

HOSPICE

it's a philosophy, not a place



Della



Jon

Many people mistakenly believe that hospice is a place you go to die – that it's a building or a room. In fact, hospice is a philosophy of care that focuses on comfort rather than curing an illness. Death is a natural part of life and hospice care is about easing symptoms and suffering for those at end-of-life; to foster compassion, comfort and dignity. You don't have to go to a special place to receive hospice care.

The goal of care is the quality of life – not the quantity; it's not about extending someone's life but enhancing the quality of life as defined by that person. And the goalposts shift – quality of life means different things to

different people, and may change along the journey. Hospice care means respecting and responding to those goals.

"A fundamental tenet of hospice care is that people are a whole person, they are not just their illness," says Deanna Hutchings, clinical Nurse Specialist. "Someone might have pain in many areas of his/her life, not



Dame Cicely Saunders (1918-2005)— nurse, physician, writer and founder of the hospice movement

"You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die."



Lady Minto Hospital Foundation, 135 Crofton Road Salt Spring Island B.C. V8K 1T1
Phone: 250-538-4845 Fax: 250-538-4870 Email: LadyMinto.Foundation@viha.ca

www.ladymintofoundation.com

Moving to a Greener Lady Minto

just physical pain – they might be experiencing emotional or spiritual pain, psychological or social pain; hospice care wraps around the patient and his/her family to address all needs – of both patient and family.”

Family is an equally important part of hospice care; staff listen to their concerns, make them part of the process and support them, not only through the death of their loved one, but also the time of bereavement following.

“In hospice care, the family is the unit of care,” says Hutchings. “If someone suffers, the whole family suffers. If death happens poorly, it stays with us forever. That is why hospice care is as important for the living as it is for the dying.”

The fundamental principles of hospice care can be applied regardless of where dying takes place; the goal is for people to be supported in their end-of-life journey and to die in the place they want to die, where possible.

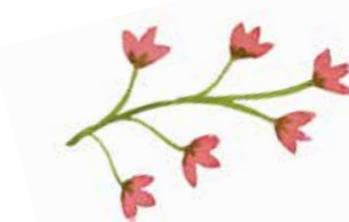
The terms hospice and palliative care are used interchangeably in Canada. If a person wishes to die at home, they are supported by a community-based home and palliative care team. If their needs

are complex, they may not be able to stay at home and will go to hospital. Regardless of whether death occurs at home, in an acute care hospital or in residential care, hospice palliative care is available.

“In health care we often do a lot to people; in hospice care, our goal is to be with them and to support their choice, as much as possible, whether they chose to die at home or in an Island Health facility,” says Jill Gerke, Island Health’s Manager, End-of-Life Care.

“This is soulful work – the essence of hospice care is the ability of the community and care team to come alongside and journey with the patient and family,” says Gerke. “It’s holistic – whole person, whole family care, creating the space for a meaningful death.” ■

Excerpts from “Island Health” magazine, Spring 2015 Issue



BRENDAN RICE, Licensed Practical Nurse



I found the Palliative Care Medical Intensive Course I attended in March of this year both very educational and rewarding to my personal and professional growth as a Licensed Practical Nurse with the Lady Minto Gulf Island Hospital. Each lecture of the course was full of relevant information and provided new tools to use in my professional practice. The presenters of each lecture were focused and personable, keeping a close eye on the individual lecture time as to not exceed the provided allotment, while providing the necessary information, relevant personal experiences and allowing for a short question period at the end of each topic. During several of the days we broke into small work groups which gave each individual medical professional a chance to apply the knowledge in case studies and to form temporary interdisciplinary teams to address scenarios from different practical points of view. The topic of greatest impact to my professional practice was palliative care pain management. I have already changed how I approach each palliative care patient to better advocate for and individualize pain management to best fit their needs from a holistic health care perspective. As new information is available I will continue to build upon this palliative care foundation which the course has provided and I look forward to taking complimentary courses in the future. ■

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Sikundar 's and Sylvia's engagement, 1963

Sikundar Umedaly passed away peacefully in Lady Minto Hospital on the evening of March 14th, 2015 in the presence of his wife Sylvia and close friends.

Born in Mombasa, Kenya, Sikundar grew up in Uganda, studied in England and returned to Uganda as an electronics engineer where he started his own business. He was active in sports and won several national badminton and tennis titles in Uganda. In 1963 after a whirlwind courtship, he married Sylvia and their son Shamir was born two years later.

In 1972 the family left Uganda and moved to Canada. They settled on Salt Spring in 1991 where he made many friends. He enjoyed walking in Ruckle Park and watching the birds and wildlife that frequented their property. He was an avid golfer and a member of the Mason's Admiral Lodge #170.

He was very fond of Indian Classical music and kept an extensive music library, sharing many CDs and music DVDs with friends.

As his Internist, Dr. John Morse knew him well and visited with him in palliative care. "Sikundar loved life with extraordinary passion. When his health was deteriorating we discussed how things would go at the end. I pointed out that comfort care should be the focus. I believe this gave him some support as his life came to an end".

I visited with Sylvia at her south end home the following week after Sikundar passed away, to share chai tea and to

REMEMBERING SIKUNDAR

by Diana Hayes, in conversation with Sylvia

Speak about those final days at Lady Minto. She tells me how helpful it was to have this valuable service at our own hospital.

“Most people think palliative care is a room. They don't realize it is in fact a philosophy of care. Quality of care and quality of time that is left are what made the difference. Family members are not trained and don't always know what to do at home. Having nurses trained in this area allows for quality time without the enormous stress and anxiety about the medical needs, including pain control.

The experience in the palliative care suite took the fear away for me. I now understand what an honour and a privilege it is to be present for our loved ones at the time of passing. Through the palliative experience, I was able to overcome my childhood fear of death. Death is part of life and is a natural process.

Friends were able to visit along with out-of-town relatives. The atmosphere of the suite is much more in keeping with a family home. There is enough room for half a dozen people to sit comfortably. You can make a hot cup of tea anytime in the kitchenette. There is a private patio available for fresh air and visits during warmer weather. Quality of time. Friendship and farewells. This is what it is about.

We were able to listen to the music that he dearly loved during those final days. On the evening of his passing, we were listening to *The Valley Recalls*, one of his favourites.

”

Jon, R.N.

Jon trained as a nurse in the UK at the Royal Cornwall Hospital in Truro, Cornwall. He had visited Salt Spring many years ago as a child and arrived back on the island with his fiancé in 2013.

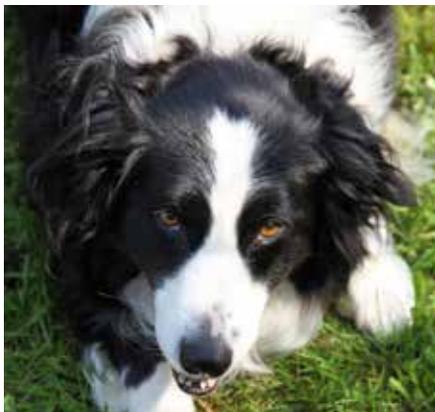
While in the UK he took special training in palliative care under what was referred to as the “Gold Standards Framework”. The “Liverpool Care Pathway” was also a model of care which included flexible protocols with a focus on care of the dying.

“There comes a point where we can’t do much more in the curative sense for a patient and the focus shifts to comfort measures both for the patient and the family.”

“The teamwork here at Lady Minto is fantastic. There is a good exchange between the doctors and nurses where all aspects of palliative care are discussed. In a small hospital like Lady Minto, we are more than a team; we are part of the community.”

“There is a broad range of responses from patients who are nearing the end of life. Some are at peace and feel ready; others go ‘kicking and screaming’. We have to be able to deal with a variety of emotions and remain somewhat detached and professional. We can call in other resources when needed such as counsellors and spiritual advisors.”

“We are involved with people in the most intimate time of their lives. It is an honor and privilege to be included. I can remember when Sikundar passed away and his friend Reayane’s sheep dog, Kimo, jumped up on the bed for one last good-bye. This was beautiful to see and tugged at my heart-strings.” ■



Kimo

Della, R.N.

When Della started working at Lady Minto Hospital in 2008, she had plans to expand her practice and work shifts in Victoria for the Palliative Response Team. She had experienced firsthand how important such a team can be for end-of-life care and what a difference it makes for palliative patients and family. Both her parents passed away within a three year period in Kelowna and she recalls how helpful the team had been in that community. She says that she is now able to use her skills and knowledge base here at Lady Minto. “I will see patients in emergency, and sometimes in acute care, and then when needed, they are admitted to the palliative care unit and I am

their nurse once again. Providing a continuum of care is a huge part of working as a health care professional on the island. You see the whole spectrum of a patient’s life. You get to know them in a way that is not possible in big city hospitals.”

Della was on duty on Sikundar’s last day. She speaks of his deep appreciation and gratitude for life even in his final hours. She recalls that he went to each visitor that afternoon and held their hands, thanking them for their friendship and presence. He declined his walker that morning in favour of her sturdy arm and gave her a big hug as they walked back towards the bed.

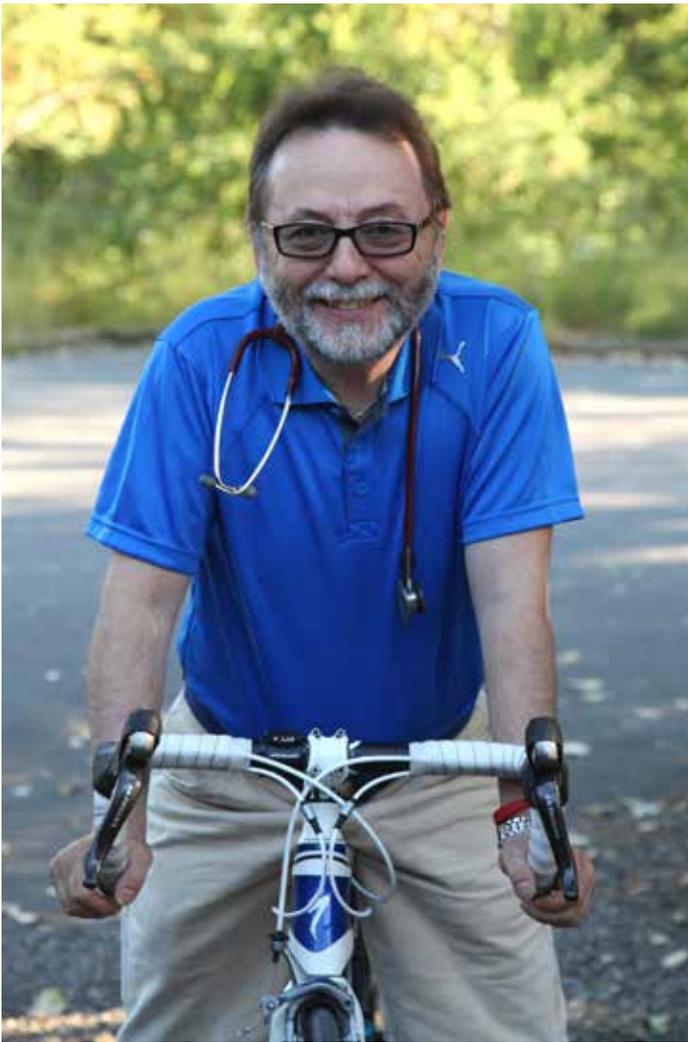
Being able to provide peace and comfort is part of the art in this special field of nursing. ■



Left to right: Jacquie Byron, Melody Peet, Roselyn Schneider, Angela Huser attending the Victoria Hospice palliative care course

I would like to thank the Foundation for giving me the opportunity to attend the Victoria Medical Intensive Palliative Course. I found the information and speakers excellent indeed. The course helped me to expand my knowledge and understanding of pain and other symptom management not only for palliative patients, but all patients in general. I do believe that this course will benefit my professional practice here at Lady Minto Hospital.

Melody Peet



DR. RON: THE PALLIATIVE CARE EXPERIENCE

an interview by Diana Hayes

Dr. Reznick has practiced family medicine on Salt Spring now since 1984 and has guided many patients and families through the palliative care process over the years. As we speak about death and dying and the doctor/patient relationship in end-of-life care, I can see right away that Dr. Ron is passionate about his work and truly cares for his patients. He tells me that caring for patients in their final stages of life is a great honour. He often makes house calls and has joined families at the home of palliative patients to become part of the intimate dance of life and death.

“Often I have cared for them over several decades, seeing them through major milestones in their lives, and so in their dying time our relationship becomes all the more soulful. At this point the stage has been set to be close, even closer, as they rely so much on the physician’s knowledge and care. When a patient is in his final days or hours, you need to be so incredibly present, sensitive to each word and gesture. Palliative care is about love and respect. Patients are vulnerable, aware, and insightful

at this time. The essence of a patient’s life comes out in the dying process. We have the privilege of sharing this gift of time with them. Symptom control and pain management are important skills that the medical team can provide. It is an opportunity to give them the best so that they are comfortable in their dying. Humor can be a great relief. Music is often requested. Families rally around, and you see great love... or not. It can be a very trying time for some families. Humor. Dignity. Trust. Some patients are afraid. Palliative care is about relationships. It is a lot more than just about medicines and pills. I have had extraordinary experiences with my patients as they approach death.

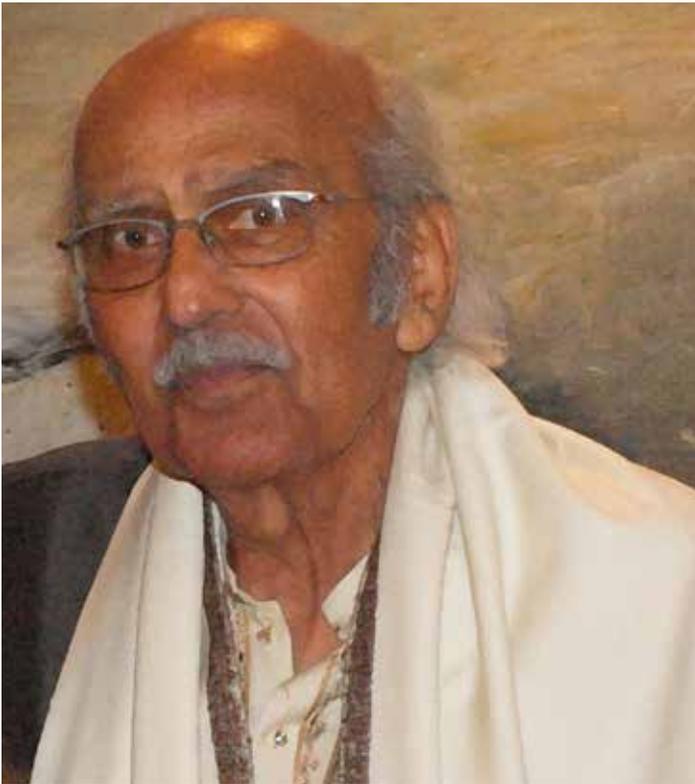
The nursing staff at Lady Minto are extraordinarily kind and do a great job in palliative care

The palliative care suite at Lady Minto is a blessing. The room was created with the help of major funding from the Foundation. It allows patients to have some of the comforts of home but also have access to 24/7 medical care when required. It is quiet, private, home-like.

The nursing staff at Lady Minto are extraordinarily kind and do a great job in palliative care.

I will always remember a feisty patient who was 99 at the time of her passing. During a house call she showed me her favourite photographs and drawings from early years on Salt Spring. She lived in a small cabin in Fulford Harbour and took a quick dip in the sea most days. I asked how her walking was that day and as she sashayed across the room in a sort of Bette Davis style, she declared, ‘I ain’t dead yet doc.’ When she was brought into Lady Minto a few weeks later following a stroke, we shared some important moments at the bedside. Unable to speak because of the stroke, she grabbed a hold of me with that familiar twinkle in her eye.

These are the moments that make the doctor-patient relationship all the more meaningful. Maybe I am old school. I think it is part of rural family practice. I sometimes cry with my patients. Isn’t that what it is all about? — Life and death, caring and trust, humor and tears; keeping the body healthy as long as possible and when it comes time, sharing in this profound passage. ”



Time melts away in the palliative room,
and each moment feels like an instant
and a life-time all in one.

IT IS LATE EVENING IN PALLIATIVE

by Diana Hayes

IT IS LATE EVENING, PAST TEN O’CLOCK, and I have stopped by the palliative suite to visit with my friend, Sikundar. He is awake and welcomes the visit. A standing bedside lamp has been adjusted to provide comfortable golden light and the paintings on the wall and furnishings in the room give the space a “home away from home” feel. We talk about our favourite subject, music. I remind him of the first Indian Classical CD he gave me, and of all the music in the world it was the very CD that Peter surprised me with on our first dinner date. We both smile, acknowledging the power of intuition.

There are family albums in the room. Sylvia, Sikundar’s beloved wife of 51 years, has brought in some home-made baking and chai tea is available in the palliative room’s kitchen nook. Double patio doors open up to a clear sky and fresh air. Sikundar’s friends Sid and Ramanan have been visiting daily and have brought guitars and a computer so that they can play some of his favourite classical Indian compositions.

It is getting on for eleven and Dr. Reznick drops by the room for a chat. He is on call and has been busy in the ER throughout the evening but now it is quiet and he sees that Sikundar is still awake. He sits on the side of the bed and they talk about many things; how Sikundar once walked from Fulford all the way to Dr. Ron’s office, how he was always determined to get better and this he did many times.

Time melts away in the palliative room, and each moment feels like an instant and a life-time all in one.

It is a refuge, a place of comfort when it is no longer possible to remain at home. The nurses are gentle in their approach and despite the hectic shifts, they always seem calm and bright as they attend to Sikundar’s comfort and care. Out-of-town relatives arrive and are able to spend quality time, bringing photographs and meals and memories and stories. At one time the room is full, with seven close friends and family gathered around. There are comfy chairs and it feels like a living room – a place to be oneself without the bustle of a hectic medical environment which is often the case on the ward.

Some days later, I have a strong instinct to call in for a visit earlier than my usual late evening time. I arrive at 5:00 p.m. and Sid is sitting quietly beside Sikundar’s bed. The

laptop has been set up with music and he has just started the Raga entitled *Love, Peace and Harmony*. Sikundar's breathing had changed earlier that day and he is in a deep sleep. I lean in close to his ear to let him know I am here. The nurse stops in to check on him and tells me that there has been a big change today. Between long intakes of air, there is a longer pause, and I am preparing myself to accept that he is on his final journey. I massage his hands gently as the music moves into the last section of the *Valley Recalls*, a sequel to the first classical piece he had shared with me many years ago.



Reayane

Sylvia arrives and had just left a message telling me to come quickly. She had returned home to gather up some things so she could spend the night, knowing that time was close. Sikundar had said jokingly, a few days earlier, "Diana doesn't need a phone; she communicates by telepathy." We all laughed as I had just lost my cell phone!

It is close to eight o'clock now and a gentle knock at the door is followed by the bright smile of Sikundar's dear friend and neighbour, Reayane, who has brought a bouquet of freshly picked flowers from her garden. Both Reayane and the flowers are radiant. She sits on the bedside, seeing that Sikundar has slipped into that transition place, close to dying. Each of us remains still and quiet. I watch Sikundar's pulse from the chair where I am sitting close to

the bedside. I can see it beating slowly, more space in between beats, and thankfully no struggle. At 8:20 p.m. I witness his last heartbeat, just while Hariprasad Chaurasia is completing a flute solo. I feel a surge of energy as I realize Sikundar is now released from the earth. Sylvia is thankful and in awe at how perfectly her husband slipped to the next world, without discomfort or distress. Jon, the evening R.N., arrives and confirms what we already know. Sid, Ramanan and Michelle are called back to say their good-byes. We gather again together in the room. Ramanan remarks, "How good that he

is wearing his special green silk pajamas." He would have wanted it that way.

When the room is still again, Reayane and I step back in through the patio doors to say one final good-bye, with Kimo, Reayane's sheep dog. Sikundar loved animals and Kimo has been a daily visitor back at his south-end home. We encourage Kimo to jump on the bed to say good-bye too. He nuzzles Sikundar's shoulder and settles in for a few minutes. It is a moment I will always remember – there is a peace that can't easily be found. I feel that I have witnessed a great miracle, as with birth, and part of that miracle is to have shared such a deep and meaningful friendship with such a lovely man. Sikundar was 87 and full of life, wisdom and serenity. ■



Emergency Room Care & Training

It is with deep gratitude that I wish to thank you for your recent funding for the two courses that I have just completed – BLS and ACLS. For competency in emergency care these are crucial courses to update every two years. As nurses in a rural hospital where a physician is not always onsite, we need to be prepared to provide the first twenty minutes of care which is crucial in a cardiac arrest, myocardial infarction or stroke patient. Renewing my certification every two years makes me feel more confident to carry out this care. Thank you very much,

Sandy Kyle, R.N.



BOARD CHAIR'S REPORT

Paul Oliphant

It has been a busy time for the Foundation this past year and building positive community partnerships was one of our top priorities. We need everyone to work together towards the goal of a fully integrated health care system able to address our most pressing needs ranging from maternity care to palliative care and everything in between.

As part of my commitment to meeting this goal, I chaired the Salt Spring Island Health Advancement Coalition Committee (SSHAC). The committee published a comprehensive report in November 2014 which provided a summary of Salt Spring Island Community, Health and Well Being studies from 2008 to 2014 as well as an overview of meetings held with Salt Spring health care providers and volunteers in the areas of mental health and care for seniors. SSHAC is hoping to facilitate a more coordinated community approach to addressing the island's health and well-being priorities. SSHAC held two conversations with SSI residents at the end of May as part of its community engagement plan to further clarify Salt Spring Island's health priorities.

In addition Lady Minto Hospital Foundation invited health related Foundations and organizations to meet with us to discuss how we can act in a more coordinated fashion

to support the funding of priority projects on SSI. We started by agreeing to coordinate our funding efforts whenever possible. This group has included: LMHF, LMHAS, SSFoundation, Greenwoods, and SSHospice. We have met on two occasions and plan to do so regularly.

Changes in the Island Health Executive have been underway this spring and on May 28th, our Manager, Bill Relph, announced the following:

Lady Minto Hospital is no longer part of Rural Health and is now part of a Geographic Model that is grouped with the Cowichan Valley, Saanich, and the Southern Gulf Islands in an area now known as **Geographic Region 3**. Pharmacy, Laboratory Services and Medical Imaging are also currently part of Geographic Region 3.

The Executive leaders for Geographic Region 3 are: **Alice Gelpke, Executive Director** and **Dr. W. David Robertson, Executive Medical Director**.

Sheila Leadbetter is the Operational Director for Lady Minto, as part of Saanich and the Southern Gulf Islands. A Medical Director for Geography 3 will be named soon.

For those who are curious, the other Geographic Regions are:

Geography 1 includes: North Island/ Campbell River, Comox, Courtenay/Mt. Waddington, Strathcona/ Residential Services. **Geography 2** includes: Port Alberni, West Coast/ Nanaimo Clinical Operations – NRGH/ Renal and Trauma Services/ Volunteer Resources/ Nanaimo, Oceanside.

Geography 4 includes: Victoria Clinical Operations – RJH/ Victoria Clinical Operations – VGH

Our funding activities are gearing up as they always do in

spring with the 19th annual Phantom Ball campaign kick-off on June 9th. The prize draw will take place September 24th with a showing of the original 1920's Phantom of The Opera silent movie at The Fritz. (Stay tuned for more details by visiting our website). The Golf Tournament "tees off" on July 11th with lots of fun and activities planned and plenty of prizes to win. Our event coordinator, Karen Mouat, has included a few details on page 23. We are also planning a new fundraising event on August 12th billed as the "METEOR EVENT". More information is on pages 20 and 21, or visit our website as plans for this family event are firmed up. All proceeds will go toward the purchase of a replacement ECG machine for the hospital.

As part of our commitment to working more closely with other Foundations we assisted the Greenwoods Eldercare Society with their fall campaign to update the community bathing program facilities by providing a grant of \$5,000. We also provided over \$100,000 to LMH including equipment for the endoscopy program, including new colonoscopes. We continue to provide funding for nurses' education and this year we gave an increased grant of \$25,000 (see Jo Twaites' report on page 18). In addition, we recently approved a grant of \$14,371 for purchase of a replacement ventilator for the Emergency department.

Our preliminary financial report for the fiscal year

2014/2015 shows our total revenues at \$430,126. This includes donations, fundraising activities and estate gifts. We provided a total of \$114,000 for equipment, education and services to Lady Minto during this period.

Let me begin my words of appreciation by thanking our AED/CPR Instructor Beth Weston. Beth provides many hours of training for our "Healthy Heart" community awareness program. To date, we have over 30 AEDs placed in our community, and 196 students have been trained. Well done Beth! Also thanks to Derek Fry who, although no longer a member of our Board, continues to support the AED program.

I also want to thank you, our loyal donors, for supporting our cherished Lady Minto Hospital by directing your gifts and donations to the LMH Foundation. As board members, we try to steward the funds in the best way possible to benefit our community and ensure that we can all have the best care possible, right here on our jewel of an island.

This will be my last formal report, as I will be stepping down from my position as Chair. Thanks to everyone who supported me over my two-year term. It has been an honour to serve the Foundation, the Lady Minto Hospital, and most of all our generous donors. Thank you.

Have a wonderful and healthy summer! ■



Bill Relph, Lady Minto Site Manager, serving up lunch at the staff BBQ this spring

SALT SPRING HOSPICE AND LMH

by Janellen Neil, Coordinator for Mintos, Salt Spring Hospice



Janellen Neil and Stephen Roberts

We at Salt Spring Hospice, lovingly call our program at the hospital, “Mintos”. A solid core of five dedicated hospice volunteers, each takes a turn visiting on a weekday afternoon, usually for a couple of hours. In addition, hospice volunteers who have completed a Mintos orientation at the hospital, are willing to step in as spares, when the need arises.

We have a wonderful rapport with the nursing staff, plus the unit clerks, and that is where we start, by checking in at the nursing station at the beginning of our shift. Nurses may suggest those who would benefit by a visit, and this is very helpful to us.

HOSPICE BEYOND THE HOSPITAL

by Stephen P Roberts, President, Salt Spring Hospice & Bessie Dane Foundation

Through the Mintos at Lady Minto, hospital care and hospice intersect to the benefit of those in need at the end of life.

But it doesn't stop there. Salt Spring Hospice continues to complement the quality palliative care received in our vital hospital, with community-based support for those in care and their families, whether the care takes place in a hospital setting or elsewhere.

Hospice offers a vigil service, grounded in the belief that no one should have to face death alone. On Saltspring, many

There is a palliative care suite in Acute Care, and in Residential Care. If there is a patient in either room, we are available to support that person, and perhaps family members and friends. The patient's nurse can ask if they would like a visit with the hospice volunteer who is in that day.

I think of us as practicing “the art of presence”; being near to one when they may need to talk, to share thoughts. We are there to listen, and engage in conversation when we sense that this would be fitting.

Also though, there are quiet times, when words are not spoken. Holding a hand, stroking an arm, a gentle touch, each has meaning in the moment.

The rewards are great for us; engaging with others whether words are shared or not... We richly receive from the patients, and in that wonderful “giving and receiving”, we hope that we are able to bring a little comfort into their lives.

I think Lady Minto would be pleased!

Midwives of the Spirit

published April 1998

Joyce McLean, founding member of the Bessie Dane Hospice Foundation (now Salt Spring Hospice)

“How I love this service! It can bring fulfilment and nourishment for the soul as little else can. To reach across barriers of seemingly empty silence and experience the joy of response is a gift not to be taken lightly, especially from one who is slipping away to loftier heights, loosening the fraying bonds of this outworn garment of earth.”

“Truth transcends labels. It shines through many lamps. It is the light that shows the way, not the lamp itself.”





from my library...

Diana Hayes



DIE WISE

Stephen Jenkinson

Launched in May 2015 and celebrated at the Salt Spring Island Public Library on May 11th

“Die Wise does not offer seven steps for coping with death. It does not suggest ways to make dying easier. It pours no honey to make the medicine go down. Instead, with lyrical prose, deep wisdom, and stories from his two decades of working with dying people and their families, Stephen Jenkinson places death at the centre of the page and asks us to behold it in all its painful beauty. Die Wise teaches the skills of dying, skills that have to be learned in the course of living deeply and well.”

Stephen Jenkinson, MTS, MSW, is an activist, teacher, author and farmer. He has a master’s degree in theology from Harvard University and a master’s degree in social work from the University of Toronto. Formerly a program director at a major Canadian hospital and medical school assistant professor, Jenkinson is now a sought-after workshop leader, speaker, and consultant to palliative care and hospice organizations. He is the founder of the Orphan Wisdom School in Canada and the subject of the documentary film “Griefwalker”.



IN THE SLENDER MARGIN

Eve Joseph

Eve Joseph, poet and author of the award winning book *In the Slender Margin*, worked as a social worker in palliative care for many years.

Excerpt from a review by Emily Donaldson for The Globe and Mail, June 2014

In the sixties, Elisabeth Kubler-Ross’s five stages of grief offered people a new language for talking about death. Useful as that model has been, anyone who’s ever grieved knows how non-linear and surreal the experience can be: “There is no road map for the dying or the bereaved,” writes Joseph. “Grief is a mess.”

People often make comparisons between the process of dying and that of being born. In hospice, Joseph found they also shared a common language. Like birth, dying has its stages of breathing, transition, its own hard labour.

The interconnections between death, language and art are central to *In the Slender Margin*, which was born out of a discussion Joseph had with the late poet P. K. Page about how metaphors function as both the “engine of poetry” and the language of the dying. Its title comes from a quote by the 17th-century Japanese dramatist Chikamatsu Monzaemon: “Art is something that lies in the slender margin between the real and the unreal.” The same slender margin, Joseph believes, that the dying inhabit.



WHAT'S HAPPENING ON EXTENDED CARE

PARADOX AND HEALING

BEING IN TUNE WITH THE MUSIC

*by Margaret Mackenzie, Volunteer Coordinator,
Lady Minto Hospital Auxiliary*

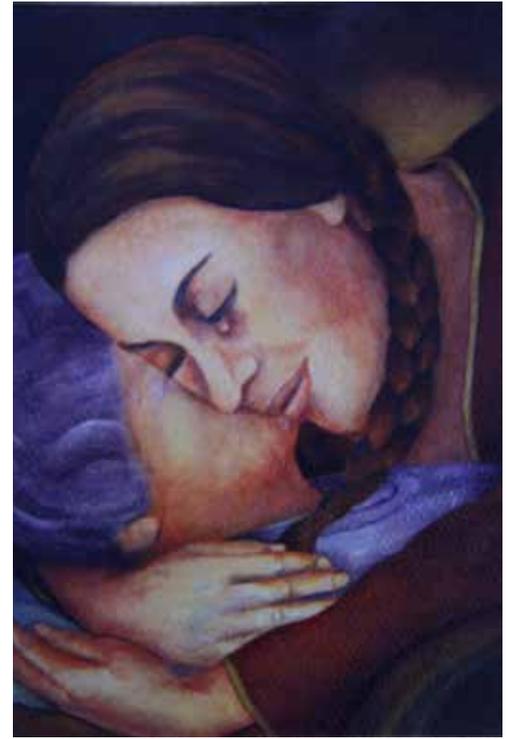
“If you don’t take me out of here I’m going to scream,” followed by, “I really enjoyed your music”. These words were spoken by one of our residents at a Tea concert in Extended Care. Is there not some contradiction here? This led me to think about the resident, the music, and its effect because music addresses the human condition.

Lady Minto Extended Care unit promotes and encourages music in various ways, and the staff go over and beyond the call of duty in supporting all music. They realize that as a therapeutic tool, music affects the internal and external environment of the resident, staff and volunteers alike. Music connects us at a heart level.

In the context here, the focus will be on the monthly concerts sponsored by the Hospital Auxiliary and provided by our community artists. Music is a live experience for our residents and these concerts bring a meaningful connection with others. It can bring a sense of hope in believing that things make sense no matter how they turn out.

We will start with a jazz concert and the jazz group “Sweetwater”. Vocalist Judy is accompanied by pianist Karen, guitarist Jim, saxophonist John with Dave on drums. Energy, movement and tempo in a carefree approach abound in this music and the residents experience vitality and playfulness as they start to swing, bob their heads and tap their toes. There is a freedom of self-expression and a letting go. However, this also can trigger a sudden outburst. Music responds to the full range and depth of being human in a unified way. Through both Judy’s lyrics and the band’s music, we can be open to an acceptance not just with each other but also with our own acceptance of where and who we are.

In early December we were delighted to welcome Melissa Grace Kodaly and her piano students from age six upwards. Our residents very much enjoyed the children’s visit and their piano vignettes brought pleasure and joy.



There was a beautiful blend of music in the innocent tunes of the children and the more experienced classical arrangements played by the adults. We enjoyed its magical quality and sense of belonging that the children evoke and we all enjoyed the refreshments that followed.

As Christmas approached we anticipated our annual visit from Valdy and Kathleen. Valdy’s presence captivated us as he reached out, inviting us to participate as he lead us in singing. There is a collective happiness as residents, family, friends, staff and volunteers come together, listen, share and celebrate the joy of Christmas, all made possible through music. With his “Christmas on the Coast” we feel special. Valdy elevates us above our daily circumstances whether it be in our main lounge, at a resident’s bedside, or in our palliative care suite. Valdy recognizes our needs and speaks to our hearts. We are indeed a family in this event and we complete the celebration with turkey and all the trimmings.

In the new year we welcomed a trio with cello. Our friends, pianist David Storm,

soprano Connie Holmes, alto Anke Smeele with guest cellist Ellen Himmer, were the performers. Anke even prepared a written programme for their “Welcome Spring Concert” with us and we felt transported to ArtSpring. There was an aliveness, awareness, love and joy as all four artists in harmony held our attention. In their repertoire the cello took us to the depths of our souls and the piano brought us up again to hear the beautiful soprano and alto welcoming spring.

Our resident musicians “Reed and Wires” celebrated St. Patrick’s Day with us. This Celtic sextet with Michael, Greg, Warren, Bob, Jane and Dick sing and also play guitars, violins, mandolins, harmonica and bass fiddle. Their music all in harmony whether vocal or instrumental, as solo or all together ,transports us between two worlds. They give us what ordinary medicine cannot do – an inner balance. Their music opens a way to embrace both joy and sadness. Unexpectedly the group came together at this concert to play two violins at the bedside of a dying resident. This was music in a living moment in an all-encompassing human experience.

The Easter season was celebrated with a classical trip; Paula Kiffner cellist, Carol Wright violinist and Tami de Soto on piano. These three talented musicians flowed like a symphony orchestra. Paula’s virtuosity in Bach’s 3rd solo suite was sheer beauty in its depth and joy. Their closing piece by Joseph Haydn involving all three musicians gave a clarity and sensation of boundless love as we were enveloped in the music.

Two years ago Shirley Bunyan with the “Lost Chords” choir said to us: “Deep within us there is a common song”. Through music our emotions are expressed in joy and enthusiasm yet deepened and sharpened by pain and tragedy. This is the contradiction. It is the essence of life where health merges with illness and death merges with life. Music can handle this dance of opposites.

The German romantic poet Novalis wrote: “Every illness is a musical problem – its cure a medical solution”. We are all wounded healers. Once we understand this, pleasant are the tears which music weeps. ■

Opposite: Margaret’s painting, entitled “Gift of Love”, hangs above the Extended Care piano. Margaret describes it as the full circle story of mother and child; giving, receiving and returning of love”.



Clockwise from top left: Classical Trio with Paula Kiffner, Carol Wright and Tami de Soto; Warren and Bob of “Reeds and Wires”; Melissa Grace Kodaly’s music students perform on ECU; Nettie and Gus waiting for their friends on ECU





A GIFT IN MEMORY OF JUNE BEADDIE

by Maggie Corns and Diana Hayes

June was born in Vancouver to the late Margaret and Guy Heather. During her twenties June worked with her father in the family fur business, G.G. Heather Furs on Granville Street. She was active in Soroptimist International and the United Church.



Maggie shares with me some family history and her mother's special relationship with her Aunt Laura of whom she was very proud. "Aunt Laura was an officer in the Salvation Army, and mom would often go to hear her aunt preach in the Citadel. Her aunt also preached and led services from (what was to become) Hallelujah Point at Stanley Park. This amazing aunt, who is written up in the history of the Yukon, helped to open up the Yukon. She trekked across mountain ranges to bring the gospel to the north."

"In 1949, still single at the ripe old age of 27, mom decided to work as a secretary in Trail, B.C. Her older sister had moved there the year before and enthusiastically recommended this to my mother, saying, "The place is filled with single men!" While there she busied herself

"I wanted to make a special gift to the Lady Minto Hospital Foundation in memory of mom and to let others know that philanthropy can be a very special way to remember our loved ones."

Maggie Corns, daughter

with work and two main sports, skiing and bowling. That later proved to be a brilliant decision, as the bowling league became the meeting ground for her future husband."

June married Robert John Matthews, a British petroleum engineer, in 1951 and they had one daughter, Maggie Elaine. They lived in Calgary until Bob's sudden death in 1962, whereupon she returned to university (U.B.C.) at the age of 40 and qualified as an elementary school teacher. She then taught school for 10 years with both the Burnaby and Vancouver School Boards. One of her hobbies was puppetry and she often put on shows in the community through the Vancouver Guild of Puppetry as well as for her school children.

In 1968 June married Arthur Beaddie, and the two retired to Salt Spring in 1975. Thus began their fascination with Salt Spring Island. From 1975 until Arthur's death in 1999, June and Art embraced the Salt Spring lifestyle. They kept bees for many years, and Art was well known for his presence at the bee and honey display at the Fall Fair every year. Art was instrumental in obtaining the organ from Holy

From top:

June celebrating her 92nd birthday

June on a trip to Scotland



June with her third granddaughter, May 2013

Trinity Anglican in Vancouver (which was being demolished) and relocating it, along with other interior aspects of the church, to All Saints By-the-Sea in Ganges. They were also active in square dancing, hiking, wine making, church activities, gardening, bee-keeping and enjoying their many island friendships. June was passionate about The Lady Minto Hospital Auxiliary.

Until her death on August 17th, 2014, June spent her second widowhood in her beloved Vesuvius area home. She was active on the Altar Guild of St. Mark's Anglican and enjoyed her bridge club and rug hooking clubs. She was passionate about maintaining her apple trees and had the apples collected every fall to be made into juice.

June was an avid traveller and her last major trip was a few months after her 90th birthday, when she rented, along with daughter Maggie, a flat in Glasgow for several weeks in late fall of 2012.

June passed away on August 17th, 2014 at the Lady Minto Hospital. Maggie says, "Blessedly, she was able to spend most of her final summer days sitting on her beloved porch, looking out to the ocean beyond her cherished trees." ■



LEGACY GIFT RECEIVED FROM LONG TIME DONOR, MARILYN LEAVITT

Marilyn Leavitt was an energetic friend to many and kind to all. She passed away on April 28th, 2013 and is sorely missed by her friends at Park Place Estates. She was passionate about her island community and gave generously to the Lady Minto Hospital Foundation every year since she arrived on Salt Spring in the late 1990's.

Marilyn was born in South Bend, Indiana and was Secretary Statistician at Studebaker, Indiana, Secretary Bookkeeper Mercedes Benz, Traffic Manager in Castlegar at CKQR Radio, held positions at Victoria Bank of Commerce and Salt Spring Island Credit Union. She was predeceased by her first husband, Mr. Fokey, and second husband, Al Leavitt.

The Foundation works hard to make sure every donation is spent in the most effective way to benefit the residents and visitors of Salt Spring when they require medical attention. We truly appreciate this legacy gift from the Estate of Marilyn Leavitt.



Cathy and Ray in VanDusen Gardens

WINNER OF THE 2014 PHANTOM BALL PRIZE

Cathy Cook

When I heard the message Diana had left to say I had won the Phantom Ball I was pleasantly surprised. I always get a kick out of the tongue in cheek fundraiser and it serves as a reminder to send my annual donation in to Lady Minto. Having never once thought I would actually “Attend” the ball, I had no idea what this year’s prize was. Diana & I played phone tag for a while before I found out we were off for a weekend “getaway” to Vancouver.

Vancouver? Getaway? In the past 35 years I’ve ventured into the city less than 10 times and on each occasion it’s been a quick (hurry up & line up) trip to attend a single event. The last time I had a holiday in Vancouver it was as a child in the 1960’s to Grandma’s apartment at the very end of Nelson Street abutting Stanley Park. With such great childhood memories, & being a CBC 690 junkie, I’ve had a Vancouver bucket list on the go for years but the opportunity to spend time in our world renowned city has never presented itself.

When you actually get to “attend” the ball, Lady Minto throws a pretty fine “shin dig”. Ray & I caught the red eye out of Long

Harbour and were having coffee with my sister in Steveston by 8 a.m. One of the prize’s included attractions was a trip to VanDusen Gardens. We spent a wonderful sunny afternoon at the gardens with my sister and her husband. They are both members so we got the royal tour with the bulbs and Rhodos in full bloom. I left the gardens with a notebook full of plant names to search for if and when I ever retire. We spend our first evening at Jean and Chris’s with a great homemade dinner and even better company.

The next morning we were off to see our other attraction; the Museum of Anthropology (MOA). We’ve learned the best way to see a museum is to attend a tour. We never knew that we had been going backwards through the RBC Museum until just last year!

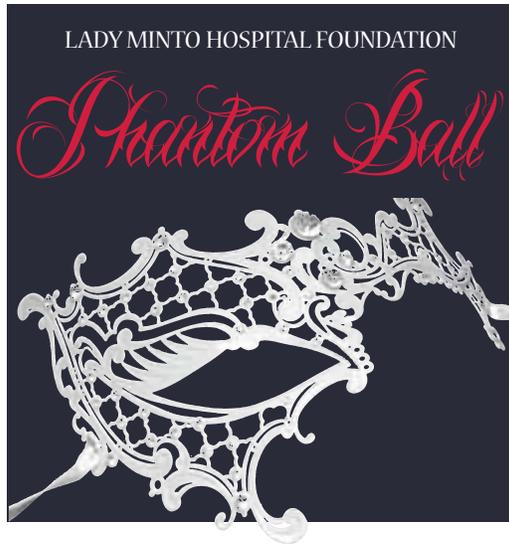
It was soon time to check the map one more time and plot our route into the CITY. Checking into the Century Plaza Hotel & Suites on Burrard Street we were presented with coupons for dinner at the brand new high end Italian Steak House in the Hotel, breakfast for the next two mornings and \$20.00 in taxi fares. Holy! Even the folks behind the desk were impressed. When we rode the elevator to the 25th floor and opened the door to our SUITE I couldn’t believe it – full kitchen, separate dining area, office area, living room, French doors into the bedroom, huge bathroom and a balcony with a view from the Lion’s Gate all the way around to the Granville Street Bridge. Nice Digs! A swim in the pool was followed by a fantastic meal downstairs.

We were having such fun in the city we considered staying another day, but work commitments prevailed. So, was it a “getaway”? You bet! Good physical health goes hand in hand with mental health. The time spent well away from our daily routine was just the break we needed.

Like I said the Lady Minto Phantom Ball is one heck of a great party! If you’ve ever thought to buy a ticket and never have, I would suggest you think again and support a great cause. ■

www.ladymintofoundation.com

moving to a greener Lady Minto



*A fundraiser that
Doesn't require you to
Get dressed up,
Go to dinner, hire a babysitter,
Buy pizzas, candles or wrapping paper.*



*Just fill in a Phantom Ball donor form
Or go online to RSVP by making
Your tax-deductible
Donation to the Lady Minto Hospital Foundation.*



Win an Unforgettable Mini-Vacation

The Parkside Hotel & Spa is a new resort-inspired hotel in downtown Victoria. The peaceful atmosphere and inviting gathering spaces are stylishly designed to bring the outside in.

Prize Package

Enjoy The Parkside Hotel & Spa

The prize package includes two nights in a one bedroom luxury suite which includes separate living area, a contemporary bathroom accented by heated tile floors, a convenience kitchen including granite countertops and limestone flooring, stainless steel appliances, an open concept living and dining room area, Solus electric fireplaces, LCD TV, and a private patio with beautiful east or west views of the historic surrounding neighbourhood.

Also included in the prize package: breakfast for two on both mornings of your stay, parking for one vehicle, complimentary upgrade (based on availability) when your reservation is made, and a dinner gift certificate for two at the Baan Thai Restaurant.

Draw Date: Thursday September 24, 2015

SPECIAL THANKS
TO OUR SPONSORS





NURSES' EDUCATION FUND

by Jo Twaites, Clinical Coordinator

When I ask the nurses about the impact of the Foundation Education fund, they speak of the importance of financial support, because “continuing education is a fundamental aspect of nursing, and is expensive.”

Equally importantly, they also speak of how this support from the Foundation gives them the feeling of being valued and recognized as key members of the hospital team. As one nurse said, “It’s not all about the money.” Feeling valued and supported is a key factor in helping us recruit and retain nurses in a time when all health authorities are having difficulty with staff retention.

This year the number and variety of courses has continued to broaden our nursing skills in caring for islanders throughout their entire life-span:

In obstetrics, we have provided nurses with training in the Management of Obstetric Emergencies in addition to the Neonatal Resuscitation course which teaches us how to safely manage the many transitions a newborn experiences in the first 10 minutes of life. New to us this year was the ACORN course (Acute Care of the at-Risk Newborn), a comprehensive new program which

helps us to identify, quantify, and accurately communicate concerns around newborns. Doctors and nurses took this course together to ensure that we have a shared process and language when we care for these tiny patients.

We have benefitted from subscriptions to two of the major nursing journals, which keep our staff up to date in a wide variety of areas.

Our tiny emergency room sees approximately 12,000 patients per year and with the support of the Foundation Education Fund many of our nurses have attended courses including: ACLS (Advanced Cardiac Life Support), TNCC (Trauma Nursing Core Course), ENCP (Emergency Nursing Course in Pediatrics), Strangers in Crisis, and CPR. Personally, I was so appreciative to be able to attend the Top 5 in 5 Emergency Day. With a different emergency expert, literally every 10 minutes, giving his or her top 3 “pearls of wisdom”, I came away with a long list of tidbits to pass along to the other nurses, pieces of equipment that I hadn’t realized we needed, and a renewed sense of excitement about Emergency Care. At the very end of the year, we sent several of our nurses for training as Sexual Assault Examiners and now have a team who can perform this vital service.

Other useful courses have been in Medication Administration, Management of Aggressive Patients, Wound Care, and of course, Palliative Care. With your support we have developed a new Simulation Lab for weekly practice of emergency skills.

I came away with a long list of tidbits to pass along to the other nurses, pieces of equipment that I hadn't realized we needed, and a renewed sense of excitement about Emergency Care.

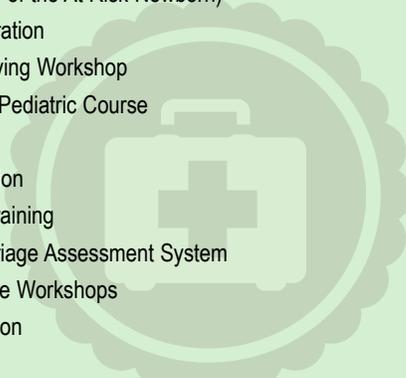
New and visiting staff remark frequently on the level of expertise in Palliative Care at Lady Minto Hospital, and this is because of the Foundations continuing support to send our staff to the Victoria Hospice's two 5-day intensive courses in Medical and Psychosocial aspects of Palliative Care.

As a facility, our staff have had the support to study work skills, such as Respectful Communication, Leadership, and Administration skills.

Thank you from the bottom of my heart, for the financial support, but even more importantly for helping our staff to know that their hard work and expertise is appreciated and supported. ■

The following courses were funded through the Foundation's educational allocation this year. Many of the courses were attended by several staff.

Trauma Nursing Certification
Midwives Obstetrical Emergency Course
ACLS (Advanced Cardiac Life Support) & CPR Certification
ACORN (Acute Care of the At Risk Newborn)
Medication Administration
The Sacred Art of Dying Workshop
Emergency Nursing Pediatric Course
Strangers in Crisis
Wound Care Education
Emergency Room Training
CTAS – Canadian Triage Assessment System
Respectful Workplace Workshops
Neonatal Resuscitation
48/6 Conference
The Turning Point Workshops
Simulation Course
Palliative Medical Intensive (5 day) & Psychosocial Intensive (5 day)
Top 5 in 5 Emergency Day Course
Management of Aggressive Patients
Sexual Assault Nurse Examiner Training



thank
you



We are so fortunate to have the generous contributions of the Foundation and community members to make education programs like the "Sexual Assault Nurse Examiner" course available to our nurses and the service available to the community.

JENNY REDPATH, PUBLIC HEALTH NURSE

Thank you again for all your support towards our education.

JACQUIE BYRON, R.N.

As always, thank you very much.

ANASTASIA WILLIAMS, MENTAL HEALTH NURSE

We're lucky to have you guys! Thank you for helping better our education and the health of our community.

CAMI VENTER, R.N.

Thank you very much for supporting our education. This was an incredible course and we hope to bring back our new knowledge and skills and support our community. Thank you,

CATHY HARRIS, R.N.

Thank you so much for this opportunity. This education will help us care for our community.

CANDISE PEIRCE R.N.

Catch a Falling Star

Perseids Meteor Shower Event



Mark your calendar:

August 12, 2015 It's going to be a family event party!

LOCATION: Booth Canal Road

START TIME: 8 PM Weather Permitting

SPECIAL GUEST: NASA astronomer, Greg Klassen with his star gazing equipment

ENTERTAINMENT: Music and poetry readings

REFRESHMENTS: Will be available

TICKETS: \$20 (family rate available): online at LMHF website and Salt Spring Books



No special equipment needed—just bring a blanket and friends.

READ MORE: Check our website for more information and to learn about the Perseids and meteor shower viewing tips.

Tickets online: www.ladymintofoundation.ca

August New Moon Will Bow To Perseid Meteors

by Peter Southam

THE HEAVENS WILL BE DARK ON AUGUST 12, thanks to a New Moon, thus creating the perfect conditions for viewing one the most exciting celestial events of the year, the Perseid Meteor Showers.

The showers are generated each year when the earth passes through the ice and dust debris left in the trail of 109/ Swift Tuttle, a Haley-like comet that passes through the solar system every 133 years. The meteors themselves can be as small as a grain of sand, however as they are drawn into the atmosphere at speeds of 75 kilometers per second (or around 134,000 miles per hour) the friction generated will see them explode in fiery streaks across the sky.

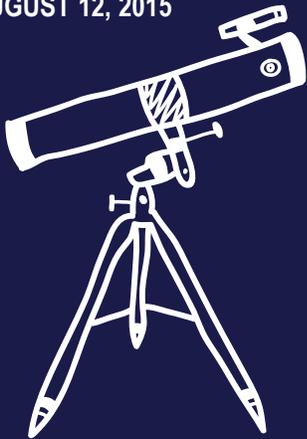
The Perseid meteor shower is named after the constellation Perseus, from which the comets appear to originate. There are many ways to find Perseus, but an easy way is to look down and left of the very obvious constellation Cassiopeia (the big W). It is also straddled by Taurus, the sharp V-shaped constellation. If you spent time in Cubs or Scouts or maybe the Navy, you should be able to recall your first lesson in navigation to find the North Star (you know, Polaris...three times the distance from the last two stars of "Ursa Major"— the Big Dipper). Then look for the Pleiades constellation, a tight little cluster that looks like a little dipper. Perseus will be on the line between Polaris and the Pleiades.

Easier still, sit in your lawn chair in an empty field and look toward the northeast. It should only take a few minutes before a comet appears to point the way for the others. Don't fret if you miss one; there can be as many as 60 per hour on the average night. The showers should be at their best on 12 August between sunset and midnight due to the dark sky, but they can actually be seen between late July and late August, although less abundant. The Perseids are noted for their long trails with the biggest and brightest lasting as long as 30 seconds. Look anywhere from 30 degrees to 80 degrees above the horizon and about 45 degrees away from the constellation Perseus.

As for Swift-Tuttle, sometimes described as the single most dangerous object known to humanity, it was last observed in 1992. It continues to travel the heavens at over 60 km/sec but won't be seen again until 2126. If you happen to be around in 4479 it would be wise to wear a safety helmet; there is a .0001% chance of it striking the earth with an impact 27 times greater than the meteor that ended the age of dinosaurs. ■

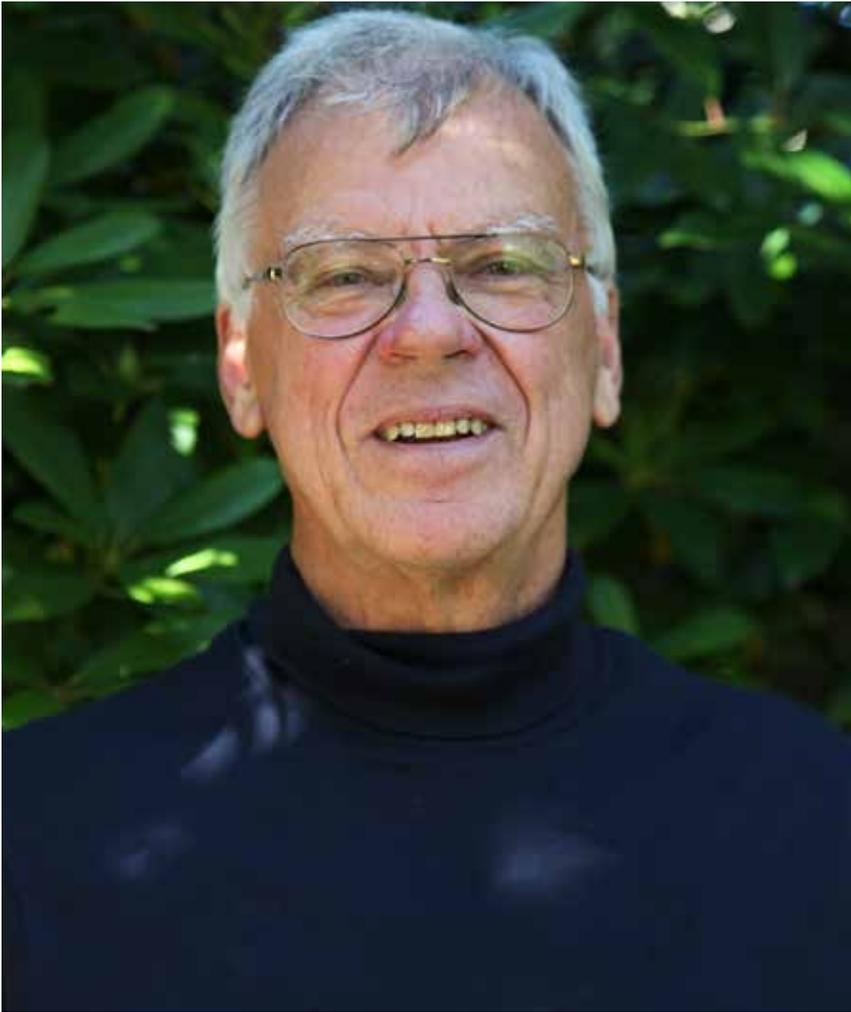
DON'T MISS OUR METEOR SHOWER EVENT

AUGUST 12, 2015



The Lady Minto Hospital Foundation invites you out to a night to remember on the evening of the 12th of August 2015. You are invited to attend this special night out to watch the Perseid Meteor showers with a host of talented people to entertain and explain the night sky. The festivities will start at 8pm with music by Wesley Hardisty, poetry by Ahava Shira and book readings by noted author Patrick Taylor. Greg Klassen will be explaining the night sky and pointing out the myriad of meteors and stars. This special event will take place in a magical field off Booth Canal. Tickets will be available soon. Proceeds will go towards the purchase of a new ECG machine for the hospital. Look for details on the Foundation's website: www.ladmintofoundation.com.

Scott Simmons, on behalf of the Fundraising Committee, LMHF



WELCOME TO OUR NEW BOARD MEMBER

PAUL ROBERTS

**Auxiliary Representative on the
LMH Foundation Board**

Paul Roberts joined the Lady Minto Hospital Foundation board as representative of the Auxiliary last year.

He graduated UBC '67 B.Sc. (Honours Physics and Chemistry), UBC '70 Ph.D. (X-ray Crystallography) and completed a post-doc at Cambridge University, Max Planck Institut für Kohlenforschung (Mulheim an der Ruhr, Germany) and University of Guelph where he also lectured in the Chemistry Department.

He held several positions of increasing managerial responsibility in Ontario Government, first in Ministry of the

Environment Laboratory and then Ministry of Skills Development. He started his own business in Information Management consulting and made a living in this field for 20 years.

Annual birding trips took him to Costa Rica where he eventually purchased land, built a house and lived for 4 years. Returning to Canada in 2010, he came to Salt Spring in early spring 2011 to be with family who live here. He bought property in the north end in 2012 where he is trying to live a low-footprint lifestyle.

He tutors math and science and volunteers as a mentor in the Fernwood

Elementary School program. He is fascinated by the weirdness of the universe and humanity's place in it.

He joined the Auxiliary in 2013 and handles electrical and electronic donations at the Thrift Shop. He assumed the role of 2nd VP of the Auxiliary and Liaison with LMH Foundation in 2014. He is now the 1st VP of Auxiliary.

His pet projects are increasing the size of the premises of the Thrift Shop and getting the Auxiliary and Foundation to exploit opportunities for working together, more closely. ■

THIS YEAR'S TOURNAMENT – JULY 11



FUNDRAISING PARTNERSHIP BENEFITS THE HOSPITAL AND OUR COMMUNITY

For *24 consecutive years* the Salt Spring Golf and Country Club and the Lady Minto Hospital Foundation have successfully worked together to raise money for equipment purchases at the hospital.



Top to bottom: Karen Davies; Steve Marleau, Ruth Saunders, Brian Lougheed, and Elizabeth Hengstler; Linda Tremblay and Joanie White.



Karen Mouat

Every July the Golf Club donates time, expertise and facilities to host a fundraising tournament. In conjunction with a committee made up of LMHF Board and community volunteers, the Golf Club hosts over 120 people for a fun day of Texas Scramble golf and dinner. This year we are adding a beautiful new trophy for the LMHF Company Sandbaggers Challenge Cup. Last year's inaugural winner was Gallery 8. Enter a team from your workplace/organization and come join in the fun. You don't have to know how to golf to have a good time...just ask last year's team from CIBC!

Another partnership in our fundraising day is with Saunders Subaru who gets some excitement happening with their Hole-In-One Sponsorship for a new car. Once again Ruth Saunders will be back and hoping that she doesn't have to drive that new car home!

This tournament is about supporting the hospital and it certainly wouldn't happen without the enthusiastic golfers and community businesses and organizations that donate over and over again!

So consider joining us this year on July 11th. Come golf, have a laugh, eat a great BBQ steak dinner (*yes we are pulling out the BBQ!*)

Enjoy a social day with some fun people—it'll make you feel good.

Visit our website for more information and to register or contact Karen at the Foundation office @ 250-538-4824 or karen.mouat@viha.ca



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: _____ Expiry: _____ 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

Lady Minto Hospital Foundation
135 Crofton Road Salt Spring Island
B.C. V8K 1T1

Visit our new website
www.ladymintofoundation.com

MOVING TO A GREENER LADY MINTO

