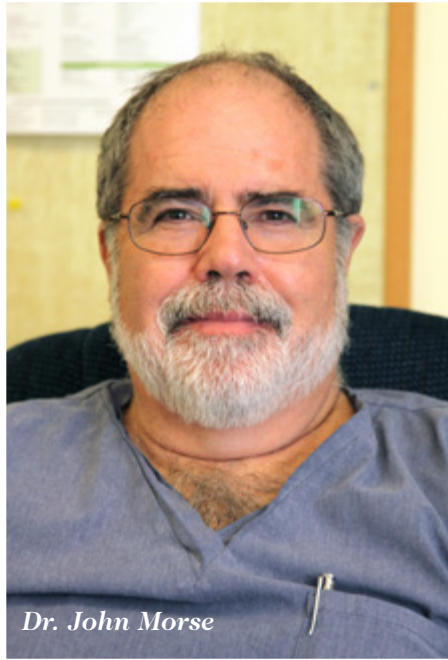


FALL/WINTER 2013

THE WORLD OF ENDOSCOPY AT LADY MINTO HOSPITAL

by Diana Hayes

LadyMintoHospitalFoundation Minto Messenger



Dr. John Morse



Dr. David Woodley

There are many things to be thankful for at Lady Minto Hospital. In our Summer 2013 Minto Messenger we featured the Emergency Room and talked about the importance of having 24/7 coverage. Another one of the hidden (or not so hidden for some patients) treasures of our community hospital is the Endoscopy Suite. This is the department where patients are admitted for day care procedures such as gastroscopies and colonoscopies. Here they are met with the expert care of our endoscopy team, which includes Dr. John Morse, General Internist, Drs. David Woodley and David Butcher, Anesthetists, Janet Franklin, Endoscopy Nurse Supervisor, and a roster of specialized nurses and technicians who work in the procedure room, in recovery

and also in the processing room.

I spent an afternoon in the department and was able to observe the high tech nature of these diagnostic procedures and to see what it takes to run such a professional and efficient service. The sense of teamwork and enthusiasm was impressive. I have heard many testimonials from patients who have had the procedure here and report how well cared for they were. I have included one such testimonial by Carl Graham who is grateful that the procedure was available

to him so quickly, here on Salt Spring.

When I sat down to talk with Janet Franklin, the

I could see right away that Janet shared a passion for this work and leading her team of nurses

Endoscopy Nurse Supervisor, I could see right away that she shared a passion for this work and leading her team of nurses. She has been



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Janet Franklin, Nurse Supervisor, Endoscopy Unit

the supervisor now for four years and took over from Dona Mackie who retired. She worked previously at Cowichan District Hospital and commutes from her home in Ladysmith on scope days. “I absolutely love my job”, she says, and doesn’t complain if it requires her to stay a little longer. “I try my best to ensure that no case is cancelled even if we run over-time. Patients must prepare for the procedure for two days and it is terrible if they have to cancel.” It is important that everyone follow the preparation instructions carefully. A successful procedure depends on correct preparation and all patients

“I absolutely love my job”

must be driven home and not be alone for 24 hours following the procedure. This is a standard for all patients receiving I.V. sedation. Having the service here on Salt Spring makes it so much easier to complete the preparation, particularly for the older patients. Having to travel by ferry and car for several hours before and after would be difficult.

Janet praises her team of nurses and technicians and says that Dr. Morse is “wonderful to work with and easy going”. Our new scopes and processing room have put our unit at the top of its class. She has worked in many units at other hospitals and states that Lady Minto by far has the best equipment, facilities and staff.

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Janet Harwig, L.P.N.



Sandy Kyle R.N.

The hospital is funded for 52 endoscopy days per year. With 10 or 11 cases booked per day, this allows for just over 570 cases per year. When the program began just over 3 years ago, only half that number of cases was funded. Under the B.C. “Colon Cancer Check” program which began in March 2013, patients should be booked for colonoscopy within a specific period of time following a positive FIT (fecal immunochemical test). *[see sidebar for more information on this program]*. The FIT test is easy for patients to do and results in greater compliance.

Janet Hartwig, L.P.N., has been on staff at Lady Minto since 1975 and was trained to work in the endoscopy processing room. Her shift is intense and requires her to be proficient and systematic in every step of the cleaning process. The unit now has the deluxe Medivator, a machine that is fully computerized and cleans the equipment through various cycles using a series of special cleaning solutions. Post-processing solutions are checked for precision to ensure quality control. Once the scopes are ready to be put away for the next clinic day, they are stored in a special temperature controlled cupboard and hooked up to air flow tubes to ensure that they remain dust and moisture free. Dr. Morse is particularly pleased with the cleaning process as this gives him confidence that the scopes are safe and external evaluators have shown that our endoscopy room exceeds the Island Health requirements.

With the financial support of our community of donors, we have been able to upgrade the endoscopy equipment and recently purchased a new colonoscope that uses CO₂, and works with the Olympus Scope Guide. The scope guide provides a virtual image on how the scope is moving through the colon using a magnetic strip imbedded in the scope. No radiation is required, making the procedure even safer. The Foundation also purchased the special storage cupboard, an endoscopy cautery unit, and a number of new gastroscopes and colonoscopes over the past few years. This year’s contribution from the Foundation totalled \$71,000 for two new scopes.

We are lucky to have an experienced expert like Dr. Morse on our team. He joined the Lady Minto Staff in 2010 after an 18 year stint

SOME FACTS FROM THE BC GUIDELINES Colorectal Screening for Cancer Prevention in Asymptomatic Patients

Colorectal cancer (CRC) ranks as the third most common malignancy in Canada and the second most frequent cause of cancer death. The incidence of CRC rises steadily after the age of 50. More than 1100 people die each year from CRC in B.C.

The most important risk factor for CRC is age over 50.

Additional risk factors for CRC include:

- Personal history of adenoma(s)
- Family History
- Single first degree relative with CRC under age 60
- Two or more first degree relatives with CRC at any age
- Familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer
- Long standing (at least 8 years) inflammatory bowel disease involving the colon

Approximately 75% of all CRC occurs in patients of average risk with no family history. In general, having a single affected second degree relative with CRC does not significantly increase one's risk of CRC. At the present time there is no evidence that people with other sporadic cancers (e.g. breast, prostate) are at increased risk of developing CRC.

Other risk factors for CRC may include diet, smoking, sedentary lifestyle and obesity. These risk factors are newly recognized but there is currently insufficient evidence to modify screening recommendations.

KEY RECOMMENDATIONS:

- Screening for colorectal cancer should occur after risk stratification which determines the appropriate screen test and interval
- Fecal immunochemical test (FIT) every 1-2 years for average-risk individuals aged 50-74 years
- Follow-up of ANY positive fecal occult blood test (FOBT) with colonoscopy
- Use of FOBT is not appropriate when frank blood is present
- Colonoscopy every 10 years is an acceptable alternative to FOBT for screening
- Patients followed by colonoscopy do not require other screening modalities (ie. FOBT)



Sheree Moffatt, MDRD Tech



Stacey Hill R.N.

in Yellowknife. After meeting Dr. Barclay up north and hearing about Salt Spring Island, he moved first to Maple Bay and then as workload demanded, he and his wife Gail made the move to Salt Spring. Gail works as his office manager and has expertise in computerized health records. Following in the footsteps of her father and grandfather, Dr. Morse's daughter Amy became a Gastroenterologist and currently works in endoscopy in Edmonton. They often compare notes and the latest research and technology.

"It gives me great personal satisfaction to know that I have prevented cancer by performing this procedure," Dr. Morse says. He explains that colorectal polyps almost always lead to cancer. It takes about ten years for a polyp to become cancerous. Through screening programs he can remove polyps before this happens, thus saving lives *[see more information on colorectal cancer in the BC Guidelines sidebar on previous page]*.

Dr. Woodley and Dr. Butcher rotate shifts in the endoscopy suite and provide I.V. sedation and monitoring of patients during the procedure. I spoke to Dr. Woodley, who has worked at Lady Minto for 19 years as a general practitioner and anaesthetist. "We can't underestimate

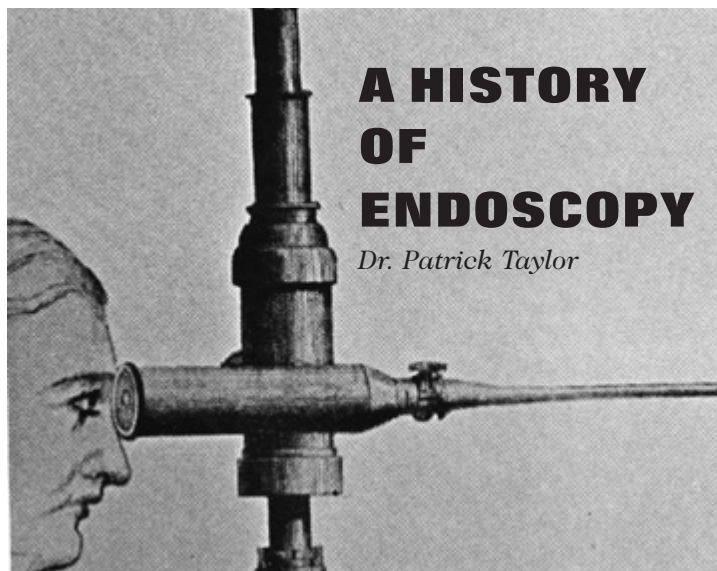
"It gives me great personal satisfaction to know that I have prevented cancer by performing this procedure," Dr. Morse says.

how vital this service is in our community. As a primary care physician, I can speak with John [Morse] and Janet directly and when my patients require urgent investigation, the procedure will be booked. Patients are not lost in the numbers game as they are in the big centres. "

Having a second physician in the room that is specialized in I.V. sedation is a great advantage for patients. Dr. Woodley and Dr. Butcher monitor the medications and adjust them as required. The new scope which uses CO₂ [rather than air to distend the bowel] allows for less cramping and discomfort. Patients who are anxious about colonoscopy are calmer and the experience is positive.

Janet tells me that the department's budget was recently increased for 5 extra scope days. This means an extra day for the next few weeks to reduce the waiting list. She and Dr. Morse review the referrals and triage the bookings according to urgency.

I learned a great deal from Janet and her team while visiting the unit. The sense of camaraderie, professionalism and calm is just what the doctor ordered if you have to have a scope. I would have no hesitation at all to undergo this procedure should the need ever arise. ■



A HISTORY OF ENDOSCOPY

Dr. Patrick Taylor

We are fortunate here on Salt Spring to have access to two endoscopic techniques, gastroscopy and colonoscopy. An article earlier in this issue describes their value. Modern physicians and patients take the ability to peer into the human body for granted and both diagnostically and operatively the endoscope is an invaluable tool. But where did the technique come from? Bear with me because I was lucky enough to be involved in the 1960s in the very start of the modern upsurge of interest in the technique, but no, I am not old enough to have been there from the very beginning.

The Babylonian Talmud (c70AD) refers to an instrument for observing the cervix, and a speculum, an early endoscope for the same task was recovered from the ruins of Pompeii destroyed by volcanic eruption in 79 AD. And that for a while was that, until in 1805 Bozzini used a tube to examine the urethra (tube from bladder to outside world.) He was promptly censured by his peers for "Undue curiosity."

Desormeaux (1865) designed the first cystoscope for examining the bladder and Panteleoni used it in Dublin in 1869 to examine the interior of a patient's uterus and cauterise bleeding. The first gynaecologic endoscopy had been performed. Until 1901 direct observation was restricted to such open organs as the nose, trachea, oesophagus, bladder, and lower bowel. These early instruments were bedevilled by two technological problems, the rigidity of the telescopes and the unreliability of the light source. It is dark inside the human body.

Meanwhile the first steps were being taken to explore closed cavities starting with the abdomen and pelvis. In

1901 Kelling was able to examine the interior of a dog and in 1910 Jacobaeus applied the technique to the human. And no, I still wasn't around to take notes.

Advances were made slowly in intra-cavity endoscopy, and for the early part of its development the gynaecologists took the clinical lead still struggling to find a suitable way to light their work. The field was revolutionised by Fourestier, Gladu, and Vulmiere in 1952. They introduced a method of transmitting light along quartz rods. They were overtaken in the same year by Hopkins and Kapany who demonstrated the light could be carried by glass fibre cables. I was eleven so it was still too soon for personal involvement, but in that year the problem of illumination and incidentally the ability to use cameras through endoscopes, so vital to today's work, had been solved.

Following the work of European pioneers like Palmer and Frangenheim major advances were being made, particularly in gynaecology. The value was recognised by Patrick Steptoe in England, Cohen in America, and Gomel in Vancouver who went and studied with the Europeans and disseminated the procedure through the English speaking world.

I had the incredible good fortune in 1969 to be trained by Patrick Steptoe who in 1978 along with Robert Edwards, (who became Professor, Sir Robert, Nobel Laureate) were the creators of the world's first test tube baby, Louise Brown. Her mother's eggs were recovered by an endoscopic technique.

Although the rigid endoscope is still critical to much of today's work, thanks to the properties of fibre optic cables it also became possible to construct flexible telescopes so critical to the gastroscopies and colonscopies performed at Lady Minto, telescopes which can trace their earliest origins back to the first century of the Christian era.

For me at the beginning it was an exciting time. For the modern patient the pay-off is incalculable and is available here on Salt Spring thanks to the exceptional medical, nursing and support staff at Lady Minto and the many donors who have contributed to equipment purchases and upgrades for the Endoscopy Clinic. ■



Dr. Patrick Steptoe



Dr. Patrick Taylor is a retired medical researcher, professor emeritus at the University of British Columbia, and best-selling author of the "Irish Country" novels. He currently chairs the Foundation's Fundraising Committee.



IF YOU'VE NEVER HAD ONE, ASK YOUR DOCTOR ABOUT A COLONOSCOPY

Carl Graham

This past May, I was rushed into the Emergency Unit at Lady Minto Hospital with what turned out to be a severe case of diverticulitis. It was brought on in part by stress and being worn down. The pain was absolutely excruciating but with the help of all the staff at Lady Minto I pulled through.

On my follow up exam a month later my doctor, Robert Crichton, recommended that I have a FIT test. This is an advanced stool sample lab test that looks for blood in the stool. This is the first step in diagnosis and if the test is positive, a colonoscopy is ordered. I had been in good health prior to May and had never had any bowel problems previously. I did the FIT test right away and guess what? My test result was positive. Dr. Crichton, along with Dr. John Morse, booked me quickly for a colonoscopy and thankfully they did. Dr. Morse found a growth near the top of my bowel and was able to remove it during the procedure. The tissue was sent to the pathology lab for a biopsy. The colonoscopy was finished in a matter of 25 minutes and I felt nothing. I was out cold. The pathology results showed that it was pre-cancerous. I had dodged a huge bullet. Had it gone undetected, within 2-3 years I would have been in a lot of trouble. Bowel cancer!

Now here's the thing and why I say, 'don't avoid the procedure if your doctor recommends it'. If I had not had the FIT test and gone for that colonoscopy, they never would have found that growth and I don't even want to know what may have happened next. The procedure is painless and very quick. The prep for the procedure is a little bit tiresome but I can't stress this more – do exactly what they tell you to do and you will make everyone's job easier. Don't cheat! Follow the directions to the letter. It could and will save your life.

I have never had the opportunity to thank all the staff at Lady Minto for taking care of me for the six days I was on the acute care unit.

I have never had the opportunity to thank all the staff at Lady Minto for taking care of me for the six days I was on the acute care unit. You just can't get them all together to thank them at one time. Most of them

work 12 hour shifts in a hospital that is overcrowded with every type of ailment and disorder, so it's impossible to pin them down. I would like to thank them now:

- to the chap that admitted me and could see that I was in trouble
- to the doctors and nurses who made sure the pain didn't kill me and diagnosed what was wrong right away
- to the two ladies that drove the ambulance that got me off the island for a special CT scan and back again, all the while reassuring me everything was ok
- to the x-ray tech who came into work past midnight when he was off duty to help make sure I was OK
- to the lab tech who worked overtime and was so gentle
- to the girl who came all the way from extended care to check on me and give me a hug
- to the nurses who held my hand and wiped away the tears when I was having a bad time and checked on me and countless others

...and every single one of them had a sense of humour. Thank you!!!



PHANTOM BALL 2013

AND THE WINNERS ARE JERRY AND JACKIE SHRIVE



We were the lucky winners this year of the LMHF Phantom Ball draw — a week at the Naramata Outlook, a restored 1911 farmhouse situated on the Naramata “Bench” overlooking Okanagan Lake, very kindly donated by Dan Stamp of Vancouver and Salt Spring, who own it. The Outlook is beautifully situated, smack in the middle of surrounding vineyards and its own extensive apple orchards. The house is charmingly rustic and well furnished, and the vista is to die for. It can be viewed at www.naramataoutlook.com.

There are too many wineries to count in the area, which is close to Penticton, and our visits to a few of them were really interesting: seeing how the vineyards are tended, the wine made, chatting with the proprietors, and of course the tasting. There are also numerous golf courses and we tried a couple of 9-holers – overlooking the lake, and rather hilly. The weather (3rd week in October) was great: cool in the mornings and comfortably sunny in the afternoons. We had a truly wonderful week, shared with friends from Vancouver.

We count ourselves very lucky to have won the draw. Our donation to the LMHF was very small in comparison to the reward. May others be as lucky next year. And, Thank You, Dan.

Jackie and Jerry Shrive

Winners Jerry and Jackie Shrive, with prize donor Dan Stamp (centre)

Former ECU resident Marguerite Sargent and Charles Crosby draw the winning ticket

Jerry and Jackie Shrive relax on the deck at Naramata Outlook with friends



PLANNED GIVING

Diana Hayes, Planned Giving & Development Coordinator

ESTATE TAXES? NOT HERE

*Provided by Richard
Weiland, Clark Wilson LLP*

Many countries around the world levy a tax on the transfer of wealth that occurs when a person dies, referred to as an estate tax, inheritance tax, or succession duty. The common feature is that they impose a tax liability based on the value of the property that transfers from a deceased person to their heirs. In many cases, estate taxes are combined with gift taxes so that the estate tax cannot be avoided by giving assets away prior to death. Although some Canadian residents become subject to other jurisdictions' estate taxes, thankfully Canada itself imposes no estate or inheritance tax of this kind.

**BY INVESTING IN OUR COMMUNITY HOSPITAL,
YOU ARE INVESTING IN OUR FUTURE.**

In addition to bequests, there are many other ways to give. Lifetime gifts such as stocks, bonds or securities can be made and your gift goes further as no income tax is paid on the capital gain generated by this type of donation.

LIFETIME GIFTS

- Cash & securities
- Appreciated property
- Life insurance
- In memoriam & tribute gifts

DEFERRED GIFTS

- Bequest
- Life insurance
- Charitable gift annuities
- Charitable remainder trust
- Gift of residual interest



LadyMintoHospitalFoundation

BOARD CHAIR'S REPORT

Paul Oliphant

Significant changes to the Lady Minto Hospital Foundation occurred at our AGM in September. We sadly said goodbye to long serving Board members David Southwell (past President) and Mark Cutten (past Treasurer). In addition we regretfully accepted the unexpected resignation of Derek Fry, our Board President. These three folks made great and meaningful contributions to the Foundation Board and our community. Their combined experience and wisdom is a great loss to us.

At the Board meeting that followed the AGM, new officers were elected including Jennifer Williams, Vice-Chair; Fred Lizotte, Treasurer; Marc Rainville, Secretary; and Paul Oliphant, Chair.

Those attentive to detail will note that we have adopted a change in title for two members of our Executive team. We hope the use of the terms Chair and Vice Chair will better reflect the volunteer structure of our Board. Also, we made some

internal alterations in our committee structure that we believe will help us in achieving our fund raising goals in the future. We also know we have work to do to refresh our good standing as partners in raising funds to improve the health care provided in our community and towards that goal, we will put great effort.

Another big change announced recently is that Dr. Brendan Carr will serve as the new CEO of *Island Health*. Dr. Carr (an Emergency Physician by training), had been serving as the interim leader of what was previously known as Victoria Island Health Authority (VIHA). I had the pleasure to meet with Dr. Carr at a meeting of the leaders of all local health related Foundations in Parksville on October 28th. On first meeting



he seems sincere in his desire to establish a more collaborative relationship with all communities served by Island Health. We look forward to this new style of leadership espoused by Dr. Carr

and believe we can work closely with him and his team to bring ongoing improvements in the health care provided to our local citizens. In case you were wondering about the health district's new name, Dr. Carr informed me that the use of the term Island Health was in part intended to clarify that it serves many islands, not just Vancouver Island.

As to other work of the Foundation, we hope you have noticed the many AED (*Automated External Defibrillator*) signs that have gone up around the Island of late. You know – the ones that have a picture of a red heart with an electric bolt across it. These have been placed on the outside of facilities that have an AED available. We and other generous business owners have provided financial support for their placement. We have tried to place them in sites where the greatest number of people is likely to congregate (e.g. ArtSpring, Salt Spring Island Public Library etc.).

It is vital that an AED is kept in tip-top condition so it will work properly when needed. The AED is a clever device which checks *itself* every minute and flashes its external green "I am

OK" light. AED owners are encouraged to take a look at the AED every day and check for the green light.

Once a year each AED must be serviced by a skilled technician who:

- checks out the software, applying upgrades when required
- checks out the main "shock" battery to ensure it is fully powered and able to deliver a shock when needed
- replaces electrode contact pads if they are expired
- replaces the small battery which powers the continuous self-diagnosis and the voice commands

Our first annual Maintenance Day was held on October 18th. David Southwell and Derek Fry collected the 14 AEDs that had been installed in 2012 or before and brought them to the Lady Minto Hospital where they were serviced by Chris Metcalfe, CEO of MediQuest Technologies and returned to active service. The opportunity was taken to make sure all the AEDs were still in their carrying cases along with spare electrode pads and "prep kits". The prep kit has crash scissors, razor and a cloth to quickly

remove the victim's clothing and chest hair.

In addition to the recent maintenance session, we also continue to provide training courses for those who wish to be CPR certified. Familiarization sessions are also available for groups through our program. The fall training schedule was busy with 7 CPR/AED courses scheduled between September and December. With the generous funding from the Rotary Club Ball Drop event, these courses were free for Salt Springers and thanks to our hard working instructor Beth Weston, we will have even more Salt Spring residents trained by Christmas.

This issue of the Minto Messenger features the Endoscopy Clinic at Lady Minto Hospital, a service for which we can all be proud. We are very fortunate indeed to have this calibre of professionals with a state-of-the-art facility and equipment. It is with great thanks to our donors that this clinic has been equipped with the best and safest technology possible. How lucky we are that we don't have to travel and endure lengthy waiting lists in the city for this vital diagnostic test and potentially life-saving procedure. Thank you to all of our loyal donors for making this possible. ■



SHRINERS CONTINUE TRADITION OF SUPPORT FOR LADY MINTO HOSPITAL

Members of the Gulf Island Shrine Club #39 present a cheque for \$2,000 to the Foundation for patient comforts at Lady Minto. Seen here in the photo are Ron Holcroft, Laszlo Bedocs and Don Cunningham. The Shriners have made a donation every year since the Foundation was formed back in the early '90s and have contributed a total of \$49,000 for equipment and patient comforts.

EXTENDED CARE ACTIVITIES

JEN RITSON,
ACTIVITIES COORDINATOR



Jen Ritson, Halloween 2013

In this job, I can learn the person before I learn the illness. I get to see every person as an individual without worrying about what they can and can't do.

Jen Ritson began her long association with Lady Minto as a Candy Striper back in 1975 when she was in high school. Her parents, Sue and Ivan Mouat, and her grandparents William (better known as W.M.) and Effie Mouat all had a long history with the hospital. Following in their footsteps, Jen is passionate about her job and shares some of the joys and challenges working as Activities Coordinator on Extended Care. I spoke to Jen after a long shift on the evening of Halloween. A few residents were still up in the lounge and enjoying her company. She consoled a resident who was tearful and feeling blue. She helped another with her Scrabble game and passed around a few more Halloween candies. A late night resident came by asking for a cup of coffee. Jen said in a kibitzing voice, "the pot is a bit old, just like you!" They both laughed. We then talked about her work.

Diana Hayes: When did you begin working at Lady Minto?

Jen Ritson: I came upon the job quite by accident. My father was the Board Chairman at the time and I was picking him up after a meeting. I had some time before he was finished and decided to visit a dear old lady, "Timmi", on Extended Care. Diane Horovatin, the Administrator at the time, stopped me in the hall and asked if I wanted a job. They needed nurse aides to provide private care for one of the residents. I took the job that June (1986) and then began a full time position on Extended Care in August that year. I have worked in the Laundry and Housekeeping Departments as well over the years.

On Extended Care, I worked as a nurse aide initially and was particularly interested in the Activities program. I made the decision to take a certification course through Vancouver Island University in 2003. I commuted to Parksville twice a week during the four month classroom portion of the program. I continued to work as a nurse aide and in Activities on a casual basis until the position became available and was hired as Activities Coordinator full time this year.

Diana: Your family has had a long association with Lady Minto. Tell me about your parents and grandparents...

Jen: My mother was one of the original nurses at Lady Minto in 1946 when it was on Ganges Hill (now the Community Centre building). My Dad served on the board and was chairman from 1983-85. My Nana was a member of



E.C.U. Resident, Coleen Abela

the Sunshine Guild at Lady Minto and talked about the sewing machines in the basement of the building and how the auxiliary members were responsible for sewing sheets for the patients. My Grandpa was also very active on the Board (1935-45). I guess I come by it honestly.

Diana: What do you enjoy the most about your work as Activities Coordinator?

Jen: In this job, I can learn the person before I learn the illness. I get to see every person as an individual without worrying about what they can and can't do. Let's face it, no one wants to end up in residential care and the adjustment can be difficult for many people. Here, we make it as comfortable as we can. There are no problems here that can't be solved. Extended Care is their home – I work where they live. I can get to know the residents and find out how I can make their day better. It is a special role as I am not providing nursing care or having to do any invasive or unpleasant procedures. I am here to provide them with activities that nourish the mind, body and soul.

You have to be a team member to work here. We give each other energy.

I couldn't do this work without the support of all our staff.

Diana: What kinds of activities are offered on the unit?

Jen: There is always something going on here in the ECU lounge. We offer special musical concerts, bingo games, sports days, pet visits, spiritual care on Sundays where we offer a variety of denominational services, special meals and special holiday celebrations. A few years ago I did a fundraiser and we purchased one of the Wii games. This brings hours of entertainment for activities such as bowling, Wheel of Fortune and Trivia. Two volunteers from the Grade 12 Work Experience program help me with this activity.

We also provide a special breakfast meal once a month for residents. They can pick what they would like to eat with all the trimmings. Bacon and eggs, cheese omelets, French toast. They really look forward to it and we cook the food right here on the unit. Last week we had a special spaghetti and meatballs dinner and watched spaghetti western movies. This week we watched Shrek on the big screen TV and everyone loved it. They all stayed until the end!

Diana: It must demand a lot of energy to work in this job. You are "on" all day. How do you re-energize?

Jen: I couldn't do this work without the support of all our staff. They are fabulous. Without the group of people we have here on Extended Care, it wouldn't work. Everyone is willing to give a hand when you need it. You have to be a team member to work here. We give each other energy. If I feel grumpy, someone offers me a piece of cake! I work where the residents live. This requires a special approach. Once you can believe that this is true, your perspective changes. Then you can ask, "What can I do to help". You can be their friend. ■



MEET OUR RESIDENTS ON EXTENDED CARE



RUBY LIVINGSTON

by Diana Hayes

When I am introduced to Ruby, she greets me with her beautiful Irish voice and a twinkle in her eye. Her son-in-law, Chris Gix, who works at Lady Minto as a Radiology Tech, is sharing a game of Scrabble on her iPad which he carefully mounted on a wooden frame, making it easier for her to use. Later, her daughter Maureen joins us and they share a meal together. Maureen works as a Home Care Nurse here on the island and is our wound care specialist. She shares some stories about her Mom's adventurous life.

Ruby was born in Northern Ireland in 1929 and married Wycliffe (Wyc) Livingston at the age of 19. They journeyed to Canada on their honeymoon, taking a train across the country and settling in Duncan on Vancouver Island. They lived on a working farm and Ruby's job was to grade the eggs.

Maureen tells me that her father was related to David Livingstone, the famous British pioneer medical missionary and explorer in Africa. Following in this tradition, Ruby and Wyc became passionate missionaries and in 1955, moved to Lima Peru where they worked in the city slums for 23 years.

"They didn't know the language when they arrived," Maureen tells me. "There was no salary and they lived on donations from their church in Vancouver. They gave their hearts and souls to the people in the third world. They had such good hearts and left all of the comforts of home, sold their house and moved where they could help people in need. They both shared a vision of being of service to others and this was what was important to them."

Wyc and Ruby were always peaceful people and spent very little time apart. When Wyc became unwell and suffered dementia, Ruby took care

From top:

Ruby at age 14

Ruby and Wyc on their 50th Anniversary

Opposite: Maureen Gix with her Mom

Back cover: Ruby's socks



of him at home for ten years before he passed away last October. “They loved island life,” says Maureen. “My Dad was an avid gardener and loved his fresh grown vegetables. Mom had a passion for knitting and began a cottage business producing machine knitted socks. Eventually she taught her neighbor, Katherine, how to use the machine. Katherine is still knitting socks and selling them in the market. She visits Ruby regularly at Lady Minto. I notice the lovely socks that Ruby is wearing while we visit. They are colourful and one of the many pairs she made herself.

While living at Braehaven this year, Ruby had a fall and suffered a broken leg and a stroke. She spent some time at Aberdeen Hospital in Victoria for rehab therapy but she dearly wanted to return to Salt Spring and was unhappy away from home and family. She has settled in now on Extended Care. “The transition was less difficult as there were many familiar faces,” Maureen tells me. “Jen Ritson helped immensely while Ruby was on Acute Care awaiting a bed. Jen included her in many of the social activities so that she became familiar. Ruby’s sister Pearl, who is still alive and living in Courtenay, enjoys visiting and tries to make the trip to Salt Spring when she can. “Mom is grounded in her spiritual faith and is accepting and optimistic by nature, which has helped with this transition in

her life. She has great compassion towards others who are suffering.”

I ask Maureen how her family found their way to Salt Spring. “Aunt Pearl started a B&B business on Salt Spring in the early ’80s which was not so common at the time,” Maureen recalls. “Mom and Dad would visit Aunt Pearl often and fell in love with the island as many people do. They purchased property and built a cabin for regular visits. Eventually they built their retirement home and settled on the island. That was in 1987 after they returned from Peru and had been living in Vancouver again.” Wyc and Ruby delivered Meals on Wheels when they came to Salt Spring, and Ruby volunteered at Greenwoods, lawn bowling with residents. At that time Ruby’s mother, Susan Wilson was a resident at Greenwoods.

Maureen and her sister Susan will be travelling to Peru this coming May for the 50th anniversary of their parents’ missionary work in South America. They will have the opportunity to meet with the people that they worked with in the streets of Lima and see the world of their childhood years again. What a wonderful tribute to their parents who dedicated so many years to the lives of those not so fortunate in the world. ■



LADY MINTO HOSPITAL AUXILIARY RECENT ACTIVITIES ON EXTENDED CARE

Margaret Mackenzie, ECU Volunteer Coordinator, LMH Auxiliary



Our dedicated volunteers along with the residents and staff are enjoying the newly-renovated and open space in the Extended Care Unit Lounge.

The improvements make it more conducive to the art and music therapy programs, as well as for the many other activities that take place there.

It was fitting that our first performance was one by the residents themselves. The Ding Dong Choir under the direction of our Music Therapist Mary Anne Burrows entertained us with a very impressive and delightful concert. Dressed in black and white attire, the Bell Ringers' repertoire was a Father's Day salute.

The art program continues weekly and many word games, including Bingo, Scrabble and Bridge lessons contribute to the residents' cognitive abilities. There were also outings, picnics and time spent on the patio and in the garden during our beau-

tiful summer days. The annual Sports Day was held in June followed by a BBQ lunch.

There were many birthdays celebrated, including Alice Tester's 100 years.

Local artists continued to entertain as well. Dawn Hage and friends in June, Peter the Magician in July, Alan Moberg in August, and Quartet and Friends in September all brought us joy through their music.

We also visited the Fall Fair on September 15th. Our local bus made two trips and we accompanied eleven of the residents. They enjoyed the indoor exhibits, the

apple tasting and of course the famous Salt Spring "Pies".

Our purpose is to contribute to the comfort and care of the residents and to help make the Unit really "home" to all who live there.

Our volunteers excel in their compassionate connection to those who are now in the receiving stage of life. ■

"Our purpose is to contribute to the comfort and care of the residents and to help make the Unit really 'home' to all who live there. "

From Left:

Margaret Mackenzie and ECU resident, Marilyn Miller at the Fall Fair

Alice Tester at her 100th Birthday celebration on ECU



Lady Minto Hospital Auxiliary Society (LMHAS) support for the Hospital

The Lady Minto Hospital Auxiliary supports the hospital through volunteer activities and funding for “comfort and care” items. Here are some of the many ways in which they help:

Comfort Bags

- Auxiliary volunteers sew and fill “Comfort” bags for distribution by hospital staff to newly admitted patients. Each comfort bag contains a toothbrush, toothpaste, comb, notepad and pen - items that patients may need when they are first admitted. Long-time auxiliary volunteer (Dorothy Kyle) takes care of filling and delivering these bags on a regular basis to the hospital. She is assisted by another volunteer (Beverly Lumley) who sews the bags from fabric donated at the Thrift Shop.

Saturday Cakes

- Another long-time volunteer (Rita Dods) delivers baked goods to the Extended Care Unit every Saturday for the residents.

Flower and Plant Ladies

- Two auxiliary volunteers (Gisella Welsh and Muriel Hale) visit the hospital on Tuesdays and Fridays to water plants and tend to the bed-side vases of cut flowers in all the resident and patient rooms.

Volunteer Activities in the Extended Care Unit

Flower and Plant Ladies

In Memoriam Fund

Art & Music Therapy Programs

Equipment Purchases

Showcase

EDUCATION FUND



Psychosocial Care of the Dying and Bereaved

(Victoria Hospice September 30 – Oct 4, 2013)

Firstly, I would like to thank Lady Minto Hospital Foundation for making it possible for me to attend the Psychosocial Care of the Dying and Bereaved course. I found it to be an extremely informative, interactive and engaging experience. Each of the presenters brought forward new ideas as well as reaffirmed certain aspects of palliative care with evidence based practice and unforgettable examples. I found the course content to be current and relevant to the palliative care I provide on a regular basis. I attended this course hoping to gain a better understanding of psychosocial care at end of life. I left with a greater sense of confidence relating to the ways I can interact with patients and their families at this difficult and meaningful time. I highly recommend this course to other health care professionals who deal with death and dying. I hope to continue building on the knowledge I've gained with this course as well as utilize the education within my practice on an ongoing basis. Again, thank you for the wonderful opportunity.

Sincerely,

Stacey Jackman, LPN



The Foundation sponsored four nurses this fall for the Victoria Intensive Palliative Care Course. Special thanks to the Franey Family and Margaret Franey Estate donation.



LORNA SIMPSON'S INNISFREE

A Life Well Lived and Loved on Salt Spring Island

by Diana Hayes, in conversation with Janet Simpson

“**A** kinder, more gracious soul has never been taken from this earth”, wrote Heather, Lorna’s youngest, after she passed away peacefully at her beloved “Innisfree” on June 26th this past summer.

Lorna and Ernest Simpson immigrated to Canada with their three children Douglas, Gordon and Carol in 1949. With another four children (Keith, Randall, Janet & Heather), they settled in West Vancouver. Once they discovered beautiful Salt Spring Island, the Simpsons purchased property and the family spent every weekend and holiday here at their Mereside Farm before retiring to the island full time in 1969.

The farm gate to ‘Beggar’s Roost’ and later, ‘Innisfree’, was always open and home to all manner of animals and friends as well as family. Lorna and Ernest both had a great love of birds and islanders may recall their three free-flying macaws, often spotted in various areas of the island during their daily flights. When the parrots were due back home, Lorna would sound a British police whistle and within ten minutes, the birds were back. Ernest built an aviary for Lorna, which first housed smaller birds, including finches and doves. Eventually she acquired five Macaws in addition to the peacocks, geese, pigeons, ducks and chickens.

Innisfree, at one time, was a wildlife reserve where animals and birds that had been injured could be cared for (legally)

in safety. Indoors there were always cats, a golden retriever, a yellow lab, and later, Lorna’s beloved pups Jessie and Sassy who never left her side until the end.

Lorna shared a deep spiritual appreciation for life and the natural world around her. Always positive and serene, she was equally at home on the farm or at a formal social gathering. “A country girl and a Lady at the same time”, remarks Janet’s close friend Jane, who with horses and dogs in tow, is living at Innisfree Farm while she and her husband look for a property to settle on Salt Spring. Jane describes Lorna as we share a pot of coffee with Janet at the kitchen table. ‘Quilla (short for Tequila), the friendly Macaw, sits on Janet’s shoulder and is always happy to greet visitors.

“Janet’s mum always made me feel right at home”, Jane says. “She was the hub, the mother hen. She held traditional family values and fostered a home full of love. She was always joyful, a heartfelt and happy community woman. She was always the calm waters in a storm.”

Lorna was an avid reader and read many subjects but best of all she enjoyed poetry. Music was another passion and Lorna played both piano and organ. There is a room full of LPs, CDs and tapes to attest to her love of music.

I talked to Janet about the overwhelming task of preparing meals for seven hungry children each day. Her mother loved the kitchen and took a *cordon bleu* course early in life. She enjoyed entertaining and cooking was a natural talent. These were the days before microwaves, when everything was prepared fresh from the garden. With the help of Nana, Ernest’s original family housekeeper whom he brought out from Britain when she was in her seventies, many splendid occasions were shared around the Simpson table.

Islanders might recall the famous “Hot Stove Club”, a feature of the Simpson household, which was convened daily. Animated discussions on current projects and ongoing political subjects made for lively conversation. The late Dr. Jim Buchan was a close friend of the Simpsons and was a regular member of the Hot Stove Club. I imagine many tales were told and a good time was had by all!

Janet assured me that Lady Minto Hospital was the deciding factor in staying on Salt Spring

The Simpsons considered leaving the island when health challenges became a concern but Janet assured me that Lady Minto Hospital was the deciding factor in staying on Salt Spring. “We are far ahead of other communities when it comes to health care,” Janet says. She has worked as a nurse in a number of other communities up north and on Vancouver Island. “Salt Spring is second to none. Here we have access to a whole team of health care professionals.” Home care was often needed when Lorna and Ernest both suffered declining health but were able to remain at home. “The community really supports our hospital and this makes the difference. We have all the best equipment and staff members are so caring. I don’t know where else you could get the accessibility and quality of health care services that we have here!”

We talked again about poetry as we finished our coffee. The famous W.B. Yeats poem, “The Lake Isle of Innisfree” was a favourite for which the farm is named. When Janet started raising bees a few years ago, her mum exclaimed, “now we have it...nine bean-rows and a hive for the honey-bee.” Innisfree is complete.

“She was a most gracious lady with a wonderful smile” ■



Previous page: Lorna Simpson

This page: Lorna and Ernest Simpson in 1998

In Memoriam Gifts

Memorial gifts are a wonderful way to remember loved ones and to share gifts that truly make the difference for patients and residents. We are always grateful when families name the Lady Minto Hospital Foundation for this purpose.

All memorial names are listed on our Donor Recognition Wall in the front lobby of the hospital. The memorial panel is updated twice a year.

Help us keep your record up to date:

We often receive return mail or calls from donors asking us to remove them from our mailing list. We always appreciate these calls and strive to keep our mailing list up to date. Sometimes we receive calls notifying us that a relative or friend has passed away but mail is still received from our office. We apologize for this but for confidentiality reasons and the Privacy Act, the hospital does not share records with our office. For this reason, we are not always aware when someone passes away at Lady Minto or in the community. We thank you for keeping us informed and strive to have accurate and up-to-date records.



WELCOME TO OUR NEW BOARD MEMBERS



STEPHEN ROBERTS

Stephen retired recently from a career in investment research, where he was the chief operating officer (COO) for Asia at international banks Merrill Lynch, ING, and Citibank. Much of his career was served overseas in Hong Kong and New York, with extensive travel to other countries. His work involved managing people in a multitude of cities, setting and administering budgets, driving technology projects, and overseeing HR, legal, and compliance requirements in a complex international financial environment.

Currently, Stephen serves on the board of directors of Vancouver Hospice Society, where he is also on the Capital Committee, and this year is served as co-chair of the Gala Committee.

Hospice has been a particular area of interest and he is hoping to join the board of directors of Salt Spring Hospice.

Stephen believes in community involvement and to this end has contributed to the Salt Spring Abattoir project, is a member of the Salt Spring Conservancy, and over the years has volunteered his time with the Salvation Army and St. James Society.

Lady Minto is particularly close to Stephen's heart. His mother worked as a practical nurse at the hospital in the 1960s and 1970s, before the family moved to Kamloops, where his mother then worked in an extended care hospital. He believes Lady Minto and the Foundation are central elements of our vibrant Salt Spring Island community. ■



KAY WOODHOUSE

AUXILIARY REPRESENTATIVE

Kay Woodhouse and her husband retired to Salt Spring Island 8 years ago after their final posting abroad. She grew up in the Toronto area and moved to Ottawa after getting married. Prior to retirement, Kay worked as a computer systems developer/analyst and consultant in Canada and abroad (Bangladesh, China, Indonesia and lastly India).

Her hobbies include quilting and learning to play the piano. She still feels like a newcomer but has grown to really appreciate the community spirit on Salt Spring Island and volunteering on the island – particularly with the Lady Minto Hospital Auxiliary Society where she was the treasurer and more recently responsible for publicity. ■



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...*

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☐ **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.

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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**

Photos (clockwise): ECU resident Ted Aves with volunteer Rae Ritson at the Fall Fair; Ruby's Socks; Janet Simpson and family macaw 'Quilla; Jen Ritson with Maureen Gix and her mom Ruby Livingston on Halloween; ECU Resident Marilyn Miller at the Fall Fair

[Be sure to read the stories for more details]



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