



# Lamont Health Care Centre

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P.O. Box 479, 5216-53 Street, Lamont, Alberta T0B 2R0



## **DECEMBER 2010 COMMUNITY NEWSLETTER**

*Greetings! We are pleased to provide an update on the operations of Lamont Health Care Centre, an affiliate organization under the auspices of The United Church of Canada.*

*The season of Advent is now upon us and as we celebrate the beautiful feast of Christmas, we pray that the Hope that was born that Silent Night, Holy Night, remains in your heart throughout the year. Have a Merry Christmas and Best Wishes for a Happy, Healthy and Prosperous New Year.*

### ***What's New at Lamont Health Care Centre***

#### ***Governance***

The Board continues to work in the interest of our community, seizing on every opportunity it gets to be advocates for better health services. When/where appropriate, we hold no reservations to speak on issues affecting health and well-being of our community.

This past spring the Lamont Health Care Centre Act was proclaimed in the Legislative Assembly of Alberta. The Act speaks about who we are, presents opportunities for the type of business we can be engaged in, governance structure, requirements to conduct business in accordance with the laws of Alberta, liability and required reporting of activities.

Accordingly, the Board is now, with assistance of Legal Counsel, engaged in the process of revising its bylaws in order to conform with the requirements of the new Act.

We extend our sincere thanks to The Hon. Premier Edward Stelmach and the entire team in the Legislative Assembly for carrying this bill through to its eventual proclamation.

The Board also remains committed to the principle of quality and welcomes your feedback regarding your experiences with the care/service that you receive at LHCC.

A Patient Care Committee of the Board reviews on a quarterly basis, patient care experiences provided from a Survey.

In the past we have dealt with concerns on such things as increased wait times in emergency, lack of communication, quality of food, staff performance, perceived lack of care/compassion, etc.

#### ***Governance – continued ..***

The Board is always trying to find solutions to issues which are raised as it works through its obligation and responsibility to meet community needs.

Most of the feedback we receive is very positive and complimentary to Staff and Physicians, but our goal for ongoing quality improvement remains paramount.

#### ***Morley Young Manor Expansion Project***

In case you have not noticed, there is a tremendous amount of activity with new construction on the northwest side of Morley Young Manor – Assisted Living. The Board has engaged Architect Alastair Cockburn, as its Prime Consultant to build an additional 14 suites on the site. The new site will provide additional supportive living in a secure and safe environment to those Seniors and other persons who qualify for this type of care/service in our community. Brenex Construction Ltd. is the General Contractor on this site. The project end date is expected in late spring 2011 at a cost of approximately \$3M.

A waitlist for admission is in place for those wishing to access accommodation at this site. More information about admission requirements and other details can be provided by calling the Executive Director at 780-895-2211.

#### ***Operational Matters***

The operating cost of our facility is supported via a Service Contract and receipt of a grant from Alberta Health Services.

#### **Mission Statement**

We believe that wholeness of body, mind and spirit is God's will for every person.

We are committed to the healing process, the promotion of health and the provision of compassionate care to all persons.

## DECEMBER 2010 Community Newsletter

### Operational Matters – continued ..

Details of the funding arrangements for the Long Term Care and Acute Care operations are not finalized for the fiscal year ending March 31<sup>st</sup>, 2011.

The Morley Young Manor – Assisted Living is a self-sustaining operation and no direct grants are provided for this supportive living unit. However, Home Care is provided to Morley Young Manor Residents at no charge, based on an assessment in order to confirm one's need for personal care, medication assistance, rehabilitation, etc.

Utilization projection for the year ending March 31, 2011 include:

Acute Care Occupancy	75.4%
Long Term Care Occupancy	91.3%
Total Admissions to Acute Care	447
Total Admissions to Long-Term Care	87
Emergency/Outpatient Visits	6465
Miscellaneous Clinic Visits	1533
Surgical Procedures	2352
Minor Procedures performed in Procedure Rooms outside of the main Operating Theatres	393
Total Beds Open in Acute Care	14
Total Beds Open in Long Term Care	101
Community Beds	4

(designated for Palliative & Respite Care).

Projected operating expenditures for fiscal year April 1<sup>st</sup>, 2010 – March 31<sup>st</sup>, 2011 \$13,633,654.00

For your information, the Board has applied to Alberta Health Services for a decrease of 10 beds in Long Term Care and re-designating same to Alternate Level of Care.

If approved, this new designation will allow for the provision of ongoing care to those patients who have completed their Acute Care intervention, but require short term assistance for Rehabilitation, placement in Long Term Care, management of complex medical needs, etc.

The change would also provide short term relief for non acute transfers from major urban centres.

### **HEALTH Link Alberta** *Health advice 24 hours a day* **Call toll-free 1-866-408-LINK (5465)**

You never know when you'll need immediate health advice or information. That's why Health Link Alberta is available to you **24 hours-a-day, 7 days-a-week**. One call will connect you to a Registered Nurse who can answer your questions and give you sound advice whenever you need it, because health needs don't keep office hours. Current reports indicate that the Health Link is serving a very useful purpose.

### **The Management of Hypertension**

*by Dr. Zainool Mohamed, Chief of Medical Staff, LHCC*

Hypertension is a silent killer. NINE out of ten Canadians will develop hypertension during their lifetime. High blood pressure or hypertension has no warning signs. However, it will lead to stroke, heart attack, heart failure and kidney failure. It is also probably one of the main causes of dementia.

High blood pressure can't be diagnosed by one blood pressure reading. It needs repeated blood pressure readings in order to make a diagnosis. A normal blood pressure is considered below 140/90. People with kidney disease or diabetes need a lower blood pressure; normal for them is regarded as less than 130/80.

Blood pressure testing should be done at your yearly physical. The way that the blood pressure is done is important in making a diagnosis of high blood pressure. The blood pressure is taken three times during a single visit; this is usually the second visit for high blood pressure. The first number is discarded; the second two numbers are averaged. If the average is more than 140/90 then hypertension or high blood pressure is diagnosed. Sometimes if the blood pressure varies with every visit then five visits may be needed in order to confirm an average blood pressure reading which is greater than 140/90. It is very important to remember that sometimes visiting the doctor's office can cause your blood pressure to increase. This is not high blood pressure but rather "white coat syndrome". Sometimes the doctor may ask you to do your blood pressure at home in order to compare the values of blood pressure that he gets in the office.

As I said before, there are no symptoms; however, high blood pressure is a silent killer. There are also no lab tests for high blood pressure. At a visit for high blood pressure at the doctor's office, a urine test may be performed. A blood test may be done to check Sodium (salt), Creatinine (kidney function) and Glucose (sugar) as diabetes changes the severity of blood pressure. A cholesterol test is done usually at one's annual physical in order to look for complications of high blood pressure. A standard ECG is also done.

High blood pressure leads to severe complications called "target organ damage". This results in a stroke or a mini-stroke (transient ischemic attack) or bleeding into the brain or an aneurysm. It also can result in dementia, both Alzheimer's as well as vascular dementia. It can cause changes in the eye, enlargement of the heart, a heart attack, angina or heart failure. It can cause chronic renal disease and peripheral vascular changes.

## *DECEMBER 2010 Community Newsletter*

### **The Management of Hypertension** – continued ..

High blood pressure can be treated by modification of risk factors. Non-modifiable risk factors are age, sex and family history. Modifiable risk factors are lifestyle related i.e. smoking, exercise, diet, obesity, sodium and cholesterol intake. Stress is also discouraged. Non-adherence (not taking medications) is also modifiable.

Medications have to be individualized and this needs to be discussed with your family doctor.

I will focus on two of the major complications of high blood pressure. The first one being a mini-stroke and the second is being the stroke itself.

A mini-stroke is known as a TIA or transient ischemic attack. It is caused by short term lack of blood supply to the brain. It usually lasts from 30 seconds to 10 minutes although it can last longer. People who have had a mini-stroke are five times more likely to have a stroke within the next two years. More strokes are caused by blood clots blocking blood supply to the brain. Few are caused by an artery bursting (20%).

A stroke can result in paralysis or weakness to one side, visual problems, difficulty in speaking, fatigue, loss of bowel or bladder control, depression, memory problems and personality changes. A stroke or mini-stroke is a medical emergency. The patient needs to be brought to the hospital immediately. With immediate treatment the risk of a mini-stroke becoming a stroke can be reduced.

### ***How do you know if you are having a mini-stroke or stroke? Some signs to look for are:***

1. Weakness, Sudden loss of Strength or Numbness in the face, arm or leg
2. Speech difficulty or sudden confusion
3. Visual problems, sudden loss of vision mainly in one eye or double vision
4. Headache which is sudden, severe and it is probably the worst headache of your life
5. Dizziness with a sudden loss of balance.

### ***How can a stroke be prevented?***

As I mentioned before, high blood pressure is a major risk for stroke. Modifying the same features in high blood pressure would modify your risk for stroke. Features which can't be changed are age, sex and family history. Features which can be changed are smoking, obesity, exercise, salt intake and cholesterol level.

### **The Management of Hypertension** – continued ..

#### ***Other stroke risk factors are:***

Age greater than 75 years, diabetes, heart failure, a previous mini-stroke or an irregular heart beat.

#### ***Emergency Treatment for Stroke:***

Stroke is a medical emergency and seconds count. The most important call you make is to **call 911 for an ambulance.**

Coming to the hospital, making an appointment to see a doctor, driving yourself is not recommended. The quicker you get to a STROKE CENTRE, which can evaluate your stroke, the more chance you have of making a fuller recovery.

**Do not take Aspirin for a stroke** because 20% of cases may be due to bleeding and Aspirin might make this worse. Treatment within the first 4 ½ hours with a special medication called a clot buster significantly improves the outcome from a stroke. This clot buster removes the clot allowing blood to flow and allow healing of the injured brain cells. After the first 4 ½ hours, every hour decreases the likelihood of a complete recovery but it does make some recovery possible; therefore, immediate transfer becomes a crucial step in the treatment of a stroke. People who have high blood pressure or an irregular heart beat may be on medications to prevent the development of a stroke. Not taking these medications or missing these medications increases the risk of a stroke or a mini-stroke for that day.

People with high blood pressure often worry that they are going to get a stroke; however, only if the blood pressure is more than 220/120 does the blood pressure need to be treated immediately in order to prevent a stroke. Usually a 10-15% reduction is enough to prevent a stroke. Otherwise there is nothing wrong with taking two to three months to bring down a blood pressure to a normal level.

Once again, remember that high blood pressure is a major risk factor for a stroke. A stroke is a medical emergency that needs to be treated at a STROKE CENTRE (a hospital where CT scan is available - the closest one to Lamont is Royal Alexandra Hospital).

Delaying actually increases the damage that a stroke can cause as the best treatment is early diagnosis and early intervention. If a stroke or mini-mental stroke is suspected the patient should be seen immediately. Any delay increases the damage a stroke causes.

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## DECEMBER 2010 Community Newsletter

### Medical Services

Medical Services are offered by a core group of Active Physicians who operate their private clinics on the Ground Floor of the Archer Building.

A number of Physicians on the Courtesy Medical Staff work in partnership with Surgeons at Lamont in order to assist at Surgery and to provide Anaesthetic Services as required. We currently have on Staff:

- 5 Active Physicians (including one Surgeon Specialist)
- 1 Associate
- 8 Active Consultants
- 11 Courtesy Staff
- 1 Podiatrist
- 2 Dentists
- 1 Optometrist
- 1 Radiologist.

We welcome to our community, *Dr. Claudiu Iordache*, a new Family Physician who has joined *Dr. John Slanina* as an Associate Partner at the SANUS Medical Clinic.

Hence, with this number of Professionals on Staff, Designated Parking is assigned directly south of the Main Entrance for Physicians/Specialists who have been granted privileges at our Hospital.

**Lamont Medical Clinic** Phone: 780-895-2515  
*Dr. Mihir Ray* – Specialist in General Surgery  
Clinic Days: Monday Only.

**Lamont Family Physician Clinic** Phone: 895-5910  
*Dr. Jaime Namit* – Family Physician  
Clinic Days: Monday through Friday  
Office Hours: 8:00 a.m. – 5:00 p.m.

**Astotin Medical Clinic** Phone: 780-895-7436  
*Dr. Zainool Mohamed* – Family Physician & Palliative Care Consultant for Central Zone, Alberta Health Services  
Clinic Days: Monday, Tuesday, Wednesday & Friday  
Office Hours: 9:00 a.m. – 5:00 p.m.

*Dr. Eyad El-Hajj* – Family Physician  
Clinic Days & Hours: Monday, Tuesday, Wednesday & Friday 9:30 a.m. – 5:00 p.m.  
Thursday 8:00 a.m. – 8:00 p.m.

*Walk-ins are also welcome.*

**Andrew Village Office** Walk-in Clinic  
Clinic Day & Hours Wednesday 9:30 a.m.–1200 noon

*Medical Services* – continued ..

**SANUS Medical Clinic** Phone: 780-892-2272  
*Dr. John Slanina* – Family Physician  
Clinic Days & Hours: Tuesday 8:30 a.m. – 8:00 p.m.  
Wednesday & Friday 8:30 a.m. – 5:00 p.m.  
Thursday 8:30 a.m. – noon  
**Mundare Office** Phone: 780-764-3730  
Clinic Day & Hours Thursday 1:00 p.m. – 6:00 p.m.

*Dr. Claudiu Iordache* – Family Physician  
*Dr. Iordache* is available to accept new patients. Walk-ins are also welcome. Please phone SANUS Medical Clinic @ 780-895-2272 to confirm dates and hours.

### Visiting Specialists

**ENT Specialist** *Dr. V. Velmurugiah*  
**Obstetrician/Gynaecologist** *Dr. S. Azer*  
Appointments with *Dr. Vel* and *Dr. Azer* are by referral only.

**Stress Testing** *Dr. M.Z. Hoque*  
**Ophthalmology** *Dr. R. Harris, Dr. J. Heston & Dr. M. Kutzner*  
Appointments for *Dr. Hoque, Dr. Harris, Dr. Heston* and *Dr. Kutzner* are made through their respective Offices.

### Other Health/Medical Services

**Lamont Vision Centre** Phone: 780-895-2770  
*Dr. Scott Lopetinsky* operates an Optometry Clinic that is located on the Ground Floor of the Archer Building.  
Clinic Hours/Days: Mondays & Fridays noon – 5:00 p.m.  
Tuesdays, Wednesdays & Thursdays 9:30 a.m. – 5:00 p.m.

**Podiatry** – *Dr. D. Gibbs*  
Visits are made at least monthly. No referral necessary. Please phone the Lamont Health Care Centre Business Office at 780-895-2211 if you wish to access this Service.

**Prosthetics & Orthotics Clinic**  
*Bouma Orthotic Clinics and Troppman Prosthetics Ltd.* have partnered with Lamont Health Care Centre to hold clinics for those persons requiring these services. Appointments can be made by calling:  
**Troppman Prosthetics** 780-438-5409  
**Bouma Orthotic Clinics** 780-417-7008

## *DECEMBER 2010 Community Newsletter*

*Other Health/Medical Services* – continued ..

**Massage Therapy** – *Ms. Shauna Moore*, a Massage Therapist, continues to provide Massage Therapy Services to residents of the community. Appointments can be made directly with *Ms. Moore* by phoning 780-996-4297.

**Lamont Dental Clinic** – located on Main Street Lamont (next to Alberta Treasury Branch)

**Dr. Dorothee Saleski - Dentist**

Office Days: **Tuesday through Friday**  
Office Hours: **9:00 a.m. – 5:00 p.m.**  
Telephone: **780-895-2566**

**Alberta Health Services – Home Care/Community Health, Rehab Services, Mental Health & Addiction Services**

These Services are available from the **Lamont Health Unit** which is located in the **Archer Building** of the Lamont Health Care Centre. Residents requiring access to such Services may call **780-895-2211** and ask for Home Care, Community Rehab or Mental Health & Addiction Services.

### *Emergency Services*

A reminder to residents that the **Emergency/Out-Patient Department** is open **daily (including weekends and statutory holidays)** between the hours of **8:00 a.m. and 8:00 p.m.** A Physician is on-call for emergency services.

Please note that residents requiring access to Emergency Services after 8:00 p.m. are reminded to attend Fort Saskatchewan Health Centre, St. Joseph's General Hospital (Vegreville) or another community hospital which offers 24-hour Out-Patient/Emergency Services.

**Notwithstanding the above, if you or an Ambulance should visit the Emergency Department after 8:00 p.m. because of a life-threatening emergency, a Nurse will assess your condition and will provide advice about treatment options, or request the presence of the Physician on-call for immediate treatment if required and deemed necessary.**

**Ambulance and other emergency vehicle traffic can access the Emergency Department on the West side of the Main Entrance via 52<sup>nd</sup> Avenue and North on 54<sup>th</sup> Street.**

### *Smoking*

Lamont Health Care Centre is a designated smoke-free facility (Hospital & Grounds). Residents on the Long Term Care Unit are allowed to smoke in a designated smoking area. Acute Care Patients are not given the privilege of smoking in the facility. We would ask those who need to smoke, to do so at least 5 metres away from all doorways and building entrances.

### *Parking*

Community patrons are reminded to observe/obey the parking signs around Lamont Health Care Centre. Please do not block the Main Entrances, Fire Hydrant or any other marked areas. **Vehicles found in these locations will be towed away at owners' expense.**

Patrons are also asked to turn off running engines, since the engine exhaust is taken into the regular ventilation system. The exhaust can be very nauseating to Patients, Residents, Staff and Visitors.

### *Skateboarding*

Skateboarding on the Lamont Health Care Centre Site is **not** an acceptable practice. Parents are requested to remind their children about this requirement.

The practice is not only risky but holds the Board liable and also interferes with patient traffic in and out of the various buildings.

### *Volunteers*

We acknowledge with thanks the dedication and contributions of Volunteers who give so willingly of their time and talents to support the care provided to Patients and Residents of LHCC. The work of Volunteers is an integral part of the care and service and provides much value and comfort to the sick. The generosity is greatly appreciated.

We are always in need of Volunteers and extend an invitation to all who wish to contribute their time and talents to some aspect of caring for Patients/Residents.

For more information about the role of Volunteers in our facility please contact *Ms. Wendy Horricks* at 780-895-2211.

### *Donations*

We encourage community support of cash, memorial donations and/or bequests to Lamont Health Care Centre. These donations are applied towards the purchase of special equipment such as Video Colonoscopes, IV Pumps, Monitors, Patient Beds, Emergency Equipment, etc.; the availability of these pieces of equipment contributes immensely toward enhancing the care and quality of service offered at our community hospital.

As always, donations made to Lamont Health Care Centre are tax deductible; we value your commitment, loyalty and trust in Lamont Health Care Centre.

*We acknowledge with sincere thanks and appreciation the following donations:*

## DECEMBER 2010 Community Newsletter

### Memorial Donations

<b>General</b>	\$ 185.00
in memory of Tom Craigen, Bill Krezanowski, Isobel Hennig, George Kuzyk, Victoria Moroziuk, Peter Bilocerkowec, Elias Bryks	
<b>(Specific)</b>	
<b>Low Air Pressure Mattress</b>	\$10,030.50
in memory of Joyce Keddie, Peter Sheptycki, Paul Koroluk, Victoria Moroziuk, Bill Bjorkquist, Beverly Slaght	
<b>Garden Enhancement Project</b>	\$ 175.00
in memory of Max Alton, John Achtemichuk, Mary Fedun	
<b>Chapel</b>	\$ 10.00
in memory of Sophie Chichak	
<b>Patient Comforts</b>	\$ 3,230.00
in memory of Richard Lyness, Doris Diduch, Susan Frauenfeld, George Kuzyk, Peter Bilocerkowec, Peter Sheptycki, Tom Craigen, Fred Kmech, Frank Pruss, Mary Ferleyko, Peter Andruchow, Thomas Sheptecki, Joyce Keddie, Dale Wasylshyn, Beverly Slaght, Lillian Stadnick, Jean Klaczek, Adele Yanchuk, Norman Fluker	
<b>Patient Comforts – Auxiliary Wing</b>	\$ 455.00
in memory of Norman Fluker, Maria Sharun, Anne Andruchow	
<b>Palliative Care</b>	\$ 50.00
in memory of Beverly Slaght	
<b>Continuing Care Unit</b>	\$ 205.00
in memory of George Kuzyk	
<b>Nursing Education Fund</b>	\$ 255.00
in memory of Sophie Nychka	
<b>Morley Young Manor</b>	\$ 355.00
in memory of James Horricks, Dorothy Thomson	

Please note that one name was missed on the donation list in the last newsletter (May 2010). A donation toward the **Garden Enhancement Project** was also made "in memory of Dr. J.A. Alton".

### Other Donations

<b>Patient Comforts</b>	
by Andrew Lions Club	\$ 300.00
by Peter & Sylvia Kotyk	\$ 500.00
by Auxiliary to LHCC	\$ 575.00
by St. Michael Golden Age Club on behalf of Clair Meyer	\$ 30.00
by Bruderheim Lioness Club	\$ 250.00
by SERVUS Credit Union	\$ 750.00
by Zabel's Autobody & Glass at Lamont's Centennial 'An Evening of History'	\$ 915.00

### Other Donations

<b>Patient Comforts</b> – continued ..	
by Patricia Jackson	\$ 307.50
by Norma Omstead	\$ 20.00
by Jessie Saruk	\$ 5.00
by Nora Gauthier	\$ 20.00
by Ann Kendall	\$ 25.00
by Pat Calvert	\$ 20.00
by J. Reed Francis	\$ 25.00
by M. Osbaldeston	\$ 10.00
by M. Topolnisky	\$ 20.00
by Donna Carter	\$ 80.00
by Kent & Shirley Harrold	\$ 60.00
<b>Use of MYM Rotunda</b>	
by Marrin Kolodychuk	\$ 50.00
by Ann Mihalcean	\$ 25.00
by Don Harsulla	\$ 50.00
<b>Low Air Pressure Mattress (Palliative Care)</b>	
by St. Michael Community & District Agricultural Society	\$ 3,800.00
<b>Garden Enhancement Project</b>	
by David Alton	\$ 150.00
by Bruderheim Agricultural Society	\$ 500.00
<b>ER Department</b>	
by John Brodyk	\$ 150.00
<b>General</b>	
by Vivian Tanasichuk	\$ 20.00
by Alberta & Northwest Conference in honour of Debra Morris	\$ 40.00

### Centennial Celebration

We will be celebrating one hundred years of health service in 2012. A Planning Committee is in the process of getting details together. An outline of planned activities will be presented to our community by December 2011.

Meanwhile, we invite community members to share with us, momentos, stories, ideas and other memorabilia. Any items provided will be returned to the rightful owner. Please contact the Executive Director at 780-895-2211 if you have any items of interest you may wish to share with us.

*Thank you.*

*Sincerely,*

*Board, Administration & Staff*