

MOA Quarterly Newsletter

Kamloops's 2023 population is now estimated at 106,664. In 2012, the population of Kamloops was 88,523. Kamloops has grown by 1.77% annually.

An estimated 41,000 Kamloops residents are not attached to a family doctor – about 40 per cent of the city's population, which is double the provincial average.

HERE'S WHAT'S HAPPENING

- B.C. announces plan to license more internationally trained doctors: [Read more](#)
- New Canadian [medical schools](#)
- BC Health Minister hints recruitment underway for [Primary Care Network in Kamloops](#)
- Bring back our Family Doctors and our Walk-in Clinics [Provincial Petition](#)
- One International Doctor's story: [Dr. Azadeh Shafie](#)
- Family Doctors Care: [Take action](#)

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- Daily Dose of News
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- Education and Job opportunities

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- Disaster Preparedness
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- They Said it would be fun (games and trivia)

COACH'S CORNER

Emergency Preparedness for Health Care Clinics

Emergencies can happen at any time and it's important to be prepared. The entire community could be impacted by a wildfire, but it's much more likely that your practice could experience a burst pipe causing a flood, an aggravated individual, or an electrical fire.

The Division has created an Emergency Management Guidebook and Workbook for Health Care Clinics. These resources will enable you to create evacuation, shelter in place, and incident recovery plans. We can even cover physician, NP, and MOA time to fill out the resources. Contact Chelsea Brookes, Retention and Recruitment Lead, to get started.

cbrookes@thompsondivision.ca

Learn more about disaster preparedness on Page 16.



Emergency Management Guidebook for Health Care Clinics

The best time to plan for a disaster is before it happens. This guide will provide you with information to assist you in completing the Tabletop PCP companion workbook Emergency Management Workbook for Health Care Clinics. This plan helps ensure that you will be able to take care of your staff and patients, reopen your office, and get back to providing care to your patients.

All health care clinics are different so each plan will be unique to the practice. This plan will supplement Occupational Health and Safety Regulations which contain legal requirements under WorkSafeBC, fire safety regulations and codes, and other areas of your workplace that affect you.

Some examples of emergencies that could affect your staff and operations include:

- Fire
- Pandemic
- Flood
- Snow
- Major weather event

This guidebook covers the following key elements:

- Evacuation Plan
- Shelter in Place Plan
- Incident Recovery Plan
- Practice and House

Who doesn't like a little bit of History?!



Dr R.E. McKechnie

Doctors of BC was founded in January 1900 as the BC Medical Association with Dr R.E. McKechnie, a surgeon from Nanaimo, as President. The Association was founded on two primary principles; the first to guard and strengthen economic security and second to promote education so that the best medical minds had a forum to share the knowledge of the profession. Membership was open to BC doctors with an annual fee of just \$2.00. The first annual meeting, held in August of 1900, opened with an address by the President on "The Relation of the Profession to Politics". He emphasized the importance of the association in the influence of legislation that would protect the practice of medicine.

The association has had a rich and storied history. Dr Brad Fritz, who has been a Doctors of BC Board member for nearly 40 years, has written a short history of Doctors of BC since 1965, when BC's first government-sponsored medicare program was introduced. Based on many interviews and exhaustive research, *The BCMA, Then and Now: A Selected History from 1965 to Doctors of BC* tells many of the colourful stories that illustrate how the association became what it is today.

Doctors of BC is pleased to make [Dr Fritz's book available here \(pdf\)](#). **FREE**

Peers Supporting Peers

MOA peer mentors offer customized coaching and mentoring services directly in doctors' practices. If you are interested in exploring how to become an MOA peer mentor in our area, or how to access this support, please contact Chelsey at **cmckinney@doctorsofbc.ca**

we're ALL in this
TOGETHER

Some examples of how MOA peer mentors can help are:

- Improving office workflow and/or clinical areas of practice
- EMR Optimization
- Leading Community Initiatives
- Panel Development & Maintenance
- General Coaching



MOA Bulletin Board



Pathways Pearls

Tips for getting the most out of Pathways

New and Improved Updates

[Check it out here](#)



[Quick reference guides](#)
[\(link is external for several EMRs\)](#)

are available as additional training support for clinics. The orientation videos are developed by the Family Practice Services Committee's (FPSC) Practice Support Program (PSP), and Doctors of BC's Learning and Development team, in consultation with Divisions of Family Practice and physician peer mentors.



[New Electronic Medical Record \(EMR\) orientation videos](#)[\(link is external\)](#)

are now available to support clinics in preparing locums or new staff members for using the clinic's EMR system. The videos, for Accuro, Profile, Med Access, and Oscar, contain short, four-minute sections for easy navigation.

Physician's Corner

Fee-for-Service Increases for Family Doctors

The fee value increases resulting from the 2021/22 general fee increases (resulting from the 2019 PMA) are expected to be implemented in June. You can expect to receive a retroactive payment at that time for dates of service back to April 1, 2021.

Implementation Update :Docs of BC

New [Electronic Medical Record \(EMR\) orientation videos](#) [\[link is external\]](#)

are now available to support clinics in preparing locums or new staff members for using the clinic's EMR system. The videos, for Accuro, Profile, Med Access, and Oscar, contain short, four-minute sections for easy navigation.

By providing the introductory knowledge needed to navigate the EMR, the videos help to reduce the time staff spend providing basic orientation to locums and new team members. This allows clinic staff to focus their time on providing clinic-specific information and work with vendors or PSP health technology coaches to optimize their EMR system.

PANEL MANAGEMENT

Panel management is a process of proactively managing a defined population of patients, using EMR (electronic medical record) data to identify and respond to patients' chronic and preventative care needs. The concept is simple: better information about patients leads to better care for patients.



Engaging with you on digital health – EHR, CareConnect, PharmaNet

Doctors of BC is committed to ensuring that physicians' voices are considered as the Ministry of Health develops its digital health strategy. In the coming weeks and months, we will be sharing opportunities for family and specialist physicians to provide your input on the Ministry's proposals for improved health technology.

On Wednesday, June 28, family and specialist physicians are invited to share input with the Ministry of Health/PHSA on connecting to provincial EHRs and systems, including CareConnect and Pharmanet.

Through a 1-hour webinar (7:00am-8:00am), led by the Doctors of BC Doctor's Technology Office, you can share input on how to best achieve:

Your input will help guide the Ministry of Health's work to reduce administrative burden and improve providers' experience by integrating these features into clinical settings. This is part of broader provincial efforts to enable system-wide interoperability of EMRs, clinical systems, and other digital health technologies.

To register, email dtoadmin@doctorsofbc.ca ([link sends e-mail](#))

by June 23, 2023.

DAILY DOSE OF NEWS

BREAKING NEWS

TRFO Reaches Agreement to Keep Maternity Clinic Open

Thompson Region Family Obstetrics announced a new agreement that will see the Kamloops maternity clinic stay open in Royal Inland Hospital. TRFO will be accepting new referrals next week. A previously planned July 31 closure was averted following numerous rounds of negotiations with the Ministry of Health and intensive planning on behalf of several stakeholders, including TRFO providers, local maternity care providers, Interior Health, the Division, and other health care providers.

UPDATE

Keep an eye out for more updates soon

Sobering Centre

[Kamloops council funds sobering centre](#)

A sobering centre is a facility that hosts those with short-term mental health and substance use concerns, offering a medical approach to their sobriety rather than one based on criminal justice. Clients who use sobering centres are back outside the facility's walls within 24 hours of arriving.

[City Council Meeting report,](#)



Cancer News

BC to send [Cancer Patients](#) to U.S
[Cancer Action Plan](#)
[cancer warning labels](#) on alcohol

[New cancer-care centre](#) coming to Kamloops

Plans are also underway to build a 470-stall parkade to support staff, patients and visiting family and friends.

Additional diagnostic and treatment equipment and services may be identified as a requirement for the new cancer-care centre during the business planning phase.

IH News

[Midwifery Antenatal Care Clinic](#) opens for unattached pregnant patients in Kamloops

[Interior Health says](#) new midwifery antenatal care clinic at RIH not meant to replace TRFO clinic

Pharmacists' to prescribe medication for [minor ailments](#)

[Opioid agonist treatment](#) moves to Plan Z

HERE AND THERE IN AND OUT COMING AND GOING

DEPARTING

Dr Triessman has closed his practice; he will follow up with his patients as needed. Please contact patient family physician for any chart requests

Dr Collier has closed his Office Practice and is now nerve testing at RIH Please contact patient's Family Physician for any chart request

Dr Hornbeck will be closing her office dec 31st, 2023. She wont be accepting new patients, however if you have a prenatal patient who has previously been seen , you may call the office for "possible" care.

Dr Picton will be closing her Practice as of Oct 2023. Please contact patient's family physician for any records you may require.

ARRIVALS

Dr Marian Thorpe - pediatrics (MSP# J1860) has joined clinic with Dr Kyle Okano
Suite 240-546 St Paul St. Ph: 250-374-7722 / fax: 250-374-0446

ST PAUL FAMILY PRACTICE

Dr Roman Sukhorukov has taken Dr Weimer and Dr Cattaneo's practice.
Dr Joline Choi shares their office at 301-520 St Paul St.
Phone: 250-371-3363 Fax: 236-289-2088

NEW RESIDENTS have arrived in Kamloops! Keep your fingers crossed!!!!

Educational Opportunities



Self Help

[Zoom 101-basics](#)

[Zoom - Advanced](#)

[How To communicate effectively](#)

[How to handle stress at work](#)

[Introduction to Medical Terminology](#)

[Common Medical Conditions](#)

Job Opportunities



Clinic Notes

Physiotherapy Services.

- Physiotherapy Treatments can Include:
- Personalized exercise programs designed to improve your strength
- Joint mobilization and manipulation to reduce pain and stiffness
- Airway-clearance methods to assist people with breathing difficulties
- Functional activity and tolerance testing
- Work and occupational re-training and return to work planning
- and **much much** more

FEES and MSP Coverage:

Only those MSP beneficiaries with supplementary benefits status qualify for MSP coverage of physiotherapy services. To verify a patient's eligibility for these benefits, use the Teleplan online eligibility check feature or call Coverage Enquiries. **See if you qualify here** Some people qualify based on a low household income. some post-surg cases can get a handful of free sessions through RIH. Those who do qualify will still be charged a user fee . Patients can also call **1-800-663-7100** to check their status.

The following Allied Health Services are amongst those that require a user fee and / or have MSP benefits with supplementary benefits status, will qualify for MSP cover

For more information **visit MSP**

- acupuncture,
- chiropractic,
- massage therapy
- ,Naturopathy
- physical therapy
- non-surgical podiatry services

Lab Lounge

Ever wonder what you are looking for?
Of course you have! Well these charts may help!

Microbiology Swab and Collection Containers

Microbiology Swab and Collection Containers

Microbiology Swabs

Swabs and collection containers may be ordered by submitting a Clinic and Healthcare Provider Supply Requisition to LifeLabs or by calling (604) 412-4481 (Lower Mainland), (250) 881-3100 ext. 2124 (Victoria), 1-800-304-4011 ext 2124 (other Island locations) or (250) 374-1644 (Kamloops)

[Clinic and Healthcare Provider Supply Requisition - Lower Mainland](#)
[Clinic and Healthcare Provider Supply Requisition - Vancouver Island](#)

LifeLabs Swab Collection Containers	
	Culturette – Copan Liquid Amies Single Plastic Swab Routine Bacterial Culture for throats, wounds, vagina, etc. Not for Chlamydia/GC/Trichomonas PCR/NAAT
	Mini Culturettes – Copan Liquid Amies Aluminum Wire Swab (Small tipped swab) Male Urethra Culture – Used for bacterial culture only. Not for Chlamydia/GC/Trichomonas PCR/NAAT
	Anaerobic Culture Swab and Transport Media Specifically designed for recovery of anaerobic organisms from wounds.
	Aptima Unisex Swab (MALE/FEMALE) and Specimen Transport Tube For collection of cervix and urethra specimens for Chlamydia/GC/Trichomonas/Mycoplasma Not for bacterial culture
	Aptima Multitest Swab and Specimen Transport Tube For collection of vaginal, throat, eye and rectal specimens for Chlamydia/GC/Trichomonas/Mycoplasma Not for bacterial culture
	COPAN Fecal Swab For collection of stool specimens for culture and sensitivity or PCR testing.
BCCDC Swab Collection Containers – Order directly from BCCDC	
	BCCDC Virus Culture Collection Swab For Herpes and other viral testing. Do not use for CTGC testing
	BCCDC Virus Culture Collection Swab For Viral testing, including Mumps PCR and Measles PCR. Do not use for CTGC testing
	Permethrin Swab Collection Swab

Microbiology Swab and Collection Containers



Synovial Fluid Collection Kit: For the collection of Synovial Fluid for Culture, Cell count, Crystals, Differential, Cytology, Protein, Glucose and/or other testing. Collection instructions are included with kit. Use the red-top tube for culture collection.



Dermatophyte Kit (Mycology)
For the collection of skin, hair or nails for Dermatophyte and/or KOH testing.



Stool Collection Kits
For the collection of stool specimens for: Parasitology (SAF colorless fixative) Culture (Cary Blair Medium-pink liquid) *C.difficile* testing (refrigerated clean vial).



Pinworm Collection Kits
Vials with paddles for collection.



Sterile Urine Container (100 mL)
For the collection of urine, sputum or other liquid specimens. Including urine specimens for Chlamydia/GC/Trichomonas/ Mycoplasma testing.



Urine Preservative/Boric Acid Tube – Urine Culture Only
Do not use for urine macroscopic or microscopic



Pediatric Urine Collector: For the collection of urine from infants. Provide a sterile urine container for the transport of the collection bag. Note: Should also be used to prevent urine contamination when collecting stool from infants.



Scabies Collection Kit
For the collection of skin scraninos

Click on the image to view a larger view

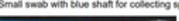
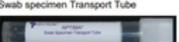
Chlamydia and Gonorrhea Collection Instructions



Chlamydia and Gonorrhea Collection Instructions

Purpose

These collection instructions are for the health care provider to collect Chlamydia and Gonorrhea specimens.

Specimen Site/ Test	Collection Device	Collection Instructions	Comments
Vagina - Nucleic Acid Amplification Testing (NAAT) *Preferred specimen type for females to diagnose genital Chlamydia/ Gonorrhea infection*	Small swab with pink shaft for collecting specimen  Swab Specimen Transport Tube 	<ol style="list-style-type: none"> 1. Insert the pink swab into the vagina 3-5 cm past the introitus and rotate gently for 10-30 seconds, touching the vaginal walls, to collect the specimen 2. Remove the cap from the transport tube 3. Place the pink swab into the tube 4. Break the shaft at the scored line and discard the top portion; recap the tube 	Swab may be self-collected by patient. Refer to Swab CTGC or Trichomonas Self Collected Vaginal Swabs
Cervix - Nucleic Acid Amplification Testing (NAAT)	Large swab with white shaft for cleaning. Discard and do not submit to laboratory  Small swab with blue shaft for collecting specimen  Swab specimen Transport Tube 	<ol style="list-style-type: none"> 1. Use the white swab to remove excess cervical mucus, then discard 2. Insert the blue swab into the cervical canal and rotate gently for 10-30 seconds to collect the specimen 3. Remove the cap from the transport tube 4. Place the blue swab into the tube 5. Break the shaft at the scored line and discard the top portion; recap the tube 	If a specimen for Pap testing is being collected at the same time, collect the NAAT specimen before the Pap specimen.
Urethra - Nucleic Acid Amplification Testing (NAAT)	Large swab with white shaft - DISCARD  Small swab with blue shaft for collecting specimen  Swab specimen Transport Tube 	<ol style="list-style-type: none"> 1. Insert the blue swab 2-4 cm into the urethra, rotating gently, to collect the specimen 2. Remove the cap from the transport tube 3. Place the blue shaft swab into the tube 4. Break shaft at the scored line and discard the top portion; recap the tube 	Patient should not have urinated for at least 1 hour before specimen collection

Gonorrhea Collection Instructions

Comments

Urine - Nucleic Acid Amplification (NAAT) *Preferred specimen type for males to diagnose genital Chlamydia/ Gonorrhea infection*	Orange top sterile container 	<ol style="list-style-type: none"> 1. Collect the first 20-30 mL of voided urine (NOT midstream) 	Patient should avoid urination for 1 hour before specimen collection If more than 60mL is collected, wait 1 hour and recollect another urine specimen.
Eye - Nucleic Acid Amplification (NAAT)	Small swab with pink shaft for collecting specimen  Swab Specimen Transport Tube 	<ol style="list-style-type: none"> 1. Hold the pink swab parallel to the cornea and gently rub the conjunctiva in the lower eyelid from nasal side outwards to collect the specimen 2. Remove the cap from the transport tube 3. Place the pink swab into the tube 4. Break shaft at the scored line and discard the top portion; recap the tube 	
Rectum - Nucleic Acid Amplification (NAAT)	Small swab with pink shaft for collecting specimen  Swab Specimen Transport Tube 	<ol style="list-style-type: none"> 1. Insert the pink swab through the rectal sphincter 2-3 cm. Gently rotate the swab, touching the walls of the rectum, to collect the specimen. 2. Remove the cap from the transport tube 3. Place the pink swab into the tube 4. Break the shaft at the scored line and discard the top portion; recap the tube 5. 	
Throat - Nucleic Acid Amplification (NAAT)	Small swab with pink shaft for collecting specimen  Swab Specimen Transport Tube 	<ol style="list-style-type: none"> 1. Use the pink swab to collect the specimen from the back of the throat without touching the teeth, cheeks, gums, or tongue. 2. Remove the cap from the transport tube 3. Place the pink swab into the tube 4. Break the shaft at the scored line and discard the top portion; recap the tube 	



Chlamydia and Gonorrhea Collection Instructions

Specimen Site/ Test	Collection Device	Collection Instructions	Comments
Cervix, Urethra, Rectum, Throat Culture	Copan (red top) swab for cervix, rectum, throat  Copan (green top) swab for urethra 	<ol style="list-style-type: none"> 1. Remove tube cap and discard 2. Use instructions above to collect specimen based on anatomic site. (Where a white cleaning swab is used, omit this step) 3. Place the swab into the tube and press firmly to close 	Avoid the use of lubricants during collection of swabs for culture of gonorrhea. Cervical swabs are preferred to vaginal swabs for gonorrhea culture.

Labelling Instructions

1. Label tube with specific anatomic site from which the sample was taken.
2. Patient samples and requisitions should be labeled with at least 2 patient identifiers (name and date of birth or PHN). Patient samples may be rejected if inappropriately labeled.

Packaging Instructions

- Swabs can be stored at room temperature after collection.
- Urine specimens can be stored at room temperature if being transported immediately but should be refrigerated if transportation time to the lab will be >24 hours.
- Package each patient's specimens in a separate plastic bag (each bag should contain specimens for one patient only).

Comments

- Use APTIMA swabs only for nucleic acid amplification testing (NAAT) – these swabs are **not suitable for GC culture**. Use **Copan (red-top) swab for GC culture**.
- Chlamydia, Gonorrhea and Trichomonas nucleic acid amplification testing can be performed from a single APTIMA swab.
- Culture for *Chlamydia trachomatis* is not available.

Sample Order Sheet

Provincial Lab Services

BCCDC supply order form

lab requisitions

Tests and Services

BC Centre for Disease

Control

lab services

Resource Centre

Useful Websites

- [Kamloops MOA Discussion Board - Facebook](#)
- [Thompson Region | Divisions of Family Practice](#)
- [Doctors of BC](#)
- [Pathways](#)
- [ICBC](#)
- [WorkSafeBC](#)
- [Public Health](#)
- [City of Kamloops Resource List](#)
- [HealthLink BC](#)
- [Emergency Info BC](#)
- [Seniors Programs and Services](#)
- [Parent Resources \(bccf.ca\)](#)
- [Family Resources](#)
- [Health Canada - Canada.ca](#)

FORMS

- [Government Assistance: Health Resources and Forms | Family Physicians & Nurse Practitioners](#)
- [Home and community care forms](#)
- [Forms for Medical & Health Care Practitioners](#)
- [BC Government Forms](#)
- [Trans Care Medical Forms](#)

BROCHURES & INFO SHEETS

- [BC Women's Hospital & Health Centre - Brochures](#)
- [Patient information sheets](#)
- [Health Link Brochures and posters](#)
- [Pain BC Brochures](#)
- [Health Promotion & Prevention](#)
- [Patient Care Handouts \(Alberta\)](#)
TONS of stuff!



Website access for
MOAs
Register MOA
Account



RECOVERY RESOURCES

BLUE HOUSE RECOVERY

KAMLOOPS' ONLY MEN'S RECOVERY HOUSE

The Blue House is a 7-bed second stage recovery home located in downtown Kamloops, BC. For those who are looking for abstinence-based housing the Blue House provides a safe and stable environment where residents can focus on building a new way of living in community.

The Blue House follows the 12-step model which provides a structured program that has regular meetings and encourages the use of a sponsor. Support groups help guide each participant through the 12 steps which become a way to develop their own recovery plan, both to begin recovery and as a tool to keep oneself in balance as a new life of sobriety is lived out.

Dealing with life on life's terms after treatment can be daunting and overwhelming. Blue House staff are committed to working one on one with each individual to ensure the road to rebuilding their lives has recovery and sobriety as the number one objective.

B.C RECOVERY SERVICES AND TREATMENT

Just as everyone has a different life path, people experiencing substance use challenges can have different healing journeys. Whichever path someone takes, support is an essential resource throughout their healing journey.

Treatment and supportive recovery services are live-in or bed-based substance use services that offer a range of programs and supports to help people who are looking to reduce or abstain from substances, and/or reduce harms associated with substance use. Programs can vary both in length, types of services offered, model of care and intensity of supports available.

A NEW TOMORROW TREATMENT PROGRAM

ADULT
YOUTH
STABILIZATION

A New Tomorrow Treatment Solutions is a multicentered rehabilitation offering adult inpatient treatment, structured programming individualized to each young person, and supervised, and supportive stabilization program to assist in the transition into treatment. Admissions are assessed individually, with the expectation that there has been a period of abstinence.

DAY ONE SOCIETY

at One Society offers hope, help, and healing to community members through connection—connection to detox services at our Phoenix Centre facility; youth alcohol and drug counselling, and support to families; and day treatment for young women.

We believe each person has the ability to change and accept personal responsibility for their own physical, emotional, social, and spiritual health. Guided by our core values, we have offered our services for 50 years, one day at a time.

Detoxification Program at the Phoenix Centre:

250-374-4634 • 1-877-318-1177

Raven Program for Youth & Family Counselling:

250-374-4634 • 1-877-318-1177

Osprey Program for Young Women:

250-374-4899

Supportive Transitional Living in Recovery:

250-374-4634

Disaster Preparedness

B.C. adds \$180 million to natural disaster fund

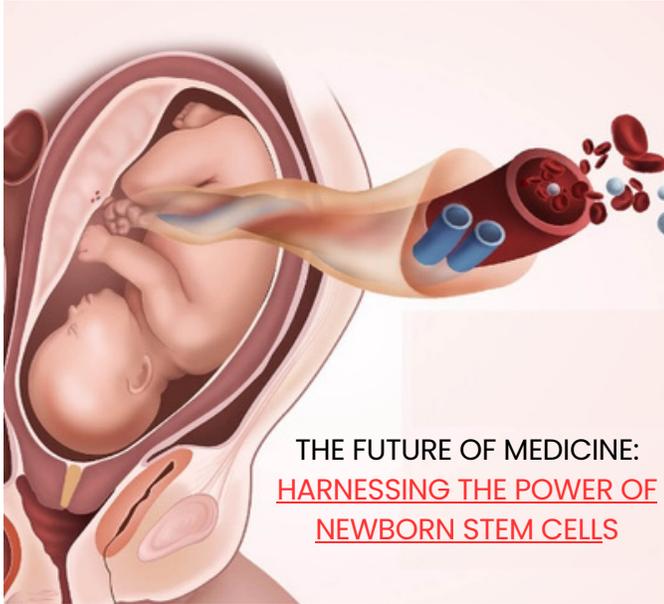
Evacuee Registration & Assistance

Important and helpful links to get you through a natural disaster

- [River Forecast Centre](#)
- [Emergency information](#) and [Twitter](#)
- [To check current weather alerts](#)
- [For preparedness guides](#) from PreparedBC, including floods, wildfires and extreme heat,
- [BCCDC information about preparing for heat events](#)
- [For tips about how to prepare grab-and-go bags, visit ect](#)
- [To register for Emergency Support Services](#)
- [BC Wildfire Service information and updates](#)
- [To stay informed about floods on roads or the latest road conditions,](#)
- [Red Cross - Make a plan](#)
- [Gov't Of Canada - Emergency management organizations](#)
- [Interior Health - Natural Disaster Links](#)

MONTHLY HEALTH AWARENESS

JULY IS CORD BLOOD AWARENESS MONTH



THE FUTURE OF MEDICINE:
HARNESSING THE POWER OF
NEWBORN STEM CELLS

stem cells are currently used to treat over 80 diseases, and ongoing research suggests that they may be able to treat even more in the future AND safely stored for the lifetime of your child, providing peace of mind that they will be accessible if and when needed.



10 Interesting Umbilical Cord Facts

There's no greater connection than between mother and baby...and it all starts with the umbilical cord!

- 1 Cord blood stem cells are used as standard to treat 85 diseases
- 2 Cord blood is a 100% DNA match to your child and has a 25% chance of matching a sibling
- 3 Delayed cord clamping is highly recommended to boost the immune system, prevent anaemia and more
- 4 The umbilical cord can grow up to 60cm long - that's almost 2 feet long.
- 5 Every umbilical cord contains Wharton's Jelly; a gelatinous substance that insulates and protects the blood vessels
- 6 The umbilical cord stump remains for 1-3 weeks after birth
- 7 Around 90% of the population has an "innie" belly button
- 8 In the last trimester, your baby receives half a litre of blood per minute through the umbilical cord
- 9 In Japan, mothers keep their baby's umbilical cord in a special wooden box
- 10 In Turkey, some parents bury their baby's umbilical cord to influence their future career

References

<https://parentsguidetocordblood.org/en/diseases#standard>
https://www.who.int/en/news/full_recommendations/cord_clamping/en/
<https://www.sciencedirect.com/topics/medicine-and-dentistry/wharton-jelly>
<https://www.bellybelly.com.au/birth/10-umbilical-cord-facts/>
<https://www.kfb.gov.br/EN-98540/traditions-to-do-with-birth.html>
<https://www.japantimes.co.jp/community/2002/09/08/general/the-japanese-attachment-to-umbilical-cords/#.XmDkUq75Uk>

AUGUST IS GASTROPARESIS AWARENESS MONTH

Gastroparesis is also often referred to as delayed gastric emptying. The term “gastric” refers to the stomach. Usually, the stomach voids its contents in a disciplined fashion into the small intestine. In gastroparesis, the muscle contractions that allow the food to move along the digestive tract do not function normally and the stomach does not empty quickly enough. Gastroparesis is defined by long-term symptoms combined with postponed stomach emptying in the absence of any observable obstruction or blockage. The delayed stomach emptying is confirmed by a test.

[CLICK IMAGE FOR MORE INFO](#)

Signs & Symptoms

- Vomiting/Nausea
Emitting undigested food often a few hours earlier
- Weight loss and malnutrition
- Abdominal bloating/pain
A feeling of fullness after eating just a few bites
- Loss of appetite
Inability to even eat small meals
- Changes in blood sugar levels

Causes & Treatment

Diabetes

People with diabetes are at a higher risk of developing gastroparesis. However, 33% of cases are idiopathic (meaning the disease occurs spontaneously and the cause is unknown).

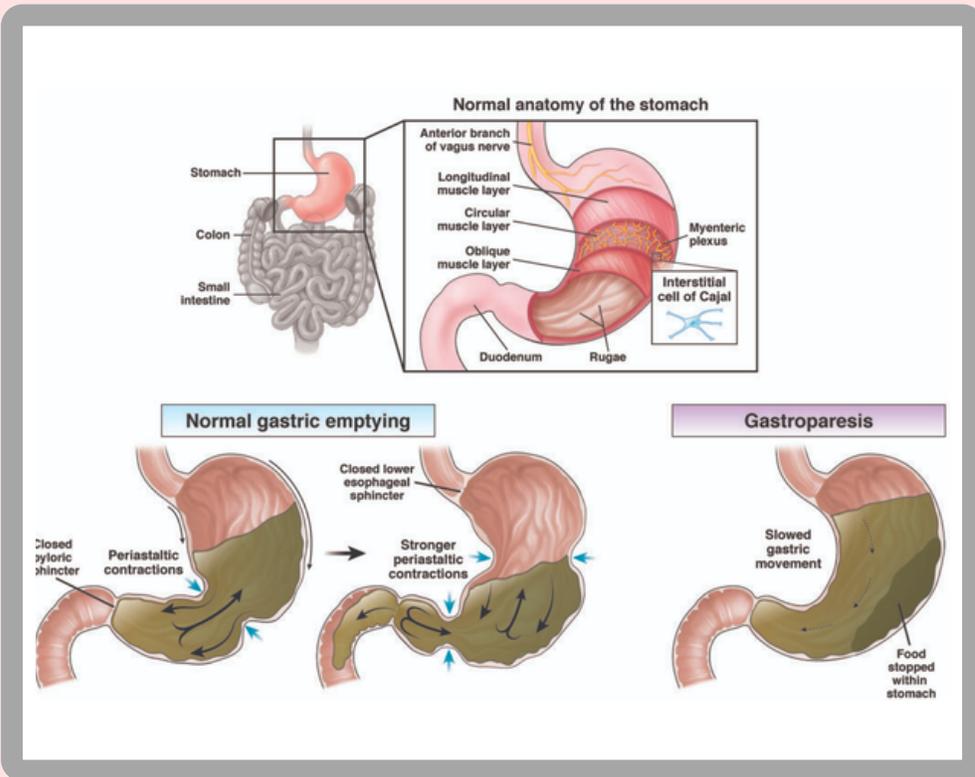
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There is NO CURE

The first step in treating gastroparesis is treating the root cause or underlying condition. If it is diabetes your doctor will work with you to control it.

Changes to your diet will also be necessary. Speak to a dietician, or head to CDHF.ca to learn more about this debilitating condition.

CDHF.ca



SEPTEMBER IS SEPSIS AWARENESS MONTH

Sepsis is a serious condition in which the body responds improperly to an infection. The infection-fighting processes turn on the body, causing the organs to work poorly.

Sepsis may progress to septic shock. This is a dramatic drop in blood pressure that can damage the lungs, kidneys, liver and other organs. When the damage is severe, it can lead to death.

Early treatment of sepsis improves chances for survival.



Sepsis Canada
Suspect sepsis. Save lives. Support recovery.

[RESEARCH](#)

[LEARN MORE ABOUT SEPSIS](#)



Awareness months, weeks and days help bring a greater understanding of illnesses and issues that affect children.

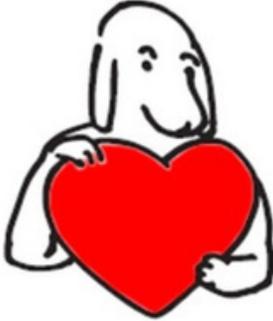
Awareness days and observances are a great time to fundraise, spread the word or reach out to friends or family members who are facing a diagnosis or illness.

[Find Out How You Can Help](#)

They said it would be fun

WORD JUMBLE

WHEN THE CARDIOLOGIST SAID I HAVE A BIG HEART, I DIDN'T KNOW SHE HAD THIS DIAGNOSIS IN MIND...



I

MECAIORDLYGA

CLUE: This term built from word parts shares a word part with the physician.



Riddle me this

A

A man stands on one side of the river and his dog on the other. the Man calls his dog, who crosses the river without getting wet and without using a bridge or a boat. How did the dog do this?

B

What day would yesterday be if Thursday was four days before the day after tomorrow?

C

If 6 men take around 4 hours to dig 4 holes, now long will it take for three men to dig half a hole?

Answers on next page



Medical Office

R	N	A	C	O	D	I	N	G	C	E	A
A	X	Y	U	U	F	B	P	C	O	D	M
B	A	A	T	O	A	A	R	M	M	O	R
D	X	P	F	A	M	N	O	D	P	C	E
U	S	Y	I	T	I	K	C	Y	U	T	D
L	T	E	P	H	L	I	E	C	T	O	U
S	A	A	I	A	Y	N	D	I	E	R	C
R	U	C	E	T	T	G	U	L	R	C	A
S	I	T	I	C	U	I	R	O	F	M	T
I	L	P	T	D	I	D	E	P	A	F	I
S	D	R	O	C	E	R	S	N	C	A	O
Q	E	Q	U	I	P	M	E	N	T	B	N
E	A	T	N	A	T	S	I	S	S	A	I
F	I	L	E	S	P	N	C	D	I	I	U

- FILES
- COMPUTER
- PATIENT
- ASSISTANT
- FAX
- PROCEDURES
- DOCTOR
- EDUCATION
- MEDICAL
- CODING
- EQUIPMENT
- POLICY
- RECORDS
- HIPAA
- BANKING
- FAMILY
- DUTIES

Best and Worst

Best: Being the person to help someone when they feel their worst
 Worst: Dealing with some people who are at their worst

Best: I loved all aspects of being an MOA!
 Worst: under paid/over worked

Best: Helping those that need it the most.
 Worst: Helping those that THINK they need it most

Bring on the QUIZ Kid!

Medicine Pub Quiz

Fun Fact Quiz

35 Medical Trivia Questions Only Geniuses Will Get Right.

Word Jumble:
 A: the river is frozen
 B: Friddy
 C: There is no such thing as a half hole