but doesn't say anything because she's embarrassed and believes she should have known better. If unreported, these situations may lead to patients being harmed. Creating a culture that encourages the reporting of hazards is a key part of the Region's goal of providing quality care.

The reporting of hazards is a key part of the Region's goals.

**WHAT THE REGION IS DOING:** When a team at Rockyview General Hospital noticed that a health care worker could inadvertently unplug a ventilator cord next to a patient's bed instead of one of the other less vital electrical cords, they worked together to come up with a solution. Their suggestion that a label be attached to each ventilator cord has now been implemented throughout the Region.

When a doctor noticed that the container for succinylcholine, a drug used to anesthetize a patient, looked similar to the container for saline, he brought the problem to the attention of Central Pharmacy staff. They acted immediately to fix the problem.

These stories illustrate just two of many good catches that have been brought to the Region's attention recently as part of a concerted effort to foster a culture of safety. The development of new safety policies that relate to reporting hazards, creating a just and trusting culture in which hazards can be reported without fear of reprisals, disclosing harm to patients and informing stakeholders about safety issues demonstrates that the Region is leading the way in patient care.

## Care at the end of life

**THE CHALLENGE:** The one sure thing for everyone is that life will eventually end. A significant part of health care involves the way we care for people who are dying. Death may be sudden and unanticipated; or it may come after a long journey with chronic illness. In all circumstances, it is paramount that we ensure quality care at the end of life.

**WHAT THE REGION IS DOING:** Bert Enns understands first-hand the importance of the Region's End of Life Care initiative, launched earlier this year. Enns, who is project manager for the program, recalls 10 years ago when her 69-year-old father was diagnosed with aggressive brain cancer and died three weeks later.

"There was profoundness around the realization that a healthy and cherished adult in my life was facing the end of his life," Enns says. "The poignancy has stayed with me and I started to think about a career shift."

Today, Enns works with colleagues in the Regional Hospice and Palliative Care Service and other programs. The initiative plans to develop an advance care planning program for individuals facing life-limiting illness that invites the values of a patient and their family to guide their decision making. It will extend the expertise of palliative and hospice care to a broader population and standardize Region health policies to support skilled, compassionate care at the end of life.

Physicians and staff in our Region are committed to this vision of quality care at the end of life for all. This is both desirable and do-able. The immediate goal is to build awareness around the initiative. The first training sessions are slated for early in 2006.

## Medication to go

**THE CHALLENGE:** Patients who have to stay in hospital for no reason other than to receive necessary drug treatments to fight off infection often find themselves feeling isolated and depressed. For many of them, time drips by slowly as they receive intravenous antibiotics or other medication.

**WHAT THE REGION IS DOING:** The Region has developed a program at its four acute care hospital sites that allows patients to go home sooner, freeing up space and improving the quality of life for patients.

Under the Home Parental Therapy Program, patients are allowed to administer IV antibiotics and other medications at home using an infusion pump. If they have questions while at home, they can contact an on-call service, 24 hours a day, seven days a week for support.

In its first year of operation, the program helped 89 adult patients leave hospital sooner and administer their medication at home. By 2003, about 2,500 patients had taken advantage of the service.

Dr. Ron Read, who leads the program, says it has been "radically successful" because it provides patients with the freedom to continue work or go to school, while still ensuring they have access to specialists and support staff, 24 hours a day. It also frees hospital beds and reduces wait times in Emergency. Appropriate patients referred from Emergency receive treatment right away, with follow-up care the next morning and onward. Medications are modified as required and usually changed to oral antibiotics until treatment is completed.

"Everybody knows you heal better at home."



## Plugging into the future

Electronic health record initiative puts the patient first

By Dina O'Meara

WHEN DR. PETER JAMIESON WALKS THROUGH THE HALLS OF THE ROCKYVIEW GENERAL HOSPITAL EN ROUTE TO A NEW PATIENT THESE DAYS, HE'S GOT ONE LESS THING ON HIS MIND.

Dr. Jamieson, a family doctor practising at the Rockyview, doesn't have to worry about chasing a paper trail back to previous patients when their lab results or X-rays come in. He can access the information or image from any terminal in the hospital, and consult with nurses about the results without having to physically return to the unit.

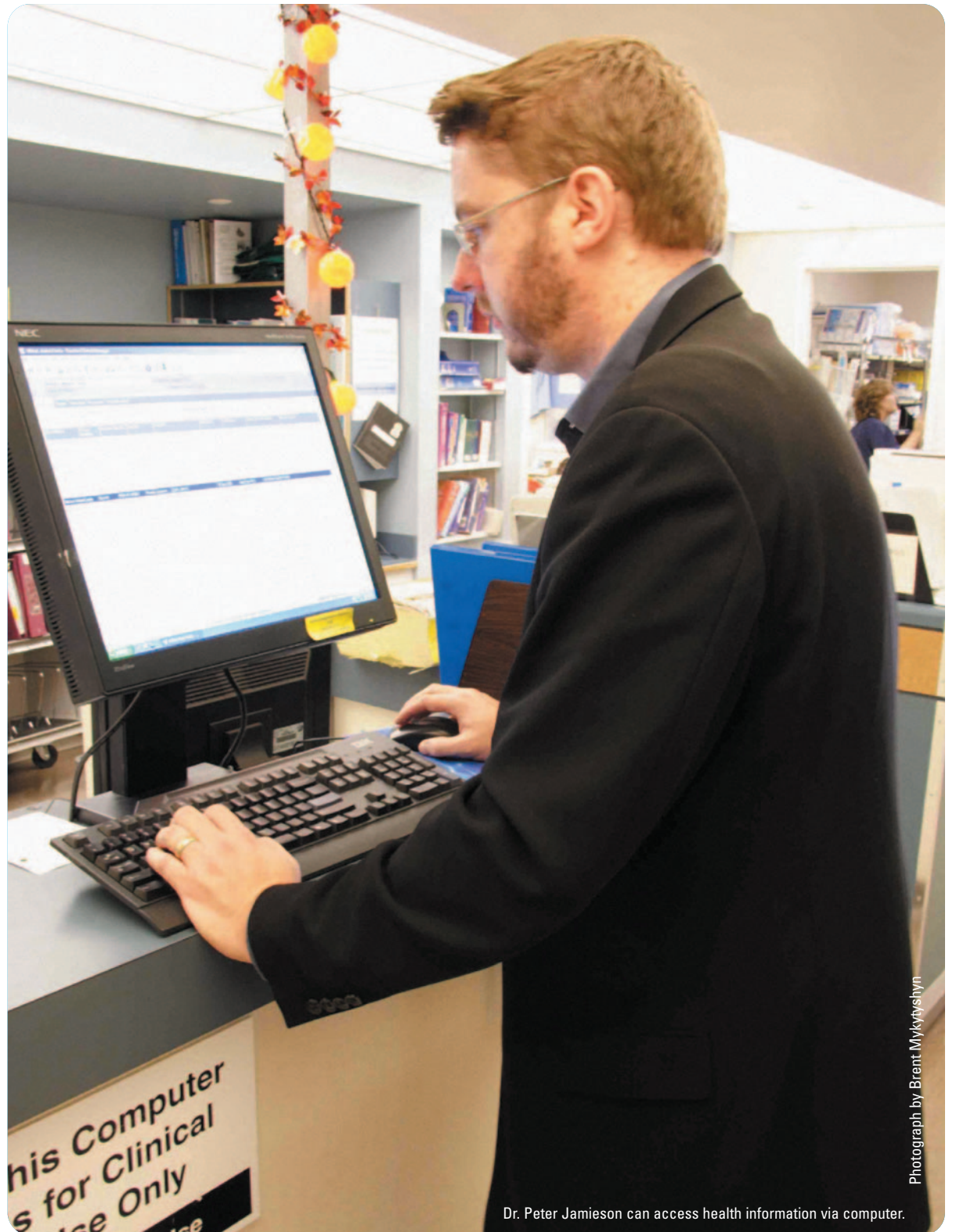
Thanks to a new state-of-the-art electronic health record program, known as the Patient Care Information System, Dr. Jamieson also can check up on how patients' conditions are progressing with a click of a mouse, triggering a program that will chart trends in lab tests. The same program will alert him to abnormal lab results, allergies the patient might have, and warn of adverse interactions between certain drugs.

"This system gives me the ability to get the right information at the right time for the patient, and increases the ability to make my work safer," Dr. Jamieson says. "It cuts the amount of time we spend looking for information, and we can access it wherever we are."

The Rockyview's Patient Care Information System is the first phase of a four-year electronic revolution that promises to enhance patient care across the Calgary Health Region. Designed with the input of more than 300 health-care providers, the system eventually will link doctors, nurses and clinicians across the Region with up-to-date information on specific patients, transcribed reports, standardized treatment plans and prescription alerts. Real-time access to lab results and diagnostic images, clinical documentation and drug management will be available to all members of the health-care team.

"We have changed the way we do business, from being facility-centric or provider-centric, to being patient-centric," says Bill Trafford, Vice-President of Advanced Technology for the Region. The system will help bring together the four worlds of health care: acute care seen in hospitals; ambulatory, as in walk-in clinics and Emergency Department sites; community care, such as home care and long-term care facilities; and physicians, bringing in family doctors.

"What's crucially important is that a patient is treated in the best manner possible across those



Dr. Peter Jamieson can access health information via computer.

Photograph by Brent Mykyshyn



four worlds," Trafford says. "In order to do that, you have to have complete and real-time, detailed information on that person.

"In the new world, when a physician shows up at the unit, he or she can click on a computer, and it will give him the status and condition of every patient he's responsible for, right there and then," Trafford continues. "Then he can walk into the patient's room, with all the information, and spend more time with the patient, and less time gathering up all this information."

The Region's Electronic Health Record initiative is the most comprehensive and sophisticated program to be launched in Canada, and will see more than 1,500 physicians and residents and 10,000 clinicians trained on the Patient Care Information System by 2007, when all four urban acute care hospitals in the Region will be linked and online. Challenges to running the system include unlearning existing systems, and in some cases, becoming comfortable with computers. The initiative is rooted in two of the Region's four long-term goals: providing safe access to the system and creating a responsive organization, and complements the other two long-term goals of building a culture of caring and fostering an engaged and knowledgeable community.

At the Rockyview, where the program was launched, computer literacy among its 2,000 doctors, nurses and allied health professionals can sometimes be a challenge, Clare Byrne, Patient Care Manager at Rockyview Unit 47, admits. Many staff didn't use computers on a regular basis and had to be tutored.

But now when nurses start their shifts, they automatically log on to a computer to download individu-

alized information of their patient list and get a print out. On the sheet of paper will be lab results in chronological order, transcribed consultation notes, allergy alerts, and reminders of upcoming tests, along with other information.

In the old days, nurses would jot notes down from the white board or cardexes, and chase down lab reports, while trying to decipher doctors' records. "The quick access to patient information can really help enhance patient care," says Byrne, who sits on the Clinical Design Team. "A nurse can intervene much more quickly and more efficiently. The other system worked, but this is taking seconds as opposed to minutes."

Not to say there isn't a paper trail anymore; nurses still chart patients' data, such as blood pressure and temperature, by hand. However, phase two of the new system, to be launched next spring, will include inputting information into the computer, as well as putting order entry online, something nurses and pharmacists welcome. "The readability of consults sometimes can be very challenging," Byrne says. "It is so much easier when you're confident about what you're reading."

By next summer, physicians at the Rockyview will be placing treatment orders directly into the system, increasing patient safety by eliminating issues around handwriting legibility, and by tapping into built-in safety mechanisms. Drug orders will automatically be screened against individual patient information

for allergies, maximum dosages, interactions with other drugs being taken, and contraindications.

"The electronic patient record allows you to manage information in a way that's organized and legible, and that provides better patient care," Dr. Lowell Van Zuiden says. An orthopedic surgeon for the last 25 years, Dr. Van Zuiden embraces the time-saving elements of having access to patient information from anywhere in the hospital, as well as the learning component to the system.

The vast amount of new medical and pharmaceutical information flooding hospitals and offices each day makes it impossible to keep abreast of advances without the aid of a comprehensive information system, he says. Physicians already use standard treatments for common procedures like hip replacement surgery, where peers have

evidence-based programs outlining pre-and-post operative care, down to which antibiotic to use and when. But standards change, and that's where automatically updated plans can save lives.

In the next phase of the Region's electronic march, doctors will be able to tap into a wealth of continuously upgraded standards of treatment by clicking into the system, ensuring patients receive the most up-to-date, safest course of treatment available. "It is very difficult to be on top of all standards all the time," Dr. Van Zuiden says. "This creates a learning environment for all health-care professionals."

"This system gives me the ability to get the right information at the right time for the patient, and increases the ability to make my work safer."

## did you know?

### Hi-tech suites enhance patient care

Calgary is the only city in North America to have state-of-the-art Stryker i-Suite™ operating rooms in three of its adult hospitals – Foothills Medical Centre, Rockyview General Hospital and Peter Lougheed Centre. These operating rooms are efficient surgical suites that utilize voice command technology and optimize ergonomics by taking surgical equipment off the floor. While operating in the suites, surgeons can use a voice activated computer – known as Sydney – to control virtually every piece of equipment in the room. Among other things, the computer will also allow surgeons to access the Internet or consult with colleagues at any of the city's three adult hospitals during surgery. "These rooms incorporate advanced technology and utilize voice control systems to enable surgical teams to control any piece of equipment with a simple voice command," says Tracy Wasylak, Vice-President, Southwest Community Portfolio. "It sets the stage for introducing new surgical approaches, such as robotics and enhanced image-guided systems." The Calgary Health Trust is raising the \$3.6 million necessary to support the purchase of Stryker i-Suites™ through the efforts of the Pengrowth Rockyview Invitational Golf Tournament and the Rockyview Hospital Development Council.

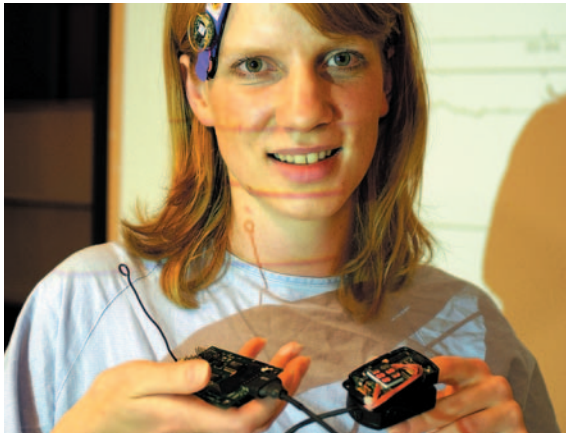


Dr. Greg Kozak (right) performs a mock surgical procedure to illustrate the advantages of the new Stryker i-Suites.



## Meeting the challenge

The Calgary Health Region has identified a number of key challenges it must meet in order to provide residents with the best health care possible. Here is a brief look at some of the ways the Region is using technology to meet those challenges.



Stephanie Dean demonstrates a "Smart Bed" patient monitoring system that will be tested in the Medical Ward of the 21st Century.



Nicky Bartsch with Dr. David Parsons and a model of the titanium rib.



A patient prepares to enter the new PET/CT scanner at Foothills Medical Centre.

### The future of health care

**THE CHALLENGE:** To imagine, develop and provide safer, more efficient patient care environments equipped with up-to-date technology and teaching facilities.

**WHAT THE REGION IS DOING:** With its Ward of the 21st Century, the Region is shaping the future. Unit 36 at the Foothills Medical Centre is unlike any other hospital unit in the Calgary area, although someday many hospital units could bear a striking resemblance to it.

A partnership project with the University of Calgary, this \$5-million, 36-bed teaching unit sets a benchmark for new inpatient medical wards across Canada. Twenty-eight spacious private rooms have private wheelchair-accessible washrooms; 10 rooms can be isolated in the case of an infectious disease outbreak. The entire unit is outfitted to accommodate wireless communications by caregivers, patients and their families. Walls can be moved to accommodate patient needs, and education rooms are dedicated to teaching and telehealth.

"The basis of the ward is to test innovative care delivery with physicians, nurses, engineers and students," says Andrea Robertson, Vice-President South Health Campus. "We're looking at different ways for teams to work together . . . and we're looking at the human factors involved in patient care. It's a living laboratory and we're just beginning – it should never really end."

The observations made at Unit 36 – which already include significant reductions in patient infection – should find their way into units across the Region and throughout the country.

**"It's a living laboratory and we're just beginning – it should never really end."**

### Treating scoliosis

**THE CHALLENGE:** Scoliosis is a deformity of the spine which prevents a child's lungs from growing properly. Over time, the curvature worsens and leads to serious complications. Children with scoliosis face the possibility of life in a wheel-chair, an uncomfortable body brace and premature death.

**WHAT THE REGION IS DOING:** To help children afflicted with scoliosis and fused ribs, the Region is using a titanium rib to open up the chest cavity and allow a patient's lungs to grow properly. Approved in 2004 after a 13-year pilot study in the United States, the Vertical Expandable Prosthetic Titanium Rib has been inserted into more than 300 children in North America. The device creates a gap that is normally present between ribs. As the body develops, the lungs are able to grow naturally so that by the time the body reaches skeletal maturity at about the age of 15, the child's ribs are normal.

"If you don't correct this spinal deformity early on, the lungs won't develop and mature properly and children end up with respiratory difficulties and die premature deaths," says Dr. David Parsons, one of the first doctors to use the device in western Canada.

Three-year-old Nicky Bartsch of Calgary is one of the first children in Alberta to have a titanium rib inserted into his chest. The ground-breaking invention is a huge boon for families like Nicky's. "Some of these kids weren't expected to live past their second or third birthdays," says Nicky's mom, Cathy. "Now they are turning six or seven and just going full tilt." Bringing the titanium rib to Calgary has also reduced health care costs dramatically. It used to cost \$150,000 US to treat a child like Nicky, whereas now it costs about \$10,000 CDN.

### Leading edge technology

**THE CHALLENGE:** Accurately identifying the presence of cancer in the body, if it has spread beyond the first site of disease, helping to direct the proper treatments for the patient, and later again accurately identifying if the cancer has come back.

**WHAT THE REGION IS DOING:** Patients in southern Alberta now have access to state-of-the-art diagnostic imaging technology with the Region's purchase of a PET/CT (Positron Emission Tomography / Computed Tomography) scanner.

One of the most advanced clinical diagnostic imaging tools available in the world today, the scanner integrates PET and CT technologies into one device, making it possible to collect functional and anatomical information during a single examination.

In the PET portion of the scan, radioactive glucose (sugar) is injected into the body. Because cancer cells metabolize glucose much faster than normal cells, cancerous areas in the body absorb the glucose and are dramatically displayed in the PET scan.

This information is combined with the detailed, anatomical information provided by the CT scan. Together, PET/CT provides a precise picture, enabling physicians to pinpoint the presence, progression or absence of cancer.

"I think this is a huge boost for cancer patients," says Dr. Christine Molnar, a radiologist and nuclear medicine physician with the Calgary Health Region. "This is absolutely the greatest thing that's happened in nuclear medicine in a long time." The PET/CT scanner is particularly effective at identifying specific cancers including lung, head and neck, colorectal, esophageal, lymphoma, melanoma, breast, thyroid, gynecological, pancreatic and brain cancer.

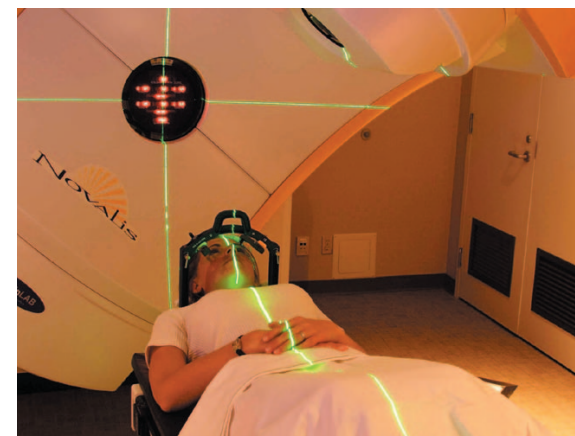




Dr. Paul Shaw checks says the new CT scanner will benefit rural health care.



Ashley Ravenhill (left) and Silvia Kozlik, co-ordinator neurosciences, demonstrate use of the electroencephalogram headbox.



Novalis technology allows for precise treatment of certain types of inoperable tumours.

## Enhancing rural care

**THE CHALLENGE:** The sheer size of the Calgary Health Region – it is one of the largest health jurisdictions in Canada – means making the latest technology available to residents in rural communities can be daunting.

**WHAT THE REGION IS DOING:** The Region recently installed state-of-the-art CT scanners at the High River and Canmore General Hospitals as part of a program to improve the scope of diagnostic imaging services at rural sites. For the first time, southern Albertans can access this type of technology in a rural setting, eliminating the need for people to travel to Calgary for many procedures.

Dr. Paul Shaw, radiologist, Canmore General Hospital, said the scanners will reduce wait times. “By expanding diagnostic imaging capacity, wait times throughout the Region will decrease. Everyone will benefit.”

CT is a special type of X-ray that takes images at different angles around the body to show cross-sections of tissues and organs. CT scans can show many different types of tissue (lung, bone, soft tissue and blood vessels) with great clarity and are used by radiologists to more easily diagnose cancers, cardiovascular diseases, infectious diseases, trauma and musculoskeletal disorders.

The scanners are linked to the Region’s Picture Archiving and Communications System, which allows the CT images to be viewed electronically by physicians at different locations, so that remote diagnosis and consultation of a patient’s condition can be made. “The PACS technology really was the building block for this to happen,” said Carla McAuley-Gilmore, Director, Diagnostic Imaging, Calgary Health Region. To date, the Region has installed PACS in six rural communities with plans to install it in three other rural sites. PACS also allowed for tele-ultrasound services to be implemented in Strathmore.

## Catching waves

**THE CHALLENGE:** It’s difficult to monitor a child’s brain activity when they’re not in their natural environment. So, a hospital setting is not exactly the ideal place for a child with epilepsy to have their brain waves recorded by electroencephalogram (EEG), but the process is necessary to determine treatment.

**WHAT THE REGION IS DOING:** Two and a half years ago, the Region’s Neurosciences Department at the Alberta Children’s Hospital with support from donors introduced some leading edge technology designed to fit comfortably on a child’s head. These little devices, about the size of an iPod, record brain activity information that will be used to determine further treatment of the child’s condition. A pediatric neurologist “reads” the information carefully to determine if medications need to be adjusted, changed or if a different method of treatment is required.

“The beauty of these devices is that the children don’t have to miss school and they can sleep at home,” says Conny Betuzzi, Manager of Neurosciences at ACH. “They can just wear a ball cap or whatever and they’re hidden away.”

The success of the program is marked by the increasing number of children being monitored with these head boxes. In the first year of use, 24 children wore them. In just the past four months, 45 children benefitted from the EEG units and that number is expected to climb significantly. The Region purchased two more of the smallest units available recently, for a total of three head boxes.

“The beauty of these devices is that the children don’t have to miss school and they can sleep at home.”

## Treating the tumour

**THE CHALLENGE:** Cancerous and non-cancerous tumours and other brain abnormalities often pose a serious challenge for doctors. In many cases, there is simply no way to remove or reduce the tumour because of its shape or location. As a result, patients are left with little or no treatment options.

**WHAT THE REGION IS DOING:** The Calgary Health Region and the Alberta Cancer Board joined forces to establish the Alberta Radiosurgery Centre (ARC) and became the first centre in Canada to offer shaped beam radiosurgery.

The state-of-the-art technology, developed by Novalis, allows oncologists to use a high degree of precision in using large doses of radiation to treat patients with certain types of inoperable tumours and other neurological abnormalities. Fast and painless, the treatment also allows patients to return to their daily routine quicker, without long recovery time or intensive care, which is often needed after traditional surgery.

The key to the technology is that it allows doctors to shape the radiation beam to match the shape of the tumour. “This technology reduces the risk of conventional surgery in the brain and spinal cord, in critical regions that control memory, emotion, speech and movement,” says Dr. Zelma Kiss, Neurosurgeon at Foothills Medical Centre and Co-Medical Director of the Alberta Radiosurgery Centre. “With this new tool, we can target treatment of tumours in sensitive areas where we couldn’t reach before.”

“This program has demonstrated that health regions and organizations when working in partnership can overcome many obstacles and provide exceptional care to patients,” says Dr. Alex Chan, Co-Medical Director and radiation oncologist at the Tom Baker Cancer Centre.

## Seamless service

### New Primary Care Networks will lead to better health care

By Carey Millar

IMAGINE FOR A MOMENT THAT YOU'VE JUST MOVED TO CALGARY. YOU DON'T KNOW ANYONE, LET ALONE A FAMILY PHYSICIAN.

Now imagine that you've sustained an injury that has resulted in a visit to the Emergency Department where you are told you will need some follow-up care from a family doctor.

If you live in south Calgary, the news shouldn't leave you panicked. That's because, as part of the new South Calgary Primary Care Network (PCN), patients who need follow-up care after an Emergency Department visit can be referred to one of the doctors involved in the network.

"This fills a gap that existed where unattached patients were not always able to access the follow-up care they needed in their community," says Dr. Nick Myers, Deputy Regional Clinical Department Head of Family Medicine for the Region. Dr. Myers' primary responsibility is to support PCN development, and he is one of 50 doctors who make up the South Calgary Primary Care Network. "We do not have the capacity to attach these patients to family doctors, but this does help such patients to receive timely care."

The South Calgary PCN is one of 26 that have either been approved for implementation or are under development across Alberta. In addition to the South Calgary network, the Calgary Rural Primary Care Network is the other PCN approved in the Calgary Health Region. It includes 59 doctors and encompasses a large rural area including the communities of Black Diamond, Claresholm, Okotoks, Nanton, High River, Strathmore and Vulcan. There are two additional PCNs under development in Calgary – Calgary West Central and Calgary Foothills.

"This innovative initiative is really ground-breaking," says Carol Gray, Vice-President, Northeast Community Portfolio, Calgary Health Region. "Alberta is the only province to take a partnership approach to changing the health care system by changing the relationship of the providers. It is truly a very significant and bold step forward."

The new provincial Primary Care Initiative is the result of an unprecedented agreement between the Alberta Medical Association, Alberta Health and Wellness and the province's regional health authorities, including the Calgary Health Region.

PCNs allow family physicians the opportunity to provide first contact health care services in a new way, while building on the strengths of the current



Dr. Brian Siray, of Black Diamond, is participating in the Primary Care Network pilot project. Once up and operating, these networks will offer patients smoother access to a variety of health professionals.

Photograph by Brent Mykyshyn

health care system. The networks are formal arrangements between a group of family doctors and their health region to jointly provide a range of primary health care services to their patients. In essence, they help to ensure the right patient gets the right service from the right provider at the right time. In doing so, the PCNs support the Region's four

long-term goals of providing safe access to the system, creating a responsive organization, building a culture of caring and fostering an engaged and knowledgeable community.

Historically, much of the focus in health care has been on acute, hospital or urgent care, not on primary care, which is the first point of contact people have



with the system. It's where you receive care for your everyday health concerns. However, Dr. Myers notes Primary Care Networks are "revolutionizing that by recognizing the important and valuable role primary care plays in the overall health care system."

Adds Gray: "Now, what you are seeing is the whole system recognizing that the foundation for an effective acute care system is a strong primary care system. That's a real shift in the attention and emphasis, and supports all health providers in being more effective in what they are doing. From the Region's perspective, we understand that supporting primary care is truly a vital means of fulfilling our vision of creating a healthy, engaged and knowledgeable community."

The Primary Care Initiative will also foster stronger partnerships between local doctors and health regions.

"One of the best things to come out of this process so far has been a much better understanding on both sides as to what the other side does," says Dr. Gloria Mazloum, a family physician in Okotoks and a member of the rural network. "In the past, there wasn't necessarily the kind of dialogue that is happening now, so that has led to much stronger relationships."

Each PCN is required to maintain or enhance access to certain primary health services such as psychological counselling, screening and prevention of chronic diseases, family planning and pregnancy counselling, obstetrics, palliative care, care for the elderly, minor surgery, minor emergency care and rehabilitation care.

The Primary Care Networks will also be required to direct patients to after hours care. That could mean some may set up after hours clinics, while others might work more closely with Health Link, or have a network physician on call for patients.

The PCNs will also enhance patient links to other areas of the health-care system, including home care, Emergency services, long-term and specialist

care as well as public health, lab services and diagnostic imaging.

Funding is provided by the province for Primary Care Networks to address challenges and opportunities at the grassroots level. That means while there will likely be some similarities between networks, each will operate differently and will be able to focus on specific challenges and opportunities within the local community.

"I think that the greatest strength of this initiative is that it allows each network to respond to the unique needs of its residents," says Dr. Mazloum. "There are some real positives for patients in that the network can fill gaps that nobody else can fund."

For instance, after community consultations, Strathmore physicians, in collaboration with the Region, have decided to focus on healthy lifestyle promotion through funding that supports family access to a local swimming facility on a specific day.

In Claresholm, some of the funding will be used to create a transportation network to help residents access community health services, while in south Calgary a portion of the money will be used to focus on improving services where there are identified needs for area residents, for instance, pregnancy and early child care, and care to the chronically ill.

"One of the big challenges we have is the flow of clinical information," says Dr. Myers. "So for instance, when a patient is referred by their physician to one of the hospitals for additional care, sometimes there is a delay in receiving all the necessary information. As well, there are often gaps when a patient is discharged from hospital and returns to the

community. Sometimes patients aren't able to access follow-up care in a timely way or they may not be aware of the resources available to them."

Another benefit of PCNs is that they will aid in drawing physicians to the Calgary area.

"Strong Primary Care Networks are creating ideal work environments with groups of family physicians working together efficiently with rapid access to patient information and timely access to specialists. The PCNs are already demonstrating they can attract family physicians to our Region, and are part of the solution to address our undersupply of family physicians," says Dr. Wendy Tink, Regional Clinical Department Head of Family Medicine.

Primary Care Networks encompass:

- Connecting physicians to medical specialty areas, community resources and other facilities.
- Co-ordination of care, which contributes to the smooth transfer of patients from one health care professional to another.
- Specific enhancements to services where there are service gaps or high priority needs for individuals and communities.
- Improving access to first line care and improving quality care.

Dr. Myers notes the Primary Care Networks are brand new and just beginning to become operational. "We know that they will grow and change over time as the population changes. Right now in south Calgary there are a lot of young families, so we will be looking at programs and services to support their needs. However, the needs of this community may not be the same ten years from now and so what we are doing today will very likely change over time. And therein lies the real value and flexibility of Primary Care Networks."

"This innovative initiative is really ground-breaking. Alberta is the only province to take a partnership approach to changing the health-care system by changing the relationship of the providers."

## didyouknow?

### Day Hospital provides seniors with care when they need it

For Betty Ullberg, wondering whether she would ever walk again was only one of the many heart-rending challenges she was facing. As a new widow recovering from her fourth hip-replacement, life looked bleak for Ullberg. Not only did her immobility slow her down, but her tears blurred the way.

That was before she was referred to the Day Hospital at Carewest Dr. Vernon Fanning. Now the 68-year-old retired geriatric rehab nurse is walking with a cane and a new outlook on life. "I don't think I would have the emotional strength to go through what I did without the Day Hospital because they made me bring myself forward again," she says.

The Carewest Day Hospital program, in partnership with the Calgary Health Region, gives seniors the care they need without

having to stay in a hospital or long-term care facility.

The objective of the program – which operates out of Carewest Glenmore Park in the south and Carewest Dr. Vernon Fanning in the north – is to improve each client's functional ability and maximize their level of independence. This is accomplished through a comprehensive blend of assessment, rehabilitation and treatment services provided by a professional multi-disciplinary team.

Ullberg says her experience at the Day Hospital was so rewarding, she now volunteers for program graduates at the north site, organizing card games once a week.

"I come in, help set up, move chairs around, make coffee. The girls go downstairs for lunch and I go and meet them. I'm really happy to be here. There are hardly words to describe what they did for me."



Betty Ullberg has high praise for the Carewest Day Hospital.

## Meeting the challenge

The Calgary Health Region has identified a number of key challenges it must meet in order to provide residents with the best health care possible. Here is a brief look at some of the innovative approaches it is using to meet those challenges.



A patient listens to a CD as she awaits surgery.



Drs. Michael Hill (left) and Andrew Demchuk – known for their work in stroke treatment – will help shape a new provincial stroke strategy.



SACYHN's Whole School Mental Health pilot project will help kids feel "safe, valued and connected to their schools."

### Relieving patient stress

**THE CHALLENGE:** To reduce the stress and anxiety levels of patients who are undergoing cancer surgery.

**WHAT THE REGION IS DOING:** To help calm and relax patients prior to an operation, the Region has launched the Guided Imagery program, which uses the power of carefully chosen music, stories and images to influence psychological and physiological behaviour, such as heart rate, blood pressure and respiratory rate. Research shows that guided imagery helps to lessen pain, ease stress, decrease the length of hospital stays, reduce the need for pain medication and promote a sense of tranquility in difficult times.

"The use of guided imagery in health care isn't new; it has been used in palliative care, psychiatry and chronic pain for quite some time," notes Nancy Guebert, Executive Director, Medical Services, who spearheaded the effort to use guided imagery for surgery. "What we have done is offer it in a very co-ordinated, structured way to people undergoing surgery."

Earlier this year, the Region began offering cancer patients the option of listening to guided imagery CDs prior to, during and after their surgical procedures. The CDs were designed for a health care setting and their effectiveness thoroughly researched. "Many patients have found the CDs to be very helpful," notes Sylvia Huber, Clinical Nurse Specialist, Surgical Oncology. "In fact, they have been described as a 'lifeline.'" One woman said the CDs helped her through one of the toughest times of her life. Other patients have asked to use the program as part of their ongoing chemotherapy or radiation treatments."

"Many patients have found the CDs to be very helpful."

### New stroke strategy

**THE CHALLENGE:** Stroke is the number one cause of acquired long-term disability in the adult population in Canada and the third leading cause of death. It is estimated that approximately 5,500 Albertans will have a stroke this year. It is also estimated that as the population continues to age, the number of people experiencing a stroke will increase by as much as two per cent a year.

**WHAT THE REGION IS DOING:** The Region's stroke program, which is part of the Department of Clinical Neurosciences, is widely acknowledged as a world leader for having implemented major advances in stroke care and the use of highly effective treatments and interventions over the past decade. Now the work being done in Calgary will form part of a new provincial stroke strategy. The province has two stroke centres, one each in Calgary and Edmonton. However, approximately 40 per cent of the population lives outside these centres.

The Alberta Provincial Stroke Strategy will provide a comprehensive, inclusive system of stroke care delivery that bridges the urban and rural communities and provides a timely effective response to people with stroke symptoms. Stroke prevention will be emphasized through initiatives to inform Albertans about the risk factors of stroke and proactively screen and treat health concerns that increase the chance of stroke such as high blood pressure.

The strategy is a joint initiative involving all nine provincial health regions, the Heart and Stroke Foundation of Alberta, Northwest Territories and Nunavut and the provincial government. The Alberta Stroke Council will lead the Alberta Provincial Stroke Strategy to support the implementation of new and expanded provincial stroke care initiatives.

### Helping kids thrive

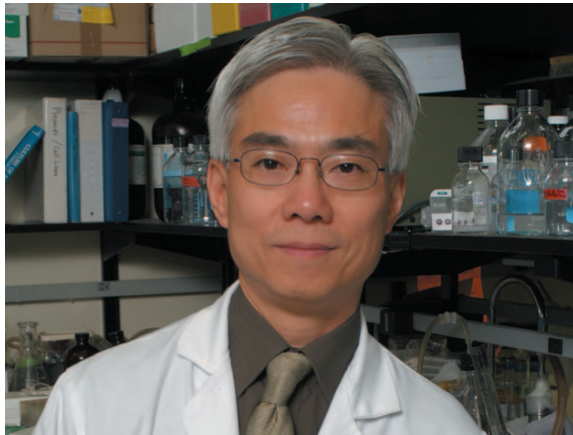
**THE CHALLENGE:** It is estimated that as many as 20 to 25 per cent of children or youth experience some level of mental health concern during their school years.

**WHAT THE REGION IS DOING:** The Whole School Mental Health Promotion pilot project is designed to support students in the classroom. During the course of this three-year project, students at one junior high and three elementary schools in northeast Calgary will be surveyed about their overall health and mental well-being, school connectedness and extra-curricular activities. Information will also be collected from staff, parents and community members. The goal is to determine how best to develop students' emotional resiliency, support overall student well-being and enhance the school environment to benefit everyone. The findings will help develop strategies for each school and provide a baseline for evaluating the project.

"We want to make sure the school systems support kids and allow them to feel safe, valued and connected to their schools," says Ken Dutton, Project Facilitator. "We know that feeling connected is a prime indicator of whether kids will stay in school and graduate and go on to post-secondary education."

The project, supported by donors, was developed through the Southern Alberta Child and Youth Health Network, a voluntary collaboration among individuals and organizations concerned with the health and well being of children, youth and families. Similar research in Australia has already demonstrated that this approach reduces some risk behaviours among students. The project team, in partnership with researchers from the University of Calgary, will use the findings from this project to inform similar work across the province in the future.

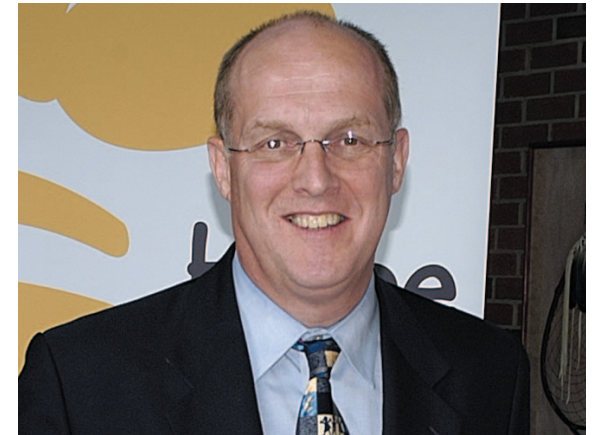




Dr. Norman Wong has pioneered a new way to treat hyperthyroidism.



Vibrant Communities team members from left to right: Jessica Leech, Rion Sillito, Ramona Johnson, Amy Alexander, Ruth Kohut.



Dr. Max Coppes is an acknowledged leader in child cancer research.

## Taming the thyroid

**THE CHALLENGE:** Hyperthyroidism, also known as Graves' Disease, affects approximately one in 1,000 women across Canada, usually in their reproductive years. The condition is caused by an overactive thyroid gland in the neck and if left untreated it can result in osteoporosis and an increased risk of heart problems or stroke. However, treatment options are limited to surgery to remove part of the gland, radiation therapy to burn out the gland or medication to limit its functions.

**WHAT THE REGION IS DOING:** Thanks to the groundbreaking work of Dr. Norman Wong, an endocrinologist with the Region, those suffering from Graves' Disease now have access to a new treatment option.

"This is the first significant breakthrough in the treatment of hyperthyroidism in the last 50 to 60 years," says Dr. Wong, who is also the Associate Vice-President of Research and International with the University of Calgary.

Dr. Wong determined that he and his colleagues could treat the condition by performing an arterial embolization of the thyroid. He started experimenting with this new procedure about three years ago and conducted a study in China.

The new method, which is much less invasive than surgery, involves making a small incision in the groin, inserting a small hollow tube into the arteries and then using X-ray guidance, blocking the arteries that lead to the thyroid with small beads to block the flow of blood.

Patient Jeannine Culham says the new procedure has changed her life. "I won't have to worry about missing a dose of my pills because I won't have to take pills. And if I get into a stressful situation, I won't have to worry because my thyroid works on its own now, so it doesn't need help to stay calm. It's just good to be back to me."

## Reducing poverty

**THE CHALLENGE:** Income is important for health. Income inequity is a strong contributor to the health of the population as highlighted in the 2005 Health of the Calgary Region report.

**WHAT THE REGION IS DOING:** The Calgary Health Region is among 20 organizations of Vibrant Communities Calgary (VCC), committed to substantially reducing poverty and ensuring a high quality of life for all Calgarians. VCC is one of fifteen communities across Canada working together to share ideas, practices and policies that strengthen poverty reduction initiatives.

Employment is not a protection from poverty. In 2004, Statistics Canada reported more than 112,000 Calgarians – 23 per cent of the workforce – earned less than \$10 an hour, which for a single person, means living below the Low-Income Cut-Off, a proxy measure of poverty in Canada.

One of VCC's initiatives is Living Wage – promoting to municipalities and businesses the benefits of sufficient employee income that meets the basic needs of individuals and their families within their communities, and supports a safe, decent standard of living, better enabling full participation in society.

"A living wage is not a minimum wage," says Ruth Kohut, the Region's liaison to Vibrant Communities Calgary. It extends to progressive employment practices, such as employers offering health benefits and paid sick time. A Living Wage benefits workers and their families, employers, businesses and communities. "

VCC and other Vibrant Communities across Canada are exploring Living Wage and learning from the successes of 120 jurisdictions from across the United States.

## Helping kids with cancer

**THE CHALLENGE:** Survival rates for children with cancer have improved dramatically over the past four decades. However, approximately one third of children are still not able to be cured of the disease.

**WHAT THE REGION IS DOING:** In collaboration with the Alberta Cancer Board, the Region has joined forces with a consortium of hospitals in the United States to develop new treatments for cancer. As a result of its involvement with the Pediatric Oncology Experimental Therapeutic Investigators Consortium, the Alberta Children's Hospital has begun conducting trials with drugs previously untested on children. These so-called phase one trials are primarily designed to determine the maximum tolerated dosage and what kind of side effects should be expected.

"Children who have end-stage cancer and have exhausted all known treatments can be included in these trials," explains Dr. Max Coppes, Director of the Children's Cancer Program at the Alberta Children's Hospital and the Tom Baker Cancer Centre. "Essentially, what a phase one trial does is begin the process of hopefully finding new treatments for children with cancer. Some new treatments will replace existing ones and be less toxic; others will result in cures for cancers that are incurable today. While it's just the first step in a long process, it's a very important step. While phase one trials do not provide cures, we occasionally see responses, some being very encouraging."

**"Children who have end-stage cancer and have exhausted all known treatments can be included in these trials."**

## Critical mass

The Region is partnering with the University of Calgary and local community leaders to propel this city to the forefront of medical research

By Geoffrey Vanderburg

THERE'S A REASON WHY THE CALGARY SCIENTIST WHO DISCOVERED STEM CELLS IN ADULT BRAINS 13 YEARS AGO STILL GRABS THE WHITE COAT FROM BEHIND HIS OFFICE DOOR AND STARTS EVERY MORNING IN HIS RESEARCH LABORATORY.

Dr. Samuel Weiss, the 49-year-old University of Calgary professor and Director of the local Hotchkiss Brain Institute, says he wants to help today's young scientists feel the same rush of excitement he felt when he and a team of medical researchers gained international attention with their mind-boggling discovery. Based on preliminary data over the past seven months, his students may soon have just that opportunity.

In 1992, Dr. Weiss and his team proved that mammalian neural stem cells can be induced to generate all the major cell types in the body's central nervous system. Now his team is on the cusp of finding a way to put this knowledge to use.

"It's part of the dream which emerged back in the '90s when we first made the discovery that these cells existed," says Dr. Weiss. "We see ourselves getting closer and closer to the point where they can actually have benefit for people."

Ongoing research in Dr. Weiss's lab may one day enable scientists to stimulate a patient's own brain stem cells to replace dying or damaged cells in those suffering from brain and spinal cord trauma and disease. The research offers hope for a treatment for neurodegenerative diseases such as Parkinson's and Huntington's disease and for demyelinating disorders such as multiple sclerosis. "If we can harness the power of these stem cells that are inside our brains, then it may be possible to activate them and mobilize them to repair the injured or diseased central nervous system," explains Dr. Weiss.

Ongoing experiments with rats in the laboratory suggest that stem cells in the adult brain and spinal cord can be triggered so they multiply and move towards sites of injury, says Dr. Weiss. "Preliminary results are showing us that there are some improvements in the animals when the stem cells have been activated," he says. "We're getting closer to



Dr. Samuel Weiss is pushing forward with brain stem cell research.

Courtesy Hotchkiss Brain Institute



stating unambiguously that this works in experimental animals and lays the foundation for what we hope will ultimately be clinical trials."

It's not hard to grasp why Dr. Weiss continues to touch base with researchers in the lab in the mornings before turning to recruitment and new initiatives in the afternoon. His team of six graduate students, four post doctoral fellows and four research assistants generates palpable energy in the 5,000-square-foot open laboratory they share with three other neurodevelopment laboratories at the U of C. The lab is one part of the Hotchkiss Brain Institute, where Dr. Weiss, as the institute's director, is realizing his dream of parlaying world-class research by 120 physicians and scientists into improving the lives of patients everywhere.

The Hotchkiss Brain Institute is one of seven health institutes forged by the Calgary Health Region, the University of Calgary's Faculty of Medicine and several of the city's leading philanthropists. "It's a centre of excellence in neurological and mental health, translating research discoveries into innovative health care for Albertans," says Dr. Weiss. "The second component is to train the next generation of research leaders in neurological and mental health."

The health institutes are drawing international research talent to the city and helping put Calgary on the map in terms of leading-edge research conducted in state-of-the-art facilities.

In addition to the Hotchkiss Brain Institute, these unique partnerships include the Libin Cardiovascular Institute of Alberta, the Alberta Bone and Joint Institute, the Southern Alberta Cancer Research Institute, the Immunity, Infection and Inflammation Institute, the Institute of Maternal and Child Health and the Markin Institute for Public Health, which focuses on population health. The institutes, most of which have only officially been in existence for a year, will support the Region in achieving its four long-term goals of providing safe access to the system, creating a responsive organization, creating a culture of caring and creating an engaged and knowledgeable community.

By bringing together physicians, researchers, students and other health professionals in the largest research groups of their kind in Canada and beyond, these seven institutes are leading research into the 21st century in a way that's never been done before, says Carol Rimmer, Director of Regional Research for the Calgary Health Region. With the help of financial support from the community, the institutes have committed to taking a multidisciplinary approach to blend basic and clinical research and translating that research directly into patient care. "Modern biomedical research

now requires very large teams to tackle major problems," says Dr. Richard Hawkes, Associate Dean (Research) at the University of Calgary's Faculty of Medicine. "We've set a selection of strategic priorities for research jointly between the Region and the Faculty of Medicine. We've embodied those priorities in the institutes, and we've focused our activity as it applies to the research we do – everything is organized around these themes."

Such large-scale organization of research offers the Calgary Health Region the ability to tremendously impact health care delivery. "We're pulling together teams of hundreds of researchers. The scale, the translation, gives them the ability to have impact on an international stage," says Dr. Hawkes, who believes the days of single-investigator research belong in the last century. Instead of one researcher working alone in a laboratory, partnerships such as the new institutes allow for a collaboration of efforts and resources to bring practical lab research to the bedside as well as deliver useful information back into the lab.

"You need to have that full continuum of research – what we call 'from the bench to bedside,'" agrees Rimmer. "But at the same time, we're now starting to focus a whole lot more on clinical research as opposed to lab research where we're seeing changes in patient care everyday."

"We're pulling together teams of hundreds of researchers. The scale, the translation, gives them the ability to have impact on an international stage."

Thanks to the financial commitment of \$10 million from Calgary businessman Harley Hotchkiss, the Hotchkiss Brain Institute was officially launched last fall. While it doesn't purport to benefit Albertans directly – that's the role hospitals and clinics play – the Hotchkiss Brain Institute's team of approximately 120 physicians and scientists are actively engaged in developing the future of neurological and mental health. "We're taking new research discoveries and we're translating them into new approaches that are being tested here for their ability to impact on people's lives," Dr. Weiss says. "But not just on the people of Calgary. Ultimately, if it's a good discovery, and it's effective, it will be directed towards everyone in the world."

The Hotchkiss Brain Institute is unique for two reasons, says Dr. Weiss. "It's the first brain institute whose focus is translating research into new health care and it's also the first institute to bring together both neurological and mental health together under one umbrella," he says. "That's because they are no longer separate worlds. It used to be that neurology was one world, psychiatry was another. The two are now very closely linked."

Dr. Martin Atkinson also recognizes the importance of research on the future of health care. As a profes-

sor and the Associate Dean of Clinical Affairs at the Faculty of Medicine at the U of C, Dr. Atkinson needs to stay current on the research initiatives that affect his work. He says the Calgary Health Region is fortunate to have so many talented and dedicated people to translate their research into clinical care.

So exactly what kind of allure does a city like Calgary hold for these talented scientists? Why choose to live, work and play here – when they could be anywhere? "It's the opportunities that have been made available here – the quality of life, the commitment of the university, the Region and the provincial government – and the fact that there is no other place, certainly not in this country or on this continent, I believe, that offers the same potential to impact on people's lives," asserts Dr. Weiss. "Oh, and I like skiing!" The bottom line, however, is all about improving people's lives.

"Satisfying your intellectual curiosity in and of itself is limiting," says Dr. Weiss. "But if you can gear your efforts towards impacting people's lives, then it's more than additive. It's really synergistic."

## did you know?

### Region names Canada's first chair in pediatric neurosciences

Dr. Samuel Wiebe – who gained international recognition for his groundbreaking research in epilepsy – was named the first appointee to the Kinsmen Chair in Pediatric Neurosciences earlier this year. The first of its kind in Canada, this new research chair was created as part of the All For One. All For Kids. Campaign for the new Alberta Children's Hospital and supports the hospital's commitment to world class research, education and care.

The chair is supported by the Alberta Children's Hospital Foundation, the Kinsmen Club of Stampede City, the Kinsmen Care Foundation, the University of Calgary's Faculty of Medicine and the Region.

Dr. Wiebe, who was recruited from London, Ontario, is best known for proving that surgical treatment is superior to drug treatment for temporal lobe epilepsy. As a result of his work, children are having surgery at younger ages to help alleviate seizures.



Dr. Sam Weibe with Emilie Puffer, the youngest patient at Alberta Children's Hospital to undergo brain surgery to cure her of seizures.

# research

## Meeting the challenge

The Calgary Health Region has identified a number of key challenges it must meet in order to provide residents with the best health care possible. Here are some of the research projects underway that will help the Region meet those challenges.



Debbie McNeil (right) and Karen Tofflemire are examining health issues associated with delayed pregnancy.



Jeanne Besner is exploring the role of nurses.



Dr. Shahnaz Davachi's research project helped individuals at risk of developing diabetes.

### About babies and moms

**THE CHALLENGE:** Statistics show that women are waiting longer to have children, often into their late thirties. But waiting past the age of 35 to have a baby can lead to significant health risks – low birth weight, pre-term delivery, caesarian section delivery, multiple births and still births, to name just a few.

**WHAT THE REGION IS DOING:** The Region's Decision Support Research Team – a research unit within the Child and Women's Health Department – has conducted a number of studies related to delayed pregnancy.

One recent study indicated that Alberta had the highest rate of low birth weight babies of any province in Canada, in part because women were waiting longer to have children. That poses a problem because low birth weight babies are more likely to require medical care at every stage of life.

In order to address the issue, Dr. Suzanne Tough last year launched another research project to determine the level of knowledge women and men had about the health issues associated with delayed pregnancy. The findings, still being compiled, indicate that many women and men have a limited understanding of the risks.

Deb McNeil, Director, Decision Support Research Team, says the research will prove useful to health-care providers. "This research will be helpful in determining the kind of health education needed to help people make informed decisions about childbearing," she says.

Researchers Karen Tofflemire and Dr. Tough are now working to develop and test intervention and education strategies to decrease age-related pregnancy risks and the low birth weight rate. The research may help reduce health care and education costs, since many pre-term babies have additional health and education needs as they develop.

### Planning for the future

**THE CHALLENGE:** Ensuring all health-care providers have the opportunity to use their knowledge and skills to provide patients with quality care.

**WHAT THE REGION IS DOING:** The Region has embarked on several research projects designed to ensure health-care providers work efficiently and effectively within the framework of a modern health care system.

Jeanne Besner, Director of Research Initiatives in Nursing and Health for the Region, says the work is important because it supports the Region's overall objective of providing higher quality care for the patient.

"Health care is about people helping people," Besner says. "That's why it is important to make sure we have the right people in the right place with the right set of skills."

Besner is co-principal investigator in a study exploring the role of nurses. The project, A Systematic Approach to Maximizing Nursing Scopes of Practice, was designed to determine whether nurses – licensed practical nurses, registered nurses and registered psychiatric nurses – are working to the full extent of their knowledge, education and skill. "With more than 9,000 nurses on staff, it is important that we take advantage of the skills these individuals bring to the table," Besner says.

With the study in its final stages, more work needs to be done to clarify some of the ambiguities surrounding the roles and responsibilities of nurses and other providers. "There is not a lot of understanding about similarities and differences in roles across the disciplines," Besner says. Looking ahead, a new project, entitled Enhancing Nursing Role Effectiveness Through Job Redesign, will determine how best to reframe the work of health-care professionals to utilize them better."

### Multicultural wellness

**THE CHALLENGE:** For some minority populations, access to health services is often limited due to cultural barriers, including language difficulties and lack of social support.

**WHAT THE REGION IS DOING:** In the context of a multicultural society, unique cultural characteristics of the ethnic populations must be addressed by health care planning and provision. To address these issues, the Region, in collaboration with Indo-Asian communities and with funding from the Lawson Foundation, GlaxoSmithKline and Health Canada, developed a culturally-sensitive, community-based Indo-Asian Diabetes Initiative to explore the benefits of a targeted program. The project, started in 2002, developed educational programs, utilizing Region and community resources. The interventions were delivered by a team from the target community in community-based sites such as temples and mosques and offered in Punjabi, Gujarati, Hindi and English.

Dr. Shahnaz Davachi, Manager, Multicultural Chronic Disease Management Program, says the project helped hundreds of individuals with or at risk of developing diabetes. "The initiative was very successful in terms of enhancing access, improving clinical outcomes, increasing patient/provider satisfaction and building co-ordination among the health region and an ethnic community."

Based on the success of the initiative, the Region is moving to ensure the health needs of minority groups are integrated into its health-care services. Last December, the Multicultural Chronic Disease Management program was established to provide services to Calgary's multicultural populations. Currently, the program is offered to Calgary's two largest cultural populations: Chinese and Indo-Asians. It will be available to other ethnic populations in the near future.





Kathy Gooch and Dr. Jim McKenzie are examining ways to improve outcomes for patients who receive hip and knee replacements.



Dr. Luanne Metz is investigating the use of the body's own stem cells to repair damage caused by multiple sclerosis.



Dr. Matthias Friedrich is enthusiastic about the work being done at the new Stephenson Cardiovascular MR Centre.

## Hip and knee project

**THE CHALLENGE:** Patients undergoing hip or knee replacements deal with many obstacles during their treatment and recovery. Lengthy hospital stays and multiple medical appointments can result in lost work time and inefficient use of resources.

**WHAT THE REGION IS DOING:** The Alberta Hip and Knee Replacement Pilot Project, an initiative of the Alberta Bone & Joint Institute, is researching new standards for hip and knee replacement patients. The project studies the most efficient use of resources within the health-care system and answers questions about patient satisfaction, wait times and economics. The new model of care centres on a team-based approach to joint replacement to eliminate unnecessary visits. It also focuses on reducing the length of hospital stays to lessen the economic burden on the patient and the health-care system. "It's ahead of its time," says Kathy Gooch, Research Operations Manager for the Alberta Bone & Joint Health Institute. "We're looking at a whole continuum of care, not just one specific intervention."

Gooch says the pilot project seeks to answer questions related to access to care, whether the new model for orthopedic care improves patient outcomes, and effectiveness and safety issues regarding the new model compared to the current system. But access and safety aren't the only improvements expected from the project. Ron Zernicke, Executive Director of the Alberta Bone & Joint Institute, says it is essential to consider the economic impact to both the health system and the individual. "Is this more cost-effective in terms of the cost to the patient themselves for missed work time and various other indirect costs and expenses?" asks Zernicke. The project will continue to explore these questions into 2006.

## Researchers tackle MS

**THE CHALLENGE:** Canadians have one of the highest rates of multiple sclerosis in the world. In fact, MS – an unpredictable, at times disabling disease of the central nervous system – is the most common neurological disease affecting young adults in Canada. There is currently no cure or method of stopping MS in its tracks.

**WHAT THE REGION IS DOING:** A team comprised of researchers from the Hotchkiss Brain Institute and the Calgary MS Clinic is embarking on a series of studies into MS after receiving more than \$3 million in funding.

Dr. Samuel Weiss, Director of the Brain Institute, is leading an investigation into the use of the body's own stem cells to repair damage caused by multiple sclerosis. Researchers will study the generation of myelin to heal parts of the brain and spinal cord, with the ultimate goal of halting or reversing the effects of multiple sclerosis. The team, including Dr. Wee Yong and Dr. Jeffrey Dunn, aims to develop new treatments in animal models of MS that can ultimately be translated to people.

Dr. Luanne Metz, Director of the MS Clinic, which is supported by the Region and the University of Calgary, will also be a member of the research project. Dr. Metz has spent 18 years studying MS, and will be involved in examining the use of high field magnetic resonance imaging to measure and assess the effect of various treatments.

As part of her work, Dr. Metz and her team will develop an "intelligent" electronic medical record to better track changes in a patients' disease status. "It will help us make better decisions and thus provide better care," she says. Calgary's MS Clinic, a major centre for clinical trials of treatments for MS, serves more than 4,000 patients, and is one of the largest single-centre clinics in the world.

## The heart of the matter

**THE CHALLENGE:** To use the latest magnetic resonance technology to enhance research into cardiac health and provide patients with better care.

**WHAT THE REGION IS DOING:** Region residents now have access to a dedicated team of scientists and clinicians who are integrating research, education and clinical care to improve the diagnosis and treatment of cardiovascular disease. This development comes thanks to the creation of the Stephenson Cardiovascular MR Centre within the Libin Cardiovascular Institute of Alberta at the Foothills Medical Centre on March 16, 2005.

Until recently, the heart eluded MR imaging technology due to its constant motion and inability to be captured in a still picture. But new technology allows for 3D images of the heart to be taken using magnetic fields instead of X-rays, producing clear images.

Dr. Matthias Friedrich, Director of the Centre, is enthusiastic about the new equipment. "The CMR technique allows for a much more detailed and accurate assessment of the heart in a variety of diseases," Dr. Friedrich says. He speaks with pride about the Centre's first patient. "We could establish the diagnosis and also detect a blood clot in the heart, which was a life-threatening finding," he says. "Our report allowed for an interventional therapy, which was surgery, and which possibly saved the life of a young woman."

Not only have patients in the Region gained access to a technological tool to help in frontline health-care delivery, researchers, clinicians and students have also gained a venue where research and education can be integrated with clinical care. The Centre is currently performing about 1,500 clinical cases per year and is aiming for 2,500 research cases per year.

## The power of partnership

Region joins U of C and community partners to build Canada's healthiest community

By Carey Millar

**BRENDA MACKIE UNDERSTANDS THE IMPORTANCE OF PHILANTHROPY AND THE POSITIVE IMPACT IT CAN HAVE IN THE COMMUNITY.**

Launched with a \$10 million donation from her parents Harley and Rebecca, the Hotchkiss Brain Institute, which bears her family name, is now working toward medical breakthroughs in areas such as stroke, spinal cord and nerve regeneration, robotic neurosurgery and multiple sclerosis.

"I grew up knowing that my parents were very passionate about philanthropy, but it wasn't until recently that I really understood the value of their contributions and those of many others. There is no doubt that philanthropy can significantly impact a community for the better."

Mackie's parents, and other community leaders such as Ann and the late Bud McCaig, and Mona and Alvin Libin, have played a key role in helping to shape health in Alberta through philanthropy. As a result of their multi-million-dollar generosity, residents are benefiting from superior cardiovascular programs through the Libin Cardiovascular Institute of Alberta in Calgary and improved bone and joint health through the Alberta Bone and Joint Health Institute.

Looking ahead, residents will also benefit from the creation of the Markin Institute for Public Health at the University of Calgary. The institute, supported by a donation from businessman Allan Markin, will use research, education and the creation of preventive programs in the community to change the way people think about health and wellness.

"Their generous philanthropic commitment has enabled these programs to advance or be enhanced in ways they might not otherwise have been," says Pat Nelson, CEO of the Calgary Health Trust. "Bud McCaig's vision for what the Calgary Health Trust should become is now a reality, giving people the opportunity to give back to the community in a way that is meaningful and can affect positive change."

The desire of Brenda and her husband Jamie to build on the foundation created by her parents and others was spurred in large part by her father's influence.

"I'm not sure I would be involved in philanthropy if it weren't for my father encouraging me to take a role and give back to my community," she says. "He has inspired and motivated me and now I want to do the same for others."



Brenda Mackie was inspired by her father, Harley Hotchkiss, to become involved in philanthropy.

Photograph by Brent Mykytyshyn

Mackie believes there are many people in the community who would like to give back and make a difference but aren't aware of the opportunities for them to contribute.

"For many people, it's simply about awareness.

They have been focused on building their family and career and haven't had an opportunity to learn how they can go the next step to become involved or take on a leadership role in the community."

But, she says, there are plenty of ways people



can become engaged in philanthropy.

One opportunity that Mackie is especially excited about is a new partnership for health that has been established between the University of Calgary and the Calgary Health Region.

Using the power of partnership to leverage government and private sector resources, the Region and the University will focus on building upon synergies in four key areas that will help them shape the future of health in Alberta: Public Health and Wellness; the Patient Experience; Best and Brightest and Equipped for Excellence. This is in keeping with the Region's four long-term goals of providing safe access to the health-care system, creating a responsive organization, building a culture of caring, and facilitating an engaged and knowledgeable community.

"This partnership is truly unique because it means that both organizations recognize the value and importance in working together for a shared vision for health," says Jack Davis, President & CEO, Calgary Health Region. "We have always had a long-standing tradition of collaboration with the University on a wide variety of projects, programs and services, but this partnership goes much deeper and will have a lasting impact on our community."

Davis says the two institutions will work to strengthen the four key areas by sharing resources and focusing on co-ordinated fundraising efforts. "It's an ambitious plan that will change lives now and well into the future by bringing social and economic benefits for generations to come."

For Mackie and others in the community looking for a way to make a difference, this new partnership offers a range of philanthropic opportunities.

"By coming together and expressing a unified vision for health and fundraising, the University and the Region have really enhanced the potential for health donations to be used most effectively," she says.

The new partnership will use philanthropic dollars to build on excellence – health care services and programs that are over and above what government would pay for and are in line with the best that can be found anywhere in the world. To achieve this, the Region and the University will bring together innovative minds to break new ground in prevention, healthy living, clinical care, research and education.

"We hope to create a hub of innovation where wellness is valued as much as treatment, where patients receive the care they need when and where they need it, and where research and education go hand-in-hand with healing," says Davis. "We will also be looking to build new relationships with business and philanthropic community leaders and learn from them about how we can apply new thinking to create the best health system in Canada."

Mackie is eager to do what she can to reach out to others.

"I believe there is a role for all of us to play in building the best health system in Canada. Now that the University and the Region have developed this collective vision, we can move forward and start pushing the boundaries of excellence."

Mackie and others plan to encourage donors to support over 100 carefully and strategically chosen priority projects that span a wide range of areas in clinical care, education and research. The projects are designed to utilize existing strengths and have been targeted in eight areas including bone and joint, brain, cancer, cardiovascular, child and maternal health, community health and wellness, excellence in clinical care, research and education and infection, immunity and inflammation.

"We have the opportunity to create the capacity for excellence that is separate and distinct from the current health system," Davis adds. "We are looking to fund the kind of excellence that would not otherwise occur within our publicly funded system."

A key goal is to use the funds raised to attract the world's leading researchers, educators, students and clinicians to Calgary and to create an environment where medical pioneers can develop new strategies and treatments.

"We know that innovation in medicine depends on brilliant minds and we are hoping to create areas of excellence that will be attractive to talented researchers and clinicians from around the world," says Davis.

The partnership will build on current infrastructure including the Hotchkiss Brain Institute, the Institute of Maternal & Child Health, the Libin Cardiovascular Institute of Alberta, the Alberta Bone & Joint Health Institute, the Institute of Infection, Immunity and Inflammation, and the Southern Alberta Cancer Research Institute. It will also tap into future developments such as the new Alberta Children's Hospital, the Health Research Innovation Centre at the University's Faculty of Medicine, the Medical Ward of the 21st Century, located at the Foothills Medical Centre, and the new South Health Campus.

"With strong foundations in place, both with the Region and the University, and with the community's solid history of giving, I have no doubt that we will achieve a new world standard of health," Mackie says.

"By coming together and expressing a unified vision for health care and fundraising, the University and the Region have really enhanced the potential for health donations to be used most effectively."

## did you know?

### Fundraising for excellence in health care

Trusts and foundations play an important role in connecting donors to programs that support health care throughout the Calgary Health Region. Here is a brief look at some of the highlights from the past year:

#### The Calgary Health Trust:

- Over 100,000 people contributed to health care in Calgary by purchasing a lottery ticket in support of a hospital.
- Over \$19.2 million was raised for excellence in health care.
- There were 10,520 donors to the Calgary Health Trust.
- Calgary Health Trust events and lotteries contributed \$6.7 million to health care.

• In 2004/05, 1,814 people made memorial donations to the Calgary Health Trust. Those donations totaled \$163,042 and were directed to 128 different areas within the Calgary Health Region.

• Bella – a new Health Trust event – took place in April and raised over \$115,000 in support of women's health initiatives.

#### Alberta Children's Hospital Foundation:

For more than 80 years, generous donors have helped to make the Alberta Children's Hospital a place which children and families can rely on for highly personal expert care. Some of the highlights made possible by community support this year include:

- The recruitment of the first ARC Professor in Family Centred Care, Canada's first senior researcher and educator dedicated to advancing this model of care.
- The recruitment of a world renowned scientist as the first Kinsmen Chair in Pediatric Neurosciences to help children with injury of the brain.
- The appointment of the first Kids Cancer Care Foundation Chair in Pediatric Oncology, Canada's largest research chair to help children battling cancer.
- The 25th anniversary of the Behavioural Research Unit at our hospital, the only comprehensive facility in Canada studying child development and behaviour.
- Construction of the Alberta Children's Hospital in northwest Calgary – the first new children's hospital to be built in Canada in 20 years.

#### Rural Foundations:

Rural foundations play an important role in supporting health care in their communities. Here is a list of the agencies and the dollars raised for health care:

Claresholm and District Health Foundation: \$407,877;  
Canmore and Area Health Care Foundation: \$159,568, plus \$20,000 STARS grant;  
High River District Health Care Foundation: \$473,998;  
Oilfields/Okotoks Health Foundation: \$203,453;  
Strathmore District Health Foundation: \$19,508.



Photo: Laily Pirbhai, Director of Development, Calgary Health Trust, Dr. Chris Molnar, and Suzeette Miller, Regional Manager, Breast Health Program, participated in the Bella fundraising event.

## Making a difference

The people who make a difference in our community come from all walks of life. Here are some examples of the people who have made a difference in the last year.



Eight-year-old Morgan presents Brenda Fischer, Vice-President, Child and Women's Health, with a jar of tnoonies.



The DeLucas wanted to thank the people at Rockyview General Hospital for saving their baby's life.



Tony Smith was inspired to donate money in memory of his father.

### Thanks for helping my mom

**MAKING A DIFFERENCE:** It's not often you find the philanthropic spirit in young children, but when you do the results can be truly inspiring. Take eight-year-old Morgan. She asked guests invited to her last birthday party to think of others instead of her, and to bring a tnoonie, which she matched with her own money, to support the fight against cancer. The result was an \$81 donation to the Breast Health Program at the Grace Women's Health Centre to aid in the detection of breast cancer.

Morgan was motivated to turn her birthday party into a fundraising event after watching her mother endure cancer. Nearly three years ago, Melody Williamson was diagnosed with Non-Hodgkins Lymphoma. After checking with contacts around the world, it was confirmed by friends and an oncologist in New York City that Calgary could offer the best course of treatment for her. That response instilled in her a deep sense of pride.

"When you realize that you live in the best place in North America to receive treatment for your disease, it makes you feel extremely thankful," says the mother of two.

Melody underwent a stem cell transplant at Foothills Medical Centre, Apheresis Services, that allowed her to endure chemotherapy treatments, that were five to ten times more powerful than the average dose, in order to destroy the large tumour.

After receiving a clean bill of health, Melody felt such gratitude to the nurses and doctors who had helped her that she committed herself to making a difference in the lives of others, a desire that Morgan shares.

"I am happy to donate all of these tnoonies to help prevent and cure cancer in women because my mom is a cancer survivor and I want to help give other kids the best gift of all—their moms," says Morgan.

### Life-changing experience

**MAKING A DIFFERENCE:** Parenthood, it is often said, can change everything. When Sophia DeLuca arrived into the world on Dec. 3, 2004, the lives of her parents, Patti and Dino, were turned upside down.

Within minutes of her birth, Sophia was whisked away by staff and physicians at the Rockyview General Hospital Special Care Nursery and put onto the unit's only Arabella Continuous Positive Airway Pressure machine because she was having difficulty breathing on her own. The machine blows constant, low pressure air into a baby's nose so that the lungs stay inflated even after exhaling. Many pre-term babies do not have enough surfactant solution in their lungs to keep them open. Had the machine not been available at the Rockyview, Sophia would have been transferred to the Foothills Medical Centre's Neonatal Intensive Care Unit. Within a week, Sophia was not only off the machine, she also came home from the hospital.

But the experience had changed the couple. "We both felt the need to give something back to the hospital," says Dino. They decided to donate \$15,000 for the purchase of a positive airway machine like the one that saved their baby's life, and also pledged to give another \$10,000 a year for 10 years to the hospital.

"We're very private people and we've never done anything like this before, but we wanted to help the cause," says Patti. "By giving something back you feel you will help another couple in exactly the same situation."

"We're only talking about this because we want to encourage other people to give," says Dino.

**"We both felt the need to give something back to the hospital."**

### Supporting research

**MAKING A DIFFERENCE:** When Calgary business leader Clark H. Smith passed away four years ago of brain cancer, his wife Jane and son Tony knew they wanted to find a way to honour his memory. They decided to support brain tumour research at the University of Calgary's Faculty of Medicine by generously donating \$3 million to create the Clark H. Smith Integrative Brain Tumour Research Centre.

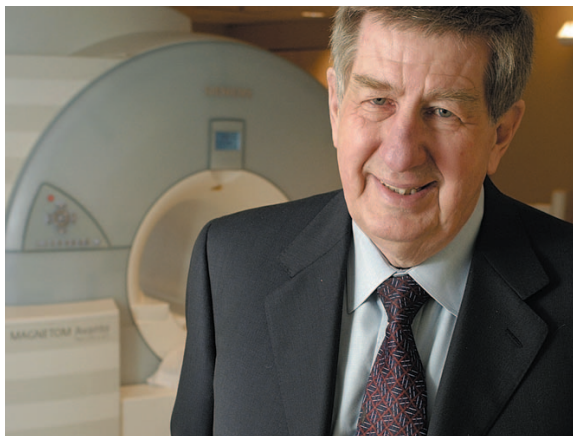
"Brain cancer is a devastating disease. Most people survive only one year after being diagnosed," says Dr. Peter Forsyth, Director, Clark H. Smith Integrative Brain Tumour Research Centre. "Our dream is to accelerate discoveries leading to cures for brain cancer, and apply what we learn to other cancers as well. This new centre is an important foundational step in realizing that dream."

The Clark H. Smith Integrative Brain Tumour Research Centre is designed around a "system of discovery" in which scientific questions are driven by the medical experiences of people with brain cancer. It brings together the world-renowned research programs of two physician-scientists: Dr. Peter Forsyth and Dr. Greg Cairncross.

"We believe in this research program and we know Calgary is the right place to do it," says Tony Smith. "We have huge faith that the work of Dr. Forsyth and his colleagues will benefit people with brain cancer here in our community, across the country and around the world."

The new Health Research Innovation Centre, currently under construction in the Faculty of Medicine, will be home to the Clark H. Smith Integrative Brain Tumour Research Centre as part of the Southern Alberta Cancer Research Institute.





Ken Stephenson was inspired to donate \$1 million for a cardiovascular MR centre.



Robin Stanton (far left), President, Kinsmen Club of Stampede City, launches the home lotto with lottery partners and fellow Kinsmen.



Alberta Children's Hospital Emergency specialists with CHAS President Mary Kalyniuk (second from left).

## In pursuit of excellence

**MAKING A DIFFERENCE:** Before he set eyes on a cardiovascular magnetic resonance imaging machine, Calgary businessman Ken Stephenson could see how the technology could significantly improve the diagnosis of cardiovascular disease for southern Albertans.

Stephenson was inspired by Dr. Neil Filipchuk, one of Calgary's leading cardiologists. "When Neil described the potential of the cardiovascular MR to me, and later after seeing the MR images of the heart, which were impressive, it was easy for me to embrace his vision and to offer help to make it happen," says Stephenson.

Determined to bring the technology to Calgary, Stephenson, supported by the Calgary Health Trust and his partner Yvonne Kendrick, began sharing the potential of cardiovascular MR with friends and business associates. Originally they had hoped to raise \$1 million in the community to match the \$1 million they had given. "I had the good fortune to canvass a few additional corporations and a foundation, which resulted in some very large donations and gave the momentum to reach \$2 million," says Stephenson.

Dr. Matthias Friedrich, a world renowned scientist in cardiovascular MR was recruited from Berlin to become the Director of the Stephenson Cardiovascular MR Centre. Dr. Friedrich has assembled a team of excellence that will place the Centre and the Libin Cardiovascular Institute of Alberta on the world stage as leaders in cardiovascular MR diagnosis, research and education.

"...it was easy for me to embrace his vision and to offer help to make it happen."

## Kinsmen make it happen

**MAKING A DIFFERENCE:** They are a small group of warm-hearted, everyday guys. But when they band together to help kids, the outcome is anything but ordinary.

The Kinsmen Club of Stampede City is one of the Alberta Children's Hospital Foundation's most loyal and generous donors. Over the past 12 years, through the Kinsmen Children's Hospital Home Lotto, its members have raised over \$17 million for the Alberta Children's Hospital.

What few people know is the lottery nearly didn't get off the ground. In 1993, at the meeting where the lotto idea originated, the Kinsmen actually discussed dissolving the club. But, the lottery idea prevailed, and the idea took off.

"The Kinsmen Club of Stampede City is proud to be a long-standing partner with the Alberta Children's Hospital. Our continuing mission of Serving Communities' Greatest Needs is a journey and not a destination," says Robin Stanton, President of the Kinsmen Club of Stampede City.

Over the years the Kinsmen Club of Stampede City has bolstered the hospital's research initiatives – with support of the Kinsmen Research Building at the current hospital, as well as the Research and Learning Centre at the new Alberta Children's Hospital.

Most recently, thanks to a \$3-million gift, the Alberta Children's Hospital was able to announce another Canadian first: the Kinsmen Chair in Pediatric Neurosciences – advancing research to help children with injury and illness of the brain and spinal cord.

"What's amazing about the Kinsmen is they've motivated people from across Alberta – one lottery ticket at a time – to invest in the health of our kids. We're so grateful to them for their role in making the hospital what it is today," says Steve Hoscheit, President and CEO, Alberta Children's Hospital Foundation.

## A history of helping

**MAKING A DIFFERENCE:** Few organizations possess the dedication of the women of the Children's Hospital Aid Society. Since the early 1900s, CHAS has stood by and generously supported the Alberta Children's Hospital with their tremendous energy, resources and spirit.

CHAS is the longest serving volunteer organization partnered with the Alberta Children's Hospital, and was the first fundraising body for the hospital. They laid the groundwork for many of the fundraisers you hear of today.

"Volunteerism is an expression of the best of ourselves. It holds society together," says Mary Kalyniuk, CHAS President. "Belonging to CHAS creates an opportunity for us to give back to our community."

Starting out with only eight women in 1908, this group of women initiated mail-out programs to homes and local businesses and ran small fundraising campaigns.

In 1942, they raffled a house the members had bought themselves. The Alberta Children's Hospital was then called the Junior Red Cross Children's Hospital. It was primarily an orthopedic hospital caring for children with polio. When plastics first began to be used to make braces for polio patients, CHAS bought the plastic.

During its partnership with the Alberta Children's Hospital, CHAS has donated over \$2 million to the hospital. These funds have been for specific projects, including the hospital's swimming pool, library, Child Abuse Centre and the Diagnosis Assessment and Treatment Centre. Recently, CHAS has funded a Patient Simulator and Emergency equipment, including an X-Ray Unit which allows for faster access to images in the trauma room. CHAS also funded the CUSA Excel Ultrasonic Surgical Aspirator, which is used to remove life-threatening brain tumours.

## Building Canada's healthiest community

### New services, programs enhance access to health care

THE CALGARY HEALTH REGION IS COMMITTED TO ENSURING RESIDENTS HAVE ACCESS TO HEALTH CARE.

In many cases, achieving that objective means building new hospitals and community health centres to reduce wait times for visits to the Emergency Department or other services. But improving access is about more than bricks and mortar. It also means developing new ways of delivering services to people,

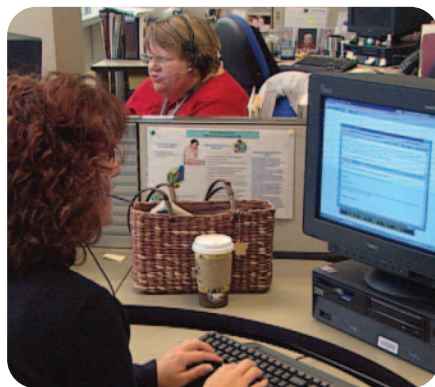
such as home care or telehealth services. During the last 12 months, the Region has launched dozens of initiatives to improve access to health care. In some cases, these initiatives involve building infrastructure; in others it means coming up with new ways to support people in their quest to maintain and enhance their health. Here is a partial list of some of the major actions taken by the Region during the last year to improve access to health care.

*"Providing accessible, quality health care continues to be our No. 1 priority."*

– David Tuer, Board Chair, Calgary Health Region



The South Calgary Health Centre provides a number of services under one roof.



Health Link provides information 24 hours a day, seven days a week.



The Region is working to help facilitate knowledge of integrative health for the public.



A new dialysis unit opened in northwest Calgary last June.

#### Community-based care

The South Calgary Health Centre, opened last fall, marks the beginning of an innovative approach to providing services in the Region. Located at Macleod Trail and Sun Valley Boulevard, the centre is the first of several planned facilities that will bring health services closer to the community. Serving an estimated 130,000 residents, the South Calgary Health Centre offers a range of services, including vaccinations for children and adults and advice for parents on caring for their newborns. The centre is also home to speech language pathology, family planning, home care and the South Calgary Community Dialysis Program. In addition to an array of services under one roof, the South Calgary Health Centre also has an Urgent Care Centre for people with serious, but not life-threatening, health issues, such as fractures, lacerations, asthma attacks, fevers, and work related injuries. The Urgent Care Centre operates from 7 a.m. to 11 p.m., seven days a week, 365 days a year.

#### Okotoks Health and Wellness Centre

The Okotoks Health and Wellness Centre opened last November, marking the beginning of an innovative approach to health care in Okotoks and the surrounding area. The new centre improves accessibility of health

care in the rapidly growing community. Health services that are available under one roof include Urgent Care, X-ray, lab, public health, sexual health, speech language pathology, mental health, environmental health, and home care. Prior to the opening of the Centre, these services were delivered from different locations. New to the community is the facility's Urgent Care Centre, which operates from 8 a.m. to 10 p.m.

#### 600 continuing care spaces added

Two innovative partnerships announced last January will see more than 600 new continuing care spaces for seniors added to the Calgary health system over the next three years. Two private long-term care providers – Intercare and AgeCare – will build three new care centres in Calgary. In addition, they will expand some of their existing facilities and renovate some sites to modernize those that were built 30 to 40 years ago.

#### High River Hospital expands

A \$5.2 million expansion and renovation at the High River Hospital was completed in February. This three-phase redevelopment provides local residents with access

to more health services, reducing the need to travel to Calgary for the same services. Redevelopment included the addition of a state-of-the-art laboratory, equipment upgrades in Diagnostic Imaging, the addition of two new trauma bays, a new ambulatory care centre, and day surgery was expanded.

#### Women's clinic focuses on disorders

The Pelvic Floor Clinic at the Foothills Medical Centre has been expanded and renovated to better serve women living in southern Alberta and southeastern British Columbia who suffer from pelvic floor disorders. These disorders, with symptoms including leakage of urine or stool, difficulty with bowel movements and pelvic discomfort, have a dramatic impact on quality of life.

#### More Emergency Department beds

Ten more beds opened in the Emergency Department of the Foothills Medical Centre earlier this year. These beds are part of the Region's long-term plan, and reflect an ongoing commitment to increase capacity and access to the Region's acute care facilities.



## Health Link calls exceed 400,000

As it approaches its third anniversary in November, Calgary Health Link continues to provide Calgary and southern Alberta with professional advice and health information via telephone 24 hours a day, seven days a week. Between April 2004 and March 2005, Health Link received 401,399 calls from people seeking help with medical questions or concerns, ranging from questions about colds and flu to signs of stroke or heart attack, or even more complex medical issues.

## Integrative Health Institute opens

Complementary and alternative health took a major step forward in Canada in February with the launch of two national firsts to improve education and information on the subject. First, the Region announced that Mount Royal College will become the new home for the Integrative Health Institute, which will facilitate knowledge, education and understanding of integrative health for the public and health care practitioners. Second, the Region announced it would incorporate Canada's first evidence-based consumer information resource into Health Link.

## Demand for hospice care grows

The Region is partnering with Intercare, a continuing care provider, to add 14 hospice beds at the Chinook Care Centre, bringing hospice capacity in the Region to a total of 60 beds. The Chinook Hospice offers a comfort-

able environment where 24-hour care is available for terminally ill patients. Families are supported and can stay with their loved ones as much as possible. The health care team consists of specially trained nurses, physicians, social workers and other health professionals who assist with managing pain and symptoms, and also provide emotional and spiritual support for grieving families.

## Rural areas see continuing care growth

The Region is moving forward on its plan to increase continuing care access in rural communities. This is part of an ongoing strategy to meet the needs of a growing and aging population. To address the most immediate pressures, the Region is partnering with private long-term care providers for the development of care facilities in Strathmore and Okotoks, giving these communities new care centre spaces by 2007. The Region is also developing a freestanding continuing care facility in High River so residents can be cared for in a home-like environment rather than a hospital.

## CT Scanners support rural care

Five new CT scanners were purchased and installed throughout the fiscal year: Three 64-slice scanners for each of the adult acute care sites as well as two new rural scanners in High River and Canmore. This means that for the first time, southern Albertans can access

leading-edge, diagnostic imaging technology in a rural setting, outside a major urban hospital.

## Wing Kei Centre opens

The Wing Kei Centre opened in the spring, providing 115 continuing care and assisted living beds in an environment which meets the cultural and language needs of the Chinese community. The new centre, located at 1212 Centre Street N.E., is operated through a partnership between the Chinese Christian Wing Kei Nursing Home Association and the Calgary Health Region.

## Hemodialysis unit serves community

The Region opened a new hemodialysis unit in northwest Calgary earlier this year to meet growing demand for service in the community. The Region's Southern Alberta Renal Program opened the 18-station unit at Northland Village Mall in June. Three of the stations are specifically designated for visitors from outside the Region who require dialysis treatment when they are in Calgary.

Renovated at a total cost of \$1 million, the unit employs 50 multi-disciplinary staff and is equipped with the latest hemodialysis equipment. Open 16 hours a day, six days a week, its presence in the community has enabled patients to receive care in a less clinical setting, while freeing up hospital space for those who really need it.

## Keeping up with demand

In 2001, the Calgary Health Region embarked on a five-year plan to improve access to health care by expanding services and boosting the number of beds available for patients needing services ranging from Emergency to palliative care. The chart below shows the progress that has been made in meeting the demand identified several years ago and also projects what will be added over the next 12 months.

### Urban capacity

Number of Beds/Spaces	2000	2001	2002	2003	2004	2005	2006
Acute Care	1,816	1,878	1,893	1,922	1,960	2,012	2,017
Special Care Nursery (NICU/SCN)	68	68	78	78	78	78	78
Continuing Care (Spaces)	4,094	4,106	4,436	4,594	4,656	4,750	4,887
Rehab & Recovery	52	150	150	170	223	245	280
Palliative & Hospice	30	30	30	30	46	60	60
<b>Total</b>	<b>6,060</b>	<b>6,232</b>	<b>6,587</b>	<b>6,794</b>	<b>6,963</b>	<b>7,145</b>	<b>7,322</b>

## Rural capacity

Acute care beds	145
Mental health rehab beds	100
Continuing care spaces	446
<b>Total</b>	<b>691</b>

SOURCE: Strategic Service Planning (2005)

While this chart illustrates that overall capacity has increased by 18 per cent from 2000 to 2005, it is apparent that growth in some areas has been more easily achieved than in others. In particular, acute care growth is not keeping pace with population growth. Major capital projects at Rockyview General Hospital, Peter Lougheed Centre, Foothills Medical Centre and the South Health Campus – outlined on page 34-35 are designed to meet the need.

# capital plan

## Building for the future

Region plans to spend nearly \$1.5 billion to keep pace with growth

THE CALGARY HEALTH REGION IS PLANNING TO SPEND NEARLY \$1.5 BILLION ON CAPITAL PROJECTS DURING THE NEXT FIVE YEARS TO HELP KEEP PACE WITH INCREASING DEMAND FOR SERVICES.

Bob Holmes, Senior Vice-President, Planning and Capital Development, says a key element of the Region's plan is to add acute care capacity by expanding various facilities throughout the community. "The capital plan that we have developed will help meet the growing demand for services," Holmes says. Expansion of Rockyview General Hospital, Foothills Medical Centre and Peter

Lougheed Centre, to be completed by 2009, will help the Region meet demand in the short term by adding more than 250 beds to the system. "That will tide us over until the new South Health Campus is built near Deerfoot Trail and Highway 22 X," Holmes says. Construction of the state-of-the-art hospital in south Calgary is expected to cost \$552 million and is scheduled to be completed in 2010.

Here is a list of the major capital projects recently approved by the Region and funded by the province:



### 1 ALBERTA CHILDREN'S HOSPITAL

Construction on the new children's hospital is expected to be completed by next September. The state-of-the-art hospital – the first free-standing pediatric facility to be built in Canada in 20 years – includes an Emergency Department designed for 60,000 visits per year, which is almost double the number visits at the current hospital. In addition, 85 per cent of the patient rooms will be private and will include accommodation for parents along with an attached washroom with a bathtub and shower. All rooms will have views of the mountains, river valley or Nosehill Park, allowing patients to "bring the outdoors inside."

Other highlights include additional post-op recovery beds, more anaesthesia rooms and a larger day surgery area. Some of the focal points that the new facility will feature are six different healing gardens which will surround the building. The intention of the gardens is to reduce the stress of patients, families and staff. A sunroom has also been created for patients who are unable to venture outside. Additionally, the interior and exterior colours of the entire facility were chosen for their healing properties. A covered 750 stall parkade with heated walkway to the hospital is also under construction.

Cost: \$253 million



### 2 ROCKYVIEW GENERAL HOSPITAL

Construction underway at Rockyview General Hospital will add about 100 beds, as well as new surgical space and diagnostic imaging facilities. It is expected that the first phase of the construction project will add 98 much needed acute care beds. Future expansion will add capacity in diagnostic imaging, operating theatres and critical care.

Expansion plan steps:  
**Six Emergency beds**  
**Two operating rooms**  
**98 inpatient beds**  
**21 Emergency beds**  
**Four Intensive Care Unit beds**  
**Lab expansion**  
**Four Cardiac Care Unit beds**  
**20 renal dialysis stations**  
**Two operating rooms**  
**Diagnostic imaging expansion**

Cost: \$180 million



### 3 PETER LOUGHEED CENTRE

About 140 beds, larger operating room facilities and additional space for mental health, laboratory services, cardiology and diagnostic imaging are part of a major expansion project planned for the Peter Lougheed Centre. The Region is spending \$23 million on site preparation work for the project.

Expansion plan steps:  
**Relocation of short-stay mental health unit**  
**140 beds**  
**10 Intensive Care beds**  
**Four Cardiac Care beds**  
**10 Renal dialysis stations**  
**17 Emergency beds**  
**Diagnostic imaging expansion**

Cost: \$200 million



## 4 FOOTHILLS MEDICAL CENTRE

The Region's plan for Foothills Medical Centre involves construction of a new Intensive Care Unit, a larger Emergency Department and the addition of more diagnostic and treatment space. Site work on the project is proceeding.

**Expansion plan steps:**  
**10 Emergency beds**  
**36 Intensive Care Unit beds**  
**Expansion of diagnostic imaging**  
**Expansion of surgical capacity**  
**14 Emergency beds**

**Cost: \$235 million**



4

## 5 SOUTH HEALTH CAMPUS

The new South Health Campus, currently in the planning phase, will be a non-traditional, high-tech facility that will build on the Region's international reputation for leading edge clinical care. The hospital will have approximately 350 beds in the first phase, with a heavy focus on outpatient and Emergency care, as well as other complementary health services. The hospital is part of a campus concept that will support people living in the community. In addition to the hospital, plans under consideration include construction of

other medical and wellness offices. There will also be research and educational opportunities for health-care professionals, and Carma Developers will build a new community, named Seton, around the hospital site. The new facility near Deerfoot Trail and Highway 22 X will help the Region address pressure placed on the system by population growth. The hospital, located on a 44-acre site, will be designed to be expanded when required.

**Cost: \$552 million**



5

## 6 SHELDON M. CHUMIR HEALTH CENTRE

At 4th St. and 12th Ave. S.W., the Region plans to develop a community health centre to serve inner-city residents. The new facility, to be named the Sheldon M. Chumir Health Centre, will feature programs and services focusing on chronic disease management, sexual and reproductive

health and mental health. It will also serve as the new home for services moving from 8th & 8th Health Centre, including an Urgent Care Centre, home care clinic and public health.

**Cost: \$72 million**



6

## 7 RICHMOND ROAD DIAGNOSTIC AND TREATMENT CENTRE

The new Alberta Children's Hospital will open in the fall of 2006, and the Region is already developing plans for the existing hospital on Richmond Road once it becomes vacant. Under the Richmond Road Diagnostic and Treatment Centre project, the Region plans to convert the existing children's hospital into a centre to provide

outpatient services for individuals with complex health needs. Current plans call for a range of services, including surgical services, audiology and chronic pain clinics, diagnostic imaging and services related to children's mental health.

**Cost: \$48 million**



7

Work is underway on a variety of other capital projects which are also critical to enhancing access and maintaining safe, high quality services. These projects include expansion of the Airdrie Community Health Centre, development of a new care site at Sunridge Mall, relocation and expansion of the North Hill Community Health Centre and Haysboro Community Health Centre, and planning to increase access in the communities of Cochrane and Strathmore.

## Reader response

Report to the Community is designed to provide information about what the Region is doing to build Canada's healthiest community. If you have any suggestions or observations about how we may improve this publication, please let us know by telephone at 943-1234 or by e-mail at: [rtc@calgaryhealthregion.ca](mailto:rtc@calgaryhealthregion.ca)

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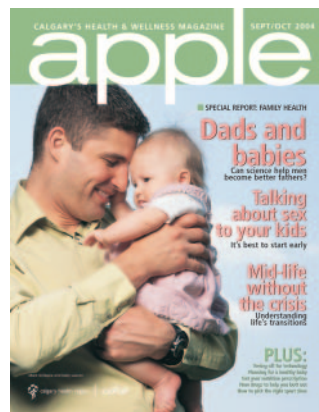
To find out more about careers at the Calgary Health Region go to [www.calgary-healthregion.ca](http://www.calgary-healthregion.ca) and click on the Careers link.

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