



MESSAGE FROM **Venetta Symonds**



Dear Colleagues,
I can barely believe that we are so close to moving into the new acute care wing, after so many years of planning, selecting a private partner and all that construction! It is truly time for us to take stock of all that has been achieved. We are truly on the brink of a new, modern age of acute care in Bermuda.

Thank you to everyone who has been involved in the project. I know that you are all aware of the difficult times in which we are working, but we must take a moment to appreciate where our hard work has got us so far. It should give us all great pride to see the new wing open, even though we know there is hard work ahead in turning around our financial situation.

It is wonderful to see some of the stories told in this edition of Communiqué. What a journey it has been. It gives me great faith in our ability to chart the difficult road ahead.

If there are any questions about the transfer of operations or how we will be able to support all that new space, please make sure they are raised. An amazing amount of work has gone into identifying all the potential risks and preparing for the transfer, but patient safety must absolutely come before all other considerations.

Finally, I hope you made it to the Bermuda Society of Arts to see the exhibition regarding the new hospital wing that ran up until mid-July. The historic BHB photo section was hugely popular and gave us such a wonderful family story from MWI's Winston Rogers, who was in one of the photos as an orderly in the 1970's. We didn't know it was Winston when the photo went up, and when he told us of his family's long association with BHB we knew this great story had to be shared.

What better moment is there to recognize and salute the people who took us to where we are today, than just before we open our brand new wing? Truly, we stand on the shoulders of giants, and all who have worked at BHB and those who worked at our mental health and acute care hospitals even before BHB existed, have contributed to this amazing journey.

New procedure helps patient breathe

A new procedure performed for the first time here in Bermuda may allow a young, male CCU patient, paralyzed from the neck down following an accident some years ago, to breathe on his own. The patient has been relying on a ventilator because he does not have control over his breathing.

The procedure involves diaphragmatic pacing, a technique that inserts a device attaching electrodes internally to the patient's diaphragm. These electrodes are then brought out through the skin and attached to a pacemaker, which automatically does the work of contracting the diaphragm.

"It is hoped the patient will be able to make do without his ventilator completely," Dr. David Harries, Chief of Geriatrics explains. "The plan is for him to eventually be discharged and cared for at home."

It took a great deal of team work to arrange for the surgical procedure to be performed here in Bermuda. The expert in this technology, Professor of Surgery, Raymond Onders, is based in Cleveland, Ohio. He travels worldwide helping insert these devices and because it was more cost effective and easier for the patient for him to come here, the patient did not have to travel to Cleveland. The surgical team organized Dr. Onders' travel to the island, made certain all was in order with immigration and arranged for the device to be cleared through customs.

Dr. Onders, who supervised local surgeons, Boris Vestwebber and Hermann Thouet, said, ***"The team at the hospital was tremendous. The operation could not have been done better anywhere else in the world."***

Judy Richardson, Chief Nursing, Quality and Risk Officer said the young man's family is extremely happy with the fact that this surgery could be performed here, in a familiar environment, and with staff they already trust.

Congratulants to Loretta Santucci and the entire surgical team for a job well done and for providing the best quality care to our patient.



From left to right: Dr. Boris Vestweber, OR nurse Elizabeth Sherry and Dr. John Gaugain

CONGRATULATIONS

Rogers Family for over **100 Years** *of Service*



Back row from right: Robert, Gregory, Berlyn, Winston.
Front row from right: Charlene and Bernadine.

Between them, brothers Gregory, Berlyn and Winston Rogers have given BHB over 100 years of service. In addition, their father Herbert worked at KEMH for several decades and sisters Charlene and Bernadine were also employed by the hospital!

The Rogers family story came to the attention of Communique following the recent exhibition at City Hall highlighting the history of the hospitals and the Acute Care Wing. Photos from the archives were displayed at the exhibit and some were missing descriptions. We were delighted to hear from Winston Rogers about a photo of him as a young orderly in the Central Supply Room working the autoclave, which sterilized surgical instruments, bandages, sheets and water. When Winston contacted us to confirm details of his photo, we were surprised to learn that just about his entire family had been involved in service at the hospitals. We think Communique readers will enjoy the following story about Winston and his family's connection to BHB.

Winston's father, Herbert "Herbie" Rogers, was the first member of the family to be employed at KEMH. He served as an evening cleaner in the housekeeping department. Gregory was the first of the three brothers to work at KEMH. He began as an orderly in 1965 and left in 1975 to study nursing in London. He then returned and worked at MWI for over 20 years, recently retiring after serving as a nurse in the Inpatient Detox unit.

Brother Berlyn began work at KEMH in 1969 as a houseman and later served as a nursing orderly, working on both medical and surgical wards. He then worked as an orderly in the operating room until he left BHB in 1981.

"His departure didn't last long," Winston points out. "He returned as a part time ambulance driver and then went on to work as a nursing assistant at MWI. During his tenure he

worked in Mental Health and Learning Disability. He also served as a bus driver for a number of years. Berlyn returned as an on-call Community Support worker in 2004 and later became a full time Community Support worker. He is still employed with Learning Disability Services and will be retiring after his 65th birthday next year in March."

Charlene began work at KEMH as a maid in 1971 and later served as a nurse's aide and nursing assistant on the medical and surgical wards, as well as on Gosling. She is currently attending the nursing programme at Bermuda College. Bernadine started working as a short order cook in 1986 at the Pink Café and went on to become a supervisor and assistant manager before departing in 2003.

In 1970 while still attending Bermuda College and undecided about what career path to take, Winston began working at KEMH as a weekend and relief orderly.

Winston and fellow Bermudian Kathy Blyth set a high standard and opened the doors for many more Bermudians, including Debbie and Chris Tuckett, Sandra Jennings, Karen Durham, Angela Ferguson, Philip James, Geraldine Smith, Lauren Grant, Mauresa Scott, Glenda Richardson and Angela Brangman, who all trained as nurses.

"I sat at the front of the hospital and delivered flowers and anything else to the wards," Winston recalls. "I was later hired to work as a full time orderly and served my longest tenure in the Central Supply Room. It was my job to deliver IV solutions and sterile supplies to the units. When they were short on the wards I worked there, when they were short in the recovery room, where my brother Gregory worked, I worked there and when they were short in the operating room, where my brother Berlyn worked, then I worked there. Those were exciting times because I was also called upon to go out on the ambulance."

Winston says he was encouraged by nurses Eleanor Penny Brown, Adrian Lightbourne and Shirley Simons to consider a career in nursing because there were few males in the profession. As a result, in 1973, Winston left KEMH to study nursing and ended up following Marvin Glasgow, another Bermudian, who was studying at Guy's Hospital in London.

"I returned to Bermuda in 1975 as a nurse and was encouraged

to work at St. Brendan's Hospital because male nurses were needed there," Winston explains. "I began working on Adams Ward and was soon encouraged by Director of Nursing Louie Grant to gain qualifications as a Registered Mental Nurse. So in September 1978, I was seconded by BHB to study at St. Andrew's Hospital in Northampton, England. This was a pilot programme and it was important for me to conduct myself in such a way that other Bermudians would get the chance to study at this hospital."

Winston and fellow Bermudian Kathy Blyth set a high standard and opened the doors for many more Bermudians, including Debbie and Chris Tuckett, Sandra Jennings, Karen Durham, Angela Ferguson, Philip James, Geraldine Smith, Lauren Grant, Mauresa Scott, Glenda Richardson and Angela Brangman, who all trained as nurses.

Upon his return to Bermuda in 1981, Winston worked at MWI as a Staff Nurse, Junior Charge Nurse, Charge Nurse, Night Administrative Co-ordinator and Mental Welfare Officer. About five years ago, Winston took on the position of Clinical Manager within Community Mental Health.

Winston says that nursing, and especially mental health nursing, remains his passion. "Every opportunity I get, I encourage young people to consider a career in this honourable profession."

When asked what drove his family to follow careers in healthcare, Winston says, "We all enjoy helping others. My mother never worked at BHB but she was always taking courses in first aid and she very much enjoyed caring for others. She certainly lit that spark in our lives."

Winston also shared that his oldest brother Robert was seriously injured in a hit-and-run accident in 1961. "He spent several weeks in hospital and we visited him regularly. Robert had interesting tales to tell us about his stay in hospital and how medical staff fought a long but unsuccessful battle to "save" his leg. He was 19 when disaster struck him and today he is one of Bermuda's longest surviving amputees. His experiences as a patient most likely were defining moments for the rest of us, which lead us down a road to help others."

On behalf of BHB colleagues who have known or worked with members of the Rogers family, Communique offers a tremendous word of thanks for their over 100 years of dedicated service to our community.



BHB nursing students **honoured**

Angelita Trott, Khamani Fox and Dunae Richards, all former BHB student volunteers and scholarship recipients, have been inducted into the Sigma Theta Tau International Honor Society for Nursing (STTI). Only students who rank in the top 15% of their respective classes are invited to join the STTI. The three women just completed their nursing studies at the University of Barry in Miami, Florida and graduated in June.

STTI lists more than 130,000 active members across 85 countries, representing some of the brightest minds in healthcare. Their mission is advancing world health and celebrating nursing excellence in scholarship, leadership, and service.

Congratulations to Angelita, Khamani and Dunae for their remarkable accomplishment.

THE ACUTE CARE WING IS FOR ALL OF US!

**EMERGENCY DEPARTMENT
MOVES 12:01 AM
SUNDAY MORNING,
14 SEPTEMBER 2014.**



The Long and *Winding* Road...

Plans for building and moving into the new Acute Care Wing required many years of preparation, teams of clinicians and technical support staff and a massive amount of time, energy and resources to make happen. We wanted to share the personal journeys of some of the staff members who were involved in this project. These people represent a small fraction of the hundreds of employees who contributed to designing, executing and moving into the Acute Care Wing. We hope these stories will give you a look inside at what it took to bring us to the exciting opening of the new wing next month.



“Our goal was ensuring a seamless transition as patients move through the hospital departments for their care.”

Jane Chapman, Clinical Services Redesign Coordinator, worked directly with clinical advisors and clinical teams to create output specifications for the ACW. She also provided an interface between project managers and clinicians throughout the design and development phase.

When Jane first heard about the KEMH Redevelopment Project, she thought launching into a massive undertaking that would make serious changes and improvements to the environment of care at KEMH would be very rewarding. “It was a privilege being one of the teams writing clinical specifications for the ACW,” Jane says. “This was going to be the basis for what the building would ultimately provide for patient care.”

After viewing the Paget Health Services proposed design video, Jane was very impressed. “It was a design that captured so many of the features we aimed for in providing a state-of-the art and patient-focussed facility for Bermuda.”

In 2010, Jane travelled to Toronto and spent nine weeks with various BHB teams and other technical experts, to evaluate designs from the three original bidders. She also visited hospitals in the United Kingdom and Europe in order to bring back ideas from health planners as part of her studies in this industry. This helped identify the design, construction, and operational

challenges and opportunities that others had encountered.

Ensuring clinical processes across all departments were connected as part of a holistic patient journey was one of the challenges Jane’s team faced.

“Our goal was ensuring a seamless transition as patients move through the hospital departments for their care,” she explains. “This approach makes for a positive patient experience and better outcomes. When a patient is seen in the emergency department, needs a CT scan and surgery and then goes to the ward, there are distinct care processes for each department. These are somewhat independent of the services the patient receives during each step along the way. I worked with staff groups reviewing these processes and striving to streamline care in the ACW in clinical and non-clinical ways.”

Jane says she is thrilled to see the project come to fruition after being involved from its inception and being part of making a difference for people accessing healthcare in Bermuda. “We should be very proud of our achievements and move forward in this spirit of continuous improvements. It is not just about the building, it’s about how we use the spaces for the best possible patient experience. This reality has come from the hard work, dedication, energy and expertise of so many people, both within BHB and externally. It is important that we see this as a facility to deliver the best care we can.”

Lynnette Bean, Clinical Director for Critical Care Services, and her team were responsible for clinical output specifications and equipment for the emergency department. When Lynnette was first asked to participate in the ACW project, she saw it as an opportunity to design a facility for the needs of the community.

“Such an experience is one that most people never have,” Lynnette says. “I knew it would require a great deal of work and attention to detail. I had to do quite a bit of reading and I studied plans, paying attention to specifics and comparing them to the clinical output specifications. This was all in addition to my routine and on-going work. It required me to prioritize deadlines.”

Lynnette says as the project nears completion, she is excited and grateful for being a part of it all. “This was an opportunity of a lifetime. The project has paved the way for improved teamwork and collaboration. The building is here but we need to improve our processes and service. This is an opportunity for everyone to be a part of our service to the community. If you have not been actively involved in operational readiness, there is still an opportunity for you become an active part.”



“The project has paved the way for improved teamwork and collaboration.”



Norma Smith, Director of Medical/Surgical Services, and her team were charged with clinical output specifications and equipment for three inpatient units, dialysis and oncology services.

“I was very pleased to learn about the KEMH redevelopment project, mainly because there were so many opportunities to meet modern international standards,” Norma explains. “Also, the benefit of having purpose built units cannot be overstated. When I first viewed the PHS design video, I thought their concept was very spacious, clean and modern looking. It reminded me of some of the very best hospitals I had seen in the US and Canada.”

Norma says one major challenge was ensuring wards had beds available for acute patients. “Working closely with our colleagues in long term care, the Alternative Level of Care unit was created,” Norma adds. “This has helped tremendously. There are on-going projects with issues such as discharge planning and case management, which will be tasked with long term solutions to our discharge concerns. We also wanted to be certain that ward staff enhanced their skills and capabilities in acute care. Staff and Clinical Educators have been excellent at upgrading their skill sets in various areas and this has enhanced our ability to care for the acute patient and address acute situations.”

Cited as ‘quite possibly the best experience of her professional life,’ Norma says she has spent many years at the hospital and has had many opportunities, but nothing compares with the scope of this project.

When asked how she feels about opening the doors of the new wing to the public next month, she responded, “Pure excitement and confidence that we will be ready with improved processes. Patient safety has been the hallmark of our involvement with this project. Every room, adjacency and location of equipment was evaluated for its impact on patients and safety. This was accomplished by many hours of pouring over clinical output specifications and applying them to our real situation. I would also like my colleagues to know that for the past two years, we have been testing, testing and testing to ensure that we will be ready to move safely and efficiently.”

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New system assesses life-threatening events and improves patient outcomes

A new system designed to identify patients likely to develop a life-threatening event was introduced earlier this month on the medical and surgical units, as well as in the Emergency Department (ED). Known as the Early Warning Signs (EWS) system, it is referred to as the Modified Early Warning Signs (MEWS) system when used to assess adults in the ED. When assessing children, it is called the Paediatric Early Warning Signs (PEWS) system. Registered nurses assigned to these areas are being trained on patient assessment and the EWS scoring system. Physicians have also been introduced to this new system.

"EWS is a physiological assessment scoring system that is used to identify patients at risk of a life threatening event," explains Evelyn Brown, Clinical Nurse Educator assigned to the Intensive Care Unit. "Each vital sign is given a score based on severity; each score is assigned an algorithm of actions to be carried

EWS is designed to identify deteriorating patients earlier so timely, appropriate interventions can be implemented, thereby preventing adverse events."

out by nurses and physicians. EWS systems require a specialized score card for documenting a patient's vital signs, calculating an early warning score and confirming any action to be taken. EWS is designed to identify the deteriorating patients earlier so timely, appropriate interventions can be implemented, thereby preventing adverse events."

The EWS system is based on the principle that a cardiac arrest and other adverse clinical events are preceded by observable signs approximately 6-8 hours earlier. Many patients who develop signs and symptoms of clinical deterioration will progress to a cardiac arrest if these are not addressed. The New England Journal of Medicine (July 2011) stated that abnormal vital signs can help to identify clinical deterioration minutes to hours before a serious event. As a result, the 2004-2006 Institute for Health Improvement campaign recommended that hospitals implement EWS systems to improve patient outcomes in hospitals.

"Institutions in Australia, England, Scotland, Canada and the USA are using EWS systems and have documented many benefits to patient care," Evelyn adds. "This is an excellent patient improvement initiative for our patients."



Benefits of EWS systems include:

- Vital sign trends that may indicate changes in a patient's condition
- Ensuring vital signs of failing patients are recorded and repeated as necessary
- Documenting trends of patient improvement or deterioration
- Training staff to interpret vital signs based on an individual patient's clinical condition
- The provision of a formal assessment tool for failing patients
- Reducing the number of unexpected cardiac arrests
- The provision of earlier intervention for deteriorating patients on the wards
- The earlier transfer of patients to ICU for advance management
- Empowering staff to activate a system already in place for managing a deteriorating patient



Air Emergency: BHB physician to the rescue

Dr. Elaine Campbell was returning to Bermuda from England last June when an announcement was made on her BA flight that a doctor was needed to assist a passenger in distress with a possible stroke. Dr. Campbell cared for the man throughout the flight and provided comfort to his wife. Her actions meant the plane did not need to divert to Newfoundland. Thankfully, the man recovered after being treated and discharged at KEMH. He sent Dr. Campbell a lovely bouquet of flowers thanking her for "the wonderful care and support."

Environmental Services- first on the ground in the ACW

Before staff and departments were moved to the Acute Care Wing and before patients are able to occupy the building, Environmental Services needed to fully clean and sanitize every inch of the new facility.

“Every Environmental Services team member was required to complete a general orientation,” explains Jerome Swainson, Hotel Services Manager. “The department then had to stock the Environmental Services utility rooms with cleaning products and consumables. We continued with orientation over the summer months as operational readiness details evolved.”

In order to ensure 100% coverage of each “nook & cranny” in the building, task lists had to be created. Every area was put on a cleaning rotation. A great deal of fine tuning went into determining how staff members would be scheduled and making sure there was a fair distribution of work.

“Time and motion assumptions had to be confirmed and needed to be realistic and achievable,” Jerome adds. “The logistics of daily resupply needed to be developed. Over the course of the past few months, we rotated every staff member through a complete cleaning cycle in the ACW.”

Jerome says constant and repeated orientation was necessary in order for his team members to know precisely where things are located. “Once it was established that we had exactly what was required, our training began in earnest. Military precision was achieved through constant rehearsals, rehearsals and more rehearsals. Our objective of ensuring a seamless transition into the ACW required the repetition of tasks until they were performed to the highest standard.”

As a result of the size, scope and scale of the new building, additional interdisciplinary collaboration has been required. As well as being responsible for the ACW, the Environmental Services team are responsible for general wards and the Continuing Care Units. New processes, such as team cleaning, have been implemented to provide greater efficiencies and to compensate for limited resources, such as staffing.

“Environmental Services team members are following the very best specialized cleaning and sanitizing protocols, comparable to international bench marks of the best healthcare facilities in the world,” Jerome concludes. “We are very proud of the success each member of this team has achieved.”

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Transitioning to the ACW wing required attention to:

169 restrooms	90 regular waste containers
388 hand towel dispensers	16 Step-on, 30-gallon waste containers
390 soap dispensers	170 toilet paper dispensers
482 Purell dispensers	90 body wash dispensers
164 Red Bag waste containers	11 Avagard scrub dispensers
404 general waste containers	31 sanitary napkin receptacles
4 cytotoxic waste containers in oncology	80 toilet seat cover dispensers



Laundry & Linen Services will extend delivery services to the ACW

In order to provide hygienically clean linen to the wards and clinics at the appropriate times, a complex delivery and collection system has been designed. The delivery and collection system measured down to the foot the distance involved in transporting a clean linen cart from the basement linen stores to the fifth floor linen bay of the ACW.

In addition to returning empty carts from every location multiple times per day and during the evening, the Laundry department is supporting the general wing and CCU linen demands simultaneously. Soiled linen will be returned from the wards in the ACW via a linen chute which empties in the basement level of the building. A new work stream has been created to collect the soiled linen and get it into the operational production flow.

New process for submitting business cases



The Finance Department has recently implemented a new process for submitting business cases in order to ensure BHB's strategic goals and objectives are met. Lloyd Christopher, Budget Accountant for Financial Services, says introducing this new process will serve to organize the process and flow of cases from inception to completion.

"The new process will allow more efficient and effective decision making," Lloyd explains. "In addition, it will ensure all relevant departments and stakeholders are involved in the process and have input."

Leaders submitting business cases will follow this procedure:

- Complete and submit Strategic Case Form
- Complete Business Case
- Business Case approval processes (i.e. SMT, CFO, Finance)
- Complete Implementation of Business Case Form
- Post-implementation report

The Business Case Development Guide, process map and templates are available on [BHBCConnect > Departments > Finance > Instructions and Manuals](#). Alternatively they can be found under BHB Tools > BHB Brand Templates on the BHBCConnect homepage.

Strategic Case Forms and Implementation of Business Case Form are available on [BHBCConnect > Forms > Finance](#) or [via links in the Business Case Development Guide](#).

"We believe the above guidelines will assist BHB in improving its financial stability and meeting its strategic objectives," Lloyd adds. "If managers have questions or need assistance, please contact ext. 5937 for additional guidance."

The Business Case Development Guide gives details on when a Business Case is required.

Some examples are listed below:

1. Capital Development

- Capital purchases, major refurbishments and/or improvements of \$10,000 or more
- Leasing of property
- Construction of new buildings

2. Service Developments

- Establishment of new service or elimination of current service
- Have an effect on contracts
- Change in the levels of revenue

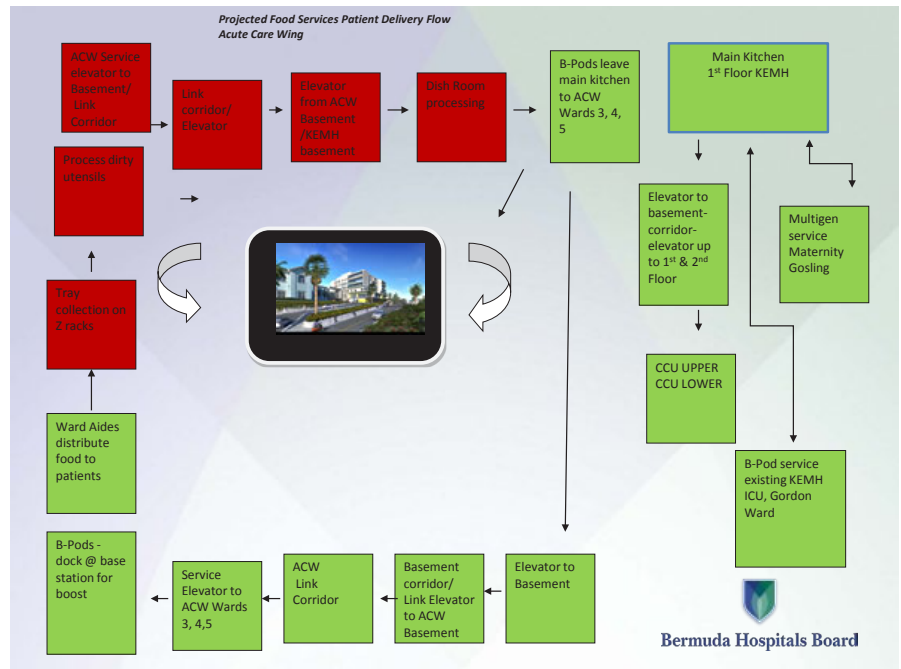
Adapting Dietary & Food Services systems for the ACW

The ACW presented a logistic challenge in that the main kitchen production area is remaining in its current location. Patient meals will be boosted to optimum hot and cold temperatures in the ACW by utilizing the Burlodge Base station/ B-pod system currently based in the main kitchen. Meal distribution processes will remain the same, as will meal delivery times. Time and motion testing and rehearsals provided fine tuning to the planned Food Services delivery model for the ACW.

Team members replaced the tray line system over a weekend in July with a new Burlodge Food production system called B-LEAN. New patient menu items were introduced as part of this milestone project. B-LEAN was projected to knock ten minutes off of overall production time when implemented. This increase in productivity was critical to compensate for the additional delivery time to the ACW. In addition, staff schedules and meal delivery times hinged on the production time savings.

Jerome Swainson, Hotel Services Manager, is pleased that Food Services team members successfully implemented the B-LEAN food production system.

"Teams have reduced the overall production time by an average of 30 minutes, which is three times the projected reduction," Jerome says. "As team members continue their training, Carol Gift, Assistant Food Services Manager, anticipates achieving even more efficiency. This will compensate for the added distance and logistics involved in delivering patient meals, factoring in the 'boosting' time on location and not in the kitchen. A difficult and operationally challenging job, well done by the Food Services department!"



"Teams have reduced the overall production time by an average of 30 minutes, which is three times the projected reduction."



"I would like to extend my sincere thanks to each of the 250 + staff members who have contributed to planning and executing processes and systems specifically designed to cope with providing services for the ACW. Your continued support and flexibility as we move into the next phase is greatly appreciated. Our ultimate goal is the seamless transition of Laundry, Environmental and Food services into the ACW."

-Jerome Swainson, Hotel Services Manager

Occupational Health & Wellbeing lectures resume next month

Employee Health Services will launch a series of Occupational Health and Wellbeing lectures in September. The purpose of these free presentations, open to all staff members, is to provide employees with basic tools for managing common health challenges often related to the workplace. The lectures will be held on the first and third Mondays of each month through November in the First Floor Conference Room at KEMH beginning at 1:00pm. Continuing Education Units (CEUs) are available and some presentations may be viewed at MWI by video-conference. Presenters will include BHB colleagues as well as community partners.

15 September - MANAGING STRESS: An overview of the harmful effects of excessive stress; common sources of stress in Bermuda; managing stress at home and at work; *Presented by an EAP representative with video conference to MWI*

6 October - PREVENTING HOSPITALIZATION FROM ASTHMA AND COPD: What are the common asthma triggers? What are the common COPD triggers? How to control asthma and COPD; What is the difference between a rescue and prevention inhaler? Demonstration of correct inhaler use. *Presented by Debbie Barboza, BHB Asthma Nurse Educator*

20 October - SLIPS, TRIPS AND FALLS: To increase awareness of the potential for serious injury from minor mishaps, to increase awareness of potential hazards in work areas, to recognize the importance of common-sense safety precautions. *Presented by Janice Sealey-Khan*

3 November - A TASTE OF WELLNESS: New guidelines and practical tips for dealing with high cholesterol: New 2013 guidelines for high cholesterol- why are they controversial and should you follow them? *Presented by Dr. Benjamin Lau*

17 November - AN EXPLORATION OF THE IMPACT OF MULTIGENERATIONAL TRAUMA ON CHILDREN: Dealing with the emotionally traumatized child in the setting of social unrest. How to detect child emotional trauma, when and how to intervene; how to help colleagues with traumatized children. *Presented by Drs. Sandy De Silva and Susan Richardson, Family Centre; video conference for MWI.*



Setting a great example for a healthy lifestyle

A group of physicians formed a hospital relay dream team, calling themselves the BHB HeartBeats and participating in the 24 May ½ Marathon. Drs. Sam Mir, Keith Chiappa, Sharath Veeregowda and Arlene Basden completed the 13.1 mile course in one hour and 51 minutes. Organizer and Nurse Practitioner Myrian Balitian-Dill ran the entire distance and finished in two hours and 21 minutes.

“We wanted to convey a positive health message, demonstrating that we live what we preach,” Myrian explains. “Participating in the ½ marathon set a good example of the benefits of physical activity for our colleagues and members of the community. Our bodies are meant to move. Dancing, gardening, walking, running and swimming are all great ways to stay in shape. These activities have a positive impact on our health and wellbeing. No matter your fitness level, moving your body is always good for the heart.”



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EAP offers BHB staff members *Stress Management Tips*

Feeling stressed and anxious at home or at work?
Getting nervous as that deadline approaches?
Worried about finances?

The key to stress management is choosing the right response when you're anxious and managing your life to build stamina against stressful events. By fighting stress with the proper attitude and behavior---and taking preventive measures to stop stress in its tracks---you reduce its potential to cause lasting harm.

EAP offers an online course providing ten tips to control stress that will improve your physical and emotional health. They range from breathing exercises to communication skills to healthy eating habits. You'll also learn to identify the causes of tension and manage them effectively. You will need a login name and password to take the EAP online course. Contact Employee Health Services at ext. 1529 for this information.



The EAP online stress management course will help you:

- Set boundaries on stress so that it doesn't overstay its welcome.
- Identify and avoid "stress triggers."
- Get up and move around to shake off stress.
- Consume healthy snacks to combat stress.
- Breathe your way to less stress.
- Surround yourself with positive people.
- Speak in low-stress language.
- Greet stress with good humor.
- Break your work into bite-size chunks.
- Keep your emotions in check.

After smoking for 35 years, Cherri succeeds in giving it up

Cherri Russell started smoking at the age of 12. "At the time, it seemed like a cool thing to do," she says. "Like many other young people, I really didn't think much about how smoking might impact my health and wellbeing."

Cherri eventually noticed that smoking made her feel tired and sluggish. Despite trying to give it up in the past, she always resumed smoking after just a few weeks. However, earlier this year, Cherri says she finally had enough with coughing and not feeling well. On 20 February, she had her last cigarette. With the help of prescription Chantix, she has been successful and remains smoke-free today.

"My biggest challenge was the social scene," Cherri adds. "Being around other smokers can be difficult once you are committed to giving it up. What kept me on track was feeling so much better. Now I feel great and I am much more energized. I started walking and walk three and half miles every Sunday morning!"

Cherri says if you are a smoker and really want to quit, you might want to try Chantix, along with plenty of exercise. "Exercise helps the brain and the body get rid of all the toxins from smoking. I had been smoking



for 35 years and after the third week of Chantix I felt so much better it was unbelievable. Now I can look forward to a longer and much healthier life."

Congratulations Cherri! If she could do it, so can you. Contact Employee Health Services at ext. 1531 for more information about giving up smoking.

Why can't I be a blood donor?

We are often told the Blood Donor Centre is seeking additional donors. Yet many employees, as well as members of the public, are told they cannot donate because they have visited or lived in the UK or other European countries. In order to clarify the ruling restricting blood donations from people who spent a cumulative amount of time in the UK and certain European countries, Consultant Haematologist Dr. Eytayo Fakunle offers the following information.

In approximately 2000, the Bermuda Blood Donor Centre adopted regulations established in the United States and Canada that restricted blood donations from people who had stayed in the UK or certain European countries for a cumulative period of time. For example, this regulation stipulates that if you spent more than three months in total in the UK from 1980 to 1996, you cannot donate blood. Because we are accredited by North American bodies, these regulations were introduced in Bermuda in the interests of patient safety.

There is evidence to support the fact that Creutzfeldt - Jakob disease (CJD) and Variant Creutzfeldt - Jakob Disease (vCJD) are transmissible by blood product transfusion. Tests are being developed to detect the infections in blood and plasma donors. However, until suitable donor screening tests become available, the US Federal Drug Administration is recommending interim preventive measures based on available scientific data and the evolving state of knowledge regarding these diseases.



In the UK, there are regulations around donation usage, including special restrictions on blood received by people born after 1996.

The introduction of this regulation in Bermuda caused a sharp drop in donor numbers and we were very sorry to lose these valuable donors. The good news is that there should be enough people in Bermuda not impacted by this regulation to meet the international standard of having 6% of the population donate.

It makes it hard for people who want to donate but have to be turned away and difficult for us in the Blood Donor Centre as we are in need of more willing donors. However, as the safety of our patients receiving blood transfusions has to be our primary concern, until a test becomes available the regulation is likely to stay in place.

Acknowledging every cancer patient's journey

The Oncology Department hosted a special tribute day in May to recognize patients and staff. The area was festively decorated, snacks were set out and patients were invited to stop by the department to socialize.

"There are specific dates during the year when breast or prostate cancer are highlighted," explains Michele Sampson, Clinical Supervisor for Oncology. "But many of our patients deal with cancers that aren't officially recognised. As a department, we wanted to have a day for everybody to feel appreciated for the journey they have been through. May is also 'Oncology Nurses Month' so we decided to combine the two and celebrate both patients and nurses."

Patients were presented with a small gift of appreciation and a few door prizes were handed out. "We received very positive feedback from both patients and staff and have decided to make this an annual event," Michele adds.



Bermuda Hospitals Board

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***The Public Relations
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We welcome your comments and
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