



It's time to stand up for Healthcare!

Join us . . .

*We need at least
one more doctor
OR a different
model to access
doctors*

VICTORY IS
ALWAYS POSSIBLE
FOR THE PERSON
WHO REFUSES
TO STOP
FIGHTING.

"Wishes Quotes"

In This Issue

- Why we do this
- Focus Groups—
what are they
- Why Focus Groups

Why Focus Groups

We want to be sure we know from the communities that are served by the Ashcroft Health Centre and Hospital what services they must have, would like to have, and need.

Currently what is being done well and what needs to be done better.

What changes can we recommend to the current models of care to get what we need, to reduce travel, get access to different types of care, and improve the overall health of our communities.

What are Focus Groups

We will bring groups of people together virtually and perhaps in person depending on COVID protocols and locations.

Groups will have similar interests or healthcare needs. We will have a conversation and listen to you and document what you say.

People can attend more than one group if they have input in more than one category, and many will.

Examples of Focus Groups

Chronic Diseases

Mental Health

Families with Young Children

Drug and Alcohol Abuse

Maternity and postnatal care

Accessing a Doctor or other Healthcare Professionals

Seniors Care

Caregivers Support

We will elaborate on these.

Something we didn't think of?

Email info@ahawc.ca with your suggestions.

The following two pages warrants repeating

WE speak for my family members from newborn to 83 years old,

WE speak for the Nurse Manager - retired who worked most of her career ensuring people in our community received the care they needed, sustained a traumatic injury at her home and fortunate it happened on the weekend, unable to return to Ashcroft to heal and convalesce,

WE speak for the community members receiving medical treatments by nursing staff (IV Therapy, blood transfusions, phlebotomies, nebulizer treatments, stitch and cast removal) in the ER with inconsistent hours and at best two days a week,

WE speak for the patients waiting to see a physician for days, or unable to book an appointment because our physicians are not taking any more patients,

WE speak for the new moms and babies discharged after 24 hours without access to services in a timely manner,

WE speak for the accidents at home and in the workplace,

WE speak for the elderly and special needs of our communities taken to Kamloops by ambulance, discharged with no way to get home, in pajamas, without a wallet or money,

WE speak for the discharged patients from RIH with discharge orders but not enough staff to see to their immediate needs,

WE speak for the traffic traveling through our area, seeking medical assistance, or suffering an MVA, requiring some medical assistance,

WE speak for the caregiver transporting a family member to RIH with chest pains and having them die halfway there, waiting on the side of the road for an ambulance,

WE speak for the patient laying in agony in their own bed trying to hold on until 6 pm Friday when the ED opens, and praying it does,

WE speak for the mother of an infant, unsure and frightened wanting someone to check the condition of her baby,

WE speak for the long-time community members feeling forced to move away from their home town because they don't feel our healthcare is adequate,

WE speak for the business owners watching this happen,

WE speak for potential new community members checking our healthcare delivery when deciding whether to move here,

WE speak for the retired healthcare workers who reside in our communities and find themselves in need of help and it isn't there,

WE speak for the palliative patient and family trying to die with dignity at home frightened by something unexpected and needing someone to help them cope and then return home,

WE speak for my friends, acquaintances and colleagues and their families,

WE speak for visitors to our community who didn't plan to need emergency services but assumed they were here,

WE speak for the LTC resident who fell and sustained an injury being transported by ambulance to RIH held on a stretcher in the hallway alone, confused, while waiting for treatment,

WE speak for the nurse who confides how guilty she feels because she hears about an event in community and there was no ED to help that day,

WE speak for the support person following an ambulance into Kamloops, sitting next to a stretcher taking care of their loved one as best they can with no health professionals in sight hoping someone notices them soon, they've been there for five hours, looking for someone to help them clean up the vomit, urine, change bedding, find a commode, bathroom etc. while they wait to get care not knowing or caring what level of CTAS they are,

WE speak for the person who can't get any medication because the pharmacy is closed because no pharmacist is available until Monday and need something to tie them over until then.

WE speak for the people who do not have transportation to go to another community to get medical help.

WE speak for the elderly who get frightened and overwhelmed when they have to leave the safety of their home community.

WE speak for the person whose emergency hasn't happened yet!