www.AdvancedCarePlanning.ca can help you prepare

What if you became ill and couldn’t speak for yourself?

Nikita Matchuk, Nurse Practitioner

Everyone has a community of care—the people we help, and the people we depend on for help. But if you became ill and couldn’t speak for yourself, would your community know your wishes? Do they know who would speak for you?

Advanced Care Planning is a process of reflection and communication. It is a time for you to reflect on your values and wishes, and to let people know what kind of health and personal care you would want in the future if you were unable to speak for yourself.

It means having discussions with family and friends, especially your Substitute Decision Maker/Power of Attorney—the person who will speak for you if you cannot speak for yourself. It may include writing down your wishes, and talking with healthcare providers and financial or legal professionals.

The Advance Care Planning in Canada’s Speak Up website (www.AdvanceCarePlanning.ca) has free, downloadable resources for Advance Care Planning, including workbooks, videos, wallet cards, and conversation starters, as well as resources and information about legal requirements for each province and territory.

Talking with your Substitute Decision Maker/Power of Attorney is essential, but it’s also important to talk with others who can support your Substitute Decision Maker/Power of Attorney during a stressful time. Research shows that advance care planning significantly reduces stress and anxiety for those who are making medical decisions for others,” says Project Director Louise Hanvey. “You can reduce that stress and manage potential conflicts about your care by telling your community—your family, close friends and health team—what’s important to you.”

At the Atikokan Family Health Team we are committed to creating a healthier Atikokan. Not sure where to start with Advance Care Planning? Please schedule an appointment with your family doctor at the clinic (597-2721) or myself, Nikita Matchuk, Nurse Practitioner, at the Outreach Site (597-8781 x0).

(Paper copies of the Speak Up workbooks are available at the Family Health Team Outreach Site for those without internet access.)

“The true journey of discovery consists not in seeking new landscapes but in having fresh eyes.” — Marcel Proust

Candace Green, Mental Health Worker

Spring has changed our landscape to hues of green and the brightness of new growth. In mindfulness there is a quality called ‘beginner’s mind’ and it teaches us to view something we have seen before with fresh eyes. Anxiety thrives when we are stuck in our past regrets and future fears. Being in the moment and approaching life with ‘beginner’s mind’ can change the landscape of our minds and present new paths to choose.

Mindfulness practice is offered in group settings or on an individual basis. I plan to bring awareness to mental health issues and strategies to enhance mental health through our local newspaper and a community display. If you have questions about the Mental Health Program please call me at 597-8781 ext. 4.

Karen Lusignan

Since I started at the Family Health Team in August 2016, we’ve undertaken many initiatives, two of which are the local Palliative Care Team and Health Links.

The Atikokan Family Health Team is now the local lead for the District of Rainy River Health Links. Health Links offers participants assistance to better manage their health and well-being. Participants are identified based on their health conditions and are invited to become a part of Health Links. As of March 31, 2017 the Atikokan Family Health Team in Partnership with Atikokan Community Counseling and Addictions Services have completed 30 care plans for clients with four or more chronic conditions.

The Atikokan Family Health Team, through LHIN funding and an agreement with St. Joseph’s Care Group, has taken the lead in forming a Palliative Care Team here. The goal of the Palliative Care Team is to increase the use of a palliative approach to care by all primary care providers and link primary level care to secondary and tertiary palliative care expertise when required.

I look forward to working on many other exciting initiatives in the coming year!

Health Links is a new way of coordinating local and regional health care for patients who often receive uncoordinated care from several different providers, resulting in gaps and duplication in the care provided.

Coordinating care is an important step in improving the services available to patients with complex conditions. Typically, these patients are seniors with multiple chronic diseases and conditions. These patients often default to the emergency department for care and are repeatedly re-admitted to hospital when they could be receiving care in the community.

A recent study found that 75 percent of seniors with complex health conditions who are discharged from hospital receive care from six or more physicians and 30 percent get their medications from three or more pharmacies. The result is decreased patient care that also costs the health care system more than it should.

Patients with the greatest health care needs make up five percent of Ontario’s population but use services that account for approximately two-thirds of Ontario’s health care dollars. Better coordination of care for these patients will result in better care and significant health system savings that can be devoted to other patients, ultimately improving the sustainability of public health care.

Palliative care is specialized medical care for people with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Care is geared to anyone suffering from a medical condition for which there is no cure, particularly those who need help managing chronic conditions such as diabetes, hypertension (high blood pressure), and respiratory disease.

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What can your dietitian do for you?

Samantha Holmgren, RD

First of all, let’s talk about the word ‘diet’. We typically use the word to refer to a restrictive pattern of eating for the purpose of losing weight. Sometimes it is used to talk about a restrictive pattern of eating required because of a medical diagnosis. However, back when the profession of dietetics came into being, diet had only one definition: a person’s usual pattern of eating. Dietitians work with people on their pattern of eating, among other lifestyle changes, to help them achieve the best possible health and quality of life.

The job of a dietitian does include answering people’s questions about food and eating patterns they have. Dietitians are also important to help keep a balanced and healthy lifestyle. The dietitian’s main role, however, is to help people actually make changes in their lifestyle. You may already know exactly how your lifestyle is impacting your health, or you may be struggling to make changes. A dietitian can help you find the answers to all the information out there, your questions, and any confusion you may have about food, exercise, sleep and other lifestyle factors.

By knowing your number, you're well on your way to a healthier quality of life, phone the Family Health Team Outreach site at 597-8781... no referral needed!

Medication Reconciliation: A way to better health

Brianna Coulson, Clerical Assistant

A large part of my role at the Family Health Team in Quality Improvement is medication reconciliation. Medication Reconciliation is an annual plan developed to improve the quality of healthcare in our province. Think of it as a blueprint displaying how we meet or exceed the targets we have set for that year.

As part of our 2017/18 Quality Improvement Plan, we have introduced an exciting new indicator in efforts to increase the number of patients in our community having their medications reconciled. ‘Medication reconciliation’ involves four main activities:

1) Collecting and documenting an accurate and up-to-date medication list
2) Comparing the best possible medication history (BPMH) with information in the patient’s chart and identifying discrepancies
3) Resolving the discrepancies as appropriate through discussion with the primary care provider and the patient and then updating the BPMH with the resolved discrepancies, thereby creating a reconciled list
4) Communicating the resulting medication changes to the patient and verifying the patient’s understanding of the changes

Our pharmacist, Glenys Vanstone can and does do medication reconciliations, and can be seen through personal video conferencing at our Outreach location on Wednesdays. If you prefer to see her in person, she will be making a site visit the week of September 18 - 22. To make an appointment, or if you have any questions, feel free to give me a call 807-597-8781 ext 0.

Introducing...

Kristin St-Pierre (nee Matichuk) a Registered Nurse, has joined the Atikokan Family Health Team. She replaces Keira Lacoste, who has moved over to Atikokan General Hospital.

Born and raised in Atikokan, Kristin completed her BScN from Lakehead University in 2011. She then started working at the Atikokan General Hospital in the emergency department and acute care for the next two years.

After those two years, Kristin decided to move to the rural community of Westlock, Alberta where her spouse was employed, hoping to gain more experience and skills in her career. There she worked at the Westlock Healthcare Centre, a primary stroke center, where she gained further experience with emergency, surgical orthopedics, and obstetrics. In this position, Kristin acted as Charge Nurse on a 3 bed acute floor, while collaborating with a diverse group of health care providers.

In 2015, after having their first child Isaac, home was calling. By May 2016 Kristin and her spouse Andrew (who now works for Tramin as a Red Seal Journeyman Welder) finally made the move back home where they can raise their family. Since then they haven’t been happier and look forward to the many opportunities their promising careers hold.

The STOP program

The STOP program is a province-wide smoking cessation treatment and counseling support to eligible Ontario smokers who wish to quit smoking.

Since the STOP program started in 2011 with the Atikokan Family Health Team. We have enrolled over 2,000 individuals. If you have questions or would like to discuss a referral, please call the Atikokan Family Health Team at 597-8781.

Summer is coming, and so is the CNIB Eye Van!

The van is coming to Atikokan July 4-7th this year, but the even bigger news is it’s coming to the Atikokan Family Health Team Outreach! We have many great things planned to make this an educational and interactive event, with giveaways to keep you smiling!

The CNIB Eye Van is a fully-equipped, medical eye care clinic on wheels and includes reception and waiting areas, a vision screening area, and a doctor’s examination room. Special features include a reinforced floor and hydraulic levelling system that allows for minor surgery to be performed on site, including a state-of-the-art SILT laser for the treatment of glaucoma.

Each year from March to November, a group of 25-30 participating ophthalmologists, assisted by two CNIB ophthalmic assistants, carry out vision screening, treat eye conditions and perform minor surgery in remote northern Ontario communities where services are not available. This service provides for an early diagnosis of eye conditions that could lead to blindness if left untreated, which is why it is so important for patients with Diabetes to be screened.

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