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Fall 2011
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To provide healthcare professionals with job opportunities, continuing education, new products, resources, and editorials to help them succeed in their careers.

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After living for 35 years in Alberta it did not occur to me that the federal Official Languages Act would have an effect on healthcare. The predominant official language in my former home province is English and to my knowledge, the healthcare questions never had anything to do with either the Anglophone or minority Francophone population. Since moving to New Brunswick three years ago I have begun to understand the importance that is placed on linguistic duality, particularity with regard to the francophone community.

New Brunswick is one of the smaller Canadian provinces with a population estimated to be 753,200 as of January 1, 2011. As the only officially bilingual province in Canada New Brunswick has a unique position. The Official Languages Act of New Brunswick was enacted in 1969, followed by the Act Recognizing the Equality of the Two Official Linguistic Communities in New Brunswick in 1981, the Canadian Charter of Rights and Freedoms and the Constitution Act 1982, and the new Official Languages Act of New Brunswick in 2002. All of these created new language obligations that were not included in the original 1969 Act. In New Brunswick, approximately 32 percent of the population is French speaking 64% are English speaking.

When New Brunswick regionalized healthcare it established eight Regional Authorities. One of these, the Beauséjour Regional Health Authority located in Moncton was the only one that was designated francophone and made French the working language in its hospitals. In early 2008 the government of the day collapsed the eight authorities into two, resulting in some cost saving and a more integrated system that better responded to the health needs of New Brunswickers. The Beauséjour Regional Health Authority was merged with other authorities including some that work in French and English. Fearing the loss of a health authority that is legally francophone a local Francophone group, The Égalité santé en français (the Committee for the Equality of Health in French) filed a lawsuit against the provincial government demanding that the province reinstate a health authority that is legally francophone. Noting that francophones, at least in the southeastern part of the province were no longer served by a francophone authority, the lawsuit was launched to rectify this situation. It was claimed that the lawsuit didn't aim to establish dual health systems based on language, rather the objective was to restore a health authority that is clearly and legally francophone.

Linguistic Duality and its Impact on Healthcare

In 2010 the New Brunswick government announced that it would officially recognize that one of its two regional health authorities will operate in French. While the legal obligation of both authorities to provide services in both languages was unaffected, the way services are delivered would continue to improve, taking full advantage of the streamlining and integration of services provided by reducing the number of authorities.

Legislative changes were brought forward to satisfy the Égalité santé en français into dropping the lawsuit were as follows:

- The responsibility of both regional health authorities to improve the delivery of healthcare services in French was recognized;
- The New Brunswick Health Council Act was amended to recognize that the council take into account the need of linguistic communities in its objectives and purposes; and
- The minister of health would have the authority to designate university hospital centres and affiliated university hospital centres.

As well, the minister announced that a five year plan would be developed to ensure equitable distribution of healthcare services between the two authorities and a review of the geographic areas assigned to each health authority. Other initiatives include: establishing a committee responsible for the implementation of the official languages strategic plan for the health care sector; and the next provincial health care plan should include specific objectives with respect to official languages.

This province prides itself on its bilingual status but the debate continues about the notion of bilingualism and linguistic duality. The debate is often heated both at the political level and between the two linguistic groups at the community level. Recently, it heated up again when two government MLAs who are members of the Standing Committee on Health asked questions about the cost of linguistic duality in health. This set up a firestorm of reaction from the Acadian and francophone groups and the Premier of the province demanded that his two MLAs apologize for their temerity in asking questions. As well this same Standing Committee is conducting public consultations around the issue of changing boundary

lines of the two health authorities.

The Égalité santé en français (the same group that launched the lawsuit mentioned earlier) is now pushing the idea that the authorities' boundaries be changed so that all of the provinces francophone communities would become the responsibility of the Vitalité Health Network (whose working language is French) removing them from the Horizon Authority (whose working language is English). Opponents of the idea are municipal leaders of the francophone communities identified stating that things are working well for them and that changing boundaries in this fashion would hurt service in their communities.

Others have broached the subject of amalgamating the two health authorities into one bilingual authority. They argue that with a net debt of an estimated \$10.2 billion by next March all cost cutting measures should be considered. Opponents of this idea agree that there is duplication in administrative positions but that combining the two authorities would be detrimental to the province's francophones.

As a newcomer to the province, it seems to me that the time we are taking in this linguistic debate would probably be better served in initiating some reforms, or transformations in the health system. We have serious problems with frail elderly occupying hospital beds because the more appropriate accommodations are inadequate, we have inadequate access to primary care after hours so that emergency room wait times continue to be excessive. We have seen little progress on the establishment of community health centres that could supply comprehensive single site wellness, chronic disease management and primary care services. These are just to name a few.

Putting limited dollars into system reforms designed to provide services in the language of the client's choice efficiently and effectively while respecting the law and the spirit of bilingualism seems sensible and responsible given the province's limited resources.

Editor's note: Material for this editorial has been gleaned from local newspapers, various government documents, debates in the House of Commons and material from the archives of the Office of the Commissioner of Official Languages (Canada)



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See Princess page 6

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The Distance Nursing Program at St. Francis Xavier University offers distance education programs and courses for Registered Nurses. The Post RN, Bachelor of Science in Nursing Program at St. Francis Xavier University is a part-time distance education program designed to enable adult learners to pursue university study while continuing their careers. The Program began in 1988 as a direct response to the mandate set by the Canadian Nurses Association that an Entry to Practice be a degree in nursing by the year 2000.

Courses in the Post-RN BScN distance education schedule are built around print-based and online materials. They provide a strong foundation in the physical, biological and social sciences, critical thinking, health promotion strategies, ability to deal with rapid advances in knowledge and technology, and the ability to deal with increasingly complex ethical issues in health care. All required credits are provided for students in a distance delivery format.

Nursing certificate programs are also available through distance education. The certificate programs are designed specifically for practicing nurses. The courses enable nurses to develop a stronger theory base, enhance their nursing practice, and address health care needs across nursing practice and life continuums. The Certificate in Continuing Care is designed to prepare registered nurses to move into the home health care area. This program enables nurses to move from acute care to home health care and expand their professional competencies and

knowledge. The Certificate in Gerontological Nursing is designed to prepare registered nurses to deliver holistic, effective care to older adults. Developing knowledge and practice skills enables nurses to address comprehensive needs of the older client populations, identifying strengths as well as professional care needs. All courses are 3-credits and transferable into the Post-RN BScN Program.

Specialty nursing courses are offered on an individual basis to registered nurses seeking courses in particular areas of interest such as: Computers in Nursing, Forensic Nursing, Hospice Palliative Care Nursing, and Challenges in Aging. Distance biology courses include: Cell Biology, Microbiology and Anatomy and Physiology.

Support services within the program are a vital factor in the success of the program. These include toll-free telephone access to course professors, distance librarian, writing center, program office staff, bookstore, bi-monthly newsletter, StFX email accounts, and on-line support and access to StFX website for grades and student information.

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LIVE WEST COAST



High Acuity Response Program

When rural and remote sites in Interior Health (IH) have a highly acute patient who requires a higher level of care, a physician or registered nurse (RN) is often called upon to accompany the patient on the transport. This can leave a site – and a community – without a vital resource. To support rural and remote sites, IH established the formation of new High Acuity Response Teams (HARTs) in October 2010. These teams consist of highly-trained critical care RNs responding with BC Ambulance Service (BCAS) basic life support paramedics. They bring highly skilled clinicians to these sites and support the transport of acutely ill patients. In more complex cases, a respiratory therapist (RT) can be called in to assist. When not involved in the transport of patients, HART RNs and respiratory therapists are based at larger referral hospitals where they support emergency departments and intensive care units.

“IH serves a large geographic area with a multitude of rural and remote health sites. Our high acuity response program supports patient care at those sites and will ensure acutely ill patients who need a higher level of care are transported to the appropriate sites with highly-trained clinicians looking after them,” informs Dr. Robert Halpenny, IH President and CEO.

Debra-Lyn Watson, HART Team Leader, has an extensive background in critical care and emergency nursing. “The rural sites within Interior Health are quite unique in terms of their geographical location, resources, and inclement weather patterns,” says Watson. “Many sites will often have only one or two RNs and a physician available at any one time. You

can imagine the challenge of having to transport a critically injured patient from Lillooet to Kamloops at 3:30 in the morning during a thunderstorm without immediate access to aircraft advanced life support paramedics or extra staff. Prior to HART, this meant the RN and/or physician had to accompany the patient in the back of an ambulance to Kamloops, leaving the residents of Lillooet without a key clinician until their return. Thanks to the HART Program, our team is dispatched immediately to rendezvous with the patient en-route and initiate critical care level treatment prior to arrival at the receiving centre. At other times, HART will be dispatched to rural sites to support patients in their own community, providing critical intervention and possibly preventing any need for transfer at all.”

The Registered Nurse/Respiratory Therapist Model used by HART has been effective in many other institutions and will be managed and supported with new resources, including RN and RT advisory groups, clinical education through the Justice Institute and Thompson Rivers University Academic Respiratory Therapy Department, problem-based clinical decision support algorithms approved by the Health Authority Medical Advisory Committee, and evaluation of key performance indicators for quality assurance.

HARTs are operating in the Thompson Cariboo Shuswap (based in Kamloops), Kootenay Boundary (based in Trail), and East Kootenay (based in Cranbrook). An additional team will be introduced to Penticton in 2012.



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by Jennifer (Jay) Sherwood, BScN, MEd.

This column highlights a sample of the information that has arrived since the last issue of HEALTHbeat. All of this comes from press releases, lists and other such things that are available on the Internet. Apart from editing, I am passing it along to you as it comes to me.

Be advised, HEALTHbeat does not endorse or otherwise support any of the products, new ideas etc.

Did you know that...?

HALIFAX, NS – Nova Scotia announced that it is implementing a drug information system to better protect the health of patients. Pharmacists, doctors and other prescribers will be able to share information about the medications patients are taking.

CALGARY, AB – Alberta Health Services is now showing real-time, estimated wait-times on its website for Calgary's emergency departments and urgent care centres. This tool is designed to help Calgarians decide where to access care for themselves and their families.

HAMILTON, ON – Innovation in medical imaging technology has made it possible to capture, store and transmit diagnostic images electronically. But what is still missing is a system that streamlines the flow of images more efficiently from the large storage units to the radiologist's workstation and the healthcare professional's desk.

LONDON, UK – The British "Connecting for Health" programme is again under fire in the United Kingdom and under serious threat of being dramatically downsized. Connecting for Health is an £11 billion attempt to computerize all healthcare providers and create a centralized system of electronic health records

ABBOTSFORD, BC – A high-tech Mobile Medical Unit that acts as a mini-hospital, and was previously deployed at the Vancouver 2010 Winter Games, has been acquired by the B.C. Ministry of Health at a cost of \$5 million. Health Minister Michael de Jong, in partnership with the Provincial Health Services

Authority (PHSA), recently demonstrated the Mobile Medical Unit, which is unique to Western Canada and will be used to improve emergency service delivery across the province.

TORONTO, ON – From a tattoo that delivers drugs to combat a debilitating and disfiguring disease; to solar powered tablets to train women in Haiti on HIV prevention; to a rugged, reliable fetal heart monitor that doesn't require electricity in order to save babies' lives in Africa, Canadian innovators demonstrate creativity, bold ideas and big hearts in the quest to make a difference in the developing world and save lives.

EDMONTON, AB – A pilot project at the University of Alberta Hospital has tested new techniques that resulted in patients spending up to 80 percent less time in the ER before being admitted to a hospital bed. The pilot also reduced the average length of stay for patients by about 50 percent.



Princess from page 3

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What is a calorie? You can count as many as you want but first you should know exactly what it is you're counting. Lets first think of calories as energy. For example, if you read a label with 100 calories per serving that's how much energy your body will receive from that particular food. In this sense calories are good for you and they keep us going throughout the day. The down side to calories is if we don't burn/use up the energy, they're stored mostly as fat in our body. The key is to avoid an excess of calories, which can be done through healthy eatin' and exercise.

Your activity level, height, age, current weight and muscle mass are all factors that come into play when determining ones daily calorie needs. Height and age we have no control over however, your activity level, current weight and muscle mass are under your control.

Weighing yourself once a week lets you know if your calorie intake that week was higher, normal or below what you should be receiving. Only weigh yourself once a week, you don't want to get in that habit of stepping on the scale every day. This doesn't allow enough time for your body to take in and process the food, plus that's a mental habit that can lead to erratic behaviour. Stick with once a week, same time, same day, every week. Usually the morning is the best.

Have you ever thought about keeping a food journal? To go along with weighing yourself weekly, a food journal can paint you a pretty good picture of your nutritional habits as well as give you something to work with and to improve upon. Try it out; sometimes knowing you have to write down what you eat can warrant off the impulse of grabbing something like a bag of chips or a chocolate bar.

Here's how calories relate to weight. It's real simple.

Calories in = calories out:
maintain your current weight

Calories in > calories out: increase in weight
Calories in < calories out: decrease in weight
**calories out refers to calories burned throughout the day.*

It's not about being calorie obsessed, but it's more about being calorie conscious.

Avoid the mindset of telling yourself since you just worked out and the treadmill told you 500 calories have been burned all of a sudden you have this green light to indulge in a piece of cheesecake. It's nonsense and this type of mindset will never let you get ahead. Exercising trains your body to use calories efficiently; it helps your body to be able to handle excess calories.

It's not about eating the fewest calories possible, in fact your body needs a certain amount of calories just to keep things working properly; your lungs breathing, your heart beating and so much more. The tricky part is not eating in excess. Do your homework! Do you know how many calories are in a cup of milk or in a serving of pasta? Check it out and read the labels. This will help give you an idea of what you're putting into your body.

Starving yourself is not an option to cutting calories, your body ends up being deprived of essential nutrients and vitamins. If you're making healthy food choices you'd be surprised about how much you can eat in one day.

Here's a sample day broken down.

Breakfast (369 calories) – 2 medium sized eggs, ½ cup Oatmeal, ½ cup Blueberries, ½ cup red peppers, ½ cup green pepper

Snack (174 calories) – 1 hand full of almonds (20), 1 medium sized apple, ½ cup of green beans

Lunch (313 calories) – ½ can of tuna, 2 slices of whole wheat bread, 2 slices of tomato, 1 cup of spinach

Mid-afternoon Snack (200 calories) – 5 whole-grain crackers, 1 tbsp peanut or other nut butter, ½ cup fat-free milk

Dinner (338 calories) – 4 oz of salmon, 1 ½ cup of broccoli (steamed), ½ cup brown rice
Night time snack (optional) (203 calories) – ½ cup low-fat cottage cheese, 1 medium banana, 1 cup celery chopped


Total days worth of calories = 1570

That's a lot of food. Most vegetables are low in calories, 1 cup of spinach has 7 calories, ½ cup of chopped peppers has 19 and two slices of tomato has 10. Not only are vegetables important for our bodies, but you can load up on them to keep you full and not have to worry about excess calories.

After chewing through this article hopefully you'll be able to get an idea on your daily calorie intake. Try starting a food journal, it's going to take some work but it'll be worth it in the long run. Next week well talk about calculating exactly how many calories you should be consuming on a daily basis.

You can't just talk about eating healthier; you just need to do it. Dougy Wilson BSC, CSCS

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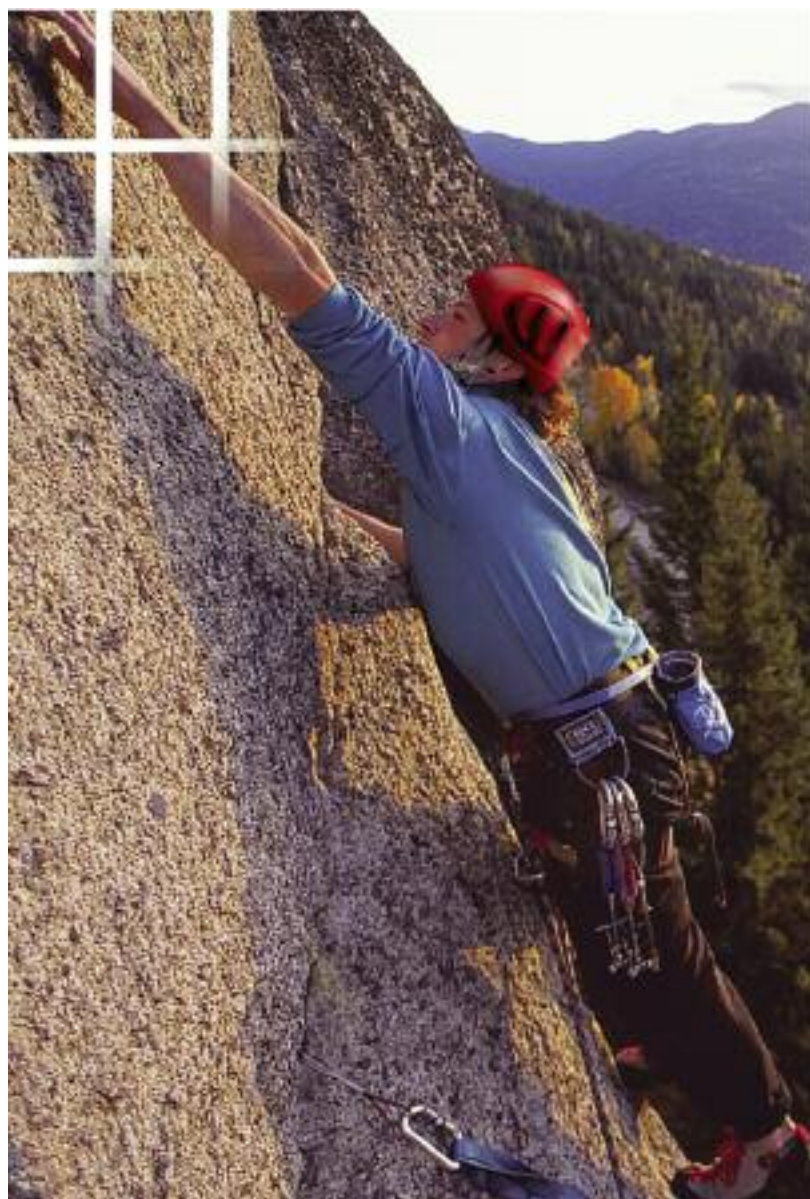
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