



health

V • I • E • W • S

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Occupational Therapist Andriana Morena works with stroke patient Ted Plouffe in the Centre's rehabilitation area.

Pain: The Fifth Vital Sign

Staff members at Riverview Health Centre firmly believe that pain is the "fifth vital sign," right after blood pressure, temperature, heart beat and respiration.

Recent studies in geriatric literature indicate that anywhere from 50 to 80 percent of long-term care residents have acute and chronic pain that can cause depression, decreased socialization, sleep disturbances and decreased mobility. And while most older adults can tell their caregivers they are experiencing pain and be treated appropriately, adults who cannot verbalize how they are feeling run the risk of suffering in silence.

To demonstrate its commitment to the goal of improving pain assessment and management for all of its patients and residents, Riverview plans to launch a campaign, complete with a smart new logo, later this spring. The logo includes the catch phrases "erase pain" and "pain is the 5th vital sign."

Carole Hamel, a clinical nurse specialist at Riverview, is excited about the Centre's strategy for pain assessment and management, which includes assessment tools, policies and procedures, documentation forms, care plans and various educational items.

"We really want to promote interest in our strategy with activities such as contests, dissemination of the logo and education sessions during such events as Nurse's Week in May and a pain awareness day, where the keynote speaker will address issues concerning the assessment and management of various types of pain. Staff will learn more about how to assess pain and what types of treatments they should be trying," she says.

A major focus of the campaign will be to educate staff on pain assessment and management. A key aspect will be how to use a pain assessment tool developed at Riverview over recent years called the Pain Assessment for the Cognitively/Communicatively Impaired (PACCI). It's designed specifically for residents who are unable to report their pain verbally.

"In patients or residents who are unable to communicate clearly that they are in pain, for example those with severe dementia, loss of ability to speak, or at end of life, it is very difficult to assess pain, so this tool looks at behavioural cues," says Hamel.

The PACCI assesses the presence of 30 possible non-verbal pain indicators, including fidgeting, rocking in one spot, pushing the caregiver away, wincing with movement and squeezing the eyes shut or drawing up the knees. The assessment form is simple to understand, concise and takes only about five minutes to complete, which is a boon to busy nurses.

Last May, Riverview staff – led by Hamel and a team of four other health care professionals – tested the PACCI against an existing, similar tool, the Checklist of Nonverbal Pain Indicators (CNPI). Hamel says that, based on staff evaluation forms, the PACCI was identified as more useful for pain assessment, easier to use and preferred over the CNPI.

Now Hamel and her team have applied for funding to conduct further research to validate Riverview's pain assessment tool. Once the research has been completed, it is the Centre's hope that they will be able to share their pain assessment tool with other institutions.



Rehabilitation Units Help to Rebuild Lives

When Mark Batters arrived on the Stroke Rehabilitation Unit (4 East) at Riverview in February 2007, his speech was slurred and he could neither walk nor use his right hand. Two months later, he was back on his feet.

"It was because of the rehabilitation that I was able to get up and walk again," says the former roofer, speaking altogether clearly. He has also regained much of the use of his right arm and hand.

Batters is just one of the many Manitobans whose lives have been affected by stroke. In 2006, the Heart and Stroke Foundation of Manitoba estimated that the province sees approximately 2,840 people hospitalized annually due to a "cerebral vascular accident."

In June of that same year, the Winnipeg Regional Health Authority (WRHA) reconfigured the city's stroke rehabilitation program by moving 15 beds from Health Sciences Centre (HSC) to Riverview Health Centre for a total of 30. Specialists from HSC bolstered the interdisciplinary team at Riverview, turning it into one of the premiere stroke rehabilitation facilities in the province. At the same time, the WRHA also transferred the 10-bed Acquired Brain Injury (ABI) Unit to the Centre from HSC, further leveraging these specialized resources.

Located across from one another on the fourth floor of the East and West Wings, both units are under the management of Patient Care Manager Malcolm McKenzie, who has more than 16 years of experience in neurological rehabilitation.

"Both programs have been enhanced since the rehabilitation reconfiguration," confirms McKenzie. Consolidating resources has meant providing patients on both units with ready access to an interdisciplinary team of professionals who specialize in stroke and ABI rehabilitation.

There are many similarities between the services offered by the two units, along with some notable differences. The ABI rehabilitation program is for patients 16 or older with neurological impairments and disabilities related to traumatic injuries of the brain caused by such events as assaults, motor vehicle accidents and sports injuries. Individuals with brain injuries resulting from tumours, infections or oxygen deprivation may also be considered if they demonstrate the potential to benefit from the program.

The average stay on the ABI rehabilitation unit is from four to eight weeks, while the stay on the stroke rehabilitation unit is typically six to eight weeks. Patients on the stroke unit must be at least 18-years-old.

"On both units, our goal is to get patients back into the community," notes McKenzie, adding that the vast majority of patients come directly from an acute care facility as soon as they are medically stable and a bed is available. "Every

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situation is different, but all of them are life-altering." Patients arrive with varying levels of medical needs.

Batters agrees that his stroke was certainly life-changing. One second he was sitting on his bed and the next he was lying on his side unable to get up. His girlfriend called 911 and he was rushed to emergency at HSC.

On his fourth day at HSC, he was approached by a social worker who offered him the opportunity to transfer to Riverview. "As it turned out, it was a highly fortuitous decision," says Batters.

Upon arrival at Riverview, he underwent a battery of tests that assessed both his abilities and limitations. The team then met with him and his family to discuss the goals of his rehabilitation. The

"I told them I fully expected to walk out of the Centre on my own steam."

Mark Batters, Stroke Patient

program addresses not only physical challenges but also cognitive functioning, behavioural and emotional issues, as well as social and community function.

"I told them I fully expected to walk out of the Centre on my own steam," recalls Batters. "At the same time, I don't think I ever had any illusions. I wanted to take the rehabilitation as far as I could." He adds that the physiotherapists he worked with were adept at treading the fine line between optimism and realism. Today, it's a sentiment Batters tries to impart to other patients as part of his volunteer work with a stroke support group.

Having spent two months relearning to walk and climb stairs, he understands what stroke rehabilitation really means. He still recalls walking with the help of parallel bars and getting up from a lying position by using a transfer belt. Every morning, he spent at

least an hour in a specially equipped part of the Centre gradually learning to climb steeper and steeper stairs and working with the occupational therapist to relearn how to manipulate objects with his hand.

Reintegration

"Rehab doesn't just occur in an in-patient setting," notes McKenzie, adding that patients are encouraged to go home for certain periods to try out their relearned skills in a "real" setting. "There's a difference between re-entry and reintegration into the community. Reintegration only happens if supports for individuals returning to the community are in place."

Each member of the interdisciplinary team has a part to play in reintegration. Prior to his discharge, an occupational therapist visited Batters' home to assess necessary changes, such as adding a grab bar to his shower and a railing to his staircase. These are only a few of the issues the team helps each patient address. Other concerns can include everything from work stoppages and financial challenges to social interactions and family relationships.

"This is a population that is often misunderstood," notes McKenzie, referring to both stroke and ABI patients. He points out that research is an important part of continuing to improve both knowledge and standards of care. Riverview's Neurology Rehabilitation Stroke Program is currently participating in the Stroke Canada Optimization of Rehabilitation as Evidenced by Implementation Trial (SCORE IT). A description of this study can be found on page 5 of this newsletter.

"Research gives us the opportunity to stay on top of best practices and to compare ourselves with similar service providers across the country," explains McKenzie. "Brain injury requires a life-long process of on-going recovery. It's a journey, not a destination – just like our pursuit of quality care for our patients and their families."

Hydro Program Gets Individuals Back to Work

Resuming gainful employment can be a significant challenge to individuals with an acquired brain injury. Six years ago, Manitoba Hydro launched a pilot project to help these people get back to work.

"In the process of going to external supports to assist with the integration of our own employees, we learned more about the specific challenges people face when dealing with a brain injury," explains Michelle Leganchuk, Employment Strategy Coordinator for the Employment Equity & Recruitment Department Human Resources (HR) Division.

Manitoba Hydro decided to leverage this knowledge by extending employment opportunities beyond the company to any Manitoban who has been out of the work force due to head injury. Candidates apply to the program through the Society for Manitobans with Disabilities and the Manitoba Brain Injury Association.

Each individual undergoes a screening process to assess strengths and weaknesses and to determine any retention of work-related knowledge prior to injury. Hydro then identifies appropriate placement opportunities.

Two candidates are selected per year. Each one undergoes extensive assessment and training. The program involves Manitoba Hydro employees, employment counsellors, support agencies, a physician specializing in neuropsychological issues and, as required, an occupational therapist who evaluates the work environment. Appropriate plans are designed to address the needs of each candidate. These may include modified work schedules, line management training and job coaching.

"One of the largest challenges we have is the time it takes to successfully place the candidate," says Leganchuk. "We want to ensure what we're doing has a high probability of success."



Myron Prince says that Manitoba Hydro's Vocational Integration for Individuals with ABI program turned his life around.

The program has certainly been successful for Byron Prince, a former professional boxer who lost 25 percent of his vision and some of his short term memory. He now works full-time as a clerk in Stores at Manitoba Hydro.

"I did a lot of testing to see if I was suitable for this job," says Prince, adding that his assessment was followed by a multi-week training period. "The guy who trained me knows about brain damage. I was pretty pumped about getting to work. It turned my life around."

So far, six candidates have been successfully placed at Manitoba Hydro via Vocational Integration for Individuals with Acquired Brain Injury. The program became part of the company's ongoing initiatives in 2005. The following spring, President and CEO Bob Brennan hosted an information sharing session for business managers and HR professionals in the Winnipeg business community.

"Manitoba Hydro is committed to developing and working with existing programs that support individuals with disabilities in obtaining meaningful work," says Brennan, who also chairs the Board of Directors of the Riverview Health Centre Foundation. "One of our main goals was to develop a program model that could be easily shared and integrated into other work places. By sharing the vision, sharing the ideas and sharing our successes, we contribute to the overall success of Manitoba."



Acquired Brain Injury Rehabilitation Program patient, Robert Muminawatum, works at regaining manual dexterity with Occupational Therapist Sharon Thomas.

Holiday Shopping at the Bay



A festive shopping evening at The Bay on December 11 was an overwhelming success. Ten Riverview staff members won gift certificates and prizes donated by The Bay and the Riverview Health Centre Foundation. A good time was had by all!

Riverview on Front Line of Dysphagia Management

February was Dysphagia Awareness Month at Riverview Health Centre and also marked the eighth anniversary since the launch of the Centre's Silver Spoons Dysphagia Management Program.

Defined as difficulty swallowing, dysphagia affects an estimated 30 to 75 percent of residents in long term care. But thanks to the Silver Spoons Program, the many possible serious side effects, such as dehydration, malnourishment, choking and aspiration-induced pneumonia, have been managed or prevented in patients at Riverview.

In the eight years that Silver Spoons has been running, a number of successful components have been implemented. These include a Silver Spoons Club Membership for assessed dysphagia patients (which includes a pink identification decal and safe swallowing guides that communicate feeding recommendations to family and staff) and a formalized Dysphagia Management Training Program that all nursing staff and health care aids complete during their job orientation.

This year, a major goal of the Dysphagia Team is to coordinate with Education Services the recertification of staff who took the initial training more than three years ago. "This is a big undertaking," admits Andrea Meakin, Speech Language Pathologist and one of four members of the Dysphagia Management Team. She stresses, however, that "...it is important for the staffs' training to be no more than three years old in order to keep up with latest research developments."

In addition to the retraining program, this year's Dysphagia Awareness Month focused on the role oral hygiene plays in the side effects associated with dysphagia. To highlight this, the Centre hosted two speakers from the

University of Manitoba's Dental Hygiene program on February 13 and 15 to present on the topic, "What's lurking behind closed lips." Says Meakin, "There is a definite link between oral care and aspiration-induced pneumonia. As many patients rely on staff for oral care, staff need to be educated in providing good oral hygiene."

A third dysphagia management initiative is also underway at Riverview. Kimberly Wark of Volunteer Services plans to start a program for high school students who are available over the supper hour. The students will not directly feed the patients, but they will be trained by the Dysphagia Management Team to assist people with the meal time experience.

In the ongoing pursuit to better understand and manage dysphagia, Riverview has recently received a Fiberoptic Endoscopic Evaluation of Swallowing (FEES) system. One of only three facilities in Winnipeg to offer this service, Riverview's Speech-Language Pathologists are excited about using the system.

"By passing a flexible endoscope through a patient's nose before food or liquids are ingested, the process of swallowing can be closely analyzed," says Meakin. "This allows us to complete a more comprehensive assessment of the dysphagia and provide specific recommendations for management of the symptoms." The final result will be improved patient comfort and health.

Clearly, Riverview is on the forefront in this area of care. In fact, its formal Silver Spoons training program has been purchased by a number of facilities throughout Manitoba and even in Canada. With this year's workshops, retraining, FEES and innovative volunteer programs, the Centre remains a leader in dysphagia care.

Study Results in New Transfer Aids at Riverview Health Centre



A nurse demonstrates the use of the HoverMatt and HoverJack, a system acquired by Riverview for use when lifting and transferring bariatric patients.

Recent studies show that obesity is the fastest growing concern in today's health care industry. In fact, not only North America, but the entire developed world is observing this alarming trend, and hospitals world-wide are scrambling for ways to better assist their bariatric patients or "persons of size."

In light of this, Riverview Health Centre recently funded a student-researcher position whose role, in part, was to explore the type of equipment available in assisting with bariatric care. The study resulted in the recommendation of two new kinds of equipment: the HoverMatt and the HoverJack. Thanks to a grant from the Winnipeg Regional Health Authority, Riverview was the first facility to receive this equipment.

The HoverMatt – a mat that is inflatable with an air compressor – can be used alone or together with the HoverJack. On its own, the HoverMatt is ideal for the side-to-side transfer of immobile or obese patients.

"The HoverMatt can be used for bed to stretcher or bed to shower-stretcher or even bed to therapy-mat transfers," says Shirley Ladd, BPT and Manager of Corporate Allied Health at Riverview Health Centre.

Unlike the sling-lifts often used in health facilities, the HoverMatt is able to move patients in a lying position. "This offers a great amount of mobility to fragile or otherwise bedridden people," says Ladd. "Patients who previously could only have bed-baths are now able to be transferred to a shower-stretcher for a proper shower."

For situations where patients have fallen on the floor and are either too heavy to lift or in too awkward a position to lift safely, the HoverMatt and HoverJack are best used together. Whereas the HoverMatt is a strong mat able to comfortably and safely bear the weight of patients as they are moved laterally, the HoverJack is the tool that will bring them to bed or stretcher-height so that the lateral move is even an option.

A patient who has fallen can be rolled gently onto the un-inflated HoverMatt. Once the patient is

safely strapped onto the mat, it can be inflated and slid onto the HoverJack. The HoverJack, which looks like an inflatable air mattress with four chambers, can then be pumped up so the person is at bed or stretcher height and can safely be moved in a side-to-side transfer.

This process, though comprised of several steps, is actually quite simple, efficient and much safer than any other system available to lift fallen patients off the floor.

Ladd, who recently tested the products out herself by "falling" in a bathroom and being subsequently transferred on the new Hover equipment, notes the advantages to the system. "This method is much less frightening and overwhelming to a patient because fewer staff are needed," she says. "It is also a very safe procedure, so there is less risk of causing pain or further injury."

Since the system requires fewer staff to get someone up who may have fallen on the floor, it is ideal for use in confined spaces, such as washrooms, where limited space is available for staff to safely work.

There are other benefits to the Hover System, as well. It provides maximum comfort and minimizes the risk of injury to either staff or patients, improves staff efficiency, eliminates bumping, bruising and skin shearing and, in the case of the HoverJack, offers a controllable lift height. The HoverMatt also offers superior construction to other products, is easier to clean and is capable of lifting up to 1000 pounds.

The Hover System has been immensely popular with both staff and patients at the Centre – so much so that Riverview has amended its policy on falls so that the Hover System is exclusively used in such situations. Riverview also hopes to buy more HoverMatts so that, in time, they can be used for all side-to-side transfers.

The rising trend of obesity will likely continue to impact the health care system. But Riverview Health Centre, ardent in its pursuit of providing the best care possible, will continue to be on the forefront of supporting its patients of size in a dignified and safe manner.



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HEALTH CENTRE

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Riverview Health Centre is a 388-bed extended care facility catering to the needs of the elderly and rehabilitation patients. For more information about our programs and services, please contact the President at:

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Health Views is published three times a year by Riverview Health Centre to provide information about RHC's programs, initiatives and activities to both the broader community and to its staff and patients.

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Riverview Health Centre Foundation News

Giving Back Through Philanthropy



Frank Wade and Vince Boschman

friend or family member who has recently passed away.

There are many ways to make a donation more tax effective, including using stocks or insurance instead of cash.

To encourage people to increase their charitable giving, a tax incentive exists for those who wish to donate

Let's face it – we are lucky to live in Canada. Most of you reading this article are likely in the top one percent in terms of income or net worth of all people in the world. Striving to reach your personal goals related to money, career, family and health are, of course, important. But you don't have to be Bill Gates, Warren Buffett or Ted Rogers to make a difference and give back to your community by donating money or securities or through volunteer work.

You are likely already making some cash donations here and there, but consider making a few changes to your giving during 2008. Let's look at how you can give back more effectively with your money and your time to causes you are passionate about.

A great way to take your charitable giving to the next level – and get your entire family involved in philanthropy at the same time – is by creating a charitable foundation. The days when only the ultra-wealthy were able to set up charitable foundations are gone. You can start your own family charitable foundation for as little as \$25,000 which, after the tax credits, will actually only cost you about \$14,000 (varies by province). You can name your own foundation after your family surname or a

publicly traded securities. The donation of these securities is considered to be a disposition by the donor for Canadian tax purposes. This means that a donation of publicly traded securities to a charity will result in either a capital gain or a capital loss to the donor. However, since 2006, the taxable capital gain for donated securities is reduced to zero, meaning no tax has to be paid on the gain.

In addition to the eliminated capital gains, a donor also receives a charitable donation tax receipt for the Fair Market Value (FMV) of the donated securities. This tax receipt can be used to reduce the donor's income taxes. It is important to note that the charity would have to be willing and able to receive the donated securities in kind. It is advisable to contact the charity to ensure their acceptance of the donated securities when planning to make a donation in kind.

We'd be happy to discuss these options with you in more detail. For more information contact: Vince Boschman & Frank Wade of RBC Dominion Securities at 982-3962 or Vince.boschman@rbc.com and frank.wade@rbc.com.



On April 23, 2008
at 5:30 p.m.

The Riverview Health Centre Foundation will host a Designer Competition Auction and Dinner at the **Winnipeg Convention Centre**

We've set a place for you

the Event will showcase unique themed dining environments by some of Winnipeg's top designers from various creative arenas, such as architecture, interior design, graphic design, retail merchandising and floral design.

A Gala Evening

- Enjoy dinner and entertainment amongst breathtaking table vignettes, ranging from whimsical to elegant.
- View a video presentation showcasing Riverview Health Centre's Rehabilitation Programs.
- Place your bids on the fabulous merchandise in the Silent Auction.
- Participate in the Live Auction with Bill Knight.
- Cheer on the Designers as they vie for awards and prizes in the friendly Designer Competition.

Show your support for Riverview Health Centre's Rehabilitation Programs by attending **the Event** or donating to the silent and live auctions. For more information or to book your tickets or table, **call Ginny at 478-6220.**

Winnipeg's Design Talent

- bgw & associates/Think Design
 - Changes by Design
 - The China Cabinet
 - Floral Elements
- Hilderman Thomas Frank Cram
 - Lee Toews Design
 - MDI Agencies
 - Pineridge Hollow
 - St. Mary's Nursery and Garden Centre
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My/Our gift to the Foundation is:

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1 Morley Avenue, Winnipeg, MB R3L 2P4

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Girls Choir Entertains at Tree of Lights Festival



Guests at Riverview Health Centre's Tree of Lights Festival held last November 28 enjoyed the vocal talents of the girls choir from Ecole Secondaire Kelvin High School led by choral director Kim Brown. A big thank you goes to Ms Brown and to all the girls who participated.



Mark Sunday, June 1, 2008 on your calendars, and in the meantime start thinking about getting your bikes tuned up for the 2008 Riverview Health Centre Cycle on Life!

In this 10th anniversary event, pairs of cyclists can once again raise a minimum of \$1000 in pledges, then hit the pavement for a scenic 15 kilometer bike ride. And this year there is an added challenge: the introduction of a new route for the adventurous. The longer Gord's Ski and Bike Trail Ride, which follows trails along the river behind the Centre, will appeal to more serious riders. Those choosing this new route will start at 9:30 a.m. and will go through Steve Juba Park, Whittier Park, through St. Boniface by the Seine River and back up Churchill Drive. Riders choosing the traditional route, which includes a stop at Bridge Drive-In, will start at 10 a.m.

After the Ride, cyclists will meet at the Centre for a reception with entertainment and a brunch.

Kick-off Reception

On April 8th, a kick-off reception will be held in the Conservatory at Riverview. All past, present and potential new riders are invited to attend for cocktails from 5 to 7 p.m. The evening will include a "look back" at the event's beginnings through a

Get Ready to Ride!

specialty produced video presentation. As well, the Early Bird Draw will take place; those who commit to riding by April 8 are eligible to be in the draw to win a bike.

Funds for Riverview

Funds raised through the Cycle on Life always go to enhance the quality of life for patients and residents at the Centre. Many great projects have been funded, including the Cycle on Life Conservatory, pathways and sitting areas on the grounds and the upgrades to the hydrotherapy pool. This year, money raised will be directed towards rehabilitation services.

Many thanks to our sponsors:

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Foundation Contributors

Contributions to the Riverview Health Centre Foundation help the Centre to meet community needs by providing funding for new equipment, special services, updated facilities, innovative programs, research and education that are above and beyond the Centre's day-to-day operations. Donations can be made to the Foundation as memorial gifts, honorariums, or to commemorate special occasions and important milestones.

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In Memory or in Honour Of

Gifts were received for the following people from Nov. 1/07 to Jan. 31/08:

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Wanda Francey	Joe Mindell	

Study Aims to Improve Rehab Outcomes for Stroke Patients

Research into best practices in stroke rehabilitation has great potential to improve the lives of people who have suffered a stroke. However, investigations undertaken a few years ago by researchers at the Canadian Stroke Network found that the knowledge gained from research studies is often not translated into practice, or there is significant variation in practice amongst rehabilitation sites in Canada. As Dr. Mark Bayley states: "When it comes to stroke rehabilitation, there is a gap between what we are doing and what we should be doing."

Bayley, Medical Director of Neuro Rehabilitation at the Toronto Rehabilitation Institute, is one of two co-principal investigators of the study, Stroke Canada Optimization of Rehabilitation by Evidence Implementation Trial (SCORE IT). His team is studying two methods of assisting practitioners to put into clinical practice some rehabilitation interventions that have been found, through research, to be effective.

The two different methods are "outcome-oriented" and "process-oriented" implementation strategies. Health care teams allocated to the outcome-oriented strategy were provided with education about how patient rehabilitation outcome measures can be used to improve the team's practice. Health care teams assigned to the process-oriented method received strategies to promote how the team works together to use evidence to meet patients' rehabilitation goals.

Twenty rehabilitation sites – including Riverview Health Centre – across Canada were recruited to participate in the SCORE IT study. Within each region of the country (Western Eastern and Central), like-sized sites were randomly allocated to either the outcome-oriented or the process-oriented implementation strategy.

To test these two strategies, SCORE IT researchers needed to identify an area of rehabilitation that could be reliably studied. So, in Phase I of the project (which took place in 2003) they created best practice guidelines for post-stroke arm and leg rehabilitation based on the latest research evidence. "We focused on this area because there is strong evidence telling us what we should be doing for people who require arm and leg rehabilitation," says Bayley.

Phase II of SCORE IT is evaluating whether using an intervention strategy (outcome-oriented and process-oriented) promotes the use of best practices by rehabilitation professionals and leads to improvements in patient outcomes for people who have had a stroke. The project is also comparing the economic costs of implementation interventions to evaluate cost effectiveness.

The two methods are being compared using five rehabilitation outcome measures: the box and block test of arm



Dr. Mark Bayley

function, the six-minute walk test, the Chedoke McMaster Stroke Assessment of the Arm and Leg, the Chedoke Arm and Hand Activity Inventory, and the Functional Independence Measure (FIM). These are being done on all patients at all centres.

Phase II began in May 2007 with a four-month training period to teach rehabilitation teams at all 20 centres how to administer the five arm and leg measures. In December 2007, each site was randomly assigned to either the outcome-oriented or the process-oriented implementation strategy. Riverview was assigned to the latter.

To measure whether or not the rehabilitation team members are adhering to the identified best practices, a site research coordinator is collecting data on how the two approaches are implemented. At Riverview, this

The bottom line is we want to change practice so the patients benefit.

person is Lars Nicholson, who is working with assistance from the site collaborator, Shirley Ladd, Manager of Corporate and Allied Health at the Centre.

Nicholson's data collection on the process-oriented strategy includes: collecting patient outcomes from their charts; observing a number of therapy sessions with health care providers and their patients; asking the team to complete brief checklists of treatment approaches used over two weeks; and conducting a 90-minute focus group with the SCORE IT team at the end of the project so participants can talk about the experience.

At Riverview, occupational therapists, physiotherapists, nurses, rehabilitation assistants, nursing assistants and others involved in the treatment of stroke patients are participating in the study.

It is hoped that the SCORE IT project will help rehabilitation practitioners to change their practice to incorporate research-based knowledge. But it doesn't stop there. "We want to improve the quality of care and the outcomes for people undergoing rehabilitation for stroke," says Bayley. "The bottom line is that we want to change practice so the patients will benefit."

SCORE IT is the world's largest research project involving implementation of evidence-based care by stroke rehabilitation professionals.

New Nurse Support Network Provides Mentorship to all Nurses

According to a Winnipeg Initiative for New Nurses (WINN) study, a nurse's first year and a half of work is a decisive one. The transition from new graduate to practicing professional can be challenging indeed. How nurses adapt during that period often determines if they will stay in their jobs, or even in the profession.

"You feel like everyone is staring at you," explains Natalya Markevych, a Registered Nurse on the Special Needs Unit at Riverview Health Centre. "As a student, you worked under someone's supervision. Now, people look to you to make decisions about patients. It takes time to develop confidence and adjust psychologically."

Fortunately, Markevych was able to turn to other nurses for guidance and support. In fact, she is one of the many new nurses who are benefiting from the Centre's New Nurse Support Network, an initiative that is extending and formalizing the quiet mentorship that nurses have been providing to one another for years.

Riverview Health Centre also recognizes that creating a supportive environment is critical to attracting and retaining nurses. "It's vital to our mission of achieving excellence and quality

care," notes Kim Olver, Patient Care Manager on Special Needs Unit AB2.

She adds that as recently as 2005, more nurses were leaving than staying in the profession. The added reality of an impending nursing shortage demanded action. In response, Olver and colleague Jason Hillier proposed and developed the New Nurse Initiative as a way of both investigating and addressing the issue.

The two Patient Care Managers undertook the project after attending the Dorothy M. Wylie Leadership Institute in October 2006. Shortly thereafter, Olver and Hillier brought together a focus group of 10 nurses to identify ways in which the institution could better meet their need for mentorship and support.

Next, Olver and Hillier sought the participation of a group of 10 recent graduates and 10 newly hired nurses from outside the facility. "Initially, we were

looking only at mentoring new grads, but we found that seasoned newly hired nurses needed the support too," notes Hillier.

The new nurses in both groups were then given a list of RN mentors who had been identified by their managers and had attended a mentorship workshop. The list includes mentors from every unit in the facility along with their contact numbers. This allows new nurses to reach out any time.

"I've always thought it was important to support new nurses," says Catherine Fierce, a mentor on AB1, "but when I heard that some nurses leave their jobs because of the way they're treated, I realized how critical it is to spend the necessary time with them."

In fact, Fierce is one of the nurses to which Markevych has turned for support since joining the Centre in October 2007. The new nurse appreciates the fact that her mentor always makes time to answer questions and never comes across as judgmental. "She is very

approachable," says Markevych. "I like working with Catherine because I'm always learning from her. I like her tone of voice and it doesn't change when I ask her about something."

Hillier and Olver point out that Riverview's New Nurse Support Network has other positive effects. Encouraging new and established nurses to communicate promotes collaborative practice and team building, as well as enhanced job satisfaction for everyone. The program also dovetails nicely with the WRHA annual New Grad Day. Riverview Health Centre suggests all their new graduate nurses attend the WRHA sessions.

Mentorship continues where the New Grad Survival sessions leave off, guiding new nurses through the journey from novice to expert. Says Markevych: "We need mentors who can connect with grads and who can teach us so we can provide better care."



Front (L-R) – U of M student Catherine L. and new grad Natalya Markevych both benefitted from having a nurse mentor; Tracey Naherny, RN, mentored Jason Hillier, now a patient care manager, when he was a new grad. Back (clockwise from left) – a group of mentors celebrate: Cliff Ryden, Dawn Barrett, Mona Birdsell, Kathy Pollick, Shirley Kostur (PCM), Alice Mignon-Marrast and Catherine Fierce.

Celebrate Your Mentor Week

On January 23, Riverview Health Centre launched its first Celebrate Your Mentor Week to kick off the first Anniversary of the New Nurse Support Network at the facility. Throughout the week, the plasma screen in the cafeteria played a PowerPoint presentation detailing the goals of the program. The presentation also displayed the names of newly hired nurses and nurse graduates as well as those of the mentors.

All 27 mentors were also invited to attend a lunch and learn session on January 23. Speaker Vivian Bicknell shared her experience with a similar program she is developing as the Director of Staff

Integration at the Health Science Centre. Bicknell is also part of the regional team who developed the New Grad Survival sessions.

At the end of the luncheon, Chief Nursing Officer Berit Hack was on hand to present each mentor with a thank-you card, a small token of the Centre's appreciation. Further feedback was provided to mentors throughout the week in the form of kudos affixed to a poster display in the cafeteria. The notes were written by many of the 29 new nurses – 19 grad nurses and 10 newly hired nurses – who joined and were retained by the facility between June 2006 and December 2007.

Journal Club Great Venue for Interdisciplinary Discussions

In a busy workday, there are few opportunities to pause and consider the latest development in research and practice, never mind having a chance to discuss them with colleagues. Soon, the Journal Club will offer staff at Riverview Health Centre the opportunity to do just that.

Starting in March, the Journal Club will organize lively discussions on any number of topics related to patient care.

"It's an opportunity to enhance patient care at Riverview Health Centre by discussing relevant literature from an interdisciplinary perspective," says 2E Patient Care Manager Nadine Breland, who coordinates the Journal Club

with Helen Zielinski, Clinical Educator.

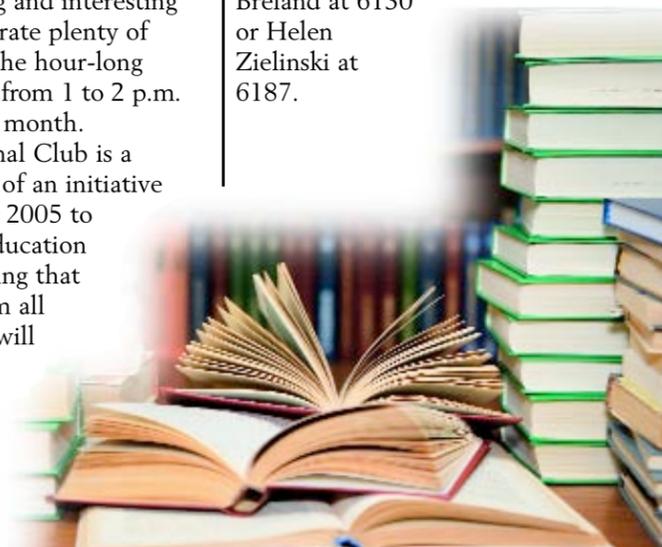
Each month, a member from the Centre's assorted disciplines is invited to select a journal article and facilitate a discussion based on the reading. In March, for instance, Tim Frymire of Spiritual Care will look at prayer and its role in providing care. May has been selected as the month in which the Club will have a nursing focus. It is hoped that each of the Centre's assorted disciplines will select a month in which to present.

"This is a perfect chance for staff members to bring up areas of interest that come out of their day-to-day experience," notes Breland. "It's also a great time for

getting together with people you don't have a chance to see often." The relaxed setting and interesting topics should generate plenty of discussion during the hour-long get-togethers, held from 1 to 2 p.m. on a Friday once a month.

The new Journal Club is a revitalized version of an initiative that ran from May 2005 to June 2006. The Education Committee is hoping that staff members from all across the Centre will partake in this stimulating exchange of ideas and experiences.

For more information or to register, please call Nadine Breland at 6130 or Helen Zielinski at 6187.



Patient Care Managers Fulfill Integral Role at Riverview Health Centre

Patient Care Managers (PCMs) are at the heart of patient-focused care at Riverview Health Centre. On each unit, a PCM provides leadership for an interdisciplinary team of 40 to 60 staff as they work to provide evidence-based care. The PCM also manages the human, financial and material resources, and ensures that quality and risk management activities promote patient/resident safety and satisfaction.

All of these responsibilities have a common purpose: to meet the needs of patients, residents and their families.

"For all patients, residents and family members at Riverview, the Patient Care Manager is the point person who addresses their questions and concerns," says Berit Hack, Chief Nursing Officer and Director of Patient Services. "In the course of a day they are juggling many demands, but it is very important for them to be in the moment when somebody comes to them with a request."

To fulfill all of these expectations, a successful PCM encompasses a unique combination of clinical knowledge and expertise, management experience, and leadership skills and abilities. "They must also demonstrate a strong sense of emotional intelligence," notes Hack. "They need the human relationship skills both to work with people and through people."

A key challenge for all PCMs is the sheer variety of people they supervise. These include nurses, allied health professionals – including occupational therapists, physical therapists and social workers – as well as key support staff, such as service partners and health care aids.

"Everyone from the independently functioning professional clinician to entry level workers is in their portfolio," explains Hack.

"Knowing how to provide support and direction for such a variety of workers is an essential part of the role of the Patient Care Manager."

A PCM is expected to grasp enough about the various professional disciplines not only to function as a resource for these staff members, but also to know when to consult each of them about specific treatment and equipment needs. In this way, the PCM is both a generalist as well as a specialist in meeting the particular needs of patients or residents on the unit.

Malcolm McKenzie has a keen appreciation of this careful balance. As one of 11 PCMs at Riverview Health Centre, he is responsible for both the Stroke and the Acquired Brain Injury Rehabilitation Units.

"I have to depend on the expertise of all the disciplines," says McKenzie, noting that Neurology Rehabilitation encompasses physical, cognitive, behavioural, emotional, social and community needs. "We have to set the stage for ongoing recovery."

An average stay on the Neurology Rehabilitation Unit is approximately 35 days. The PCM leads the development of a goal-oriented plan for each patient, some as young as 16, others in their 70s and 80s.

"I feel strongly about using established outcome measures for patients," adds McKenzie. "We need to prove that what we are doing is making a difference to the people we serve."

As Patient Care Manager, he is also responsible for promoting best practices through the continuous



Patient Care Managers at Riverview are: (back, L-R) – Nadine Breland, 2 East; Laurie Cerquetti, 3 East; Kim Olver, AB2; Lynne Stem, CD1; Val Paulley, 2 West; (front, L-R) – Malcolm McKenzie, 4 East & 4 West; Shirley Kostur, CD2; Cyndy Shaw, CD3; Jason Hillier, AB1. Missing from the photo are Pat Yamada, CD4, and Heli Dedi, 3 West.

education and professional development of his staff. "To the best of my ability, I have to make sure staff remain current and that patients benefit from the ongoing knowledge gained by staff," he says.

At the same time, PCMs provide a vital link to the families whose loved ones are either patients or residents at Riverview. On Personal Care Unit CD3, Patient Care Manager Cyndy Shaw considers families as part of her team, along with staff and residents.

"I see myself as the team leader," she says. "Even though we all have the same goal – for the residents to receive the best care possible – everybody has their own ideas, their own ways of communicating and their own ways of doing things. It's not necessarily that I have all the answers, but I can at least help bring people to a consensus and make sure it conforms to the expectations set out by the Centre."

She points out that a Personal Care Unit is a resident's home. Helping people with different backgrounds, needs and expectations to adjust to a community living situation is an important part of the work on the unit. "We have to defer to the residents and make our role fit their needs," says Shaw. "And it's my role to ensure we're doing that."

The fact that PCMs such as Shaw and McKenzie have an appreciation for the "big picture" makes them invaluable participants in the Centre's strategic planning. At the same time, they also share their expertise with regional colleagues outside the Centre through special projects and committee work.

Says Hack: "Patient Care Managers are an essential component to the ongoing success of Riverview Health Centre."

Long Service Milestones Celebrated at Employee Recognition Event



Celebrating 30 YEARS OF SERVICE to Riverview Health Centre are (L-R): Gloria Davey, Jaswinder Singh, Charles Beckford, Heather Caisley and Nola Brown. Missing from the photo are Darcy Hastman and Doreen Loureiro.

Seventy-three Riverview employees were applauded for achieving long service milestones on November 19 at an event held in their honour. Congratulations to the following individuals:

25 Years

Shareen Coates
Robert Haiko
Rozalia Kovacs
Jim Putz
Wilfredo Sanchez
Doris Stevenson

20 Years

Wayne Baker
Darlene Bergen
Crystal Caron
Nigel Chee-A-Tow
Kimberly Glowachuk
Joan Goulbourne
Debbie Inglis
Lynda Juskow
Brenda Kansky
Krystyna Kovaltchouk
Tracey Kushner
Shirley Ladd
Janice Nelson
Carol Parkinson
Letitia Robinson
Nancy Steski

Irene Yamzon
Helen Zielinski
Wieslawa Ziobrowski

15 Years

Douglas Barclay
Gilbert Belanger
Teresita Dizon
Ermilinda Lopez
Barbara Rucinska
Anthony Scaletta
Debbie Svaling

10 Years

Merrilynne Bjornson
Caroline Bogovic
Susie Bolos-Garcia
Karilynn Bowman
Hirut Daba
Amelita De Castro
Kent Dulmage
Miriam Escoto
Leonida Garcia
Merlina Garcia
Angele Gavin

Deborah Ginther
Angela Goodall
Tensae Hagheray
Sandy Hiatt
Eduardo Lameg
Jennifer-Ann Larkins
Yolanda Limon
Kelly Marks
Dean McCulloch
Jennifer McDougall
Freshteh Somesarai
Lonn Overton
Anna Pater
Krystyna Powazka
Anne-Marr Ramsay
Patrick Seargeant
Saba Seyoum
Suzette Shaver
Kimberley Sperber
Robert Stuart
Angela Toews
Lorna Ventura
Pat Yamada

Relief Teams Provide Continuity & Cost Effectiveness at Riverview



Relief Team Registered Nurses include, from left to right, Alice Mignon-Marrast, Theresa Dybka and Dawn Barrett.

As an employee of Riverview Health Centre, Theresa Dybka knows she will be working at the Centre today – but she doesn't know on what unit. Perhaps the Registered Nurse (RN) will fill in for a nurse taking a sick day from the Stroke Rehabilitation Unit. Or maybe she'll replace an RN on vacation from the Day Hospital or bridge a vacancy on a personal care unit until it can be filled.

Dybka is a member of the Relief Team, a group of 10 nurses, 15 health care aids and four service partners who serve the Centre wherever they are needed. "I like the fact that my work is always changing," says Dybka. "I like learning about new environments. The Relief Team gives you that variety."

In the past, the Centre relied on staff overtime or personnel from external agencies to provide relief services. "We have better safety and continuity of care if we have our own staff filling in," notes Laurie Cerqueti, Patient Care Manager on the Palliative Care Unit and the manager for the nurses on the relief team. "Plus, there is no agency for the RN group, so in the past nurses were working a lot of overtime and suffering from burn-out."

Working on the relief team also offers advantages over casual positions. Not only are team members ensured more hours than their casual counterparts, but they also know exactly how much and when they are going to work. Where they are going to work is generally determined just prior to the start of their shift.

For the Centre, the Relief Team is a much more cost-effective option than using agency employees. The program also allows the Centre to meet its commitment to quality care and promotes customer service in the field of health care. At the same time, it is a useful recruitment and retention tool. Every year, nursing students in their second and third year of the program join the team as health care aids.

"It allows us to meet face to face with upcoming nurses," says Kim Olver, Patient Care Manager on the Special Needs Unit, who manages the team's health care aids. "At the same time, it's wonderful for those who are unsure of what area they might want to work."

Oksana Sosnozka is a case in point. Since working on the Relief

Team as a health care aid, the nursing student has discovered an affinity for rehabilitation work. At the same time she enjoys the variety and the flexibility. "I like that every day is different," she says. "It gives me the opportunity to obtain practical experience and first-hand knowledge in a wide variety of settings. Plus, the Centre was able to adjust my schedule around my classes."

The staffing office is instrumental in prioritizing needs and matching skills when deploying the Relief Team. Rarely will a Relief Team member be assigned to the same unit for several shifts in a row.

This is exactly what they want. "The Relief Team gives me the opportunity to experience a variety of different areas and develop new skills," says RN Alice Mignon-Marrast, who worked at Riverview for 23 years before joining the team six years ago." She also appreciates when the various units include her in their professional development opportunities.

"We want their skill set to be varied because they have to know how to be a nurse in every area of the facility," explains Cerqueti. She adds that all new team members receive a five-day classroom orientation session, as well as extensive orientation across the facility, with a focus on areas with which they are least familiar. At the same time, assigning members to one of the three team managers ensures they have a sense of belonging and someone to approach when they need to discuss issues.

"You are looking for a very special kind of person to do relief," notes CD4 Patient Care Manager Pat Yamada, the point person for the team's Service Partners. Important strengths include flexibility, adaptability, the ability to think on their feet, a self-directed attitude, maturity and excellent interpersonal skills.

Rae Argulla exhibits all these attributes and more. The service partner thrives on learning different routines in areas that include everything from stores to the personal care units. His positive attitude makes him popular among residents and staff members alike.

"As for me," adds Yamada, "when I see someone from the Relief Team show up, I know it's going to be a good day."

Health Information Silent Partner in Quality Care

A small department and a well kept secret. Four Riverview Health Centre employees, who spend much of their day in front of computers, actually play a key role in enhancing quality of care for Riverview patients and residents.

The four are Health Information Management

Professionals who work under the direction of Pat Zaborniak, Manager of Health Information and Communication Services at Riverview. Not only does this team look after patients' and residents' health information and perform a myriad of other related duties, it's also their job to track what "customers" are saying about the quality of service provided at Riverview.

"We are the ones working behind the scenes who gather the feedback from our customers – patients, residents, families and visitors," Zaborniak explains. The feedback is turned into information that can be used to make improvements throughout the Centre.

At Riverview, each year for a three month period, patients discharged from rehabilitation programs are mailed a feedback survey. Similarly, residents who live at Riverview and their families are also asked for their opinions and suggestions.

It's Zaborniak's team that supports these systems, right from design of the survey brochure to mail-out to results. Similar processes are used to analyze data from the comment cards available throughout the complex that are filled out by patients, residents and guests. The team also developed an electronic internal routing system



Health Information Management Professionals from Riverview's HIS (L-R): Donnalee Sharpe, Ilia Murray and Rhonda Schmidt.

to alert managers of compliments, concerns and suggestions received on these cards.

Thanks to the work of Rita Leclaire, Health Information Services Coordinator, databases have been developed to handle the responses from the cards and surveys. Leclaire uses the information from the databases to provide results that include easily interpreted charts and graphs. Whether the feedback is negative or positive, it's all recorded and analyzed to become a concrete, accurate measure of the quality of service Riverview provides, as well as the basis for making improvements where they are needed.

"The information is very useful to Riverview's care and service teams," says Zaborniak, who describes herself as a "lifetime" member of the Centre's Corporate Quality Management Committee. She explains that it just wouldn't be practical for each team to set up individual methods to solicit and analyze this feedback.

"And we benefit, too," she says. "The results and responses that cross our desk-tops often inspire and awe us. Providing this service makes our work more meaningful – from our end we can say 'we'll take care of the data so you can focus on the patients and residents.'"

Calling All Toastmasters . . .



Back: Betty Scott, Vice-President Membership; Michael Shumsky, Treasurer; Judy Asker, Secretary.

Front: Laurie Blanchard, Sergeant At Arms; Beverly Wood, President; Tim Frymire, Vice-President Public Relations.

In September 2007, a new Toastmasters Club was initiated at Riverview Health Centre. Currently, the Club has 13 members and is looking for more: 20 members are needed to make the Club official.

Club President Beverly Wood says that members get a lot out of the experience because it's a very

encouraging environment. "The main emphasis is public speaking, but members also learn about leadership skills, confidence building and how to think on their feet."

The group meets Tuesdays in Classroom E from 12:05–12:55 p.m. Call Beverly Wood at 478-6204 or email her at education@rhc.mb.ca for more information.