

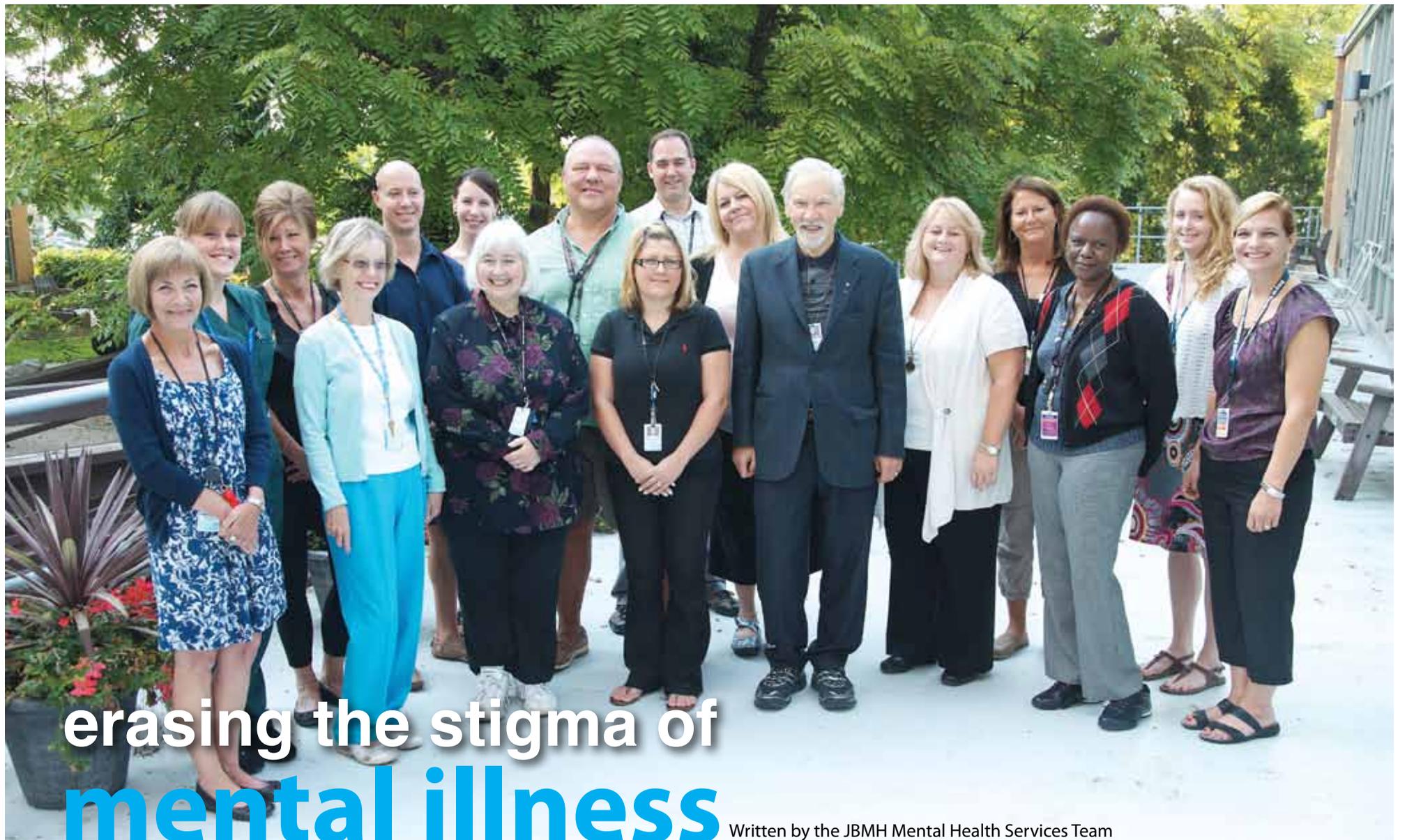
Momentum

FALL 2012



JOSEPH BRANT
MEMORIAL HOSPITAL

SHARING THE MOMENTUM OF A NEW ERA OF HEALTH CARE AT



erasing the stigma of mental illness

Written by the JBMH Mental Health Services Team

Mental illness, a topic many of us feel uncomfortable talking about, affects one's mood, behaviour, and thinking. It can impair functioning in several areas, including one's job, education, leisure activities, physical health and relationships, and causes varying levels of psychological distress. Symptoms can be episodic, persistent or chronic and vary in intensity from mild to severe.

One in five Canadians will experience a mental illness in their lifetime, of which 20 per cent will also struggle with

substance abuse. And with mental illness as the second leading cause of disability and premature death, and suicide as the second leading cause of death for Canadians aged 10-24, avoiding the topic is not something we can afford to do.

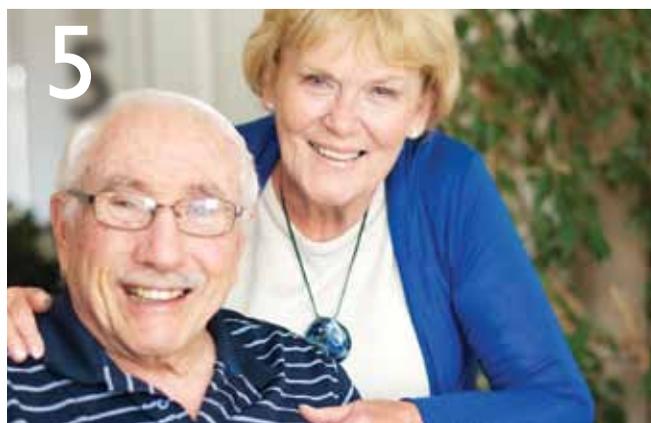
The statistics show the need for early intervention when the first signs of mental illness appear, especially as 70 per cent of mental health problems begin appearing during childhood or adolescence.

With **Mental Illness Awareness Week** (September

30-October 6) and **World Mental Health Day (October 10)** fast approaching, those of us in JBMH's Mental Health Program are proud to be providing mental health treatment and awareness to our community, as well as working tirelessly to erase the stigma surrounding mental illness.

JBMH's Mental Health Program provides a full continuum of care from emergency to acute inpatient to supporting a wide range of outpatient/community support services. We

Continues on page 7



SPECIAL REPORT
How to get the care you need,
when you need it.
A look at how JBMH partners
with **Community Care**
Access Centre. 4

welcome

Inspired by our staff and our patients

By Eric Vandewall, JBMH President & CEO



For me, the arrival of September still brings feelings of potential and new beginnings. As our staff returned back from summer holidays and teams began to vision and plan for Fall, you could feel a buzz of activity and excitement in the halls of the Hospital. Their excitement is built by the Momentum we are feeling at Joseph Brant Memorial Hospital – things are changing. A new era of care is happening now.

Since the last issue of Momentum published in July, the hospital has continued to experience great accomplishments as a part of our three year strategic plan, which includes these priorities: quality and safety; exceptional customer service; inspired people and teamwork; innovation; and,

leading performance. On August 1, the hospital was officially designated a “Clinical Education Campus” of McMaster University. This designation gives us more visibility in the health care community as a teaching location and has fostered our internal development of a Medical Teaching Council which will create policies and procedures to support our future goal of becoming a fully affiliated teaching hospital with McMaster University.

This summer, JBMH also became a Trillium Gift of Life Hospital, as we implement leading performance initiatives, but most importantly as we strive to provide the care and service that our community needs. As a designated Trillium Gift of Life Network (TGLN) facility, together we will provide early notification to TGLN, with the intention of increasing the number of organ donations to help save the lives of those awaiting organ transplantation. The

implementation of these two initiatives strengthen the care we provide to our patients and for our future at JBMH.

Within these pages of Momentum, you will get a glimpse of who we are at JBMH, the compassionate care we provide, our exemplary services and the people who make them happen. In this issue, you will learn about a patient named Rick who worked closely with our interprofessional health care team on his successful road to recovery, our Mental Health Services program, our partnership with Community Care Access Centre and our Alternative Level of Care (ALC) patients, as well as an introduction to some of our dedicated staff who work every day to care for our community. I am inspired by the people we have the privilege to serve in the hospital and the people I work alongside every day – thank you to all for your support and commitment to our Hospital and our future.

update

Planning for Phase Two of our Redevelopment and Expansion Project is well underway

By Henri Dekker, Director, Redevelopment and Facilities

Over the summer months, the Hospital’s Redevelopment Team has been working diligently with our Government partners the Ministry of Health and Long Term Care (MOHLTC) and Infrastructure Ontario (IO) on the next steps in planning for Phase Two of our Redevelopment and Expansion Project. This phase includes the new tower and renovations to parts of the existing Hospital. With IO, we are selecting the Planning, Design and Compliance Consultant (PDC), who will work with us to review the design requirements, set out in the Hospital’s Functional Program – our vision and ‘must-haves’ for the project.

Very shortly, we will be announcing the successful PDC, selected through a Request for Proposal (RFP) process. This is a major milestone in the progress of the Project.

The PDC team will work closely with the Hospital to familiarize themselves with the existing facilities, understand the Functional Program and engage JBMH staff in user groups to translate the Functional Program into drawings and output specifications. The PDC, along with JBMH leadership, will examine hospital best practices and evidence-based design across North America. This research, coupled together with the user group’s input and project vision, the PDC will create and document the characteristics, guidelines, performance requirements with the drawings and Project Specific Output Specifications (PSOS) to clearly articulate the scope of the project.

This work will be used as the foundation for future steps of the Redevelopment and Expansion Project, in securing a company, called “Project-Co”, to ultimately design, build and finance the project. The PDC will be involved in the evaluation of the



Project-Co submissions for the project and following the final selection, ensure that Project-Co’s design is compliant with the JBMH vision for the project throughout the construction phase.

Watch our website and the news in the coming weeks for an announcement of the selected PDC who will work closely with the Hospital throughout the life of the Redevelopment and Expansion Project.

With respect to the Phase 1 project, the Halton McMaster Family Health Centre and parking structure, the Hospital, in collaboration with Rick Craven the Burlington City Councillor for Ward 1, will be hosting an Open House to share an update on Phase 1 of the Project. The Open House is on Tuesday, October 2 from 7-9 pm in the Hospital’s Bodkin Auditorium. All are welcome to attend.

Join us for an OPEN HOUSE
Tuesday, October 2
from 7-9 p.m. in the JBMH
Bodkin Auditorium
1230 North Shore Blvd., Burlington
to hear about Phase I of the JBMH
Redevelopment and Expansion Project.

inside

Welcome to our second edition of Momentum, a publication devoted to delivering stories and articles about the innovative, leading practice and compassionate health care we provide at Joseph Brant Memorial Hospital. Publishing every other month, MOMENTUM will feature regular columns by our staff, physicians, volunteers, leadership team and department chiefs, providing updates on what’s happening at the hospital.

In every issue you’ll find stories about our new initiatives, profiles of our outstanding health care professionals, and more.

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quality & safety

Bringing critical care expertise to patients throughout the Hospital

When it comes to potentially life threatening situations for patients suffering from an acute illness or trauma, such situations can turn critical at any time and at any place.

To address the need for early response to critical care needs at time and location of need, the Ministry of Health and Long Term Care (MOHLTC) has implemented a Critical Care Strategy. The strategy, the result of on-going collaboration between critical care health care providers, hospital administrators, ministry officials and others, includes the implementation of Critical Care Response Teams, or CCRTs.

JBMH is one of 27 adult CCRTs in Ontario.

“Our CCRT is comprised of Critical Care Registered Nurses (RNs) and Registered Respiratory Therapists (RRTs). All of our ICU RNs and RRTs are trained to be CCRT members,” says Jackie Adcock, JBMH Professional Practice Educator for Critical Care and CCRT Coordinator.

“Our team responds to calls throughout the Hospital for patients who have become acutely unstable whether for respiratory, cardiac or other reasons. CCRTs are a resource team of experts providing early response to patients in non-critical care units, greatly improving safety for our patients and the quality of the care we provide at JBMH,” adds Geoff Flannagan, Manager ICU and Respiratory Therapy.

Since implementing the team in 2008, quality of care has been enhanced.

“Since the team formed, we have improved patient outcomes as a result of earlier attention and care provided to deteriorating patients outside of the ICU. There are less Code Blue calls (calls made when a patient is experiencing cardiac arrest or other medical emergencies), and lowered admissions to ICU from other areas within the hospital,” Adcock says.

CCRTs rely on the dedicated nurses, RRTs and physicians throughout the hospital. These clinicians identify patients at risk of clinical deterioration and activate the CCRT members for assistance. As well, CCRT members ensure continuity of critical care by following patients discharged from the Intensive Care Unit.

“Health care practitioners outside of the ICU receive regular education on when to activate the CCRT. Criteria



JBMH’s Critical Care Response Team responds to critical situations as they happen, where they happen.

FROM l-r: Aimee Nezavdal, RN; Jackie Adcock, CCRT Coordinator; Rosemary Wiwcharuk, Reg. Respiratory Therapist (RRT); Geoff Flannagan, Manager ICU and Respiratory Therapy; Janine Vanderneut, RN; Elsie Corsini, RN.

for calling the CCRT team is posted on large posters in all patient care areas and staff wear CCRT Calling Criteria Badge Cards,” says Adcock.

At the heart of the team’s purpose is to respond to critical situations as they happen, where they happen.

“By bringing critical care expertise to the bedside of patients outside of the ICU, we impact the early care of critically ill or deteriorating patients, thereby improving patient outcomes,” says Flannagan. “The CCRT positively influences patient flow, customer service, quality and safety as our patients receive prompt assessment and treatment.”

In addition to improved patient care, the team has also been instrumental in improving interprofessional collaboration between health care professionals, as well as providing more teachable moments for all staff.

Among the benefits to critically ill patients that the CCRT brings, Adcock is also quick to point out that caring for patients as a team has its benefits for staff as well.

“Being part of the CCRT team is rewarding for its members, the patient and the rest of the multidisciplinary health care team as we witness positive patient outcomes and improved mutual respect among the interdisciplinary teams.”

in the news

JBMH is now a participating facility in the **Trillium Gift of Life Network (TGLN) Routine Notification Program**.

As a designated facility under the Trillium Gift of Life Network Act, JBMH will notify TGLN when its patients meet the Act’s referral indicators for high risk of imminent death or within an hour of death to report the time of death. This legislation has been implemented within other hospitals across Ontario and has been successful in helping to increase organ and tissue donation. JBMH’s early notification to TGLN will help the network determine eligibility for donation, gain families’ consent and increase the chance that one or more lives may be saved.

JBMH has been designated a **Clinical Education Campus (CEC) of McMaster University**. With more than 3,500 medical teaching days taking place each year at Joseph Brant, it is a natural next step for the organization. The designation gives the Hospital more visibility as a teaching location with a formal listing on McMaster’s website and increased opportunity to attract top-notch medical professionals to the Hospital and the community.

A new **Clinical Leadership Model** that will further enhance our commitment to excellent patient-centred care is being implemented at JBMH. This new model shifts the patient care services we provide to 24 hours-a-day, 7 days-a-week. Previously, patient care services were predominately offered only on weekdays. Members of an interprofessional team will support the care model and programs offered to patients, with Occupational Therapy, Physiotherapy and Discharge Planning now taking place every day of the week. The new 24/7 model of care will improve the quality of care provided to patients and improve how patients flow through the hospital from assessment to treatment through to their discharge home.

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JOSEPH BRANT
MEMORIAL HOSPITAL
Group ID code: QO



Home & Auto Insurance

special report

How to get the care you need, when you need it – Is the hospital your best choice?

There is an old African proverb which reads “it takes a village to raise a child.” When looking at this quote through health care, those wise words could be transformed to “it takes a village to care for a life.” Being part of a community means providing and receiving support, care and compassion at all ages and stages of life. That’s why our Hospital works in interprofessional teams, with communities both inside and outside the Hospital walls, to ensure our patients receive the very best care and support in the community in which they live.

At JBMH, our goal is to provide each patient with the right care, in the right bed, at the right time, by the right professional. As an acute care hospital, this means when patients have completed their acute medical treatment but require further care and support in a non-acute environment, they become designated “Alternative Level of Care” (ALC) patients. We collaborate with, and rely on, our community partners in care to transition our patients to the right location where they can receive the appropriate level of care by the right team of health care providers. This may include but is not limited to home with community support; rehabilitation unit; retirement home; or long-term care from the community setting.

“On any given day, the Hospital has over 35 patients who have finished their acute care treatment and are designated as ALC patients,” states JBMH Vice President of Patient Care and Chief Nursing Executive,

Mary MacLeod.

“It’s crucial that the care team works together, including hospital staff, community partners, patients and families, to determine how best to facilitate a patient’s return home to receive the best level of service required for their post-acute care needs – as the hospital services may no longer be giving the best care or support. Working with our community partners to help patients access the right level of care in the community, means the hospital can provide timely acute care to the approximate 20 patients who are waiting in the Emergency Department each day to be admitted to a hospital ward.”

One of our important partners in providing this community care is the Hamilton Niagara Haldimand Brant Community Care Access Centre (HNHB CCAC). CCAC staff are regulated health care professionals who begin working with patients who are still in the hospital on planning their return home.

“The process begins with assessing each patient’s individual care needs and developing a care plan that is right for them,” says Maureen Kitson, Client Services Director (Burlington Branch), HNHB CCAC.

“These services may include meal programs, friendly visiting and personal support, nursing and therapy care. The staff have clinical expertise and know the community supports available to help people transition home from hospital.”

When all other options have been explored, CCAC helps patients and families

to consider long-term care options from their home setting.

“Because studies show that people do best in their home environments to assess their actual level of function, often much better than in the hospital setting, there is great benefit in having people return home to access community services and receive assistance in their home. From there, patients and families can work with CCAC to determine if another level of care should be considered. Our teams work closely with HNHB CCAC to move patients through their personal journey of care to get home,” says Melissa Morey-Hollis, JBMH Director, Collaborative Practice and Rehabilitation and Complex Care Program.

On each unit at JBMH, there is a CCAC case manager who works as a member of the interprofessional team to provide care to patients, attend rounds and manage the access to beds like Complex Care, Assess and Restore within the hospital and LHIN, as well as long-term care home beds and supportive programs in and from the community. CCAC staff also work in JBMH’s Emergency Department with physicians and patients who do not require an admission to the hospital, but do require additional support services which are available in our community.

“Hospital staff, CCAC staff, patients and their families work together to make decisions about returning to home, and accessing services and living options which are best for each patient, beginning the day you arrive at the hospital,” says Morey-Hollis.

It is important for patients and family members to be engaged in the decision-making process that happens at the hospital and understand that the hospital is not always the only or best place to get the care needed once medically stable.

“Knowing what is available in advance may help with the decision-making process when a medical crisis arises. We encourage families to learn about assistance and resources available in the community by contacting CCAC, building relationships with community services and knowing what options are available to provide in-home support,” Kitson adds.

“Our Information and Referral team is available from 8:30 a.m. to 8:30 p.m., 365 days of the year at 1-800-810-0000. They are just a phone call away and ready to answer your questions and help you connect to the health supports you need. Remember, you do not need to go through a hospital stay to connect with the CCAC.”

Two of the Hospital’s strategic priorities are decreasing ED length of stay and decreasing the number of patients who need an alternative level of care while in acute care beds. The more our patients, families,

Getting Help

What are alternative level of care (ALC) options?

When a patient in the hospital is designated ALC, it means this person no longer requires an acute level of care and can move to an alternate level of care. These ALC options may include home with in-home professional and community supports; rehabilitation unit; retirement home; or long-term care home from the community. CCAC assists in connecting patients and families with all of these options.

Who can call CCAC?

Anyone can call the CCAC – you, a family member, a caregiver, a friend, your physician or another health care professional. The resources they provide are accessible to everyone in the community.

How can CCAC help?

CCAC connects you with the care you need, at home and in your community. CCAC can help you stay in your own home longer by providing care in your home and by coordinating care in your community, including specialized support services. The CCAC can provide you with information about long-term care options if it becomes too difficult for you to live independently at home.

How can I learn more about the CCAC?

Visit the CCAC website at www.hnhb.cccac-ont.ca or call **1-800-810-0000**

Contact the CCAC’s Speakers’ Bureau to request a speaker for your community group: **1-800-810-0000**

To find health and community care services in Ontario visit: www.310CCAC.ca

We collaborate with, and rely on, our community partners in care to transition our patients to the right location where they can receive the appropriate level of care by the right team of health care providers. One of our important partners in providing this community care is the **Hamilton Niagara Haldimand Brant Community Care Access Centre (HNHB CCAC)**.



community and hospital partners work in alignment to get patients into the right bed with the right care, at the right time with the right provider, we can continue to flow those patients who need acute care treatment into acute care beds and discharge those requiring non-hospital care. We are continuing to focus on these important strategies at JBMH to ensure we are providing the very best care to our patients.

Together as a village of hospital staff, CCAC, service resources, families and patients, we can all work together to care for ourselves, our loved ones and our community.

The McQueens

For Rich McQueen, a retired school teacher, and his wife Marion, a retired pediatric nurse, life was pretty good. Having called Burlington home since 1966, they had raised three daughters and were proud grandparents of six, a perfect split down the middle of three granddaughters and three grandsons, all of whom had been born at Joseph Brant Memorial Hospital.

And then Marion suffered a heart attack in September 2011.

“My symptoms were very vague, unrecognizable according to what I knew about heart attacks,” says Marion. “But I had collapsed on the street while walking the dog and even when I felt I was alright, my daughter insisted that we go to the hospital. Neither of us were thinking it was a heart attack while we drove to JBMH, even with both my daughter and I being nurses ourselves.”

Marion and her family credit JBMH for their quick response and their exceptional service.

“We checked into Emergency and I was triaged immediately. Arrangements were made and I was transported by ambulance to the Hamilton General, a Regional Stroke Centre. Patients who need open-heart surgery or cardiac catheterization are also treated at the General. The fact that they recognized my symptoms so promptly and sent me to our area’s top centre for heart care probably saved my life.”

Clear and constant communication between the

Grateful for JBMH’s compassionate care



Rich McQueen spends two days a week at Wellness House, an adult day program run by JBMH. Marion, his wife, credits JBMH’s Emergency Department with helping to save her life when she suffered a heart attack in 2011.



Emergency Department (ED) staff and Marion’s family also made the difference to the quality of care Marion received.

“I found the ED staff, from the cardiologist to the nurses to the lab staff, to be competent, calming, caring and positive. They formulated a plan for me right away, being sure to communicate with my daughters, and keeping us all in the loop from the beginning,” Marion says.

Marion underwent emergency triple bypass surgery just two days after her ED visit. As she began her recovery process, Marion was quite worried about the care for her husband Rich. For the past few years, Rich had been suffering from lower body Parkinson’s disease. His mobility had been drastically affected with this disease, and he is now in a wheelchair full-time.

Fortunately, Rich and Marion connected with the amazing support and services of the Community Care Access Centre (CCAC) and the Red Cross transportation service. Rich now attends JBMH’s Wellness House, the adult day rehabilitation program located at Itabashi Way in Burlington. For two days a week, Rich participates in a series of programs designed for seniors with all types of

abilities and limitations.

“Rich enjoys the exercise program and the physical and occupational therapy, all led by very positive and caring staff,” says Marion. “He also enjoys many of the extra services available like hair-cutting, foot care, guest speakers and group discussions.”

“I can’t say enough about how caring and knowledgeable the staff are in meeting my needs,” says Rich.

“I have found it very beneficial to have social interaction with other seniors and staff. And I especially like knowing that Marion has a day to herself without having to worry about my care and well-being. She is able to focus on her own cardio rehab.”

Marion and Rich are thankful for the care they received back in 2011 as well as the care they continue to receive today. And thanks to JBMH and a fantastic network of health care services, the McQueens know that today, life is indeed still pretty good.

“During and following my recovery from triple bypass surgery and with Rich’s advancing lower body Parkinson symptoms, it is comforting to know that we have a community health care network, an excellent facility like Wellness House, and the love and support of our immediate family and our friends to help us cope,” Marion says.



MARIANNE MEED WARD

CITY/REGIONAL COUNCILLOR - WARD 2

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“From the day my twins were born at JBMH in 2000, our family has received excellent care on many occasions, so it’s an honour to give back, as a member of the board of governors (city council representative) and as a personal donor. Join with me in celebrating and supporting the redevelopment of our hospital for today and future generations.”

inspired *People & Teamwork* Getting to know our exceptional staff

Trudy Bray, Manager, Decision Support

What is your role at JBMH?

At JBMH, Financial Services and Decision Support is responsible for meeting the information needs of the Hospital. We prepare, analyze and present financial, clinical and statistical information to support the Hospital's Strategic Plan and commitment to accountability and transparency. By providing evidence-based information, analysis, and performance monitoring, we support the hospital's critical initiatives and decision-making.

What is the most rewarding part of your job?

Health care is continuously changing so every day brings new challenges. As a Chartered Accountant, I enjoy using my analytical skills for problem solving and using the financial and clinical information I gather to help the organization make strategic decisions that positively affect efficiency, quality, safety and service. Our department engages with staff at all levels and we are constantly learning about and supporting the Hospital's programs and strategic initiatives as we support the Hospital's

information needs. Knowing that Decision Support contributes to positive outcomes is extremely fulfilling. Interacting with the strong team at JBMH is very rewarding – I have learned so much from the staff and clinicians and I am grateful for their input as it makes our work even better!

What would you like patients, families and visitors to know about quality, safety and service at JBMH?

Every decision is patient-centred. Indicators relating to quality, safety and service are monitored on a regular basis at all levels of the organization. There is a strong leadership team at JBMH which meets regularly to review and understand the successes, challenges and opportunities for improvement. All decisions are scrutinized and insightful questions raised to ensure that the Hospital's commitment to quality, safety and service are met. Everyone strives for continuous improvement – it's really great to see such wonderful teamwork!



Want to make a difference? Become a JBMH Volunteer!

By Carolann Ritcey-Badger, Coordinator, Volunteer Resources

Volunteers are vital to the quality of health care services provided at JBMH. They can be found helping in almost every area of the Hospital. Dedicated to exceptional customer service, our volunteers are often the first people our patients, families and visitors meet when coming to the Hospital, acting as supportive, helpful ambassadors at the Information Desk in the main lobby, in our Emergency Department, and as our Patient Courtesy Shuttle drivers.

Our Volunteers provide service in an amazing 45 different areas of the Hospital. They can be found working directly with our patients and their families and visitors, behind the scenes providing clerical support, working in our gift shop or lottery desk or fundraising at many of our Auxiliary events throughout the year.

There are also several JBMH programs for which volunteers are specially trained. In our Hospital Elder Life Program (HELP), volunteers play an active role in caring for our older patients. They provide critical personal support that helps patients maintain cognitive, physical and emotional well-being.

At Wellness House, our adult day program located on Itabashi Way, volunteers assist staff in delivering a host of recreational and rehabilitative activities.

In our Eating Matters program, our volunteer-assisted eating program for at-risk patients, volunteers contribute to the nutritional well-being of our patients by giving much needed assistance unwrapping and

opening food containers, spoon feeding and helping with drinks, all the while enhancing the dining experience with encouragement and conversation.

Even with more than 600 volunteers contributing more than 82,000 hours of service each year, JBMH is always looking for even more volunteers to provide support to our patients and their families. We are always recruiting for all volunteer opportunities, and, in fact, have recently expanded the successful Eating Matters program. We have a number of openings in this program and would love to have you join us in helping our patients keep their nutritional intake up during their stay.

Our senior patients are often at high risk for malnutrition and subsequent adverse health outcomes while in the hospital, such as longer length of stay, dehydration, confusion, increased risk of falls and infection. Through Eating Matters, volunteers play an important role in creating a supportive environment and providing assistance for those who are not able to eat independently. This can help to maintain nutritional well-being and enhance the quality of life of our elderly patients.

If you are interested in volunteering in our Eating Matters program or would like to find out more about becoming part of our great volunteer team, visit www.jbmh.com and click on Auxiliary/Volunteering or call 905-632-3737 ext.1314 to sign up for a Volunteer Information session.

Our next session is October 11.

Why we volunteer...



"I'm a volunteer in the Emergency Minor Assessment and Treatment (EMAat) area which is a part of the Emergency Department. I look forward to every shift because I love being able to help out everyone and I enjoy talking with the patients. I also enjoy training new volunteers - it allows me to give back to the health care system that has been so good to me. Helping others gives me a great deal of satisfaction."

–Trudy Maandag, EMAat Trainer



"I volunteer for the Hospital Elder Life Program (HELP) and the Intensive Care Unit (ICU). My role as a volunteer varies but I help out in whatever way I can. Each shift is unique and memorable. Time well spent for the benefit of our community. It feels like I am making a difference."

– Nasit Vurgun – HELP & ICU – Youth Volunteer

Become an Eating Matters Program Volunteer!
Call 905-632-3737 ext. 1314.

cover story Continued from page 1

JBMH's Mental Health Services

With Mental Illness Awareness Week (September 30-October 6) and World Mental Health Day (October 10) fast approaching, those of us in JBMH's Mental Health Program are proud to be providing mental health treatment and awareness to our community, as well as working tirelessly to erase the stigma surrounding mental illness.

support the entire population from children to the elderly as well as their family members.

Our Mental Health team is comprised of psychiatrists, nurses, social workers, occupational therapists, recreation therapists, other mental health clinicians, and peer support staff, working collaboratively with family physicians and other health care providers. The team is united in its efforts to assess early and treat comprehensively, to achieve better outcomes and prevent future, more serious incidents of illness. The team also recognizes the need to provide clients with education and tools to self-monitor their symptoms, develop strategies to maintain a healthy lifestyle and support them in defining and achieving their goals for an enhanced quality of life.

Today, our program provides psychiatric emergency assessment in the Emergency Department and in an Urgent Care Clinic. The Hospital's Redevelopment and Expansion Project includes developing a separate care area in the ED to serve patients living with mental illness who need our care. We have a 16 bed inpatient unit that provides treatment for those 18 years of age and older who need acute treatment or who are at high risk for self-harm. Our focus on the Unit is establishing short stay stabilization and a reintegration back to the community. Our interdisciplinary team also facilitates appropriate follow-up service in the community.

Community Mental Health located in the Joseph Brant



JBMH's Mental Health Services Team is comprised of psychiatrists, nurses, social workers, occupational therapists, recreation therapists, other mental health clinicians, and peer support staff, working collaboratively with family physicians and other health care providers.

Community Health Centre (JBCHC), adjacent to the hospital, provides various consultation services as well as a broad range of treatment services such as medication monitoring, individual and group therapies, and case management. There are also several highly specialized services or models of care that assist people living with more complex diagnoses such as schizophrenia or bipolar disorder.

PACT – Program for Assertive Community Treatment – is a community outreach program located in the JBCHC, serving residents of the Region of Halton. Also known as “Hospital without walls,” this program provides 24/7 rehabilitative and support services to individuals in their homes living with a serious mental illness. Other specialized programs offers support for those with a first episode of psychosis or those with co-existing mental health and addictions issues.

In Burlington, we are fortunate to have a broad range of outpatient and community mental health services that provide support to the general population, older adults, children and youth. Some of these are clinic based and others are in the community, where the client resides, works, or enjoys their leisure activities. The goal is to address the client's goals and to instill hope in their recovery.

Ongoing research in the field and emerging evidence continues to shape the treatment approaches and care delivery for those with mental illness. Reducing stigma and encouraging people to seek help when first symptoms occur remains one of our top priorities. As a team, we continue to participate in local, regional, and provincial initiatives to ensure the best care, closer to home, for our community residents.

If you or someone you love needs help, call JBMH's Mental Health Services at 905-631-1939.

About Mental Illness Awareness Week and World Mental Health Day:

Mental Illness Awareness Week (MIAW) is an annual national public education campaign established in 1992 by the Canadian Psychiatric Association, and is now coordinated by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH).

MIAW seeks to raise awareness of the level of mental illness in Canada; to reduce negative stigma about mental illness amongst the general population and health care professionals; and to promote the positive effects of best practice in prevention, diagnosis and medical treatment. For more information visit the **Canadian Alliance on Mental Illness and Mental Health (CAMIMH) at www.camimh.ca**.

World Mental Health Day raises public awareness and promotes open discussion of mental disorders and investments in prevention, promotion and treatment services. This year's theme is “Depression: A Global Crisis”. For more information visit the **World Health Organization's website at www.who.int**

Help Keep Our Kids Safe!

According to the Centre for Addiction and Mental Health's (CAMH) 2011 Ontario Student Drug Use and Health Survey, **14% of students** in grades 7 to 12 surveyed, reported using prescription opioid pain relievers for non-medical purposes and most of the students reported obtaining the drugs from home! While the number of students reporting using opioids has significantly decreased from 21% in 2007 to 14% in 2011, that still represents **140,100 students in Ontario!** It may be your son or daughter.

Please don't share your prescription medications with anyone and don't take anyone else's pills either!

Are you concerned with how much medication you are taking? Do you think you might be addicted to your pain killers? Our caring and dedicated doctors are here to help you! Please call us at 905-631-9355 to schedule your first visit. **We're here to help!**



444 Plains Road East, Burlington
905-631-9355 | www.wellbeings.ca



inspiration

Helping our patients on their journeys of recovery and independence

By Kim Biliato, Occupational Therapist



With the help of OT Kim Biliato and his health care team, Rick, an inpatient at JBMH, met his OT and physiotherapy goals and was safely discharged home.

At JBMH, we are often inspired by the personal journeys our patients make on their road to recovery and independence. I'd like to tell you about one special patient, Rick.

Rick was admitted to JBMH in January of this year with pneumonia. Prior to his admission, he had been living in a house with roommates, walked without an aid, cooked, cleaned, did laundry and worked five days a week.

For the first three months he was in the hospital, Rick's health and functional status declined significantly; he was not able to care for himself or move out of the bed into a wheelchair on his own. As his health deteriorated, many of us feared he would never return back to his home or walk again, let alone wash and dress himself, do his laundry and cook a meal on the stove.

Rick proved everyone wrong.

With the help of the JBMH team, including the occupational therapist who focuses on helping patients participate in meaningful quality of life activities, Rick learned how to do all the things he needed to do to be able to return home safely and take care of himself.

Rick moved to our Restorative Care Program in May, which provides an

interdisciplinary team approach to care. The goals of the program are to improve patients' health, wellness and independence and maximize and maintain their physical and cognitive abilities. Each patient has an individualized plan of care designed to assist them regain optimal functional capabilities and allow them to return home.

With our help, Rick identified his occupational and physiotherapy goals: being able to get into a wheelchair and propel it himself. As his strength grew, he eventually got a new walker and he was able to walk independently. He was able to wash and dress himself with little help. Rick then went on to surpass his goals, learning how to cook his favourite meal – grilled cheese sandwiches, and even do his own laundry!

After many months and through sheer determination, our friend Rick was safely discharged home in August. As his occupational therapist, it was an honour for me to help Rick on his road to recovery and independence. While we will miss Rick at JBMH, we are so happy to see this fun-loving, strong, and determined patient return back to his home and continue his journey of independent living.

teamwork

JBMH's OT Team: dedicated to making our patients' lives better

By Laurie Perrett, Chief, Professional Practice, Occupational Therapy

October is **National Occupational Therapy Month**, a time to celebrate Occupational Therapy's contribution to helping people live healthier, more satisfying lives. Occupational Therapists (OTs) are university trained, regulated health professionals who provide assistance and solutions that contribute to the overall well-being of all patients. There are over 5,000 therapists registered in the province of Ontario alone.

At JBMH, OTs work on our inpatient units and in our Hand and Upper Limb Program, they are Case Managers in our Outpatient Psychiatry program, and also provide service at our adult day program at Wellness House. OTs at JBMH are committed to providing evidence-based, patient-centred care. We focus on optimizing functional abilities for our patients so that they may participate in meaningful life activities. Our vision for Occupational Therapy at JBMH is: Collaborative Leaders. Exceptional OT Service.

So what exactly does Occupational Therapy entail? The term "Occupation" refers to everything that people do during the course of everyday life. Each of us has many occupations which are essential to our health and well-being. OTs and OT assistants help people, from children to the elderly, participate in the things they want and need to do to lead independent lives. Common occupational therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain life skills, and providing support for older adults experiencing physical and cognitive changes.

OT often involves assessment, intervention and evaluation of patients related to occupational performance in self-care, productivity and leisure. OTs may assume different roles such as advising on health risks in the workplace, safe driving for older adults, and programs to promote mental health for youth. OTs also participate in research, program development and education in addition to the direct delivery of professional services.

We are very fortunate to have such a dynamic and dedicated team of health care professionals at JBMH, who we thank and recognize this month for their contributions to the lives of our patients.

If you have further questions or require additional information about Occupational Therapy, contact Laurie Perrett, Chief, Professional Practice, Occupational Therapy at lperrett@jbmh.com

or visit these resources:

OTworks.ca | caot.ca | osot.on.ca



JBMH's OT Team – FRONT l-r: Laura Mawhinney, Laurie Perrett, Lorie Ann Tirone

BACK l-r: Leslie Rampersaud, Tanya Greve, Jennifer Hynes, Kathleen Stringer, Ola Phillips, Juan Lopez, Andrea Featherstone and Mary Van Impe.

ABSENT: Stephanie So, Denise Flett, Laura Milson, Shannon Austin, Margaret Vanderheyden, Kim Biliato, Maria Gera, Jennifer Moore, Tricia Medeiros, Diane Panagakos

family medicine

Your family doctor plays an important role in your health care

By Dr. Arshad Hack, MD, JBMH Chief of Family Medicine



Every sport has a facilitator, whether it is the quarterback, centre midfielder, point guard, coach or catcher. One may organize and set up the play, while another executes the play and runs with the ball. Together, they communicate clearly, assess information, and count on each other for guidance, help and support. Health care is no different, the facilitator being your Family Physician.

A Family Physician is a doctor with a very diverse skill set who is there to act as your quarterback and coach. They provide education, support, diagnosis, and treatment and help you to navigate the sometimes challenging areas of the health care system. They will involve other Specialist Physicians as required, and will be there to help you understand the factors that affect your health.

Family Medicine comprises the largest part of what is referred to as Primary Care. Primary Care is the backbone of our health care system, setting us apart from other countries in the world. Typically, Primary Care is provided in the community as outpatient services, for instance in your family doctor's office. Although Family Physicians

function mostly in the outpatient setting, it is important to note that they also play a very important role in the hospital.

At JBMH, we have 40 Family Physicians who have full privileges in the Hospital. These Physicians are integral members of the inpatient medical team alongside Hospitalists, Internal Medicine Specialists and Surgeons. Should your Family Physician have privileges at JBMH, they will be the main doctor looking after you during your hospital stay. Of course, there are times when other Physicians provide more acute care (ICU, Surgery, Complex Medical Cases), but your Family Physician is always there to assist and advocate for you. Other places you may see your Family Physician include assisting in the Operating Room, doing a delivery in our Maternal and Child Program, examining a newborn baby on our Post-Partum Unit or working in the Emergency Department.

JBMH is unique and fortunate to have such a strong Department of Family Medicine integrated so seamlessly with Hospitalist Medicine and Internal Medicine. JBMH is very dedicated to maintaining this Family Medicine presence – evident by the Hospital's collaboration with McMaster University to build the Halton McMaster Family Health Centre at JBMH as part of the Redevelopment and Expansion Project. This Centre will provide comprehensive, full service training of Family Physicians with the goal of retaining them in our Hospital and Community. This will not only further increase the quality of care provided in the Hospital, but will increase the quality of care provided in the community at large.

As the Chief of Family Medicine at JBMH, my role is a

JBMH has a strong Department of Family Medicine, with family physicians working alongside JBMH staff to provide you with highest level of care. Together, we are committed to quality, safety and service for all of our patients in Burlington and beyond.

simple one – to ensure the highest quality of care provided to patients by Family Physicians in the Hospital. This is realized through constant monitoring of our health care delivery and workflow processes, continuing education, quality care reviews, and patient advocacy. Like my predecessors before me, I am highly focused on and passionate about the continued role of Family Medicine in our community Hospital. I believe that by focusing on Family Medicine, we will continue to meet our quality and safety goals, ensuring the highest level of care for our patients. Together with the other care providers, we are pushing JBMH closer towards its goal of being a leading practice Academic Affiliated Community Hospital. This will only be further improved in the future as we embark on our Redevelopment and Expansion Project.

Dr. Arshad Hack is a Family Physician in Burlington, the Chief of the Department of Family Medicine at Joseph Brant Memorial Hospital and Associate Clinical Professor at McMaster University in the Department of Family Medicine. He is very interested in comprehensive primary care, preventive health care, models of health service delivery, and low-risk obstetrics. Dr. Hack's Q&A column will return.

Reducing falls a top priority

Joseph Brant Memorial Hospital is proud to be among several partner organizations of the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) which has been designation as a Best Practice Spotlight Organization (BPSO) by the Registered Nurses' Association of Ontario (RNAO). The HNHB LHIN is the first LHIN to become an RNAO BPSO.

Over the three-year candidacy period which began April 2009, participants focused on implementing best practices for preventing falls and pressure ulcers, both major risks to patients in a variety of clinical care settings. Key successes of the project include the implementation of a risk assessment tool, the development of a toolkit to assist in the assessment of pressure ulcer risks, a common reporting system which will facilitate quarterly monitoring of patient outcomes, and the development of a LHIN-wide policy to standardize and promote best practices as patients transition between participating organizations.

Between April 2011 and March 2012, JBMH reduced the number of patient falls resulting in injuries by five per cent. Thanks to numerous interventions, heightened awareness and patient education, JBMH continues to see decreases in falls and the organization has identified this as a quality and safety priority.

The Flu and U

Brought to you by JBMH's Infection and Prevention Control Team:
Seema Boodoosingh, Diane Hart and Sue Allard

OCTOBER IS FLU SHOT INFLUENZA IMMUNIZATION AWARENESS MONTH

Influenza season or "flu season" is just around the corner. The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death.

The single best way to prevent seasonal flu is to get vaccinated each year, but good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses like the flu.

For more information about protecting yourself and your loved ones from the flu visit immunize.ca.



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foundation

A spirit of generosity By Anissa Hilborn, JBMH Foundation President

A few weeks ago marked the one year anniversary of my joining the Joseph Brant Memorial Hospital Foundation. Over this last year I have had the privilege of witnessing the new era of health care happening at our Hospital and I have been inspired by the generosity of our community. There are so many stories of people who give of themselves, their time and their support and to all of these people, my sincere thanks for your contributions to our Hospital and our future of care.

A glimpse into these incredible gifts of generosity can be viewed in our Donor Report, which comes out next week. The Report showcases how the Foundation, donors, Hospital and community work together to making significant, positive changes to health care for Burlington. You can find the report on our website, or you can request a copy by contacting our office at 905-632-3737, ext. 3473.

As I reflect on these moments of generosity, I can't help but think of our Board of Directors, Campaign Cabinet and Ambassadors

Council. These outstanding individuals are a true representation of passion and commitment as they share their support and dedication for our Hospital and for the great future ahead of us with our Redevelopment and Expansion Project, made possible in part through the Foundation's \$60 million Together Capital Campaign.

I would be remiss if I did not also talk about the spirit of giving we see through our events hosted by community members. Below, we capture just a few of the upcoming events in which monies raised will support the JBMH Foundation.

Finally, and most importantly, a sincere thank you to our generous donors. Our donors have shown unwavering commitment to the Hospital over the last 40 years and are helping to build our new era at JBMH. Together, our donors, participants, organizers, volunteers, committee members and community members are all joining together to invest in our Hospital, our future and our City.

For you, I am truly grateful.



Our Campaign Cabinet: Leaders and Visionaries

Our Campaign supporting the Redevelopment of our Hospital, is the largest fundraising endeavour in the history of Burlington. We are building this Campaign upon a long history of community pride in our physicians, nurses, staff and volunteers.

This Campaign will succeed because community leaders are engaged and willing to invest their time, talent and treasure to achieve our vision. We are proud that we have been able to gather a group of dedicated individuals to form our Campaign Cabinet. By supporting us, the members of the Cabinet will ensure that our ambition to create a bold, safe, state-of-the-art leading practice Hospital will become a reality.

Our Campaign Cabinet, under the leadership of Kevin Brady, is the committee who

oversees the Campaign and its path for success – including strategic planning and decision making. Most importantly, our Campaign Cabinet works closely with the Foundation to represent the Campaign to the community and to encourage Burlington residents, business owners and organizations to invest in the new era happening at Joseph Brant Memorial Hospital.

As we evolve and grow our Campaign, you will continue to see the passion and dedication of these Campaign Cabinet members – through their advocacy for the Hospital, the Campaign and your support. A sincere thank you to these committed members who are together leading us to a new future for Joseph Brant Memorial Hospital.

OUR CAMPAIGN CABINET, ABOVE FROM L-R: Peter Hogarth, Anissa Hilborn, Don Smith, Rick Giuliani, Shirley Thomas-Weir, Dr. Arshad Hack, Eric Vandewall, Mel Griffin, Diane Peller, Brian Torsney, Kevin Brady – Campaign Cabinet Chair, Brenda Hunter, Ralph Sgro, Randy Smallbone, Steve Duffield, Hugh Loomans, Susan Busby, Clement Messere, John Krpan, Dominic Mercuri.

upcoming events

COME BE A PART OF THE AMAZING BED RACE!



This **Sunday, September 23 from 11:00 a.m.-3:00 p.m.**, bring your family and friends to enjoy a fun-filled day racing beds down Brant Street to raise money for Joseph Brant Memorial Hospital Foundation and The Rotary Club of Burlington North. The event kicks off with opening remarks at 12 p.m. followed by a pre-race demonstration by

the Hammer City Derby Divas. Immediately following is the Parade of Beds then the Bed Races will take place until 3:00 p.m., hosted by Mike Nabuurs from Funny 820. Our Halton Regional Police will even be providing radar guns to clock the speeds of the racing beds! Back by popular demand is the **FREE Kids Zone** in Civic Square and the **Kids Stroller Races**. There will be an Arts and Crafts station, face painting, carnival games, a Dunk Tank and Halton Regional Police providing two D. A. R. E. Cars to check out.

The **Kids Stroller Race** will be held from **12:45 p.m.-1:15 p.m.**, with free registration opening at **11:30 a.m.**

BEAUTY AND THE BISTRO: BE OUR GUEST, SAVE OUR BREASTS

Mark your calendars for an evening of delicious food sampling, wine and beer tasting, dessert bars, entertainment and prizes. Join us on **Saturday, October, 20 from 7:30-11:00 p.m.** at Leggat Chevrolet Buick Cadillac GMC at 2207 Fairview Street in Burlington. One hundred percent of the proceeds will be donated to Joseph Brant Memorial Hospital Foundation to support the purchase of a Digital Mammography Unit with a biopsy attachment. Tickets are \$50 per person and can be purchased at **905-973-6923** or **BeautyAndTheBistro2012@gmail.com**.

care around the world

Our 11 days in Kenya

In April, Canadian Nurses for Africa (CNFA) went on its fourth mission to Kenya to provide free medications, sexual health education, wound care, school deworming programs, wheelchairs, follow-up surgeries, school latrines and other health care.

Each year we expand our practice on the ground in Kenya, partnering with our neighbouring nurses from Burlington, Hamilton, Oakville, and Toronto. We also work closely with a group of dedicated Kenyan Nurses and Clinical Officers, many of whom return year after year to help with our mission. We are a team, all sharing the same passion of helping those gentle Kenyans who ask so little and have so little.

This year we treated a total of 14,789 individuals. Our school deworming program alone treated more than 5,300 school children.

For the first time, we introduced a jiggers eradication program. Jiggers are a flea that lives in the dirt floors of the homes. They burrow under toe and finger nails causing pain and disfigurement. Most of those afflicted have difficulty walking, eating or working. These people are very poor and are primarily mothers and young children. Some were able to receive closed toe shoes, blankets and baby clothing to protect them from jiggers during the cold and rainy season.

We collected many useful donations to bring to Kenya. This year, one of the most appreciated donations was reading glasses. We had many Kenyans come to the clinics just for glasses and our supply was depleted within a couple of hours every day. The cost of eye glasses in Kenya makes them an impossible purchase for almost every Kenyan - including most of the local nurses we work alongside. We also collected old suitcases. We used them to carry medical supplies, colouring books, crayons, baby clothes, hats, toy cars, balls, and anything else we could fit!

Fundraising is also a key part of our mission. On **September 23** we are holding our **"Run like a Kenyan"** event, a 5km run/walk and 1km free kiddie run at 10:00 a.m. in Rockwood Conservation Park. You can register on line through the Running Room at www.runningroom.com. We will also be having our big fundraiser dinner dance **"Out of Africa"** on **Feb 24, 2013**. This is our biggest fundraiser and was a tremendous success in helping us fund our 2012 mission.

This is the third year that I have gone to Kenya. Each year I learn and see new things; this year I toured a hospital, visited a medical clinic and an orphanage. It is a very eye opening and moving experience and I find myself drawn back each year. I see hundreds of people who do not have access to any medical treatment for themselves or their children and who live in extreme poverty. The need is so great that once you see it you cannot forget and you feel you must continue to help.

Trish Corbett, Clinical Nurse Specialist Geriatrics, JBMH



This past spring I had the privilege of going to Kenya with Canadian Nurses for Africa on a medical mission trip. One of the most difficult things to see in Kenya is the suffering children. Whether it is from malnutrition, malaria, or worms, it is always a heartbreaking thing to witness. And working in the small rural villages of Kenya, you see many of these children.



I have one such story of a child that stands out in my mind. It was during my first week at a clinic at a particularly impoverished village in the Kakamega region. One of the duties that we performed as nurses at the clinic was to fill out prescriptions. We would receive charts (a single paper really) that stated the patient's name, age, presenting complaint, diagnosis, and finally the medication that had been prescribed. The chart indicated the patient's vital signs, including weight, if the patient was a child. Based on the weight, we would calculate the appropriate dosage of each drug for each child.

One such chart came my way and I began to fill the prescription for a one year old child. I noticed the child's weight was recorded at 4kg or about 8 pounds, the size of a newborn. I rechecked both the age and weight, thinking there must be a mistake. I had noted during the last couple of days that the children we saw in our clinic generally weighed less than children in Canada. But a one year old weighing the size of a newborn?

I decided the most logical explanation was that the scale wasn't working properly and that it needed readjusting. I went to check the scale and found it to be in good working order. Perplexed, I walked back to the medication table and as I walked back I noticed a nun cradling a small child. It was the child who at 15 months old weighed only as much as a newborn. And what a tiny girl she was, with painfully thin arms and legs. What a heartbreaking sight! This child was so malnourished she was unable to walk and could only lie in the nun's arms. Not even having the strength to turn her head towards me or smile, she only looked at me with large sad eyes.

When speaking to the nun, I found out that this girl's mother had died and there was no family to care for her. It was only out of the goodness of the nun's heart (and she was destitute herself), that this child had a place to live. We did the best we could do for this small girl that day, but I can't help but wonder what has happened to this child in the months since she visited our clinic - would she even see her second birthday?

Although I've always known that poverty exists in many parts of the world, to see it first hand is quite overwhelming. It truly makes one thankful for the health care we have available to us here in Canada.

Kristen Vreugdenhil, RN, JBMH

Sharing leading ideas on COPD self-management in Israel



Lily Spanjevic, Advanced Practice Nurse (APN) Geriatrics - Medicine at JBMH, recently presented at the first RNAO International Nursing Conference

COPD patient self-management outcomes, entitled: "Nursing: Caring to Know, Knowing to Care".

APN led COPD self-management care, in collaboration with respiratory specialists and other members of the inter-professional team, have led to significant improvements in patients' length of stay, readmission rates, decreased self-reported COPD symptoms, improved self-rated quality of life, and confidence in mastering COPD exacerbations. As well, development of specific APN and nursing competencies for care of patients with COPD evolved as a result of this initiative.

At JBMH, Lily works with a geriatric consultation team. She also provides staff, patient and family education, establishes quality improvement initiatives at a unit and hospital-wide level, and partners with local universities' nursing faculties to improve geriatric competency and program development. Her research work includes APN practice, geriatric psychiatry and rehabilitation outcomes for the frail senior population.

in Jerusalem, Israel. There were over 690 participants from 46 countries who attended the four day conference.

This unique professional meeting provided an opportunity for nurses to share leading nursing interventions and ideas in various topics from all over the world. It also provided a platform for an open dialogue among the best minds of nursing research, practice, education and policy workers.

Lily's presentation was on her work about APN influence on



Learn to self-manage chronic illness with Take Charge Program

Starting on **October 15**, JBMH will be running its fifth **Take Charge Chronic Disease Self-Management Program** in collaboration with **Hamilton Health Sciences** and the **Hamilton Niagara Haldimand Brant LHIN**.

“The Take Charge program is free and is designed to enhance regular treatment and education, helping those with one or more chronic diseases gain the skills needed to manage their health and remain active,” says Lily Spanjevic, Advanced Practice Nurse-Geriatrics-Medicine at JBMH.

The Take Charge workshop runs once-a-week over the course of six consecutive weeks, with each session being two-and-a-half hours in length. Classes are highly participative and supportive.

“After taking part in Take Charge, participants often demonstrate improvements in exercise, symptom management, and communication with their health care team, and cite less distress, fatigue, and social/role activity limitations. They also spend fewer days in the hospital and have fewer outpatient visits,” says Spanjevic.

The program is open to people living with chronic disease as well as their

informal caregivers (e.g. family members). The program covers topics such as:

- Techniques to deal with problems such as frustration, fatigue, pain, and isolation
- Appropriate exercise for maintenance and improving strength, flexibility, and endurance
- Appropriate use of medications
- Communicating effectively with family, friends, and health care providers
- Nutrition
- How to evaluate new treatments

Sessions start **Monday, October 15** and run to **November 19** for six consecutive Mondays from **2:30–5:00 p.m.** at the Fortinos at Appleby Line (southeast corner of Appleby Line & Hwy 5).

To register call **905-521-2100 ext. 75145** or go online to www.takecontroldatacharge.ca.

You can also call Lily at **905-632-3737 ext. 5689** for more information.

did you know?
did you know?

SEPTEMBER IS

- Childhood Cancer Awareness Month
- Men's Cancer Health Awareness Month
- National Arthritis Month
- Ovarian Cancer Awareness Month

OCTOBER IS

- Autism Awareness Month
- Breast Cancer Awareness Month
- Eye Health Month
- Healthy Workplace Month
- Learning Disabilities Awareness Month
- National Occupational Therapy Month
- The Flu Shot: Influenza Immunization Awareness Month

SEPTEMBER 30 TO OCTOBER 6 IS

- National Breastfeeding Week*
- * Watch for the next issue of Momentum in November for our special story about JBMH's Breastfeeding Clinic and Baby Friendly Initiatives.

OCTOBER 15 TO OCTOBER 19 IS

- National Infection Control Week

CHILDBIRTH PRENATAL CLASSES AT JOSEPH BRANT MEMORIAL HOSPITAL



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- What to expect when you arrive at a Birthing Unit
- What to expect in those important first days home with your baby
- Learn coping strategies for labour and breastfeeding
- Understand your options

Next Class Dates (consecutive Saturdays):

- October 13 and 20
- November 10 and 17

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To register call 905-681-4881

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