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Votre lien aux soins

South West CCAC
Community Care Access Centre

CASC
Centre d'accès aux soins communautaires du Sud-Ouest

STAFF BULLETIN April 2013

South West CCAC 2013
Partnership Symposium

Growing Together through Partnership

May 6, 2013, 9:00 a.m. to 3:30 p.m.

Hear from Dr. Samir Sinha, architect of Ontario's new Seniors Strategy, and then explore client scenarios in small groups with care provider and community support agency partners. After a delicious hot lunch, celebrate our Client-Driven Care and service award recipients.

EVENT LOCATIONS

OWEN SOUND	FOR GREY BRUCE TEAMS Best Western Inn on the Bay, 1800 2nd Ave. E.
SEAFORTH	FOR HURON, PERTH AND OXFORD TEAMS Seaforth and District Community Centre 122 Duke St.
LONDON	FOR LONDON, MIDDLESEX AND ELGIN TEAMS Four Points Sheraton, 1150 Wellington Rd. S.

Be sure to RSVP by April 26, 2013 to janice.sewell@sw.ccac.ont.ca

New Clinical Team under way

The Intensive Home Care Team is already having an impact on client care

Greg, 78, lives alone. He has chronic heart failure and diabetes. Every two or three weeks, Greg got very short of breath and called an ambulance to take him to the emergency department. Recently, Greg's doctor agreed to have a CCAC Rapid Response Nurse visit him at home but said he was skeptical that the pattern of regular ED visits could be broken. Three months later, Greg is managing well and hasn't been back to the emergency department.

Greg's story is based on results gathered during the first months of operation of the CCAC's Rapid Response Nurses (RRNs). The RRNs are part of a team of more than 40 Registered Nurses (RN) and Nurse Practitioners (NP) that make up the Intensive Home Care Team (IHCT). Working in partnership with care coordinators and primary care physicians, they provide medical and functional assessment and monitoring and medication review. Says Cathy Kelly, Regional Client Services Manager: "It's about getting the right clinician to support the patient journey and collaborate with primary care to enable these patients to stay at home safely."

In addition to the RRNs, the Team includes Geriatric Resource Nurses and Nurse Practitioners specializing in community, palliative and long-term care home populations. The main focus of their work is on complex elderly patients who are living with more than one chronic disease. As well, a group of Mental Health and Addiction Nurses work with children and youth in regional schools.

Early results suggest that 60% of patients visited by RRNs have a medication discrepancy. It's important for a nurse or NP to resolve the discrepancies quickly, says Kelly, because medication issues contribute to falls and hospital readmission.

> "The IHCT provides a high level of clinical expertise in the community and serves as the liaison between the client and the medical team."

At this point, most referrals to IHCT are through care coordinators but Kelly hopes that as the Team engages with primary care, there will also be more referrals from family doctors.

For patients, the benefits are clear. "The IHCT provides a high level of clinical expertise in the community and serves as the liaison between the client and the medical team," says Kelly. "That helps them stay safely at home and avoid hospital visits."

Attitude of Gratitude

A Message from Sandra Coleman, CEO South West CCAC

Times are tough in Ontario's public sector.

The Ontario government is trying to tame a $15-billion deficit and slow spending increases in health care. Local media have reported that St. Joseph's Health Care London faces a shortfall of $8 million and London Health Sciences Centre is looking at a drop of $30 million. The Ottawa Hospital cut 290 jobs earlier this year.

By contrast, our sector is thriving. All three major parties recognize the critical role of community care. Dr. Samir Sinha, architect of Ontario's new Seniors Strategy (and our special guest on May 6), calls for a 4% increase in the budget for the home and community sector for the next three years.

On April 23 the Premier announced an additional $260 million in funding for home and community care, considerably more than 4%. (Of course, we'll have to see whether the budget is passed! More details to come.)

What does this mean for the South West CCAC? Work, and lots of it.

Yes, we will continue to face rapid change. There will be challenges as our client populations grow and we focus on higher needs clients. But we should all be grateful that the value of our work and the impact on our clients is recognized. We should be grateful that we have an opportunity to build partnerships, innovate, and set new standards of care and make a difference for the people we serve.

It's amazing how an attitude of gratitude (and a touch of spring weather!) makes everything brighter.

P.S. On the subject of gratitude, my heartfelt thanks to Gord Milak for his many contributions to our organization over the past seven years, and for his wisdom, compassion and friendship. I'm so glad I will continue as his colleague at our monthly CCAC CEO meetings.

Milak Assumes Waterloo Wellington CCAC Leadership Role

The announcement that Gord Milak has accepted the position of CEO of the Waterloo Wellington CCAC was greeted with both celebration and sadness in the South West. Milak was an executive with VON before joining the CCAC seven years ago. He has played a key role in developing collaborative relationships with contracted service providers and community support services and creating a culture of continuous quality improvement and safety throughout the South West. He was instrumental in developing the eShift program and helped create a province-wide event management framework for community care, among many other contributions.

"Everything that we've achieved links back for me to the Compass and the principles of Client-Driven Care," he says. "It's such a simple process but when you use it consistently, it enables success. It's all about the team. I look forward to bringing what I've learned here to build on the strengths at Waterloo Wellington."

WHAT'S THE BUZZ?

CCAC at IPM

The South West CCAC will have a display at the International Plowing Match near Mitchell in mid-September. The Match will feature more than 400 hectares of exhibits and activities and more than 500 exhibitors. Already many CCAC staff members have stepped forward to help staff the booth. If you'd like to get involved, contact Marilee Gardner (Marilee.garner@sw.ccac-ont.ca).

CHCA calls for targeted investments in community care

The Canadian Home Care Association released its annual publication, *Portraits of Home Care in Canada 2013*, in early April. The report notes that in 2011, 1.4 million Canadians received home care, a 55% increase from 2008, and argues that the need for home care services is outpacing public funding. To read more, go to www.cdnhomecare.ca.

MPP visits Elgin County client

Jeff Yurek, Member of Provincial Parliament for Elgin-Middlesex-London, visited a CCAC Home First client in late March to learn more about the CCAC's innovative home care programs.

Care Coordinator Pam Hill organized the visit with colleague Barb Modesto, and accompanied Yurek, CEO Sandra Coleman, and CCAC board member Brian Hadley to the home. The client, a retired minister, had been hospitalized for some time and he and his wife were concerned that they wouldn't be able to manage at home. With the extra support provided by Home First, he was able to get home and recover function. He is now on a regular CCAC service. "The client was truly excited to have Jeff visit his home, and the accolades were just amazing," says Hill.

Hill sees the value in public officials like Yurek getting a close-up view of home care. "Everyone is aware that seniors are the biggest users of health resources and that they want to stay at home. It's important to see how the dollars are being spent and how the programs are working."

Client-Driven Care
2013 Awards of Distinction Nominees

Each year the CCAC recognizes staff nominated by peers for living the principles of Client-Driven Care (CDC) with the Client-Driven Care Awards of Distinction.

There are four categories of Awards, three to Individuals and one to a Team, in recognition of outstanding commitment to the development of health promoting relationships and empowered people.

Congratulations to the nominees and a big thanks to all nominators.

Individual Client Services

Jane Downey, Care Coordinator on the Supportive Care Resource Team for Perth County
Jane Downey exemplifies the qualities of Client-Driven Care and connects effectively, effortlessly and compassionately with her clients and their families. Jane empowers clients to direct their care and stay involved in making decisions about the support they need to stay at home.

Lori Elder, Care Coordinator in the ER at LHSC in London
Lori Elder is a compassionate and caring listener who creates a trusting and safe environment for the clients, going above and beyond to support them through challenging times and to be safe in their homes. She truly has the client as her focus in all of her actions.

Konrad Jagiello, CSA on the SW Short Stay Team in London
Konrad Jagiello takes the lead in coming up with different ways to handle workloads on the Short Stay Team and is described as being an excellent role model. No matter how challenging a call is, Konrad is patient, sympathetic and understanding.

Kristie Jenner, CSA on the Supportive Care Resource Team in London
Kristie Jenner deserves recognition for both her professional and personal attributes. Kristie demonstrates open and direct communication and innovative approaches to continually improve the quality of service for CCAC clients.

Val McCrae, *Care Coordinator on the Complex Care Team in Owen Sound*
Val McCrae is incredible at managing complex clients and is a pioneer of the Home First Program and the Population-based Approach model of care. Val is committed to making a difference by enhancing her ability to meet the needs of her clients and their families.

Individual Other

Justin Henry, HR Coordinator, Seaforth and Stratford
Justin Henry demonstrates a client-driven care approach in all his interactions with co-workers and partners, and has shown great sensitivity during restructuring by supporting individual staff members to make difficult choices. Justin's quiet, accepting presence allows staff a level of comfort and trust.

Luu Hong Phong, End User Support, London
Luu Hong Phong is a remarkable individual who has an uncanny ability to anticipate needs, always going above and beyond. Luu provides seamless and straightforward support and exemplifies a team-based approach. He fosters strong teamwork across departments and collaborates to achieve positive outcomes.

Mike Williamson, End User Support, Woodstock
Mike Williamson demonstrates outstanding achievement in advancing the vision of Client-Driven Care. He is able to connect with staff in a way that is empowering while treating his co-workers with dignity and respect, regardless of the questions that are asked of him. He is our "Go-to Guy."

Deborah Wilson, HR Coordinator, Owen Sound
Deborah Wilson delivers outstanding care, every person, every day by connecting with staff to ensure they receive the right information. Deb makes herself readily available and is an active listener who has an unwavering commitment to provide timely and purposeful communication and service to her clients.

Leadership

Jennifer Fazakerley, Improvement Advisor/Regional Manager
For **Jennifer Fazakerley**, Client-Driven Care is not just a concept; it's woven throughout every piece of work that she does. Through the Home First Philosophy, Jennifer empowers clients to actively participate in their health care decisions, while working tirelessly to build trusting relationships between all partners.

Chris Hepple, Data Analyst
When it comes to new initiatives and projects, **Chris Hepple** welcomes responsibility and accountability. Not only does he strive for excellence, he leads by example in all areas of report development and data analysis. Chris understands the importance of data to deliver the highest quality reports.

Kim Irwin, Health Records Supervisor
Kim Irwin focuses on clients' needs first, going over and above what is expected. She communicates very effectively with her team members and brings a huge wealth of knowledge to the group while maintaining the integrity and accuracy of our client systems.

Kim Le Mare-Matthews, Regional Manager, Procurement
Kim Le Mare-Matthews believes that the CCAC vision and mission can only be accomplished when service providers and vendors collaborate collectively and individually with clients and their caregivers. Kim is a dedicated leader and a champion in the delivery of safe, high quality client-driven care.

Catherine Statton, Lead for the Regional Coordination Centre
Catherine Statton strives for excellence on a daily basis, and leads with a high degree of accountability and transparency. Catherine is a supportive leader who fosters a team environment that focuses on relationships and genuine connection and caring, and partners in a way that acknowledges the team's valuable contributions and insights.

Team

The **Central Provider Support Team** *consists of Kim Eveleigh, Angela Howlett, Mary McIntyre, Rebecca O'Donnell, Tracey Ouellette, Kim Peori, Betty Radincovich, Michelle Silverthorn and Marlene Topping*
This team enthusiastically builds positive relationships with local professionals, stakeholders and other organizations by consistently displaying Client-Driven Care. Team members are innovative in their approach to further enhance their duties and are known for their hard work and exceptional customer service skills.

The **End User Support Team** *consists of Helen Ward, Colin Keevil, Dan Fenton, Kathryn Henderson, Mike Williamson, Iolanda Locker, Andrew Larson, Angelo D'Alessandro, Luu Hong Phong, Colin Gray, Jacquie Hudson, Kirsten Zang and Niki Lauzon*
This team works hard to collaborate amongst themselves and with other teams across the South West. They work together to build team morale by being there for each other when their workload makes it difficult to provide the support they want to give.

The **Grey Bruce Quality Improvement Leadership Team** *consists of Sandra Lawler, Darlene Turner, Karin Burrows, Pam Campbell, Carla Crowther, Beverly Dedman, Jacqueline Mockler, Brenda Dykstra, Michelle Fortney, Vicki Gingrich, Cheryl Hickey, Roseanne Illman, Cathy Kelly, Micah McArthur, Angela Parker, Cindy Stevenson-Fair, Michelle Summers, Darlene Bogie*
The members of this team exemplify the principles of Client-Driven Care, actively listening to each other's perspectives. In implementing the Population-based Approach, they demonstrated critical thinking, respectful and thoughtful consideration and openness to hearing the perspectives of other stakeholders.

The **SW CCAC Owen Sound Community Team** *consists of Cindy Stevenson-Fair, Darlene Turner, Juli Schmid and Katie Harrison*
How important it is for us to recognize and celebrate our heroes and she-roes! Whether it's a conversation with a client, a joint planning discussion with a physician, or collaborative conversations with service providers, this team truly puts the client at the centre.

The **Oxford Norfolk Community Care Coordinators Team** *consists of Pat Todt, Marlene Franklin, Sandra Gardiner, Nancy Thornton, Karen Peat, Melody Williams, Donna Making-Beres, Sharon Bale, Jan MacKinnon, Gwen Vaughan, Karen Mitchell, Nancy Myers, Cheryl Becker, Linda Hanson, Lori-Ann Morris, Karen Faw, Sue Pettit, Leah Barnes, Suzanne Gascho, Deb Gilbert, Sarah E. Osrowski, Rebecca Nichols, Terri Carter, Mary Joan Kivell, Pamela Roberts, Amy Von Vliet, Catherine Apthorp and Brenda Jepson*
Every individual on this team demonstrates Client-Driven Care and the health-promoting process from start to finish with clients, families, co-workers and partners. They are consistently looking for ways to inspire people within the team and to reach out to others through partnerships.

The **Parkwood Care Coordinator Team** *consists of Bonne MacLeod, Cara Hewitt, Linda Luckas, Jennifer Hoffmann, Melissa Dovigi, Catherine Letkemann, Megan Page, Jesse Bissonnette, Sandra McMillan*
Using the Compass, this team works with hospital partners to co-create strategies that best meet client needs. They maximize CCAC and community services for successful discharges and are committed to identifying appropriateness for programs such as Wait at Home, Safe at Home and Home First.

The **Regional Coordination Centre Team** *consisted of Catherine Statton, Rachel LaBonté, Jamy Brodt, Corey Wilson, Dr. Gordon Schacter, and Dr. Charlotte McDonald*
By leveraging their individual strengths and working collaboratively, the RCC Team effectively delivered results that were consistently beyond expectation when working with system partners, and through their engagement with stakeholders, physicians and consumers. As a result, improvement opportunities were identified across the continuum.

The **South West Short Stay Team** *consists of Konrad Jagiello, Michelle Rajpal, Lynn Brewer, Kristie Jenner, Val Underhill, Michele Edwards, Luanne Robotham, Victoria Hathaway, Debbie Beni, Charlene Lancaster, Rita Peters, Julie Fortner, Lindsay Bereziuk, Judy Wales, Jayne Gaffney, Peggy Storozinski, Terryl Trevenna and Jill McCaffrey*
The members of this team strive to be active listeners when interacting with clients, and are courteous and helpful if any questions arise. They practice reflective listening to ensure they meet clients' needs, helping to empower them with positive words of encouragement. They are a truly great team.

The **Strategic Planning and Integration Team** *consists of Nancy Dool-Kontio, Susan McLean, Corey Wilson, Jennifer Thompson, Shirley Koch, Dominick Nguyen, Craig Hennessy, Rachel LaBonté, Gina Palmese, Andrea McInerney, Catherine Statton, Sally Boyle, Jamy Brodt, Darren Robbins, Andrea Martin, Krista McMullen, Shannon Brett, Heather Smith and Celina Thomas-Hicks*
This team uses its collective strengths and creative skills to improve care to individuals across the South West, and to exemplify an environment that values mutual respect. Partners across the system say that this team lives the Client-Drive Care philosophy.

The **Strathroy Client Services Assistants Team** *consists of Carolyn Attridge, Suzanne Goehring and Dianne Vermunt.*
This team is excellent at triaging urgent calls and treats all callers with respect and dignity. It is a very high functioning team that "wears many hats" and takes on new work with a positive attitude. They are the "glue" that holds the Strathroy team together.

The **St. Thomas-Elgin General Hospital CCAC Team** *consists of Sandra McDonald, Laurie Browne, Judy Brown, Suzen Cornell, Georgina Njoku, Amanda Morrow, Melissa Remy, Amy McWhirter, June Gagnier, Megan Smith-Cormier, Nicole Farren Sharp, Terri Cryderman, Denise Squires and Cheryl Stevenson.*
In early 2012 when Home First was launched at STEGH this team identified clients who were waiting for Long-Term Care who could be supported by the new approach. To ensure safe discharge home, they took the time to put plans in place to meet the needs of their clients.

The **Switchboard Team** *consists of Amy Harrison, Kelly Wakefield, Cassandra MacMillian, Christina Patterson, Amanda McKee and Michelle Douglas.*
Switchboard is the first line of communication for calls from people who have received a life changing diagnosis, are anxious and overwhelmed, or require system navigation. Regardless of the call, switchboard staff members do their best to ensure a warm transfer with patience, empathy and respect.

The **Victoria Hospital Care Coordinators Team** *consists of Kristin Bishop, Preet Cheema, Stacey Dukes, Lori Elder, Catharine Fife, Patrice Gauthier, Eileen Hagan-Wolfe, Meaghan Higgins, Karine Landart, Barb Longhurst, Mary Mayoros, Karrie Southwell, Andrea Sweiger, Darryl Tabor, Rea Theijsmeijer, and Rachel Wilson.*
Welcome to the world of fast-paced medical action, with resources that are always changing and a team that keeps on smiling. This is the daily reality of this team. They truly understand what it means to deliver the right care, to the right person, at the right time.

The **Woodstock Client Services Assistants South Team** *consists of Vicky Kielesinski, Lois Langohr, and Shirley Manzer*
This team is caring, compassionate and respectful, always taking the time to listen and understand client's needs. They use skills to solve problems for clients as well as for care coordinators on their team. Their ability to multi-task to achieve these resolutions is admirable.

Huron-Perth staff respond to April ice storm

When most people were heading home for the weekend on Friday, April 12, Sarah Racher, Client Services Assistant for the community team in the Stratford office, was settling in to call 30 high-risk clients in the Listowel area.

A last blast of winter earlier in the day left north Perth under a state of emergency. The ice storm downed dozens of poles, leaving many clients without power. Using ERL codes, some 30 clients were identified. Racher reached as many as she could, giving them information about warming centres and other community resources.

The next day, Eleanor Devereux, Client Services Assistant in access in the Stratford office, received a call from an 82-year-old client living north of Goderich – an area that had not been identified for emergency response. The client and her husband had been without power for two days. Devereux went into high gear, contacting Salvation Army for help. But when the Salvation Army representative called the client, there was no answer. Devereux called the police, and then eventually got through to the client, who explained sheepishly that she didn't know how to take messages from her husband's new cell phone! The couple were able to make their way to Goderich, where they spent two nights in a motel.

Scenes from the West Perth Ice storm, April 12

Jane Clement-Spurr says the whole experience reinforced why coding is so important. "You get so used to putting in the code that you almost forget how valuable it is in certain circumstances. You never know when we're going to need them." She is also full of praise for Racher and Devereux, who went above and beyond to ensure that clients in the affected areas were cared for. "That's what we do well – provide people with resources and help them navigate the system – and it's especially important in emergencies."

Population-based Client-Driven Care Launched in London-Middlesex-Elgin

After successful introductions in the north and central part of the South West, it was the turn of the south to implement the population-based approach earlier this month. "The sheer magnitude of the change has been a bit overwhelming for all of us," says Complex Care Coordinator Lynda Neil. "The bonus to clients was that the providers coming into their homes on a regular basis were not changed."

Neil says her favourite part of the job is working with clients in their homes. "I'm a firm believer that I have to hear their stories, so that I can understand what their priorities are and set some mutual goals. I love the problem-solving piece." After working as a hospital care coordinator and in the community in West Elgin, she moved to London to join the Complex team in mid-March. She chose to focus on the Complex team because of the opportunity to work more closely with the clients, building a shared understanding and finding solutions together.

"The benefit of the population approach is that we'll be more specialized," she says. "Whatever group we're looking after, we'll have an area where we really feel comfortable."

Ashley Locke, a Client Services Assistant with the Complex team, agrees. "Now that we're working within our population group, it will help the care coordinators and the CSAs help clients the best way we can."

Locke's job as one of five CSAs supporting the Complex team is demanding, but she embraces the daily challenges. "My day is never the same and I like that," she says. "It feels really good when I get to help someone who needs it, whether it's a client or a co-worker."

Lock and Neil agree that the team approach is critical to successful implementation of the population-based approach. Says Neil, "Even though I'm out in the community doing visits on my own, I know there's always someone I can call if I don't know an answer."

Client-Driven Care on the phone lines

"A lot of people think it's just answering the phone, but we really are the front door of the CCAC."

That's Michelle Douglas, talking about her role as a Client Services Assistant on the switchboard. Douglas and her colleagues answer calls from across the region, talking to a variety of clients with a wide range of concerns and questions.

One of the big challenges, Douglas says, is that many clients think their PSWs and nurses work at the CCAC. They also deal with people who are calling on behalf of a client but aren't authorized to do so, and with clients and families who have been disappointed with their CCAC experience.

Douglas and her colleagues work as a team, supporting one another during and after challenging calls, and working together to make each client interaction as positive as possible. A small group of clients call almost every day, and always get a friendly greeting ("and maybe even a giggle," Douglas says). When people call after the death of a family member, the CSAs always start the conversation by offering their condolences.

What does Douglas enjoy most about her job? "When someone calls and actually remembers my name, or says 'Thank-you.' And just knowing that when a client is done talking to me, a co-worker of mine is going to treat them just as well as I have."

OCCUPATIONAL HEALTH AND SAFETY

Is There an Elephant in the Room?

Do you remember Elmer the Safety Elephant? He was created to teach children about road safety. "Stop, look and listen before you cross the street!" Safety in the workplace is just as important. Prevention of injuries is everyone's responsibility – this is known as the Internal Responsibility System (IRS) in the *Ontario Health & Safety Act*.

Slips, trips and falls are a focus of our safety program for 2013. Do you have any suggestions for our own safety slogan or acronym? Please let your Joint Occupational Health & Safety Committee know if you have any creative ideas to inject some fun into this serious topic to raise awareness and make safety more meaningful for everyone.

According to WSIB statistics, every day in Ontario 80 workers are injured because of a fall – that's one every 20 minutes. Same-level falls, like a slip or trip, account for 65% of all fall-related injuries. Slips, trips and falls are the number one cause of employee incidents and injuries at the South West CCAC and they happen in all seasons. Conditions such as uneven or slippery walking surfaces and poor housekeeping practices account for the majority of falls at work. So what can we do to mitigate risk?

Awareness, identification and correction of the hazards are critical to preventing injuries. Here are some hazards that contribute to slips, trips and falls and ways that you can reduce the risks:

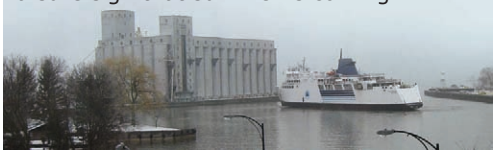
- Wet or oily surfaces. Clean up after yourself and wipe up spills on floors immediately.
- Slippery walking surfaces due to weather conditions. Wear appropriate footwear for the weather and task; spread salt/sand on icy surfaces and/or notify facilities to remove snow and ice. Take your time and pay attention to where you are going. Adjust your stride to a pace that is suitable for the walking surface – this is not a time for multi-tasking. Remember that rainy conditions in fair weather seasons also create slippery conditions.
- Cables and electrical cords lying on the floor. Look where you are going and cover/tape, wind or tie up.
- Clutter and obstacles in walkways. Apply good housekeeping rules and notify facilities if large objects need to be moved/removed. Always close file cabinets and drawers when unattended.
- Loose mats, flooring in poor condition. Straighten or secure loose mats if you notice they do not lay flat. Notify facilities if flooring is not in good condition.
- Dark areas. Keep working areas and walkways well lit. Use a flashlight if you enter a dark area.
- Carrying or pushing things. Ensure that things you are carrying or pushing do not prevent you from seeing any obstructions or spills, especially when you are going up or down stairs.

Retirement

On April 12, the Seaforth office hosted a retirement luncheon for Client Services Manager, Nancy Schaff who is retiring after 35 years with the CCAC. We wish you all the best Nancy!

Sure sign of summer

A bonus of the new Owen Sound office is the bird's eye view of the Harbour. The Chi-Cheemaun ferry winters in the Owen Sound Harbour and in the late spring to early fall it runs its route from Tobermory at the tip of the Bruce Peninsula to South Baymouth on Manitoulin Island. In mid April, staff saw action from the Chi-Cheemaun as it turned itself around… a sure sign that summer is coming!



Golden K

On March 26, 2013, care coordinator Val McCrae spoke to the Kiwanis Club of Owen Sound's Golden K group. To welcome Val, the group sang a song they wrote especially for her visit. Val was tickled and wanted to share the lyrics with everyone at the CCAC.

Val McCrae has come to-day,
To tell of her nursing duties,
She specializes in the aged,
She considers that her duty.
There is no doubt that nurses
Feel good about their work,
And so far we have never found
A nurse who likes to shirk.

It's very nice that Val has the time,
To talk to Golden K,
And we are really anxious
To hear what she has to say,
So members all of Golden K,
Please rise and with us stand,
Give Val McCrae, our honoured guest,
A loud and jovial hand.

Welcome New Staff

London Jean Alport, CSA; Jennifer Jamieson, Charlene Kent and Mary McTaggart, CCs; Carole McLean, Rapid Response Nurse.
Owen Sound Melissa Miller, CC