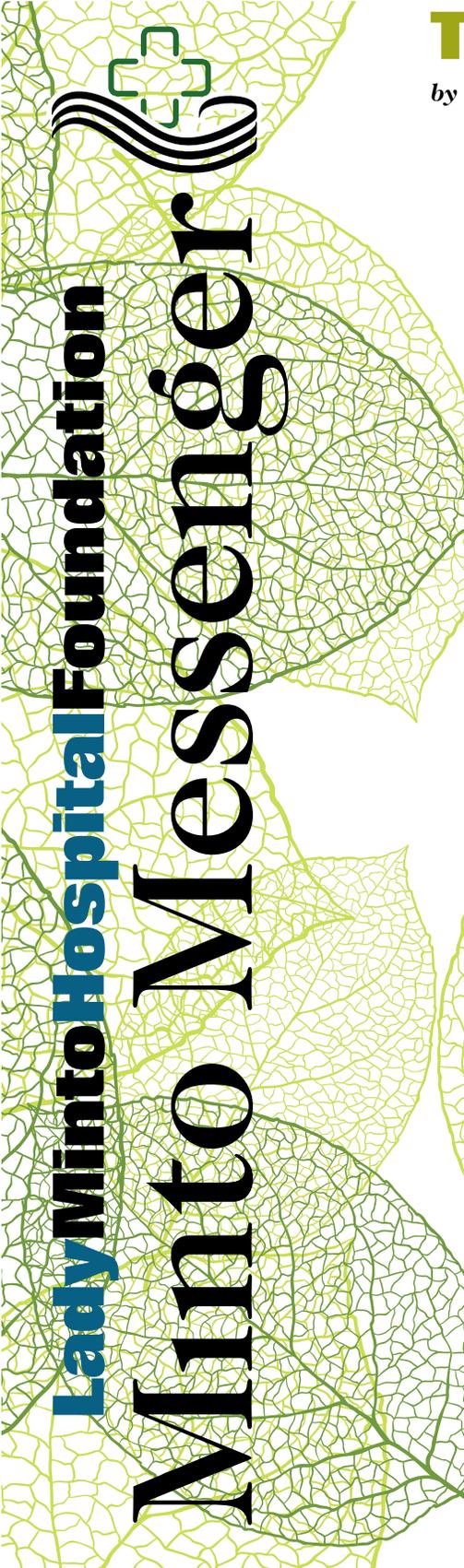


The Jewel In The Crown

by Diana Hayes



Lady Minto Hospital Foundation Minto Messenger



Jill Kinnear, R.N. and Dr. Holly Slakov

If you ask any one of the island realtors what the most important requirement is for clients considering a move to Salt Spring Island, they will say without hesitation, "There must be a hospital with an Emergency Room." Many islanders have based their final decision to move here on that fact. The Lady Minto ER is without a doubt the hospital's jewel. Where else would you receive hot blankets, hot tea and hot muffins baked in-house? ...and where else would you encounter such an amazing team of doctors, nurses and other health professionals ready to handle anything that comes through the doors? You might even be seen within 20 minutes, which is unheard of in the big city.

The hospital has 12 doctors that rotate through 12 or 24-hour shifts in the Emergency Department. It is a requirement for getting medical staff privileges at the hospital. This means having all of the necessary certifications and training to handle anything that presents in Emergency and keeping up to date with training and technology through ongoing education.

I spoke with a few members of our team and got a better sense of the challenges and rewards of rural medical practice and what is entailed in providing Emergency Room coverage.



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Dr. Holly Slakov gave up her full time medical practice in 2003 to free up some time for her growing family. By then she had three young children. “I had to give up something,” she said, “so I decided to focus my medical career on emergency medicine.” In her role at Lady Minto’s ER, she is able to control which shifts she covers and streamline her work schedule. She now provides regular coverage for 12 hour shifts, often on week-ends, which helps to free up time for the other G.P.s. In order to prepare for this role, she worked shifts at the Royal Columbian Hospital in New Westminster to expand her ER experience. “At a big city hospital, you have lots of back-up. Here, at Lady Minto, you don’t see the same volume of cases but you must be ready for anything that comes through the door.” Practicing in a rural facility provides a huge range of possibilities. “People think ER work is so difficult,” she says, “but I think that what family physicians do in their clinics everyday is what is difficult and this is not recognized. The health care system is a team and no one part or individual can function alone. We are lucky on SSI to have a team.”

“We have a great, dedicated nursing staff who are eager to learn,” says Dr. Barclay. “They participate in monthly ‘Megacode’ rounds which are now being attended by the doctors as well. There was a recent joint (RN and MD) trauma/ER simulation day in Nanaimo which had a full simulation emergency room for teaching.” Dr. Barclay acknowledges the Foundation’s fundraising and community support which in turn allows the staff to have the most up-to-date equipment available. Visiting doctors have often commented on how well our ER is equipped.

I asked several of the doctors, including Dr. Barclay and Dr. MacPhail, what is on their wish list for our ER, and what are the challenges they currently face.

“We have very little room to put new ER equipment!” Dr. Barclay states. “Space is the biggest issue in working in our ER from a patient safety/infection control perspective, as well as privacy. It is taxing enough just having space to do suturing or cast application, but for cardiac arrests and trauma it becomes almost overwhelming trying to



Roselyne Schneider, R.N; Dr. Jan MacPhail, who sadly will be leaving us this summer to join her family in Thunder Bay, with Jennifer Williams, Foundation Board Member; Dr. Shane Barclay demonstrates the F.A.S.T. Ultrasound at the Minto Mash event with Ian Whipple’s son, Jay

I spoke with Dr. Shane Barclay about the Emergency Room and he was excited to report that he has been able to organize an intensive course on the F.A.S.T. Ultrasound (a portable ultrasound machine purchased by the Foundation for use in the ER) this fall. There are 30 conditions that can be identified using this equipment. The course will focus on the top 4: fluid around the heart, aortic aneurism, abdominal bleeding due to trauma, and ectopic pregnancy.

The course is put on by the founders of EDE (Emergency Department Echo) and affiliated with the Canadian Emergency Ultrasound Society (CEUS). Dr Ray Wiss, an ER doc from Ontario, founded the EDE course some 15 yrs ago. Dr. Barclay is hosting the course and will be one of the instructors but other instructors will come from elsewhere, mainly western Canada. There are usually 5 instructors and 8 ‘students’ per course day.

work in the restricted space.” Dr. MacPhail agrees that space is a major issue. The Foundation is aware through the facility’s site manager, Bill Relph, that expansion of the Lady Minto ER is definitely on VIHA’s major capital project list. A date has not been set but we are poised and ready to fundraise for this most important project.

Another subject raised by most of the ER doctors was the issues around patient transfers to higher levels of care. “Transfers sometimes pose a challenge,” Dr. Slakov says. “There are two systems to deal with: VIHA’s higher level of care and the B.C. Ambulance Service. Both need to be coordinated by our ER team. Often it comes down to ‘bed control’, a VIHA system where the availability of beds is monitored and tightly controlled. They have a ‘no refusal’ policy, but sometimes the system is cumbersome.”

Our Laboratory and Radiology staff are key team players

and carry out diagnostic testings on a 24/7 basis. Dr. Morse, our General Internist, is also available to see emergency room patients and provides urgent diagnostic endoscopy procedures (as well as booked procedures) when required.

I spoke with Jo Twaites, Clinical Coordinator, about the special training and requirements for rural nursing and the vast diversity of experience needed to work a shift at Lady Minto. She explained that newly hired nurses have a program of education and experience before they are given ER shifts. There is an extensive checklist of courses that they must take either as a one-time course, or annual re-certification. The list is extensive (Cardiac Rhythm Interpretation, The Canadian Triage Assessment

agency care. Along with the emergency mental health workers, who are trained counsellors and work from 4 pm to midnight 7 days a week, she is ready and available to provide assistance with mental health emergencies. Cases include a wide range of mental health illnesses such as severe depression, anxiety, difficulty coping with stressors and suicide attempts. Patients with substance abuse problems are also seen in emergency. Anastasia works with the hospital psychiatrist, Dr. Montalbetti, and also provides follow up care for mental health out-patients. Recently, Anastasia taught a course on Violence Prevention in the Workplace, a required course throughout VIHA and available to all staff.



Lori Teather, Susi Dollheiser; RN Shift Team: Bryan Schultz, Isreal Cohen and Colin Hendry; Anastasia Williams

Course, Advanced Cardiac Life Support, Trauma Nursing Core Course, Neonatal Resuscitation, Emergency Nursing Pediatric Course, Hazardous Material Decontamination, Suicide Screening, Delirium Education) but I was unfamiliar with a specialised course called Strangers in Crisis: a course on helping patients and families cope with the stresses of emergency visits. This would provide invaluable tools for staff working here.

This year, Jo identified the need for better unit clerk coverage and created two permanent positions for Nursing Unit Assistants on Acute Care. These specialized assistants provide 7 days/week coverage, from 0745 am to 7 pm. They are really the first stop for patients presenting at emergency. They take care of all of the paperwork, organize tests when ordered and transcribe doctors' orders onto the medical chart. Lori Teather and Susanne Dollheiser were hired into the positions this spring. "You have to be very well organized and able to keep track of a great number of details throughout the day," explains Lori. "It is also essential to remain calm. This is certainly a major requirement of the job." Some of the challenges include deciphering doctors' handwriting, being familiar with hundreds of medication names, and staying well organized in a small space. "You are always multi-tasking in this job. You must be an organized and analytical thinker."

Anastasia Williams, Mental Health & Addictions Nurse, is another specialized team member who provides emer-

I spoke to Dr. White about the transition from big city medical practice to Salt Spring Island. He confesses he is the oldest G.P. on the team and has a "love/hate" relationship with emergency work. "Much like when I was young and covering obstetrics, things can go wrong for reasons beyond the scope of medicine. As a doctor, this can be really tough."



Dr. Jim White

Dr. White acknowledges that here at Lady Minto, it is all about team work. "We have some great nurses working in the ER. Another thing that makes the department function well is the B.C. Air Ambulance service. The paramedics are exceptional – top of their game. They now have an 'auto-launch' protocol which means that the paramedics can decide to airlift a patient directly from the scene of an accident."

After a long and difficult 12 hour shift, I asked Dr. Slakov how she "shakes off" the effects of the day. "A hot bath!" she says. "Or a long run. Something physical to de-stress really helps. A few of us meet regularly to debrief and review cases and provide support for one another. Confidentiality is paramount so we can't talk to friends or family. It really helps to be able to share among peers and team members." ■



Jill Kinnear, R.N.
**Conversations with
an ER Nurse**

Diana Hayes: Tells us a bit about how you came to work at Lady Minto and what it is like working in ER.

Jill Kinnear: Working in the ER at Lady Minto Hospital... what can I say, there can be a little of a love-hate relationship with it. New nurses coming to Lady Minto are either extremely excited to get their hands in there or find the very thought of being responsible for it, mainly alone, an extremely daunting undertaking. For me it was one of the things I was most excited about getting to do. I finished my nursing training in the UK in 2005 and then worked in an Accident and Emergency Dept there for six months before coming back to Canada.

I started working at Lady Minto in June 2007. I had come from this big hospital with a large skill mix and was backed up by more experienced nurses at all times if I needed them. Then I started here and all the decisions were mine: triaging patients to determine how quickly do they need to be seen, how quickly do I have to make sure the doctor gets here, have I gathered all the info the doctor was going to ask me about when I phone them at 4 o'clock in the morning; will I need to call lab, should I page X-ray... And then sometimes there is the sheer volume of patients arriving and the conundrum of choosing between triage and treatment; what has changed in the hallway while I've been dressing this wound; is this chest pain cardiac or musculo-skeletal? Who's going to help me pick this patient up who collapsed in the doorway?

Luckily we have a great team at Lady Minto and the nurses on the floor are always ready to drop everything (when safe to do so of course!) and pitch in to help in ER when numbers and patient acuity/urgency becomes overwhelming.

DH: What changes would you like to see in the ER?

JK: We believe family involvement is important in achieving the best possible outcomes for our patients so we do our best to accommodate them at the bedside. Since a family member usually knows the patient best, having their presence at the bedside is invaluable, especially if the patient is unable to speak or advocate for themselves at the time.

It would be really nice if we could find a way to have more space around each of the stretchers, not only for us but also to increase privacy for the patients. A curtain will block line of sight but doesn't do much for blocking out sound... but we do the best we can with what we have.

DH: What are the challenges that you experience working in ER?

JK: I love the challenge and diversity of the people I get to work with in the ER. On every shift I meet several new people and learn something new. I love the challenge of taking the signs and symptoms a patient is presenting with and attempting to come up with a diagnosis and the best plan of treatment to help ease those signs and symptoms. Obviously it is the doctor who comes up with the final diagnosis and course of treatment but I feel that our doctors respect us as nurses and as a team and will really listen to what we have to say if we have a 'feeling' about something or someone.

DH: Tell me a bit about continuing education and the need to keep updated in rural nursing education.

JK: I am currently working on my Emergency Nursing Specialty Certificate through BCIT and studying for this program has greatly increased my confidence in working in ER here. I also just did the Emergency Nursing Pediatric Care at the weekend which was a great course. Nursing pediatric patients can be slightly nerve-racking as they are just so little and we're more familiar dealing with adults who can usually tell you exactly what the problem is, or at least indicate where it hurts. Assessment and observation skills are even more important with the little ones and this course is designed to give you a clear understanding of the most important differences. ■

ALSO ON THE ER TEAM: We have 21 nurses on staff (some full time, part-time or casual) who provide ER coverage for 12 hour shifts. Each nurse rotates through the ER to keep their skills honed.

I wasn't able to speak to all emergency room doctors but rest assured that you are well looked after by each and every one of them:

Shane Barclay, David Beaver, David Butcher, Robert Crichton, Ian Gummeson, Dan Kalf, Ron Reznick, Paula Ryan, Manya Sadoski, Holly Slakov, Jim White, David Woodley.

Vancouver Island physicians Glen Lowther, Roger Walmsley, and Shawn Benniger also work in our Emergency Room periodically to cover shifts when required. Regular locum physicians Stefan Grzybowski and Phillippa Tattersal physicians also provide ER coverage .



A DAY AT THE LADY MINTO EMERGENCY ROOM

by Patrick Taylor, MD

Emergency Rooms are strange places. In 1965 working in a Belfast ER I had to deal with more than 100 hysterical fans from a Rolling Stones concert in one evening. Not likely here on Salt Spring, but what is life really like in the ER? I asked Doctor Ron Reznick, who soon will be the longest serving of 12 family physicians and locums who staff our ER and who treated 9,419 patients (that's nearly 26 every 24 hour period) in 2011/2012 .

Patrick Taylor: When did you start at Lady Minto? What changes have you seen since then?

Ron Resnick: I first came to Lady Minto as a locum in 1984 and then started my private practice in 1987. There was only one ER bed, fewer doctors. Now we have four beds. During the week the physicians saw their own patients in the ER and the on-call doctor dealt with those patients who did not have a physician. Weekend call lasted from Friday night to Monday morning. Now the on-call doctor sees all ER visits and I am the only one who does 24-hour shifts. I think the volume of cases was much less and there were less medivacs.

PT: What kind of cases do you see and who is the ER team?

RR: We see everything from kids with a pea up their nose to chain-saw injuries to heart attacks. The team is one doctor (and a back up on call), one dedicated nurse, and they are dedicated, with back up from another unit. Doctors John Morse and Bob Crossland often provide internal medicine back up. We have access to mental health evaluation on weekdays and mental health workers on call from four pm to midnight. There are 24 hour radiological and lab technical services.

PT: To improve your service to patients what would you ask for?

RR: The sky's the limit?

PT: Sure.

RR: [*Grins.*] A brand new ER, but for now I'd ask for six beds (2 more than what we have now), each with more space, better privacy, and updated equipment packs. We need a separate minor procedures room. I'll never forget a family of five from granny to a child all with mushroom poisoning. It was a zoo. Five I.V.s to be set up, vital signs to be measured, gastro-intestinal effects to be managed, medivac arranged for the child. There wasn't room to swing a cat.

PT: But you and your team managed?

RR: Smiles and shrugs. It's what we're here for.

PT: I believe rural G.P.s continually update their ER skills.

RR: Yes. We all take regular cardiac, trauma and ultrasound courses and have weekly medical rounds, often where visiting experts present case studies. This fall we'll have an on-island ultrasound course which features the portable F.A.S.T. Ultrasound equipment purchased a few years ago by the Foundation.

PT: How important is the team's 24/7 service?

RR: If we could arrange for people to injure themselves or to have strokes or heart attacks between nine to five, Monday to Friday there'd be no need at all, but there's not much point having portable defibrillators all over the islands if there isn't 24/7 back up here.



Dr. Ron Reznick

PT: Tell me about your most memorable shift or case?

RR: I've never had either.

PT: What? I don't understand.

RR: At Lady Minto every shift is memorable because of the people we see and we really do try to see sick people as just that, "people," not, "cases." The one patient I remember best was a woman in septic shock, a potentially lethal condition. We had some O positive blood and with a transfusion we were able to keep her alive until she was medivac'd to specialist care. She survived, and the whole team that day felt that they had made a useful contribution. I still keep the thank you card from her twelve year old daughter.

PT: Thank you, Doctor Reznick. I for one, and I hope our readers, will rest more comfortably knowing that the the ER team at LMH is there for us 24/7. ■



Shelley with her husband Cliff on their daily track session to keep fit

IT WAS A SATURDAY MORNING...

Shelley Nitikman

SATURDAY MORNING, APRIL 13, 2013.

It was a Saturday morning

like any other except for one thing: an unusual, totally unexpected thing. Seated at my computer, reading and replying to emails, I experienced severe pain encircling my body. It was like I was being wrapped by an ever-tightening band of pain from shoulder blades, round my back, down to my waist, around my chest, through the length of my arms, into my shoulders, and along the right side of my face, my neck, my head: all was affected.

I didn't panic. I was not even particularly frightened. I'd experienced similar pain over the years though never so intense. In the past, the pain had been caused by a bad attack of acid reflux. I learned then that acid reflux can mimic symptoms of heart attack.

After 10 minutes or so had passed, good sense prevailed and I moved from my desk to my bed, thinking I should probably call an ambulance and get to Lady Minto emergency but first I called my husband at work and let him know what was happening. He said he'd pick me up and was at the house within minutes, at "Emerg" within a few more minutes and in no time at all I was in the capable hands of Dr. Holly Slakov and her amazing team who, after checking all my vital signs and easing the pain with oxygen, nitroglycerin and morphine, advised me that I was not suffering from a bad case of acid reflux but was having a bona fide heart attack.

After being stabilized, I spent the night in the hospital in the cardiac observation bed and thanks to the foresight and forward planning by Dr. Slakov and her team, I was flown by helicopter the next day to the Royal Jubilee Hospital's Cardiac Unit in Victoria where I was prepared for angioplasty. My husband was not allowed on the helicopter with me so he followed by car on the ferry.

On Monday morning, precisely at 8:30 as planned, I was wheeled into the surgery for an angiogram which revealed one blocked major artery which was stented. I was taken to the Short Stay ward where within about an hour or so, I was up and walking to the bathroom. I spent about six hours in Short Stay and was discharged and returned with my husband, in our car, via ferry to Salt Spring.

I come now to the reason I'm writing this piece. The cardiologists on duty at the Royal Jubilee the Monday when I was transferred told me that it was thanks to the immediate attention I received from the skilled doctors and the medical team at Lady Minto that fateful Saturday morning, that the outcome of the heart attack was so good. There was little or no damage to my heart. I recovered quickly, and after the first 2 or 3 days at home, I was walking laps at Portlock Park.

I want to thank with all my (essentially undamaged) heart the remarkable members of the emergency "team" on duty that Saturday morning; they were calm, so I felt calm; they worked together so efficiently, and so quickly, just like a well rehearsed "dance": I felt safe and confident in their care. I also have to acknowledge the doctors and nursing staff in the Cardiac Unit of the Royal Jubilee. They were wonderful. I cannot imagine receiving better care in any other hospital.

Because I am so grateful, so impressed and so thankful, I want to acknowledge by name Dr Holly Slakov, Dr. Stefan Grzybowski, Della Stienstra, Andrea Marx, and Bryan Schultz. There may well have been others on duty that morning who contributed their skill and care but whose names I don't know. To them I can only say "Thank you for everything."

Finally, please don't take this personally but I sincerely hope I will not see you in Emerg again anytime soon. However, if it should happen that I do, I hope that all of you will be on duty when I arrive. ■



LadyMintoHospitalFoundation

PRESIDENT'S MESSAGE

Derek Fry

Springtime is always jam-packed with activity at the Foundation. This is the time when all the hard work goes into making a success of our major fundraising programs.

Our annual Phantom Ball campaign kicked-off this year with a fabulous theatre event at the Fritz where some 100 islanders enjoyed a screening

of Andrew Lloyd-Webber's Phantom of the Opera. The Fritz was decked out as the Paris Opera House and guests had bubbly and chocolate to

add to the fun. Early returns on the campaign itself show the Salt Spring friends of the hospital are responding strongly as always and we are confident we will reach our targets by the end of the summer. On September 6th we will draw the prize-winner who will be off for a complimentary week in the Okanagan.

On July 13th the annual golf tournament will hit the links and we have been assured by our Golf Committee that we will have good weather. We can certainly guarantee a good time and a fun evening for

all attendees. Local businesses are stepping up with prizes and sponsorships and there will be another ball drop organized with the Rotary so be sure to buy your tickets and watch out for the helicopter.

We had an excellent finish to our 2012/13 fiscal year with income from donations and investments comfortably

“We had an excellent finish to our 2012/13 fiscal year with income from donations and investments comfortably exceeding last year.”

exceeding last year. This enabled us to strengthen our financial reserves while supporting the hospital and community with new equipment, education funds and an expanded AED program. We now have 30 AEDs out there and have trained about 100 people in CPR/AED skills. Recent new locations signing on include GISS and the new Library.

As I look forward over the summer, we anticipate working closely with the VIHA folks in Victoria to look for a way to get the ER modernization program started. This \$5 million program is seen by all to be the most important improvement needed at Lady Minto and we are hoping for inclusion in next year's plans. ■



Derek Fry, Chief Tom Bremner and Search & Rescue Search Manager Chuck Hamilton at Minto M.A.S.H.



Current AED Locations:

- Kings Lane Medical Clinic
- Meadowbrook Seniors Residence
- All Saints By The Sea
- Farmers' Institute
- Pharmasave – Uptown & Downtown
- North End Fitness
- Salt Spring Air
- ArtSpring
- Royal Canadian Legion
- Seniors Services Society
- Brinkworthy Estates
- Salt Spring Dental – Dr. McGinn
- Rainbow Road Indoor Pool
- Royal Vancouver Yacht Club – Scott Point
- Salt Spring Island Sailing Club
- Salt Spring Golf Club
- Indoor Tennis Court at Golf Club
- Portlock Park
- Gulf Islands Secondary School
- Fire Halls (3)
- B.C. Hydro Trucks (6)



MEET OUR RESIDENTS ON EXTENDED CARE

ALICE BIBEAU TESTER

Written by her good friend Ellen Mahoney, R.N.

Alice is a delightful diminutive Canadian treasure who steals the hearts of everyone who meets her. She was born Alice Bibeau in 1913 in Montreal and graduated as a Registered Nurse. After initially being turned down from nursing school due to her small stature, she appealed to the Chief Physician of the hospital. When he finally agreed she could enter their program, she climbed up on a chair and kissed his cheek.

Alice first nursed in a private hospital in Hollywood, California and claims to have cared for Clark Gable and Bing Crosby. Her brother Joe lived in Flin Flon, Manitoba and when his friend Lyle Tester was planning a trip to California, Joe suggested he call on his sister. The rest is history and after Alice and Lyle celebrated a beautiful wedding in Hollywood, they settled in Flin Flon. Lyle worked as an electrician and Alice as a nurse in the Operating Room and on a medical/surgical nursing unit. They had no children of their own. Alice has a grandniece, Nicole, in Seattle and grandnephews across the country.

Lyle and Alice retired from Flin Flon to White Rock in 1970 where they managed a small motel. Later they retired to Salt Spring Island, a place she had visited once and hoped to return to one day to live. They had a beautiful property on Swanson Road where she enjoyed a huge rose garden, fruit trees, a large goldfish pond, chickens and her pride and joy, two miniature horses. Lyle built a cart for the horses and Alice. When you mention that fact to an islander, they'll remember seeing Alice at one time or another out for a ride with her horses.

Lyle passed away in 1986 and Alice maintained her home until 1999 when she moved into Pioneer Village.

Alice is a poet and has been honoured for her poetry. She took piano lessons about 25 years ago and owned a player piano which she donated to Greenwoods. She loves to be the center of attention and often will play two spoons on her knee in amazing rhythm. She likes to laugh and have fun and is often a flirt.

From top:

Photo of Alice Tester at her nursing graduation; always "a proud nurse"

A retired operating room nurse, who will celebrate her 100th birthday in August 2013

Alice was a close life-long friend of Pierre Trudeau as well as Jean Chrétien. Pierre visited Alice many times on Salt Spring Island. In the late 1980's she was a guest of Mikhail and Raisa Gorbachev in Russia. She is well loved and has friends everywhere, especially retired nurses from Flin Flon. She used to write long letters and added copies of her poems but a sore thumb stopped her from writing altogether. (She has a hand support but never wears it). She loved to travel to Hawaii and one time spent a month in Paris.

Alice has been healthy all her life and had never been hospitalized until 2007 when she had surgery for a non-malignant breast tumour. Since then, she demonstrated signs of dementia though she still has periods when she is very lucid. She is a great story teller and has been known to tell a colourful joke, embellish a story, or fabricate a tale or two.

In the past when I took Alice to visit a friend in Greenwoods, she commented how she did not like spending time with old people even though she was older than everyone there. Last year just before her birthday, she was overheard telling people she just met that she was 85 (not 98)! The timing was right for her move to the ECU at Lady Minto Hospital and she is happy with the move. She actually stated, "Whoever made the decision for me to move here, made the right decision." She enjoys keeping busy and being needed, so providing her tasks to accomplish is a win/win situation. And ECU will provide her the routine, companionship and safety she requires. ■



Diana Hayes (left) and Margaret Mackenzie on ECU

HOSPITAL AUXILIARY

A VERY ACTIVE PRESENCE ON EXTENDED CARE

by Margaret Mackenzie, Volunteer Coordinator, LMH Extended Care Unit for the Hospital Auxiliary

Part of our constitution states "the purpose of the Lady Minto Auxiliary Society" is to contribute to the comfort and welfare of the patients and residents of Lady Minto Hospital. Thus, we have a very active presence in the Extended Care Unit. Our volunteers demonstrate teamwork at its best, showing compassion and recognizing the human dignity of the unit's residents.

There is a huge emphasis on art, music and other activities, for which the Auxiliary has taken a leading role. We have with the Hospital's approval sponsored a music therapist and an art therapist who each dedicate a full day each week in their therapy programs. These activities enhance the cognitive, emotional and spiritual needs of the residents.

As well, Auxiliary pianists perform three times weekly, and we also coordinate a monthly Tea Concert, with local artists from the community.

All special occasions are celebrated, including birthdays, Easter and Christmas. Gifts are given at festive parties. We are also involved in weekly activities such as Bingo and when necessary, we are there to help with many other events.

Our core mission is to serve the residents refreshments twice a day during the week, supplying treats for the weekend. We also attend to the health of their flowers. This also enables us to visit and often to spend time with those who need extra attention. Money is also contributed to facilitate various activities in the Unit.

In caring for the sick and aged we are given a message on life's lesson that we cannot ignore – the importance of human relationships!



MEET OUR RESIDENTS ON EXTENDED CARE

RON BIRNIE

by family friends Fred and Maryanne Hobbs

What is that crunching sound? Who is that grey-haired gentleman, and why is he eating salt and vinegar potato chips with his morning porridge? And is that a tiara on his head? That would be our friend, Ron Birnie, the curmudgeon of Extended Care.

Ron is the eldest of three, the only surviving child of an East Toronto Scottish working class couple. He was bred, born, schooled and employed in East Toronto. A perennial bachelor, Ron worked his entire teen and adult life for CNN, loading and organizing freight cars and trains in a very busy Don Yard. He loved his job, an admirable quality – he relished his working days.

Ron came “into our lives” some forty years ago. He frequented our family’s ice cream store in East End Toronto and became our son’s adopted uncle as well as our dear friend. We all became country folk shortly thereafter. Our horse and dog population necessitated the purchase of our own farm near Stouffville, a then sleepy rural community north and east of the Big Smoke.

Ron lodged in our big old farmhouse and transferred to the Maple Yard north of the city. He became an avid snow-mobile driver (we had snow in those days). He joined a Civil War re-enactment group (for the “losing side”) and set up a CB radio room in one of our barns. Life was good. By this time, Ron had transferred from the Yard to VIA Rail’s GO Train, a commuter line running

between Stouffville and Toronto. He was the darling of his “regulars” and was lovingly nicknamed “Ron Go”.

How fast the years and decades fly past. Ron was offered the “golden handshake” and traded trains for motorcycles. He learned to ride and bought his first bike, a Honda 125. He was 60 years old when he decided to ride to Nova Scotia on his own.

Shortly afterwards, we decided to join our son and his B.C. born wife in “paradise” – Salt Spring Island, a place we had never heard of before their phone call. The thought of life without fast food and drive-through establishments was far too big a sacrifice for Ron and so he remained in Stouffville. It took the SARS outbreak, a mild heart attack and a doctor who advised him to “Go West, Young Man” to bring Ron to our Salt Spring guest suite. He joined us, comforted in the knowledge that the Crofton ferry was a life-line to MacDonalds, Wendy’s, Tim Horton’s and all of life’s necessities.

Over the years, Ron’s health has deteriorated and he can no longer live with us independently. He requires the specialized staff and services of Extended Care. Now Ron spends his days bell-ringing (with the Bell Choir, a weekly music therapy activity), playing Bingo, Jeopardy and Trivia. He has his CD’s and DVD’s to watch. Life is good.

An old dude munching chips at 8:00 a.m., wearing a tiara? ...only on Salt Spring. That’s our Ron. ■

Above from left: Ron rides from Ottawa to Nova Scotia at 60 on his motorcycle; Ron with his mom and younger brother; the young man Ron

LEGACY GIFT RECEIVED FROM PHYLLIS MEAGHER



ALWAYS A STRONG SUPPORTER OF THE LADY MINTO HOSPITAL, PHYLLIS NAMED THE HOSPITAL FOUNDATION AS RECIPIENT OF A LEGACY GIFT.

Long time Salt Spring resident Phyllis Meagher passed away on November 26th, 2012. She was predeceased by her beloved husband, Patrick Meagher in 2006. She was the third of three girls, with a brother to follow. Her siblings are Margaret McGillis of Penticton, B.C., Gladys Alexander of Sidney, B.C., and Fred Gane of Kingston, Ont.

After Patrick retired from the Navy in the late 1960's, the first order of the day was for them to tour around the world. On their return they moved to Salt Spring Island, first living at the family's cabin located in a beautiful bay off Sunset Drive and then eventually building their own home on Fairway Drive.

Phyllis was liked by everyone that met her.

Phyllis worked at the Driftwood with original publisher, Frank Richards and also worked at Mouat's Trading for many years

in the office and the Salty Shop. She was a member of the Lady Minto Auxiliary and volunteered at the Thrift Shop.

Pat and Phyllis developed many close relationships in the community. They became the extended family of Dennis & Carol Scott. After Patrick's passing, Phyllis stayed in their home for about a year but then found it too much to keep up. She subsequently sold and moved to Braehaven Assisted Living residence. She loved her little apartment at Braehaven and was quite involved with the different games offered through their activities program. She had many friends at Braehaven and was very fond of the staff.

Phyllis was liked by everyone who met her. She always helped out where needed. She had an infectious laugh that identified her. She loved doing crosswords and always did them in pen. ■



*Top: Phyllis Meagher, loved by so many
Bottom: Phyllis and Patrick*



GENEROUS DONATION RECEIVED FROM SALT SPRING FIRE/RESCUE

FROM THEIR BOOT DRIVE IN MEMORY OF LIEUTENANT TRAVIS GUEDES

On May 17th, members of the Salt Spring Fire/Rescue Team raised over \$5,000 in one day during their “boot drive”. This year, they named the Lady Minto Hospital Foundation as recipient of this gift and the donation was made in honour of Lt. Travis Guedes, who passed away on April 23rd of this year from cancer. The family wished to make a contribution to the Lady Minto Palliative Care Suite and in consultation with the palliative care team, some new comfort items will be purchased for the suite, including a second pull-out chair for family members wishing to spend the night, a flexible reading lamp and a new wall-mounted television. Many thanks to the firefighters for raising funds for our palliative care room. ■

TAX BENEFITS OF DONATING SECURITIES

Planned Giving & Development Coordinator, Diana Hayes



In its 2006 budget, the Canadian federal government announced it eliminated capital gains tax on listed stocks, bonds, mutual funds and futures donated to registered charities such as the Lady Minto Hospital Foundation.

Normally, when you sell securities, tax must be paid on 50% of any capital gain (the increase in value, since you acquired the securities). However, when you donate the same securities to a charitable organization, you will not pay tax on the capital gain. In fact, the combined benefit of paying no tax on the capital gain and the charitable tax receipt you receive on the entire amount provides excellent tax benefits when making your charitable gift.

When you donate securities, you will receive a charitable donation receipt for the fair market value of the securities, just as if your gift had been a cash donation. You will receive a charitable receipt for the entire amount of the gift, which you can then apply to your current taxes. It is very important to remember that in order to derive the tax benefits, you must transfer the securities to the charity, **not sell them first.**

For example, you would like to give \$10,000 to a charity. You currently own stock shares that you purchased for \$2,000. You are considering selling the stock, now worth \$10,000. Have a look at the chart below. In both cases, you will receive a charitable donation receipt for \$10,000 that will result in a tax credit of \$2,900. However, if you sell the shares first, you will pay an additional \$2,000 in capital gains taxes.

If you are interested in making a gift of securities, discuss your plans first with your financial planner. Be sure to contact us as well so that we can prepare our paperwork. Financial institutions and financial planners are not able to provide donor names due to confidentiality restrictions. The only way we will know that you have made a gift of securities is by contacting our office. Please call me at 250-538-4845 and I will be happy to assist you. ■

	Sell Shares & Donate Cash	Donate Shares Directly
Fair market value	\$10,000	\$10,000
Cost basis	\$2,000	\$2,000
Capital Gain	\$8,000	\$8,000
Taxable Gain	(50%) \$4000	(0%) 0
Tax credit (assuming 29%)	\$2,900	\$2,900
Tax on gain (at 50%)	\$2,000	\$0
TAX SAVINGS	\$900	\$2,900

SUPPORTIVE PATHWAYS DEMENTIA EDUCATION

We were fortunate to have a designated gift from long-time community member and avid supporter, Alice Tester, which paid for the costs of facilitators from Victoria to put on a 2-day course held in the large meeting room at our new community library. In total, 35 staff attended, and funding from the Foundation was used to provide a small honorarium for each day they attended on their days off. A range of Nurses, Care Aides, and LPNs as well as Housekeeping, Dietary, Rehabilitation and Unit Clerk staff all participated in these excellent sessions and as a group we were able to brainstorm various scenarios based on our experiences.

Taught by staff from Broadmead Care in Victoria, the program was initially developed by Carewest in Calgary.

The Supportive Pathways program provides individualized care to residents with dementia in a supportive, homelike environment.

The title "Supportive Pathways" was chosen as each resident and their family need ongoing "support". Each resident has a unique journey through the disease process, which results in differing "pathways" of care. The program

strives to ensure facilities have skilled staff, specially designed environments and a partnership with families to provide residents with the highest quality of life possible.

The Supportive Pathways Program is setting a standard in the industry. The education program has been chosen as the provincial curriculum for dementia care training. These Performance Development Tools

are specifically designed for dementia care and have been shared with numerous organizations across the country. ■

"This was a really special course. It re-vitalized our commitment to provide home-like care in our residential care unit and gave us more skills to work with those suffering with dementia on both extended care and acute care units. I know that the staff who attended are so appreciative of the Foundation's assistance with tuition.

"The Education Fund is a tremendous asset and is a real contributor to improved patient care, recruitment and staff satisfaction."

Jo Twaites, Clinical Coordinator

EDUCATION FUND



Jenny Redpath

"Thank you so much for the opportunity to attend the Palliative Care Intensive Course. It was truly an intensive and profoundly moving experience that I would likely not have had the opportunity to be a part of if not for the Foundation. Thank you for all that you do."



Sandy Kyle

"I am writing to express my thanks for your financial assistance this past year (2012) to help me attend the following courses:

- PALS – Pediatric Advanced Life Support
- ACLS – Advanced Cardiac Life Support
- Strangers in Crisis
- CTAS – Canadian Triage and Acuity Scoring Scale



Cathy Harris

"Thank you very much for the introduction to the Foundation and for allowing me the opportunity to attend this very valuable palliative course. I am very excited to attend as I believe that it will benefit all of our clients as well as help me grow as a nurse in our very diverse community."

I am so grateful for the commitment of the Foundation to help nurses stay current and remain competent caregivers at Lady Minto Hospital. These courses are invaluable in helping me to provide expert care to my patients.

I am in my 13th year of nursing at Lady Minto Hospital and my 32nd year of nursing and am excited by the new path the health care teams across VIHA are embarking on to get to know our patients better by a process called 48/6. I am part of a 4 member Lady Minto team that is facilitating the implementation of an assessment and communication system. This program will help everyone caring for the patient know how each patient was functioning prior to hospitalization and communicate to the health care team our plans to help the patient to return to their optimum level of function as quickly as possible to prepare for discharge. We are excited and committed to this process."



DEPARTMENT PROFILE

LOOKING AFTER OUR SENIORS

by Diana Hayes

Michelle Muir and Julie van Soeren

OUR PHILOSOPHY

We serve to promote the well-being, dignity and independent living of you, our client. You and your family have the right to, and should be given, the information you need to decide about your care. Our services support and enhance your care. These services are not meant to replace your efforts to care for yourself with the help of your family, friends and the community.

If you have a question regarding residential or community care, please call the General Enquiries Line at 1-888-533-2273.



Providing care for seniors in our community has been recognized as a major priority and the need for more residential care beds and home supports has been identified.

Case Managers Julie van Soeren and Michelle Muir work with clients to identify personal care needs and to develop a plan of care. They access the many providers such as home care nurses, community health workers, occupational therapists, physiotherapists, dietitians, social workers and adult day program workers, and link clients with other services as needed. They conduct a detailed assessment with a tool called RAI (Resident Assessment Instrument) which has become the standard world-wide for providing comprehensive assessments.

Julie has worked in the position since 2008 and came to Salt Spring Island with her husband as a life-style change. Previously, Julie worked in South-East Vancouver in Home Care Nursing and Palliative Care for 20 years. She commuted from their home in Ladner which often required up to 2 hours travel time. She says she now can get to work and back in less than 20 minutes – a great relief! She enjoys the more rural and active outdoor life-style on Salt Spring Island.

Michelle has been on Salt Spring since she was 12. She completed her nursing training in Winnipeg and moved

back to the island and has been nursing at Lady Minto since 1990. Many of you will remember her mother, Loretta Minvielle, at Lady Minto where she worked as an acute care nurse. Michelle began working with Home & Community Care a few years ago and has been working part-time as a home care nurse and long term care case manager. She completed the training to become a case manager last year and now works two days a week in this capacity.

Julie explains that managing seniors' residential care no longer involves waiting lists. The eligibility for assisted living and residential care has been tightened and all applications go to a panel of managers and leaders to be

Home supports need to grow at the same rate as the demand and more care aides are needed in the community.

approved. Under this new approach, she says that as soon as a client requires this level of assistance, they are approved and placed in an appropriate facility.

With more cases now involving dementia, Julie says there are not enough resources and the clients' needs go beyond assisted living. Home supports need to grow at the same rate as the demand and more care aides are needed in the community. Unfortunately, keeping young people here can be difficult as housing is expensive and tuition for the care aide program is also costly.

The Case Managers also liaise with the hospital and are involved in discharge planning or client assessments for residential care.

The criteria for assisted living are based on health related needs. Publicly funded assisted living units are in high demand and placement is based on the urgency of the individual's care needs. To be considered for **Assisted Living**, clients must meet the following criteria:

- Are at risk if they remain in their current environment
- Have difficulty with meal preparation and housework
- Require daily assistance with personal care such as medications, bathing and dressing
- Are capable of making decisions safely
- Are able to communicate with staff and others
- Are able to make their way around in familiar places on their own
- Are willing to accept assistance with personal care and attend meals in the dining room
- Do not show any behaviours that could affect the health and safety of others

For a client to be eligible for **Residential Care** (now called Complex Care), they must:

- Have complex health care needs which cannot be managed at home, even using all available community resources
- Require 24 hour nursing support and supervision of their complex care needs
- Be at high risk for a significant negative outcome in their current living situation with no options to reduce their risk
- Have stable medical conditions

It is well known that seniors do best if they can remain safely at home with adequate supports, but sometimes



Home Care Nurses Karen Hunsberger and Sue Banks work in tandem with the Case Managers to provide seniors care in the home

this just isn't possible. The Case Managers can provide a comprehensive assessment to determine what the best care plan is for clients.

It becomes more complicated if relatives live out-of-province or country. With the RAI tool, assessment of seniors' health care needs is becoming more consistent, but there are still differences between levels of care and eligibility criteria from province to province. Julie emphasizes that families should plan ahead. If in doubt about eligibility, call the general enquiries line (1-888-533-2273).

On Salt Spring, there are a number of additional resources for seniors. The Adult Day Care Program, currently managed by Greenwoods Eldercare Society (GES) is open to seniors living in the community and available 3 days per week. The program provides activities and the opportunity for socialization and also provides respite for family members. A meal is included in the program. GES also runs a community bathing program through the Braehaven Assisted Living facility.

Another good source of information is the Salt Spring Wellness Programs (250-537-4607) which is coordinated through the Community Services Society. They maintain an excellent directory of services and groups available on Salt Spring.

Julie and Michelle certainly have a challenging job as our population is the oldest demographic in the province. Michelle says that it is still a lot of fun working together and the teamwork and camaraderie within Home & Community Care really helps. ■



MINTO M*A*S*H

To avoid the heat of mid-August, this year's Minto Mash Event took place on April 19th. A special guest appearance at the Ganges Fire Hall and in the Saturday Market surprised event goers: none other than *Hot Lips Houlihan*. Kids were treated to goodies and face painting in the Mash Tent outside the Fire Hall. AED units, Mega Code Kelly and the FAST Ultrasound equipment were demonstrated with Dr. MacPhail and Dr. Gummeson on hand to answer questions.

All equipment items were purchased with the help of the Foundation and community donations. Many thanks to the Salt Spring Fire/Rescue for helping out with our event again this year.



Clockwise from top: Hot Lips, a.k.a. Lori Teather; Our face painters Freddie and Roxy Dailly; AED/CPR Instructor Beth Weston with Paramedic Jason Grindler; Lori Teather and Dr. Ian Gummeson demonstrate the Mega Code Kelly training manikin

2013 Golf Tournament

Karen Mouat, Development and Golf Tournament Coordinator

For 22 years Golfers and the community have been coming together to raise funds for the Hospital Foundation. A Texas Scramble style tournament means you don't have to be a pro to feel comfortable out on the links. There are some great golfers who always play in this tournament, but as long as you dress the part everyone looks good. A delightful dinner and some amazing, community donated auction items round out this busy day. We can't always guarantee the weather, but we do guarantee you will have fun!

**Call Karen at our office 250-538-4824
or go on our Website to register ladymintofoundation.com**



From left: Golf Team Players Karen, Theresa and Rocky

TO
HOSPITAL FOUNDATION
Charity Tournament



Julia will help direct you to the Foundation's new office on the main floor in the Annex Building (Room 14 – behind the main Hospital building).

WELCOME TO JULIA BEATTIE, NEW ADMINISTRATIVE ASSISTANT AT LADY MINTO HOSPITAL

Many of our donors have been accustomed to seeing Sharon Bond in the Administrative Offices over the years and will miss her I'm sure as we all will now that she has retired. We know that you will be greeted with a smile from Julia Beattie, who was the successful candidate for the position of Administrative Assistant to the Rural Health and Site Manager, Bill Relph. Julia worked for many years as the Medical Office Assistant for the Ophthalmologist, Dr. McGreggor, and in temporary posts in a number of medical offices on Salt Spring. You might also be treated to Julia's exceptionally beautiful voice and guitar at The Tree House where she is often booked for performances. ■



17th Annual

PHANTOM BALL

Everybody Wins!

Lady Minto Hospital Foundation's 17th annual Phantom Ball Campaign was launched with exceptional flair and style on May 9th at the Fritz Cinema. The island is still abuzz about the Phantom of the Opera Movie Event—the theatre was transformed into the Paris Opera House by Oscar-winning set decorator Jim Erickson for the sellout showing of the 25th anniversary edition of the Phantom of the Opera production. Everyone was invited to the kick-off event.

The Phantom Ball Campaign is a fund raiser for the Lady Minto Hospital—for 17 years a non-event that has raised money to support hospital capital projects and priority equipment purchases. Hospital supporters are invited to donate to the Foundation the funds they will save by not attending a gala event.

When you make a donation, you are invited to enter the prize draw for a chance to win the vacation for two—our way of showing our appreciation.

Ollie says, "We all win when you support the Lady Minto Hospital!"



ENTER YOUR NAME TO WIN AN OKANAGAN VACATION

Our prize offers the lucky winners a week long stay at **Naramata Outlook** overlooking Lake Okanagan.

Naramata Outlook is a newly restored 1911 heritage home on a working apple orchard on the Naramata Bench. Expansive 180° views of Lake Okanagan from its large sundecks and wrap around porch offer many a delightful moment. This spacious accommodation is a three minute drive to lovely Three Mile Beach. The surrounding areas offer seemingly endless opportunities for enjoyment.

DRAW DATE:
Friday September 6, 2013

Prize Package includes:

One week self-catering vacation at **Naramata Outlook** where guests can relax in an atmosphere of understated luxury.



All entries must be received before midnight, Sept 5, 2013

Pick up your invitation in the hospital foyer.

www.ladymintofoundation.com
phone: 250 538 4845

Thanks to these proud sponsors of the Lady Minto Hospital Foundation Phantom Ball Campaign 2013.





Following Barb Brindamour's retirement in June, Jennifer Ritson became the new Activities Coordinator for the Extended Care Unit. Jennifer has worked in Activities over the years and is excited about her new position.

THE FOUNDATION HAS MOVED INTO THEIR NEW OFFICE DIGS ON THE MAIN FLOOR OF THE HOSPITAL ANNEX BUILDING. ROOM 14.
 DROP BY TO VISIT US – Monday–Thursday, 9:30 – 4:30 pm. Call ahead to make sure we are not away from our desks: 250-538-4845 or 250-538-4824 *Diana and Karen*

**LADY MINTO HOSPITAL
 FOUNDATION
 BOARD OF DIRECTORS**

Officers:

- Derek Fry - President
- David Southwell- Past President
- Peter Grove – Treasurer
- Ruth Pepin – Secretary

Members at Large:

- Tim Bradley Paul Oliphant
- Mark Cutten Wayne McIntyre
- Fred Lizotte Marc Rainville
- Jennifer Williams

Appointed Representatives:

- Dr. Jim White – Medical Staff Representative
- Kay Woodhouse – Auxiliary Representative
- Bill Relph, Site Manager, Rural Health

Community Relations & Development Committee

- Community Member – Patrick Taylor

Administration:

- Diana Hayes – Planned Giving and Development Coordinator
- Karen Mouat – Administrative Assistant/Bookkeeper & Development Coordinator

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Michael McPherson, Peter Southam

www.ladymintofoundation.com



LadyMintoHospitalFoundation

YES! I would like to make a donation to the Lady Minto Hospital Foundation

You choose how your gift helps the hospital by directing your contribution to one of the following Funds or Endowments...

Enclosed is my tax deductible gift of \$ _____

- Annual Fund**
- Endowment Fund**
- Extended Care Fund**
- Education Fund**

MEMORIAL GIFTS are a wonderful way to remember loved ones, and to share gifts that truly make a difference for patients and residents. Please include the memorial name and the name, address and relationship of the person you wish to receive acknowledgement of your gift.

Memorial info: _____

Name: _____
 (as you wish it to appear for donor recognition)

I prefer my donation to be anonymous

Address: _____

Postal Code: _____ Phone: _____

Email address: _____

I prefer to use my VISA or Mastercard in the amount of \$ _____

OR/ I wish to make a monthly donation of \$ _____ to be charged against my account.

Account Number: _____ Exp Date: _____

Name on card: _____
 (please print)

Thank you for helping us to ensure that we continue to have excellent health care on the Island. Tax receipts are issued for all donations. Charitable taxation # 135048148RR0001

**This form can be mailed to the Lady Minto Hospital Foundation
 135 Crofton Road, Salt Spring Island, B.C. V8K1T1
 or faxed to, 250 538-4870**

Phantom of the Opera Spirit Launches Phantom Ball Campaign 2013

See page 18 for 17th Phantom Ball Campaign coverage: Prize Draw details, September draw date, and where to pick up your Phantom Ball brochure.



Lady Minto Hospital Foundation's 17th annual Phantom Ball Campaign was launched with exceptional flair and style on May 9th at the Fritz Cinema—the island is still abuzz about the Phantom of the Opera Movie Event.

The theatre was transformed into the Paris Opera House by Oscar-winning set decorator Jim Erickson for the showing of the 25th anniversary edition of the Phantom of the Opera production. Erickson gave a moving address to the sold-out crowd. Foundation board member Peter Grove emceed the evening, which included toasts with non-alcoholic champagne and a surprise visit from the Phantom (Matt Steffich). Jennifer Williams, Foundation board member and event coordinator, along with Diana Hayes, reported that many patrons were thrilled at the opportunity to attend and said that the evening felt just like “the wonderful island gatherings of the past”.



PHOTOS BY JULI PAUL, DIANA HAYES & DAVID BORROWMAN