



McCrone Publications Inc.

HEALTH

beat

Mar/Apr 2008
Volume 11, Issue 2

Healing the Body

Enriching the Mind

Nurturing the Soul

Inspiring Compassion in Care

At Caritas Health Group, an innovative professional development program is helping leaders to be great learners—fully exploring their potential and discovering how to inspire their teams.

The Caritas Leadership Program is a key element in supporting a strong culture, one that is grounded in the Caritas mission of healing the body, enriching the mind and nurturing the soul. Through the program, leaders—both formal and informal—explore their role in delivering compassionate care and innovative service in their work, and of creating connections among their colleagues and those they encounter.

The first course consists of eight modules offered twice a year. Leaders are encouraged to consider their own values and gifts and reflect on how they share them with the organization.

"Alignment of personal and organizational values is essential to being a strong leader," says Gordon Self, Vice-President, Mission, Ethics and Spirituality. He notes that when values are aligned, people become more resilient, are passionate about their work and are able to build strong teams. "My hope is that the program helps people know that they

can bring the full potential of their gifts to bear at Caritas and that those gifts will be nourished."

"Each level builds on the last," says one participant. "I learned so much about my leadership style, how to work with others and to be solution-oriented."

Building on the success of the Caritas Leadership Program, Caritas launched Leading from the Front Lines for non-management staff. Encouraged by her manager, Linda Greenly, a labour and delivery nurse, prenatal class instructor and Caritas staff for 26 years, was among the first to register.

Learning about different leadership styles, understanding the merits of coaching and being a motivator as well as participating in interactive exercises and discussions were highlights of the program for Linda.

She sees compassion as vital to working with colleagues. "We all play a role in helping each other feel fulfilled in our work," Linda says. "If I am considerate of the personal needs of my colleagues, we will work better together and will be able to be that much more present for the journeys we are witnessing our patients take."



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Alberta Careers

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The year 2008 marks the 100th birthday of the Canadian Nurses' Association (CNA). The CNA announced its official launch of the celebration in January at the same time that Prime Minister Harper and federal Health Minister Tony Clement honoured 14 "extraordinary and diverse nurse leaders" from across the country for their contributions to our health care system and ultimately to Canadians' health. www.cna100.ca

It has been said that for us to predict the future it is important to review the past. I am taking this opportunity in this issue of HEALTHbeat to have a brief look at the history of Canadian nursing and the rich heritage with which our history provides us. I am relying on a CNA's 50th anniversary publication called "The Leaf and the Lamp". This book was published by CNA in 1968 with the foreword written by Helen Mussallem who at the time was the CNA's Executive Director. She noted in the foreword that the book's main purpose was "to identify the functions of nursing in Canada at a time of rapid change in our society and by reference to the past, to indicate the consistency of the organized profession's approach to the present and future situations." (CNA, 1968 p. vii)

Beginning around 350 years ago (long before Canada's confederation) nursing was launched with the arrival of the French colonists. Marie Rollet (although not trained) is recognized as Canada's first nurse. She arrived with her surgeon-apothecary husband in 1607 and moved to Quebec in 1617. She eventually devoted her time to caring for the sick who were sent to her by the Jesuit fathers. Her work was followed by the arrival of the first trained nurses a few years later.

Jeanne Mance, one of the most celebrated figures in Canadian history arrived in Quebec in 1641. She had obtained practical experience in nursing through a nursing organization similar to those established by Vincent de Paul. He was a French citizen who had made radical reforms in the care of the sick and influenced modern social services in hospitals and prisons in France. Mance took charge of a small cottage hospital on the island of Montreal named the Hotel Dieu, recruiting three nursing sisters of St. Joseph de la Fleche to operate the hospital.

While the original nursing orders came from France and had French training, by the end of the 1600's Canadian born nursing sisters outnumbered those who were born in France. These women have been acknowledged by historians as being providers of

quality care in circumstances that would try the most courageous of our early inhabitants. They survived smallpox and typhus epidemics, fires that destroyed their hospitals, crop failures and massacres!

The Grey Nuns, founded by Marguerite d'Youville in 1738 was the first entirely Canadian nursing order. These nursing sisters were Canada's first non-cloistered order. It began by founding a refuge for the poor. They moved to caring for the sick in hospitals and in homes. They are also thought to be the first public health and visiting nurses in Canada and were part of the first order to push westward, establishing community hospitals and missions to serve natives as they went.

Throughout the eight year war with the British, the nursing sisters cared for both English and French soldiers. However the sisters were reduced to poverty after the change from French to British rule. The Hotel Dieu had been destroyed during the war and with the steadily increasing population it was deemed advisable to reconstruct the hospital. Mother Marie Angelique Viger de Saint-Martin, described as "Aristocratic, robust, sympathetic and well-educated..." (CNA, 1968, p. 30) was one of the main figures in the reconstruction.

British settlers to Canada were not as steeped in nursing traditions as their French counterparts, and nursing in English speaking Canada remained quite primitive. Only the acute health problems of the thousands of immigrants arriving in the 1800's provided the impetus to increase the numbers of health personnel. Lay nurses who were for the most part uneducated and unqualified began to assist physicians. Outside of the sisterhoods there was no teaching of nursing skills and little to attract lay women to nursing. To fill the gap, English speaking sisterhoods were established, mostly influenced by the Sisters of Charity, an American order.

Secular hospitals gradually were established to care for the poor but the conditions in these hospitals were not good. When I read the description of the attributes of the nurses, written by a Dr. F.J. Shepard in a history published by the Montreal General nursing school alumnae association I was reminded of Dickens's Sarey Gamp. Uncleanliness of person, environment and the patient were the main features of care and rats were found running throughout the wards.

Florence Nightingale's influence brought to Canada a nurses' training system that eventually led to nursing becoming a profession. Nightingale is best known as the founder of modern nursing. Nursing was not considered acceptable to well-bred Anglo-Saxon women and Nightingale was certainly that. Born in Italy as the second of two daughters she travelled extensively with her family during her childhood and adolescence. In 1837, she is reported to have had an epiphany. As a young woman who had a serious interest in social issues, she received a call from God to do His work but at this time in her life she was unsure about what that work would be. Eventually, much to her parent's horror, she settled on nursing she took a three month nurse training course in Germany and accepted a position as superintendent of a home for gentlewomen in England. Her work in the Crimea is well known and I shall not cover that here. Suffice it to say that she returned to England a hero who was rewarded by the British people who raised funds to establish a training school for nurses. The success of her training school and her previous work spread her reputation to North America.

Nurse training schools were first introduced in the United States and Canadians went there to study. Those who returned to Canada became leaders in establishing such schools here. The first Canadian school organized on the Nightingale principles to train nurses was opened in St. Catharines, Ontario in 1874. While it was several years before other schools opened by the time 1930 came around there were about 220 schools in Canada.

The above is a snapshot of the history of nursing in Canada prior to the establishment of the CNA in 1908. On the website established by CNA in celebration of its 100th anniversary www.cna100.ca there are descriptions of the events planned for this year, a vision of nursing and health care for the future and many other items that would be of interest to nurses and other health professionals. I encourage you to visit the site.

Reference:
Canadian Nurses' Association. The Leaf and the Lamp. Ottawa: Ontario, 1968



CAREER OPPORTUNITIES

Carewest is a leading-edge public organization for adults who require continuing care and rehabilitation services. We operate nine sites in Calgary, with opportunities at both the south and north locations.

If you are an RN looking for new and exciting challenges, we have many programs which provide the opportunity to learn new skills and to gain further knowledge and experience. The programs include:

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- Long Term Continuing Care
- Designated Assisted Living
- Day Programs
- Operational Stress Injury Clinic



For more information regarding the above programs and career opportunities, please visit www.carewest.ca



Environmentally Preferable Purchasing: The Right Choice

Do you consider the environment when you make a purchase? Do you wonder how a product got to you, including the energy and resources used to put it there? Do you question what will become of it once it's no longer of value?

Once we understand a product's life cycle - from its point of manufacture - the materials used to make it and how much energy it took to produce, to what it will take to safely dispose of it at the end of usefulness and even how long it will live on in a landfill - we begin to understand the tremendous impact our purchasing decisions have on the environment.

In healthcare we use a lot of stuff. We are resource and energy intensive. Products, materials and technology are the tools of our trade but through the consideration of our choices at the time of purchase, we have an opportunity to stop and think how we can recycle, conserve, reuse, or substitute products for their safer, less harmful counterparts.

Purchasing is an important first step in our chain of operations and one that can significantly reduce our overall environmental impact. Choosing environmentally sound, safe products and healthy services right from the start makes good sense, and good medicine. And we save money, too. How?

Remember the days of the old-fashioned glass thermometers filled with mercury? They're accurate and they're inexpensive, but when they break the cost to human health and the environment far exceeds the purchase price. In fact, if the cost of managing mercury contamination in our lakes, streams and rivers from landfill leach or from medical waste or municipal waste incineration was reflected in the purchase price of a mercury thermometer, nobody could have afforded to buy one.

Environmentally preferable purchasing (EPP) is the consideration of products and services "that have a lesser or reduced effect on human health and the environment when compared with competing products or services that serve the same purpose." This comparison may consider raw materials acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance or disposal of the product or service. EPP offers direct and indirect benefits including:

- Reduced impact on the environment - reduced water and air pollution, improved energy efficiency and less pressure on landfills.
- Reduced waste disposal costs.

Our purchasing departments have the ability to strongly influence suppliers and manufacturers. Nearly every type of waste that leaves a hospital came in through its purchasing department. The procurement process is a very effective point to request or require that vendors reduce the environmental impact of their products and services. Practice Greenhealth, previously Hospitals for a Healthy Environment or H2E, has some great resources on their website www.PracticeGreenhealth.org that will help you to write environmental requirements into your purchasing process.

Increasing demand for environmentally friendly products helps bring down the cost and improve quality. But remember, price isn't everything. A product with a lower initial price may end up costing more over the long term than an environmentally preferable product. The old-fashioned mercury thermometer is a case in point.

It remains incumbent upon us to voice our desire for environmentally favorable products. Whenever possible we must ask for high quality products that offer the same or improved functionality over less environmentally responsible products and services. Talk to your purchasing department about purchasing:

- Reusable, recycled and recyclable products and packaging;
- Products in bulk to reduce packaging;
- Less toxic products: Latex, Mercury, PVC, and DEHP-free products and instruments;
- Mercury free or mercury reduced products: Green-tip fluorescent bulbs that contain less mercury, are recyclable, and energy efficient;
- Organic fruits and vegetables, locally produced meats, poultry, and dairy products that are hormone and antibiotic free, as well as fair trade foods to promote health and a sustainable food system;
- Electrical and electronic components that are recyclable. Ensure you work with manufacturers who support green manufacturing standards and recyclers who don't export e-waste;
- Green cleaners and janitorial supplies: less toxic cleaners and supplies that use recycled content materials;
- Green building and construction materials; and
- Eco-friendly furniture and interiors.

The Health Sciences Centre in Winnipeg, Manitoba has been using an environmental management system since 1995 and expends considerable energy to green its supply chain. The HSC taken on a series of waste and pollution reduction projects one of which substitutes a stock paper towel for a 15 per cent smaller version. The result? An annual cost saving of \$6000.

Many healthcare and medical facilities leave product purchasing to large group purchasing organizations (GPOs), but we still have the ability to bring environmental health considerations to the purchasing table. Even when an alternative is hard to obtain, it's important we convey our desire for environmentally safer products. That's how the ball gets rolling.

Work with your GPO and your vendors to supply
See *Environmental* page 4



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Victoria Conference Centre
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Sunday, March 16th,
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Position Summary

- Provision of psychological services to adults who are incarcerated or supervised in the community on conditional release;
- Various duties including assessment and consultation; therapy; individual or group treatment; crisis intervention; risk assessment.

Qualifications

- Graduation with a Master's degree from a recognised university with acceptable specialisation in clinical, forensic or counselling psychology or in another psychological speciality relevant to the position;
- Experience in the provision of psychological services (including mental health services), such as assessment, counselling or other psychological services with adults, either to groups or individuals;
- Registration for autonomous practice of psychology by the provincial registering/licensing body in the province of practice or eligibility for registration by the provincial registering/licensing body for the practice of psychology in the province of work;
- Ability to work in a multidisciplinary environment.

Salary and Benefits

- Attractive salary schedule;
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Please refer to the Public Service Commission of Canada Website at www.jobs.gc.ca and select "Job Postings", then "Current Opportunities" for more information and to apply on this process.

Reference number: PEN07J-004805-000324

Contact person: Derek Gaskin
Human Resources
Regional Headquarters - Prairies
2313 Hanselman Place
Saskatoon, SK
Tel.: 306 975-5193

Vous pouvez obtenir ces renseignements en français.



Education Opportunities

Environmental from page 3

Environmentally Preferred Products. Your input can begin with things as simple as paper, light bulbs, and photocopiers. For example, compared to chlorine bleached-white paper, which delivers dioxins into the water, unbleached recycled paper is a greener, healthier alternative. As for the photocopier, chose a model that allows copying on both sides of a sheet of (recycled) paper and one that meets other environmental criteria.

Did you know the average cost of a wasted page is six cents and that the average employee prints six wasted

pages per day? When we do the math that adds of up 1,410 wasted pages in a year per employee! For more facts surrounding our use of paper, ink, and the forest see www.printgreener.com/earthday.html

Is there something hanging over your head? Hopefully it's a low-mercury, high-efficiency fluorescent light bulb that's long lasting and recyclable. Energy efficient lamps, fixtures, ballasts, and automatic controls save energy, but energy efficiency isn't the only consideration here. Most hospitals rely on coal-fired power plants for electricity. The problem is mercury is a by-product of burning coal and coal-fired power plants are the leading source of mercury in the air we breathe.

Leadership and Management Distance Education Program



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 - 6 month course completion
 - explore the types and processes of conflict in health care organizations and applies theory and research to conflict situations in the current workplace.
 - Quality Management in Health Care Organizations (3 units credit)
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 - Advanced Leadership/Management in Health Care Organizations
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 - Enhance health care skills related to leadership/management topics
 - including transformational and quantum leadership, emotional intelligence and organizational culture.
 - Integrative Leadership Project
 - Final course integrates theories and concepts of the Program and provide opportunities to apply these to a real situation in the workplace
 - Through the use of a champion leader, the student develops an understanding of managing key organizational processes

For further information please contact: **Leadership and Management Program**
McMaster University – Phone: (905) 525-9140 ext. 22409 Fax: (905) 570-0667
Email: mgtprog@mcmaster.ca Website: www.leadershipandmanagement.ca

And what would we do without technology? Records, life saving equipment, instrumentation, communication, automated controls, computers, monitors, phones, flat screens... it's a dizzying-array of bits and bytes. Many harbour a variety of toxics including fireproofing materials, PVCs, lead, mercury, cadmium and other heavy metals. Up to four pounds of lead to shield against radiation is found in some computers, but manufacturers are seeing a demand for greener products and are racing to change the old standards.

Many desktops, monitors, and laptops already meet the U.S. Environmental Protection Agency's high performance, environmentally friendly standards. New options also exist for laptop screens and flat panel TVs that make use of a mercury-free backlight source. When we buy these new products we'll likely have to pay to have the old equipment destroyed or recycled. The EPA estimates 70 percent of heavy metals in U.S. landfills comes from discarded electronics. Healthcare shouldn't be a contributor to this mounting problem.

When considering what electronics to purchase, use the Electronic Product Environmental Assessment Tool (EPEAT). This EPA funded tool identifies environmentally preferable desktop and laptop computers and monitors. EPEAT evaluates electronic products in relation to 51 total environmental criteria - 23 required and 28 optional. Required criteria include reporting on the amount of mercury used in light sources, the elimination of SCCP flame retardants, minimum 65% reusable or recyclable content, the reduction of intentionally added toxics in the packaging and energy star compliance.

The website also has a variety of tools for purchasers to present the case for EPEAT purchasing to their leaders and provides a list of participating manufactures. See www.epeat.net

How do we make our choices known? If your facility does not already have one, consider setting up an EPP team, with representatives from different work areas who have their own unique perspectives. Include clinical staff, materials management (purchasing),

facilities operations, waste management, housekeeping, financial services, food services, infection control, lab services, and safety managers on your team. An EPP team has the ability to create pilot projects, review current practices and implement effective solutions when there is a trouble spot.

Try as we may, some things just don't work out. Sometimes the product doesn't live up to its promises or work well for a particular application in your facility. That's why it's important to monitor the effectiveness of any new initiative. Start with a pilot test of a proposed alternative and if it doesn't measure up, try something new. It's important to continue your evaluations, refine, and build on your successes. And if you really want to know how things are working, ask your frontline employees. Consult with them and you'll be surprised how many good ideas emerge.

Any new product or service is only as good as the people who use it. When you are about to initiate a change, consult with your communications manager to make sure people know why the change is being made. In-service training should also be in place to ensure the product is used properly.

A number of internet resources exist making it easy to explore alternative products. Here are just a few of them:

- Practice Greenhealth's website at www.PracticeGreenhealth.org has great tools including a 10-Step Guide to Environmentally Preferable Purchasing.
- For a list of mercury, PVC, or latex-alternative products by category, manufacturer, hazard, or product name, see www.sustainablehospitals.org.
- For information on recyclers accepting discarded electronic equipment in Vancouver, Edmonton, Calgary, Toronto and Montreal go to www.era.ca and choose depot locations. For electronic recycling information in Saskatchewan visit www.sweepit.ca, in Nova Scotia www.acestewardship.ca, in New Brunswick www.westmorlandalbert.com Ottawa has it's own recycling program at www.ottawa.ca/takeitback. For additional See *Environment* page 5

PRACTICAL NURSE PROGRAM FACILITATORS

Columbia College is a young exciting accredited educational institution that was established in 1986. It offers a broad range of high-quality and accelerated innovative pre-career and professional programs that support continued adult learning and development. Columbia offers a wide range of intensive occupationally focused certificate and diploma programs where students obtain up to two years of highly valued and recognized college/university education in a compressed period (as little as twelve months).



The College is currently seeking additional highly energetic, knowledgeable and caring facilitators for the next academic year. It is looking for experienced licensed R.N.'s and L.P.N.'s who want to help adult learners mornings, afternoons, evenings and weekends to acquire relevant academic knowledge and current applicable skills in our classroom and clinical areas. The ideal candidate is a licensed R.N. with B.N., B.Sc., or B.Ed., Masters preferred. Experience as a facilitator is not required, although candidates must be willing to develop highly effective facilitation skills in order to support quality student learning. Courses of assignment may include:

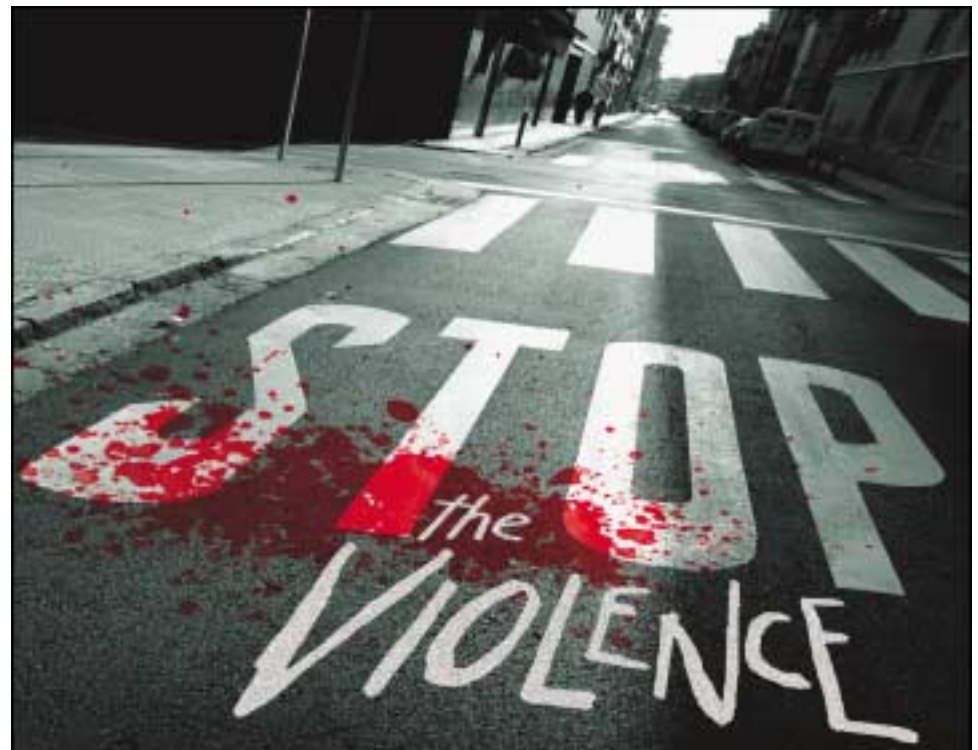
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| Nursing Theory I | Pharmacology |
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| Adult Health Assessment | Pediatric Nursing |
| Mental Health Nursing | Maternity Nursing |
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| Nursing Theory II | Clinical Experience: Specialty Nursing |
| Team Building/Conflict Resolution | Clinical Experience: Acute Care |
| Nursing Science Lab II | Nursing Transitions |

Please visit our website at www.columbia.ab.ca to learn more about the College, the program of study and a description of the courses listed above.

Interested candidates should submit a resume with a cover letter indicating date of availability, four work related references and salary expectations. They should also clearly state the preferred number of hours of work per week, preferred time of day and days of week, preferred courses of instruction in order of priority, and whether they would prefer to instruct in the classroom or clinical areas.

Address to:
 Valerie Oliver
 Program Manager
 Medical Health Programs
 Columbia College
 802 Manning Road NE
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 Email: valerieo@columbia.ab.ca
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Only candidates selected for an interview will be contacted



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manufacturer and provincial programs visit www.epsc.ca/r_links.html

The Basal Action Network also maintains a list of responsible recyclers on their website at www.ban.org as does the EPA at www.epa.gov/e-Cycling/donate.htm.

We don't often take the time to properly express our gratitude to the people and organizations providing a healthier climate for healthcare, our patients, staff, and the world at large. Practice Greenhealth's Environmental Excellence Awards recognize hospitals and their working partners who are taking a leadership role in our new green world. For more information on the awards visit <http://cms.h2e-online.org/awards>.

Are you interested in meeting other healthcare leaders from around the world to talk about greener, safer, sustainable systems and environmental policies? Then don't miss CleanMed 2008 in Pittsburgh May 20-22, the global conference on environmentally sustainable healthcare. Get full information by visiting CleanMed online at www.cleanmed.org

Sources:

- www.geocities.com/EPP_how_to_guide/ Hospitals for a Health Environment - Environmentally Preferable Purchasing How to Guide - every time a problem goes unchecked it will cost 10 times more to fix
- www.ciwm.ca.gov/BIZWASTE/factsheets/hospital.htm Waste Reduction activities in hospitals Legacy Good Samaritan Hospital, Portland, Oregon, \$125/year savings and waste prevention, 2500 pounds
- www.printgreener.com/earthday.html - wasted paper facts
- EPA Fact Sheets - Hospitals for a healthy environment H2E - Medical waste incinerators are the fourth largest known releasers of mercury to the environment.
- www.h2e-online.org Fluorescent Lamp Recycling - 10 steps to implementing a fluorescent lamp recycling program. Step 2 Develop a purchasing plan: coal-fired power plants are the leading source of mercury to air, as mercury is a by-product of burning coal
- www.sylvania.com Backlight source for industrial and medical applications and LCD TVs - Without mercury
- www.epa.gov/e-Cycling/donate.htm - What to do with old electronics
- www.epeat.net
- www.c2p2online.com/main.php?session=§ion=87&doc_id=184 - Case Studies The Winnipeg Health Sciences Centre (HSC) is a 700-bed, tertiary care, medical teaching institution.
- Recyclers: www.era.ca, www.sweepit.ca, www.acesstewardship.ca, in New www.westmorlandalberta.com, www.ottawa.ca/lakelback.
- For additional manufacturer and provincial programs visit www.epsc.ca/r_links.html

About the Author:

Aura Rose is the President of Healthwise Communications Inc. Specializing in the healthcare field, Healthwise helps clients understand and leverage the power of communications to ensure buy in and acceptance both internally and externally.



Ontario, Yukon and NWT Careers and Classifieds



The Yukon has various opportunities for nurses throughout the territory:

- Registered Nurses** for ER, OR, ICU, Surgical, Pediatrics, Maternity, Medical and Psych speciality in an urban hospital setting
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- Community Nurse Practitioners** to provide primary care and community health programs in rural Yukon
- Flight Nurses** to provide emergency medevac services, in-flight nursing care
- Community Health Nurses** to provide public health, baby clinics, STD counselling, prenatal/postnatal care
- Detox Unit Nurses** to provide nursing care and supervision to clients in alcohol/drug withdrawal, assisting them in their recovery process

Continuing Care requires registered nurses and licensed practical nurses to work in one of three long term care facilities providing adult and child respite, dementia care, residential and adult day programs

Salaries range from \$56,089 to \$76,379 dependent upon position/location

Retention bonus \$3000 to \$6000 per year based on position

Urban hospital includes bonus in salary

For more information, contact: Tracey Maher, recruitment advisor, phone: 867-667-8389, fax: 867-667-8338, e-mail: tracey.maher@gov.yk.ca, website: www.hss.gov.yk.ca/recruit/



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Please contact our HR Departments for further information on the positions available, location, wages and work descriptions.

Human Resources Department, James Bay General Hospital
 P.O. Box 370, Moosonee, ON P0L 1Y0
 Tel: 705-336-2947 ext. 25 Fax: 705-336-2637
 email: hr@jbgh.org website: www.jbgh.org

Human Resources Department, Weeneebayko General Hospital
 PO Box 34, Moose Factory, ON P0L 1W0
 Tel: 705-658-4544 ext. 2327 Fax: 705-658-4917
 email: della.miller@wha.on.ca website: www.wha.on.ca

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These are the April and May calendars of annual health observances and recognition dates for healthcare. Health observances are days, weeks, or months devoted to promoting particular health concerns. This information will come in handy for community relations programs as well as employee appreciation events. Health professionals, hospital staff and community groups can use these special times to sponsor health promotion events, stimulate awareness of health risks or focus on disease prevention.

The calendars (that have been edited) were obtained from www.pohly.com/dates.

April Observances 2008	Dates
Administrative Professionals Day (3rd Wed.)	16
Alcohol Awareness Month	1-30

Autism Awareness Month, National	1-30
Cancer Control Month	1-30
Child Abuse Prevention Month	1-30
Counseling Awareness Month	1-30
Donate Life Month, National	1-30
Earth Day	22
Humor Month	1-30
Infants Immunization Week (begin 4th Sunday)	27 - May 3
IBS (Irritable Bowel Syndrome) Awareness Month	1-30
Minority Cancer Awareness Week, National	20-26
Occupational Therapy Month, National	1-30
Public Health Week, National (Week of 1st Monday)	6-12
Sexual Assault Awareness Month	1-30
STD Awareness Month, National	1-30
Volunteer Week, National (3rd full week)	20-26
WalkAmerica March of Dimes (4th Weekend)	26-27
Women's Eye Health and Safety Month	1-30

May Observances 2008	Dates
Arthritis Month, National, & Annual Arthritis Walk	1-31
Asthma & Allergy Awareness Month	1-31
Better Hearing & Speech Month	1-31
Bike Month, National	1-31
Brain Tumor Action Week (1st full week)	4-10
Children's Mental Health Week (1st full week)	4-10
Clean Air Month	1-31
Digestive Diseases Awareness Month, National	1-31
Emergency Medical Services Week, National (3rd week)	18-24
Fibromyalgia Awareness Day (always the 12th)	12
Food Allergy Awareness Week (2nd Monday)	11-17
Healthy Vision Month	1-31
Hepatitis Awareness Month	1-31
High Blood Pressure Month, National	1-31
HIV Vaccine Awareness Day	18
Hospital Week, National (2nd work week)	11-17
Medical Transcriptionist Week (3rd week)	18-24
Melanoma/Skin Cancer Detection & Prevention Month	1-31
Mental Health Month, National	1-31
Neurofibromatosis Month, National	1-31
Neuropathy Week, National (3rd Sun. thru Sat.)	18-24
Nurses Week, National (always 6 to 12)	6-12
Nursing Home Week (2nd full week)	11-17
Occupational Safety & Health Week, N. American (1st wk)	4-10
Osteoporosis Awareness & Prevention Month, National	1-31
Physical Fitness & Sports Medicine Month, National	1-31
Running and Fitness Week, National (last full week)	25-31
School Nurse Day, National (Wed. during Nurses Week)	7
Schizophrenia Awareness Week	18-24
Senior Health & Fitness Day, National (always the last Wed.)	28
Skin Cancer Awareness Month	1-31
Stroke Awareness Month, National	1-31
Stuttering Awareness Week, National	12-18
Teen Pregnancy Prevention Month, National	1-31
Trauma Awareness Month, National	1-31
Women's Check-up Day, National	12
Women's Health Week, National Day	11-17
World 'No Tobacco' Day (May 31)	31
World Red Cross Red Crescent Day	8



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For more information on Red Deer, visit:

www.tourismreddeer.net
www.reddeer.ca

Human Resources
Red Deer College
Box 5005 Red Deer
Alberta T4N 5H5
Fax: (403) 342-3161
Email: hro@rdc.ab.ca



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Did You Know...?

This issue of HEALTHbeat spans more than one month. This column consists of "editor's picks" of the news items that have come to me since the January/February issue went to the publisher. The news comes from a variety of sources such as individual press releases, lists and the technology sector.

Did you know that...

Edmonton, Alberta – ECL Group of Companies has donated \$100,000 to the Stollery Children's Hospital. The donation will help fund the CarePages program at the Stollery Children's Hospital. ECL staff, customers and suppliers raised the \$100,000 at their annual customer appreciation event with a silent and a live auction and with support from their Calgary Head Office.

For more information, contact: Courtney Mosentine, Communications Officer, Stollery Children's Hospital Foundation, Ph: (780) 433-5437, Cell: (780) 709-5538

CPRN releases Towards Patient-Centered Health Care: Dialogue on the Future of Health Care in Ontario on January 24, 2008 - Research fellow, Patrick Fafard and research associates, Arlene Wortsman and Judy Watling, reported on stakeholder dialogues held in November and December 2006. In summary, they reported that moving towards a health system that is truly patient-centered, is the motor for reform by governments, health care professionals and service delivery authorities. It is designed to strengthen service delivery and sustain Canada's health care system for the long-term. However, achieving patient-centered care is a complex undertaking and requires further integration and coordination of services, strengthening the delivery of community-based care, and making effective use of technology. Above all, it requires that integrated teams of health care professionals deliver care.

Cleveland, Ohio – Cleveland BioLabs, Inc. has developed a drug that can cause cancer cells to commit cell suicide. With their revolutionary research and breakthroughs in this area, they have also opened the door to an antidote for radiation poisoning which has drawn the attention of the Department of Defense.

Their approach, to develop drugs that will successfully treat cancer while minimizing the harsh effects of cancer treatments that people experience, has drawn a great deal of attention.

Cleveland BioLabs has moved some of their drugs through the early testing phases with animals and is moving forward into Clinical Trials.

For more information: Tanya Munro, Public Relations, Concept Communications Group, LLC, 818-987-7582, tb@conceptcg.com

WINNIPEG – Hospital administrators have been checking the licences of thousands of Manitoba nurses after a man who did not have the proper credentials managed to work for two years, at a Winnipeg hospital, as a nurse.

CALGARY – Problems with fax software at Calgary hospitals may have delayed the transmission of up to 40,000 radiology reports, such as mammogram results, to referring physicians last year.

TORONTO – The Ontario Hospital Association (OHA) has launched a Pandemic Planning Toolkit designed specifically for the province's small, rural, and northern hospitals. The Toolkit was developed by the association in response to the unique issues and challenges faced by these hospitals in developing emergency response plans specific to an influenza pandemic.

EDMONTON – Capital Health's Royal Alexandra Hospital is now offering Photodynamic Therapy (PDT) to patients with esophageal cancer or advanced Barrett's Esophagus - on a pilot basis.

HALIFAX – Contracts for major components of Nova

Scotia's electronic health record system were announced earlier this month by provincial Health Minister Chris d'Entremont. The components include a secure health record storage and viewing system for patient information, which doctors and other healthcare workers can access when and where they need to.

TORONTO – Two research teams led by scientists at Sunnybrook Health Sciences Centre were awarded \$23 million from the Ontario government for work that will position the province at the apex of innovation in the development of minimally invasive, image-guided tools and therapies to treat urgent, often fatal, health problems, particularly cardiovascular disease.

OTTAWA – The Champlain Local Health Integration Network (LHIN) is now one step closer to the implementation of a regional laboratory that will see hospitals pooling their collective laboratory services. A regional lab means higher quality, more timely, and better integrated health-service delivery for local residents.

SACKVILLE, N.S. – Tony Clement, Federal Minister of Health and Chris D'Entremont, Nova Scotia Minister of Health, have announced further progress on Patient Wait Times Guarantees with an investment of up to \$8 million for two pilot projects in Nova Scotia. These new projects will test patient wait time guarantees in the areas of diagnostic imaging and orthopaedic surgical services.

WINNIPEG – An external review of Manitoba's regional health authority (RHA) system has recommended the province significantly increase its commitment to e-Health, electronic health records and telehealth. Manitoba Health Minister Theresa Oswald released the final report of the external review of the regional health authorities in mid-February.



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NUNEE HEALTH BOARD SOCIETY EMPLOYMENT OPPORTUNITY

The Nunee Health Board Society is currently seeking to recruit full time Registered Nurses and a Nurse in Charge. The successful candidate will be expected to function as a member of the Nursing Station team. Salary will commensurate with experience and education including an excellent employee benefit package. Willing to train a nurse who just graduated.

Nunee Health Board Society is located in Fort Chipewyan, Alberta. It is the oldest community in Western Canada. The hamlet is situated on the northwest shores of Lake Athabasca at the edge of the great Canadian Shield along with beautiful scenery and endless opportunities for outdoor activities such as camping, boating, cross country skiing, hunting and skidooring. Great place for the outdoor enthusiasts.

Using your extensive experience of nursing skills with an emphasis on assessment, treatment and medication, you will perform examinations and administer medical treatments in a varied clinical setting. Your problem-solving skills and ability to respond effectively to emergency situations is essential in this challenging healthcare setting. Experience in drafting correspondence and writing reports. Experience in operating computer software such as Microsoft Office.

Qualifications: Graduation from a recognized nursing program and nursing experience. You must be eligible or have current registration with the Alberta Association of Registered Nurses. Current CPR and First Aid is required.

Requirements: The requirement to work overtime may be required at a short notice. Must have a valid Alberta driver's license. Experience working within a First Nation setting is an asset.

Condition of employment: Must meet enhanced security requirements.

For more information on the above positions please contact the Health Director

Closing date: Open until suitable candidate selected.

Please submit a resume, verifiable documentation and three (3) professional references to: Human Resources Coordinator

P.O. Box 476, Fort Chipewyan, Alberta T0P 1B0
Fax: 780-697-3031 Email: lenal@nunee.org

We thank all applicants but only those selected for further consideration will be contacted.



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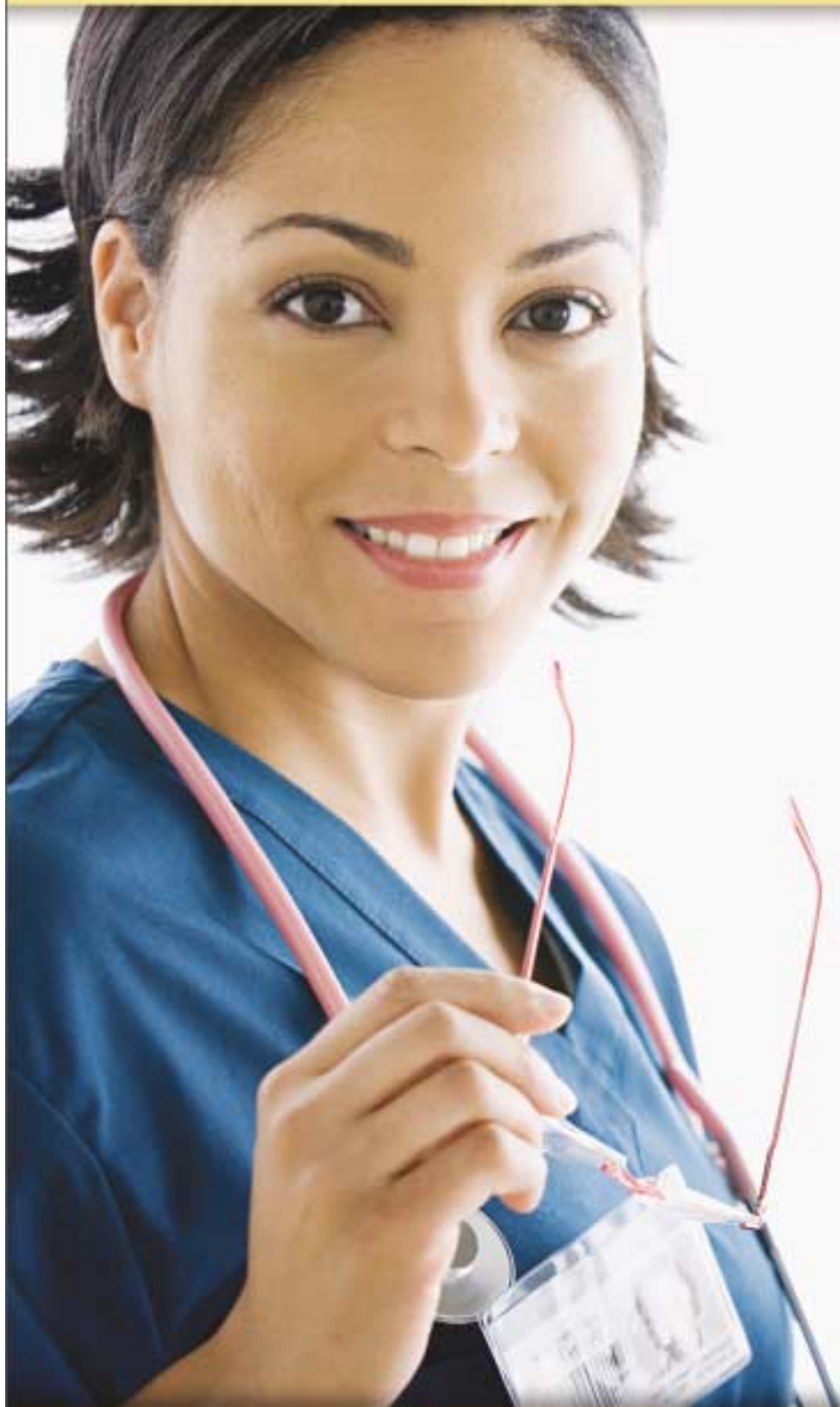
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