

Taking Health Into my Own Hands – And Onto my Feet



Jocelyn Cheechoo

is no gym in town. I had to take my health into my own hands and use what was available to me, which are the roads outside.

JF: How did you learn to how to run?

JC: I tried running before, but what I think worked this time was that I was at home in Moose Factory. It's a lot easier here. I read about running first and then I got a program established. The program was structured on different levels for example it would tell me to speed up or slow down based on my heart rate. It taught me how to run slowly and pace myself. It also helped to build up my feet and knees, so I was able to start and not get injured - which is huge.

JF: Why do you run?

JF: At first it was about my health and I'll admit my weight too. But once I got into it, it wasn't about that anymore. It was about stress relief. I would have a long day at work and I found going out to run was a great stress relief. Now I run if there is a big decision I need to make, it just clears my mind. I also like the solitude of it. And when I run I focus on my breathing, and think about my form, so it's a way to keep me right in the moment - not thinking about tomorrow and next week.

When I started running, 5k seemed like such a huge distance. I used to sprint in high school and I remember that running long distance was always a challenge. When I tried it in high school I could never do it. Then again, we were never really taught how to run properly.

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Client Services Department becomes the Non – Insured Health Benefits Department



As of April 1, 2011 a number of changes took place with the Weeneebayko Area Health Authority (WAHA) Client Services department. First, the name of the Client Services department has changed to the Non-Insured Health Benefits (NIHB) department to clarify and better reflect the type of services provided. This is due to some of the process changes regarding medical travel. Secondly, the department has moved office locations from Moose Factory to Moosonee thereby allowing more space for the staff. Third, a (1-855-336-2947) toll free number was created in order to increase client accessibility and improve the quality of services provided by the department.

In 2008, the federally funded Weeneebayko Health Ahtuskaywin and the provincially funded James Bay General Hospital along with other local and regional partners, merged to become Weeneebayko Area Health Authority, otherwise known as WAHA. After this merger, the First Nations Inuit Health Branch (FNIHB), a branch of Health Canada took on the responsibility of monitoring the Non-Insured Health Benefits Medical Transportation Policy.

The medical transportation policies are not new but are being more firmly implemented than in the past. For instance, FNIHB now needs to give prior approval before the WAHA NIHB department can arrange for anyone's travel. For example, when WAHA books clients on charter flights from the coastal communities the department has to keep track of each seat taken by either a client or an escort so that ticket charges can be directed to the right departments.

In order for FNIHB to give prior approval and for WAHA NIHB department to be able to process any medical travel requests, there are a number of things that are required:

- The proper medical documentation needs to be provided
- All travel must be seen as "medically justifiable", especially for escorts traveling with their family member or partner. In other words, there has to be proof that the travel is needed and related to the client's medical condition
- The names of the clients must be the same name that they are legally registered as, which includes children.
- Clients must be registered with their Band and have a 10-digit Status card number, which includes children

A copy of the Medical Transportation Policy can be found on Health Canada's website or this link will take you to the policy directly:

(http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/fnihb-dgspni/pdf/pubs/medtransp/2005_med-transp-frame-cadre-eng.pdf)

The WAHA NIHB department is there to help coordinate travel for clients in order for them to be able to access health services. The department also does their best to coordinate the most efficient travel schedules, factoring in last minute changes for travel plans, including adjustments for bad or unpredictable weather. In one year, the WAHA NIHB department coordinates travel for approximately 7500 people what averages to about 625 people in one month! WAHA wants to thank and acknowledge all those who work with the department to assist in trying to effectively transport the clients/patients of the region.

For more information on these changes Clients are encouraged to call the new toll free phone number: **1-855-336-2947** and hear options in both English and Cree. This line is designed to increase accessibility and answer client's questions.

Weeneebayko Area Health Authority (WAHA) Client Services department **1-855-336-2947**

Telemedicine

Access to health care has always been a challenge for the people of Omushkego, but telemedicine is a tool that is making it a little easier.



Maureen Grahman, WAHA Telemedicine Coordinator

The Weeneebayko Area Health Authority (WAHA) has been offering telemedicine services for the last 5 years. Telemedicine services are offered in each of the communities that WAHA serves and are members of Ontario Telemedicine Network (OTN). The OTN is a province-wide network that assists rural or remote communities to deliver clinical care via two-way videoconference. "We are very busy. This is a heavily used service and it's growing and getting busier" explains WAHA Telemedicine Coordinator, Maureen Grahman. Due to the remoteness of the communities that WAHA serves, telemedicine services are used frequently.

Currently, telemedicine offers access to a number of different specialists such as dermatologists, psychiatrists, allergists and follow up from face-to-face sessions with regular specialists. In addition, it provides the hospital with emergency services. The video conferencing capabilities allow the hospital to assess people in emergency situations prior to transporting them to referral hospitals.

"The benefits of telemedicine is that it offers more access to specialists and decreases patient wait time, as well, it is private, secure and confidential," says Grahman. "With telemedicine, a client may wait 8 months to see a specialist, whereas if we had to send them south, it could take up to 18 months. It seems a bit quicker than seeing a specialist in person and the client doesn't have to travel such long distances", she added.

The process to access a specialist via telemedicine involves an individual seeing their family doctor who then makes the referral. The referral is given to the telemedicine department and then an appointment is scheduled.

"Telemedicine doesn't replace face-to-face visits with doctors, rather it provides supplementary care and service", said Grahman.

As for the future of telemedicine, there may be opportunities to provide more than clinical services. Grahman explains "there are a lot of education opportunities that can be offered to staff and community members." Currently, some of the diabetes programs are using telemedicine services for community education. Also, as the service continues to grow, opportunities to enhance patient care will flourish. Community members will have increased access to specialists of various disciplines.

EVENTS



○ | **CreeFest 2011** | July 13-17

Moosonee Friendship Centre
CreeFest celebrates the summer season and acknowledges the diversity and richness of arts, crafts and cultural characteristics of the Omushkego peoples.

Programming includes storytelling, contemporary, traditional and fiddle music, visual arts, drumming and dancing, and traditional games.

Come join us at CreeFest - Ininew Makoshewin, A Celebration of Life

○ | **Crystal Shawanda** Plus Special Guests Thursday, July 14 8:00 pm

○ | **Gino Monopoli's ELVIS Tribute Show** Featuring: Rudy & the Angels Saturday, July 16

Find us on Facebook for the latest updates: CreeFest 2011
or at:
www.mushkegowuk.ca
www.creefest.ca

WELCOME

WAHA is excited to bring a brand new newsletter format to the communities we serve. Features of the newsletter include: WAHA specific updates, community-related events and feature stories on health which will be translated into the Cree language. On behalf of the staff and administration we thank those who have provided feedback to us so that we can improve upon the quality of the newsletter disseminated. Happy reading.
Jim Harrold, CEO

COMMUNITY INPUT

If you have stories that you would like to suggest, or community event information that we might be able to feature on health, or you simply would like to be added to our electronic or hard copy dissemination database, please contact deena.sutherland@weeneebaykohealth.ca or call 705-658-4544 and ask to speak with Deena Sutherland.

CONTACT

WAHA is a national leader in improving and enhancing health care for its communities. Interested in pursuing a career at Weeneebayko Area Health Authority or just want to learn more about our organization?

Weeneebayko Area Health Authority/
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Moose Factory, ON P0L 1W0
Ph: (705) 658-4544 (main switchboard)
Fax: (705) 658-4917

Emergency Care in the Far Far North

In the remote community of Peawanuk Ontario a small group of dedicated volunteers have completed First Aid/CPR, Emergency Medical Response Training as well as ATV safety training and are ready to respond.

Julianna Chookomolin (Morgan) is the Community Crisis coordinator and the New Emergency First Response Team Coordinator as well. Having learned that being prepared and ready is vital to emergency response this group has taken the challenge, succeeded and recently performed to excellence. The small population base and limited resources are not a hindrance to the efforts of this team and as they practice so will they respond ready.

Derek Metatawabin securing the C-spine while Leonard Paul-Martin assesses the mock-casualty (Gilbert Chookomolin) for injuries. Expecting that this team will respond to a limited number of calls in a year they plan monthly practice sessions to remain current and ready.

The team having treated and immobilized another mock-casualty prepares to transport in the most suitable means available. The All Terrain Vehicle attached to a rescue trailer, has heat and lights but minimal space. Converting to tracks and skis for winters use it is a viable means until more suitable transport can be arranged.

Without Road access and at the edge of the Arctic Ocean in Hudson Bay, the window of opportunity to get vehicles or large supplies is limited to a few short winter weeks. Undaunted this Team is ready to roll. Congratulations and well done.

Training provided by Ministry of Health Emergency Services Branch in conjunction with The North East Regional Training Network and James Bay Ambulance Services.



Left to right: Gilbert Chookomolin, Cynthia Cooper, Derek Metatawabin, Morgan Chookomolin and Leonard Paul-Martin (stretcher)

Community Information Bulletin

The Excellent Care for All Act and what does it mean to Weeneebayko Area Health Authority

What is the Excellent Care for All Act?

The Excellent Care for All Act (ECFAA), which came into law in June of 2010, puts Ontario patients first by strengthening the health care sector's organizational focus and accountability to deliver high quality patient care. Requirements for Health Care Providers

The legislation sets out a number of requirements for health care providers which will be implemented first in the hospital sector, with the intent to expand across all health care organizations in the province. The legislation requires that health care providers:

- establish quality committees that report on quality-related issues
- put annual quality improvement plans in place and make these available to the public
- link executive compensation to the achievement of targets set out in the quality improvement plan
- put patient / care provider satisfaction surveys in place
- conduct staff satisfaction surveys
- develop a declaration of patient values following public consultation
- establish a patient relations process to address and improve the patient experience (complaints and compliments).

How will the government encourage compliance with the legislation? Have rewards been considered for hospitals demonstrating strong results as a result of compliance?

Compliance with the legislation is expected of all hospitals. The Ontario Health Quality Council, in its enhanced role, will be actively profiling high performers and showcasing leading practices across the sector.

What is the Ontario Health Quality Council (HQO)?

HQO is an independent agency, created under the Commitment to the Future of Medicare Act on September 12, 2005. On June 8, 2010, The Excellent Care for All Act was passed in the legislature expanding HQO's role and mandate.

The functions are:

1. to monitor and report to the people of Ontario on,
 - access to publicly funded health services,
 - health human resources in publicly funded health services,
 - consumer and population health status, and
 - health system outcomes;

2. to support continuous quality improvement;
3. to promote health care that is supported by the best available scientific evidence by,
 - making recommendations to health care organizations and other entities on standards of care in the health system, based on or respecting clinical practice guidelines and protocols, and
 - making recommendations, based on evidence and with consideration of the recommendations to the Minister concerning the Government of Ontario's provision of funding for health care services and medical devices

Section 5 of the Act requires HQO to deliver a yearly report to the Minister on the state of the health system in Ontario.

Where is WAHA currently?

- The board has appointed 2 members to the quality improvement committee
- The Medical Advisory Committees has appointed 2 members to the quality improvement committee
- The draft declaration of patient values has been approved by the Senior Management Team and Board
- WAHA has received and included community input into the final patient declaration of values – it is posted on the WAHA website for public viewing
- The Quality Improvement Plan is endorsed by the Board President, CEO and the Quality Improvement Committee Chair – it is posted on the WAHA website for public viewing
- A hand hygiene working group has been created to assist in implementing the objectives in the Quality Improvement Plan
- A plan for the implementation of patient satisfaction surveys has been established



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