

# Lady Minto Hospital Foundation Minto Messenger

## TEAMWORK IS AT THE HEART OF PATIENT CARE

**Clinical Pharmacist, Irma Andersen shares some of the complexities of our Pharmacy Department**



“I have been blessed to work with a supportive group of healthcare providers. I have not found a stronger sense of team anywhere else. LMH’s staff respects everyone’s particular area of expertise. It makes for very satisfying working relationships. The doctors are no different and I feel they really appreciate and value my input.”

Irma Andersen, BSc(Pharm) RPh Clinical Pharmacist

**I**rma Andersen has been the clinical pharmacist at Lady Minto Hospital since May 2013. She graduated from UBC in 1985 and her career has focused on hospital pharmacy. She has worked in a number of community pharmacies and hospitals in B.C. and has been working with Island Health (formerly VIHA) since 1993. For 15 years

she was a staff pharmacist at Cowichan District Hospital and spearheaded practice changes for the pharmacy assistants in the areas of order entry, sterile product preparation and chemotherapy preparation. In the following years, she was involved in several island wide medication related projects. She also spent 2 years with the BC



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*Moving to a Greener Lady Minto*

Provincial Academic Detailing Service providing outreach educational sessions for physicians, nurse practitioners, pharmacists and other healthcare providers in Central Vancouver Island. During these sessions, up-to-date, evidence-based, drug related clinical information was discussed.

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“Throughout my varied pharmacy career, I have learned that teamwork is at the heart of patient care, especially in the hospital setting.”

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## LMH Pharmacy Services

At LMH, pharmacy services include two main objectives which involve the pharmacy technician in drug distribution and the clinical pharmacist in patient care. The role of the clinical pharmacist



*Marcea*



*Mihaela*

is new to LMH and started when Irma was hired in 2013. This role involves participation in multidisciplinary team meetings in which each patient's needs are reviewed with the goal of creating a successful discharge. Irma also participates in care conferences for our ECU residents. In her consulting role, she brings expertise in medication management.

One of her areas of focus is falls prevention because the elderly are at increased risk of fractures due to their frailty. In particular, she focuses on the following drug classes: antihypertensives, antidiabetics, sedatives and analgesics. She reviews their dosing and ongoing needs with physicians, nurses and patients.

## Unique features of LMH

LMH is considered a rural site and there is a need to manage logistics. Our two pharmacy technicians, Mihaela and Marcea, are skilled in timely acquisition of medications and supplies. LMH also serves the Southern Gulf Islands of Pender, Galiano, Mayne and Saturna. Again, logistics are key to safe and secure distribution of medications. Irma conducts annual visits to these remote sites to ensure safe and proper storage of medication. She also meets with clinicians on these islands to ensure that their needs are being met with regard to pharmacy services. She provides clinically relevant information and references such as the Island Health (IH) medication policy and procedure manual, IH intravenous drug manual, BC College of Pharmacists' bylaws, and IH clinical order sets relevant to their practice setting.

Working in a rural site also demands networking with Island Health's larger facilities. From time to time, Irma is in contact with Clinical Pharmacy Specialists at RJH, VGH and NRGH or Medical Microbiologists and Infectious Disease specialists for advice on a particular patient's situation. She strongly believes in tapping into all the human resources that the greater health authority has to offer smaller sites.

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*moving to a greener Lady Minto*

## Improvements at LMH

Since Irma joined our pharmacy staff, there have been improvements in drug distribution. All medications are now unit dosed which means that each tablet or capsule is individually labelled for added safety by the pharmacy technicians. The packaging of medications for residents of LMH's ECU has changed to PAC med. This new process again provides improved medication safety by individually packaging and bar coding all medications specifically for each patient. These medications are prepared at Cowichan District Hospital and sent to LMH on a weekly basis rather than the previous 35 day cycle which improves medication order accuracy.

## Polypharmacy

Part of any healthcare provider's responsibility is continuing education. To that end, Irma recently attended an evening session on "polypharmacy" along with several other health care providers which included community pharmacists, nurses, homecare nurses and physicians. Polypharmacy is defined as "the simultaneous use of multiple drugs by a single patient for one or more conditions". With an aging population with multiple chronic conditions, polypharmacy can be a factor in hospital admissions. Hence, Irma reviews patient's medication regimens and suggests ways of simplifying or reducing medications.

## A day in the life of LMH's clinical pharmacist

"Typically, I start my day by printing off an inpatient list which lists patients and target drugs (e.g. antibiotics and anticoagulants). I review new medication orders that have been written since I was last at LMH. I focus on drugs and their doses, in addition to patient characteristics including age and medical conditions. Then, I head up to the wards where I spend my day reviewing patient charts and bloodwork, speaking with patients, nurses and physicians about a variety of medication related issues. Each day there is a structured team report where the healthcare team gathers to discuss barriers to discharge for each of the inpatients on the acute ward. Often the physiotherapist, nurses or doctors ask me to consult on patients regarding particular medication related concerns they may have. Upon request, I prepare discharge prescriptions and contact the receiving community pharmacists to ensure seamless care. I may be asked to provide information on medication related policies and procedures on a variety of issues. I am also responsible for pharmacy services to the Southern Gulf Islands, and from time to time, I need to deal with drug related issues that may arise there." ■

## Residential Care Conferences



*Residential Care Multidisciplinary Team*

*Back: Physiotherapist, Emma Haynes; Nurse Team Leader, Catherine Green; Social Worker, Angela Huser;  
Front: Pharmacist, Irma Andersen; Dietitian, Jenn Grierson;  
Activities Coordinator, Dorothy Copeland*

For every resident on the LMH ECU, there is an annual care conference. This meeting involves family members and the healthcare team (activity aide, clinical dietitian, clinical pharmacist, nurse, physician, physiotherapist and social worker). Together they discuss the progress and condition of the resident. Thanks to all the healthcare disciplines involved, the resident is seen from different perspectives which provide the team with a more thorough and complete overview. The clinical pharmacist's role involves reviewing the resident's drug therapy and considering the resident's goals of care. She is often looking at simplifying regimens and limiting doses. Her suggestions consider the aging process which slows down the body's ability to absorb, distribute, excrete and metabolize medications making the patient more sensitive to a particular drug's effects, such that a given drug's adverse effects may overshadow its benefits. With the aging population, more and more research and literature review is being done and new approaches are being advocated. For example, the American Geriatric Society publishes an evidence based list of potentially inappropriate medications in the elderly called the Beer's list which is reviewed on an ongoing basis. As well, clinical practice guidelines are changing their recommendations for the elderly. For example, because of frailty and falls associated with aging, they do not advocate for targeting the same blood sugar levels or same blood pressure readings as younger adults. Certainly, life expectancy is also a consideration in these care conferences and informs medication reviews.

*These care conferences are invaluable and involve dialogue with all the attending members. No decision is made in isolation.*

There are also semi-annual medication reviews that are conducted to follow up on care conference recommendations and to make further adjustments to medications. ■



# EXTENDED CARE:

## MANY HANDS, MANY HEARTS MAKE A COMFORTING HOME



*Resident Rene Yanitski with Annie*

Many volunteer hours and generous contributions help to make the unit a comfortable and lively home for our twenty-eight residents. Tea Service is provided twice a day, seven days a week by the Auxiliary. The Art and Music Therapy Programs are supported by the Auxiliary with an annual grant of \$20,000. A special Christmas Luncheon is sponsored in partnership with the Foundation and an activities fund is maintained by the Auxiliary for a total of \$2,300 per year. The Foundation also supports the “Outings Program” which allows residents to travel by special bus on monthly outings arranged through the Activities Department. The Foundation also maintains a special fund which is available for special equipment and event needs.

Many individual community members also contribute on a regular basis. Lesley Cheeseman leads a puzzles group every Saturday and Michael Pickstone visits on frequent Sundays to prepare a special breakfast meal. Annie, Jennifer Ritson’s dog, has become a full time companion, along with therapy dogs, Nettie and Gus. Many musicians visit on a regular basis and share their special gifts.

## SALT SPRING HOSPICE

Salt Spring Hospice provides an important role on Acute Care and Extended Care and offers many services to accommodate the changing needs of the individuals who are ill and their families.

Details can be obtained by visiting their website:  
[www.saltpringhospice.org](http://www.saltpringhospice.org).

Here are a few services that are often requested on Extended Care:

### Mintos Program

Trained Volunteers have a daily presence at Lady Minto Hospital most afternoons, Monday to Friday. They have nicknamed their visits, WALKABOUTS. The purpose is to offer gentle touch and emotional support to any patient needing it, as directed by the nursing staff on duty.

### Vigil Sitting

Trained Hospice Volunteers are available to supplement the efforts of family and friends with a vigil for the dying person. Vigil Volunteers can be called out to be present during the last days and hours of life. Usually recommended by nursing staff.



*Residents Nita and Marilyn with staff and volunteers preparing for Halloween*

### One to One Volunteer Visiting

Specially trained volunteers provide emotional and practical support to individuals (and their families) living with a life threatening illness. Services are delivered in the individual’s home, in the Lady Minto Hospital, and in long term care facilities.

### Relaxation Program/Complementary Therapy

Some hospice volunteers are skilled in various relaxation and complementary therapy modalities including but not restricted to: Therapeutic Touch, Reiki, guided relaxation, and self compassion strategies. These provide comfort, relaxation, enhance quality of life and assist with pain and symptom management for patients/residents, their families, and caregivers. Our volunteers hold relevant qualifications from a recognized accrediting association or governing body.

# THE ORDER OF ECU

Established in 2015 by the staff at LMH Extended Care Unit, the Order of ECU recognizes outstanding achievement, dedication to the unit and service to the residents of LMH, Extended Care. The Order recognizes people in all sectors of volunteering. Their contributions are varied, yet they have all enriched the lives of others and made a difference to this Extended Care Unit.

## AWARDS CEREMONY TOOK PLACE JULY 23rd

Awards were presented to Bill Henderson and Margaret Mackenzie *“from the residents and staff of LMH Extended Care Unit in appreciation and recognition of the joy and kindness you brought to the unit”*.

“Bill Henderson has brought music to the world and we, at ECU, are thrilled to be part of his musical world. We present this award, “Order of ECU Companion” as our way of saying thank you for the music.”

“Margaret is a part of the ECU. She has brought us music, volunteers many hours of her time, and brings us cookies! Because words alone cannot describe our thanks for Margaret, we present her with this award, “Order of ECU Member”.



*Clockwise from above: Al Reimer at concert; Dorothy Copeland and grandchildren enjoying the Bill Henderson concert on ECU; Margaret Mackenzie, ECU Resident Colleen Abela, Jennifer Ritson and Bill Henderson; Bill Henderson performing on ECU*

“from the residents and staff of LMH Extended Care Unit in appreciation and recognition of the joy and kindness you brought to the unit.”





## BOARD CHAIR'S REPORT

*Jennifer Williams*

**O**n a recent holiday in England and Europe, I had the opportunity to tell many of the people I met about Salt Spring Island and its many special qualities. They were intrigued by the fact that we have no traffic lights and no fast food restaurants, yet the one aspect of the island they wanted to know more about was the Lady Minto Hospital. How could an island with our relatively small population retain such a well-equipped facility? For me the answer was easy; we have a generous and loyal group of people who have supported and continue to support our hospital and its services.

In my previous role as the Vice-Chair of the Lady Minto Hospital Foundation, and a member of the Board for 4 years now, it has been my privilege to meet and talk by phone with some of you, our donors. You are a diverse group, with one strong characteristic in common: your loyalty to "Lady Minto".

Now as I embark on my two year term as Chair I look forward to having many more conversations about Lady Minto, both with you and with those curious about what makes Salt Spring tick.

I am taking over from Paul Oliphant, who has brought a very inclusive and strong sense of community outreach to the Foundation. I want to thank you Paul for opening

up new avenues for us to connect with the greater community. Paul and I enjoyed a close and supportive working relationship during his time as Chair which gave me a chance to prepare for assuming this new role. I know that all the Board will agree with me that you deserve a sincere vote of thanks for your service to the Foundation. Fortunately Paul continues as the Past Chair and so will have input into the issues that come before the Board in the upcoming year.

We are losing one Board member who has been a valuable contributor in his tenure. Peter Grove has completed his final term and so has left us. Peter was past Chair of the Finance Committee and has been an enthusiastic and willing Board member. We shall miss him.

That said, we have two new members — Drew Stotesbury and Kelly Hyslop. Both come with enthusiasm and experience that I am sure will continue to build the Foundation's role in supporting Lady Minto Hospital. Moreover, our Fundraising Committee has been expanded to include members from the community. In addition to Patrick Taylor (our "Irish Country Doctor"!) who takes time from his busy writing schedule to chair the committee, we now have Karen Davies, who has had a long association with Lady Minto Hospital, and Phyllis Coleman, who is a very active member of the Salt Spring community.



Looking through the accomplishments of this last period, it is evident that you really care about the future of the hospital. In the 20 years that Phantom Ball has been running, you have donated close to a Million Dollars to the hospital through the Foundation, and in this year alone the Phantom Ball increased both in donations and in numbers of subscribers. The same applies to the Golf Tournament, chaired by Karen Davies and coordinated by Karen Mouat. This year we saw an increase in numbers, and the bids for Silent Auction items were very generous. The Golf Dinner was a definite celebration of that, with delicious steaks barbecued by Board members Paul Oliphant, Derek Fry and Tim Bradley. Moreover, we had yet another summer fundraising event with our Perseid Meteor Shower evening

in August. It was an unusual mix of astronomy, poetry, music and prose, well received and very memorable.

**In the 20 years that Phantom Ball has been running, you have donated close to a Million Dollars to the hospital through the Foundation**

With the Estate gifts and In Memoriam donations that have been received, as well as gifts from grateful patients and their families, the Foundation is now well positioned to work much more closely with Island Health in securing the future of Lady Minto

Hospital. The new Geography 3 Executive and our local director have had detailed meetings with us, and discussions are ongoing about how Lady Minto will serve the community best, both now and in the future. Our role in those discussions is to husband your money wisely, and that we are doing with your ongoing support. ■




*Shiner Don Cunningham*



*Karen Mouat with Shriners Doug Wellington, Lasslo Bedoes and Ken Long. The Shriners donated \$2,000 towards the purchase of the new ECG machine.*



*Mom Katie Strom and Caleb Lacy visit ECU on Halloween*




**AED**

**AED CLASSES FOR 2016:**

**January 9**  
**February 10**  
**March 5**

**April 13**  
**May 7**

Classes run from 11am to 4:30 pm in the hospital portable.  
For more information, please contact Karen Mouat at 250-538-4824, or by email [Karen.Mouat@viha.ca](mailto:Karen.Mouat@viha.ca)





*Jen Ritson with Ted and the famous ECU pies*

## **A Tribute to TED AVES**

**resident on Extended Care from 1998 to 2014**

*by Diana Hayes*

Working in health care in a small community like Salt Spring often requires staff to wear many hats. Jennifer Ritson is no exception and shares with us the experience of caring for her dear friend, Ted Aves, over the years at Lady Minto's Extended Care Unit, and more recently, seeing him through the final stages of life in the unit's palliative care suite. "It is part of the territory here to nurse our relatives", says Jen.

Jennifer's father, Ivan Mouat, came to know Ted and his mother Isobel when they first arrived on the island from Kitimat in the 70's. As a special needs adult, Ted required guardianship and daily care and when Isobel passed away at Greenwoods in 1998, she had requested that Ivan take on Ted's legal guardianship. Jennifer recalls visiting Ted at Greenwoods on her 16<sup>th</sup> birthday. "He never missed an opportunity to have cake," she recalls, and in honour of this tradition, she ordered a special cake for all the staff to enjoy as a tribute to Ted this past summer. It would have been his 92<sup>nd</sup> Birthday.

She grew to understand Ted's special communication skills and vocabulary, and often when he became agitated with staff, they would ask Jen to interpret: "We don't speak *Ted*!"

Ted was mostly happy and content on Extended Care and enjoyed the activities, especially art classes. He contributed many drawings and would bring them to the administrative offices for review. His carefully modelled drawing of the helicopter and landing pad was framed and still hangs in the office. He was not able to read, Jen tells me, but he did learn five important letters: BINGO!

In 1986, Jen and her Dad took Ted over to the Expo in Vancouver. When they arrived, there was a small detail at the gate which needed immediate attention: Ted was required to sign his entrance pass. Since he did not have writing skills, Ivan coached him through the process and after 17 long minutes, Ted was able to mark a "T" on the form to the gate-keeper's satisfaction. He tried out the rides with Jen and particularly enjoyed the loop ride.



Last fall Ted became ill and after a slow decline, he was moved to the palliative care room. After 28 years working at the hospital, Jennifer was used to being at the bedside for end-of-life care. This time, she was family, and she speaks of the “special touches” provided by staff that make such a difference. “The nurses would bring me a cup of tea and suggest I take a break while they attended to his care. It was the little things: placing a chair for me at the bedside, making sure Ted’s special Lego animals were close at hand, tuning in to his favourite cartoons on the TV, not rushing me out when the time came and Ted passed away.” Ted knew that Jennifer was close by and would smile as she entered the room. “He was at peace when he passed away”, which was a blessing she says.

The great thing about having a palliative room on Extended Care is that the residents don’t have to “leave home” to have the benefits of a dedicated and private space. The nurses and support staff remain the same and are like family. Before this room was available, residents were sometimes transferred to the acute care palliative suite. Even though it was just down the hall in the adjacent corridor, there would be different staff working and it would be more difficult for fellow residents to drop by for a visit.

Ted is remembered fondly by staff who worked at Lady Minto for all or many of the sixteen years he resided on Extended Care. ■



***Ted with volunteer Eric Sigmund***



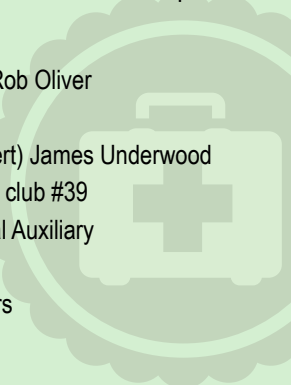
***Ted with 3 month old Mac Schat and ECU resident Florence Davidson.***



***Ted celebrating Christmas***

The E.C.U. palliative care room was made possible with substantial funding from the Foundation and was officially opened in 2009. Furnishings and comforts to complete the room were provided by the following donors:

- Barbara Archer & Rob Oliver
- Betty Dring
- Estate of Albert (Bert) James Underwood
- Gulf Islands Shrine club #39
- Lady Minto Hospital Auxiliary
- Melanie Dick
- Salt Spring Stitchers





## ROB LOWRIE & CHRISTY LINDER AT THE HELM OF SALT SPRING HOSPICE

### ROB LOWRIE, OFFICE MANAGER

"I came to hospice in 2010 having just retired to the island. I came with over 25 years experience in media, primarily local television. I'd had minimal experience with hospice up to my beginning with SSH. Since then I've been exposed to an amazing group of people dedicated to helping others at the end of life, be they family, friends or the individuals facing death. Known before as Bessie Dane Foundation and Hospice, the ground work began back in 1984 by a few dedicated individuals, some of them still active volunteers thankfully.

In the midst of learning about hospice-palliative care, I've been able to help with getting the word out about what Salt Spring Hospice does via a website, Facebook, pamphlets, posters, and events. In addition I've tried to keep the "ball in the air" as far as coordinating day-to-day communications and launching various initiatives. I'm proud of our volunteers and the services they offer; our new location on Hereford; and most recently, hiring Christy, who brings so much depth and experience to our hospice. As our population ages, we are well positioned to continue to evolve ways and means to address the needs of our island."

### CHRISTY LINDER, EXECUTIVE DIRECTOR

"Hospice work has afforded me the opportunity to bear witness to both the fragility and resiliency of life .....and, to connect deeply with others, even through the hard times, with love, presence and compassion.

When I first came to Hospice work as a volunteer, I came with a lot of trepidation and fear about death, dying and bereavement. However, paradoxically, through time, it has taught me much about life, love, beauty and tenderness ... and the importance of present moment awareness.

While new to Salt Spring Hospice, I have worked with other hospice organizations in Delta, Surrey and the Comox Valley for over 22 years, as a volunteer coordinator, program coordinator and hospice educator. I deeply value and appreciate the gift of hands, heart and presence that Hospice volunteers bring to their work, while also deepening their own experiences and discoveries, about life, loss and transition.

Ultimately it has been the personal experiences of family illness, death, and loss that have been my most compassionate teachers. It is from the heart of these experiences, and their deep teachings that my understanding and awareness have come. Illness, death and loss have been both teachers and companions as I grow and evolve with humility in life, while also appreciating the sacred beauty and preciousness of life in the moments.

Salt Spring Hospice has been deeply rooted in this community supporting individuals and families for over 30 years, who are experiencing loss and mortality. I am in good company, as we grow and work together in partnership, and collaboration, with other organizations and services in this community; sharing resources and skills for the well being of the community generally and for later in life, end of life care and grief support specifically."



## The Language of the Spirit

*Joyce McLean, a founding member of  
Salt Spring Hospice*

"Each one of us is a unique human being, having various degrees of confidence, or lack of it, in the face of death. But there is, I believe, a language of the spirit available to us that we may 'converse' with those who we would lovingly support."

"It is a largely unspoken language, nourished by such acquired virtues as sensitivity, empathy, understanding, sympathy and the art of listening – listening as actively as we know how, with all of the mental, physical and metaphysical senses we can muster."





*Vigil volunteers: Christy Linder, Karen Davies, Linda Quinn, Carol Williams, Don Cockrill*

## VIGIL SITTING: MIDWIVES OF THE SPIRIT

by Diana Hayes

In the notes for volunteers on vigil sitting provided by the Salt Spring Hospice, several definitions for the word “vigil” are given. The one that strikes me as a central metaphor for this special care provided by trained volunteers is this: “the precise time of the day in which the flowers of different plants open, expand and shut.” I had not heard this definition before but reflecting on the end-of-life journeys that are witnessed by open hearted volunteers and vigil sitters here at Lady Minto, I think it is precisely the image of a flower that illuminates the process: how each life and each patient is that very flower, opening, expanding and then closing at the end-of-life’s arduous journey. For me, it also conjures the life cycle of the butterfly: from chrysalis to flight, from metamorphosis to new life.

Vigil volunteer, Carol Williams, shares with me some thoughts on this special calling that has inspired her to sit with dying patients.

“Our initial hospice training equipped us to cast aside our own agendas and be present with a dying person, attentive to their needs without imposing a lot of expectations. My experience has been that when a new situation presents itself, I’ll recall, “Oh yes! I remember this from training. I can help with this.” Our ongoing training continues to build my confidence to companion the dying person and the family. It is a privilege to be with them.

I hear some folks say, “I could never do what you Hospice people do. It’s too depressing or it is too scary.” It works for me at this stage of my life because I am not working and raising a family so I can make myself available for the late-night calls. It feels good to be able to give back after all the help that I have been given through the years.

Volunteering with Hospice can be full of surprises and variety. It touches my heart to see a maintenance worker stop in to say “goodbye” to a dying patient they have known. Relationships are built, through the years, between all the staff and patients. I’ve long admired the professionalism,



kindness and compassion of the nurses at Lady Minto and Greenwoods. It is much more than a job to them. We are all very fortunate to have them looking after us.”

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**To bear witness to a person's journey towards death is an honour and a privilege, a time for giving and receiving.**

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Linda Quinn also shares some thoughts on vigil sitting.

“For me, it is embracing the unknown and being completely present in the moment. To bear witness to a person's journey towards death is an honour and a privilege, a time for giving and receiving. It is a time to disengage from ego and be as one with the person who is passing. I tap into that place deep within me and I allow intuition to be my guide. I find that singing softly will often help to calm and relax an agitated person and this I often do. On two occasions I was singing as the last breath was taken. Those experiences were awe inspiring and as I drove home in the dark and early hours of the morning, I felt such joy.”

Dying is an intimate act and people don't always know what they want. Volunteers will use their intuition. “Go in empty. Be present”, Carol tells me. “The language of compassionate care and loving service is universal”, Christy says. “There is a different kind of energy at work in hospice. It is transformational.” The Salt Spring Hospice vision statement is simple and profound: *“Revering Life & Honouring Its Endings”*.

Karen Davies became a hospice volunteer following her retirement as a nurse and administrator at Lady Minto, and recalls how much she appreciated hospice workers when her hectic nursing duties simply didn't allow for that one-on-one companionship with dying patients. “The nursing staff know we are there and it is so important.” “We often wear many hats, and it is a very satisfying feeling to help a friend that we have known over the years.” Karen has worked as the Vigil Coordinator which is a rotating position and involves pulling together a team of volunteers at short notice for a vigil which can take place at Lady Minto, Greenwoods, or sometimes in the patient's home. There are currently 35 volunteers available on the roster. Salt Spring is fortunate to have dedicated volunteers who regularly and willingly sit vigils whenever they are needed, including through the night for many vigils.

Christy tells me that for the months of September and October, there were 6 vigils involving 30 different volunteers, providing over 59 shifts for a total of 215 hours, mainly through the night. Two vigils lasted seven days and included many overnight shifts. Vigil volunteers are scheduled for 2-4 hour shifts.

Hospice services are most appreciated by families when they need respite, or when they simply can't be there. Sometimes patients and residents don't have family. The volunteers are there for them so that they don't have to take the journey alone. “The volunteers support and augment family and friends as well as the health care team”, Christy says. Palliative Care is very much a team approach. Each member is vital to the whole.

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**The invitation to come close to the life of someone in our community is beyond privilege. It seems to me that it is one of those rare opportunities to experience sacred connection with another; a time where the grace of presence moves and enriches us both. This is why we respond when asked.”**

**Don Cockrill, Vigil Volunteer**

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Rob reminds us that the family and spouses of our volunteers must also be acknowledged for their support and understanding when vigil sitting is needed at short notice and for night shifts. He shared with me a touching correspondence between himself and a volunteer after a vigil sitting:

*“Somehow, and in some way I was the one to be with him as he took his last breath this morning. An intimacy etched forever. Stroking his forehead, our hands in gentle embrace. Sacredness early this fall day”*

*“Of all the breaths he had taken when laughing and when crying, when whispering and when cheering, when planting and when sowing, you were there for his last one.”*

*“As Spirit passed that gift to me, I heard soft words say, here... you be the one.”* ■



## Human Failings, Grace of Openings: A Pilgrim's Journey

*Christy Linder, Executive Director for Salt Spring Hospice*

### *Christy & Mom*

Mom asked repeatedly during my visit with her, “is this where I live?” “Do I live here?” “How long have I lived here?” as we sat in the wooden lawn chairs out in the garden of the care home she lived in.

I thought I was present, and yet was not fully aware of a subtle and yet growing resistance within myself to being there that day. I was enjoying the quiet serenity of the garden and a chance to be outside with my mom, but was irritated by her repetitive questions... and finding my own self locked in a loop.... a kind of harried listening, responding gently but perfunctorily, while at the same time wishing her incessant questioning would stop, so we could enjoy the peace and quiet together. I was inadvertently caught up in a role – dutiful daughter visiting her aging mother with dementia, in a care home, having a looping conversation about where she lived; while also frustratingly aware that looping conversations can be asking deeper questions than the obvious, and can be threshold opportunities for extraordinary and authentic conversations – to traverse from head to heart, from role to soul, as Ram Dass says. But awareness of it doesn't always get you there. My head was still engaged, wanting it to be different, and yet resistant to being taken out of the driver's seat so to speak, to allow the space and grace of not knowing, to open and allow my heart to lead me there.

The discomfort of the visit lingered long after it was over. However when not given as ammunition to my inner judge and critic, compassion and curiosity for myself and my mother opened around the missed opportunity. And so it was with this desire to reconnect that I returned to visit her two days later. Again out in the garden, sitting under the

shade of trees, taking in the flowers in bloom. Relaxed, our conversation meandered, when once again, trying to orient herself, she asked, if she lived there. This time though, in answering her question, I also became curious, and asked her what it was like to live in different places. How it felt to move about. And how she knew when she'd settled into a new place/community.

Without an agenda, I just stayed curious, exploring the world of felt sensations and emotions rather than cognitive thought. It is how our conversation opened further to how “home” is experienced more as a feeling than a place, providing the sense of safety and security, a felt sensation of being relaxed and comfortable. And even though she couldn't remember where she lived, what she was able to articulate in that moment was that the feelings and sensations she felt within her body, were ones of being safe, comfortable and relaxed — that's how she knew where she was — was home.

As we stood up and began walking back to her room, she said, “we always have such interesting conversations.” A gratitude she would express whenever she had been “engaged” in meaningful conversation with someone who saw her beyond her dementia symptoms... and yet even as we walked, the cognitive memory of the conversation evaporated, but the feelings associated with the conversation remained.

The next week, when I went to visit her, I had planned to take her for a drive... that drive never took place. She became ill in my presence and died eight days later... and in those last days we held each other, heart to heart, soul to soul. ■

# THE INVISIBLE EMBRACE

## HEART SPEAKS TO HEART THROUGH MUSIC

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

**“What is in my heart”, said Beethoven, “must come out.”**

In every heart there is a voice and our residents in Extended Care reminded us of this when one of them recently said, “All that we have is our voice and our touch”. Both these statements are inward expressions taking refuge in music. They relate outwardly and illustrate how music enables the human heart to express itself in such an elegant way, and the joy that comes out of one’s own suffering. This beautiful voice of music is in its touch.

The nurturing and care of our residents demands all the respect that we can give them. The profound belonging in music embraces their very needs, touching the core of their identity. Through its harmony and rhythm, music takes them away from their daily concerns and they enter into another world. Even those residents who are unable to understand and whose lives move into stillness, can be touched by music. It is often the only language that can bridge the gap and reach what is trapped within them. The invisible hand of music searches their hearts and finds them.

This invisible embrace is a benediction to all of us for whom music is essential to life. This is so recognized in our Extended Care Unit at Lady Minto and its importance is practiced on a daily basis. Our monthly visiting musicians in concert add an enriched dimension to this programme. They engage the residents, whereby our listening hearts come in tune with their performing hearts. However, there is also something more at work here. The live musical concert gives us a reason for being together and this makes it easier for the residents to interact with others. The human presence of the musicians makes them happy because happiness is only real when it is shared.

The human voice creates the most tender and touching music of all. During the last six months, voices choral and solo have entertained us. The Lost Chords Choir, Women of Note, Bill Henderson, Peter Prince, the Rolling Scones, Alan Moberg and the Wind Quintet With Strings Attached have embraced us with art and grace. It does not take us long to make a real, intimate, human connection with these people.

One of the associative powers of music is to evoke memory. In their twilight years, when our residents look back through all the changing scenes in their lives, music provides a link to those treasures of long ago. Music helps them to gather up all these fragments so that nothing is lost. Through the choral music of the Lost Chords and Women of Note, our residents are transported back to those places of innocent beginnings. The singers’ repertoire of simple melodies charged with lyricism opens that treasury of memories which no one can steal. “All in the end is harvest”, wrote Edith Sitwell. To have the



music enfold them, embrace their wholeness and touch them completely, can be a process of making peace with their lives.

**There is a profound longing and belonging in music which can reach deep inside us.**

In the Celtic spirit, the music of the Rolling Scones touches us and lingers with us through their folk, love and spiritual songs. This music reminds us of our capacity to receive and to take refuge in the forgiving nature of music. In their harmonized contrast, joy is sweet sorrow.

Embracing these contradictions is at heart in the music of Alan Moberg, Peter Prince and Bill Henderson. All three are makers of songs and singers of words and they abide in their music. The relationship between their words and their music expresses the love and beauty which are at the heart of being human. They all sing with meaning in every word and note, authentically lived, understood and convincing. In their music, the paradox is resolved in giving shape to their own spirit which is renewed in each of us. Their message of love is given to each



resident individually, reminding them that regardless of what and where they are now, there is a dignity of hope that they do not have to lose.

This brings us to a feeling of gratitude as we conclude with the classical music of Dawn Hage and her quintet. Here we catch a glimpse of wonder. Their beautiful chords of music are a celebration of delight and a witness to joy and boundless love. We feel an aliveness again, bringing to expression the complex beauty of our humanity.

The richness and power of the human spirit is a precious gift given to us in each individual concert. As a whole, the

concerts convey that same voice from which one heart gains that power to touch another.

This is echoed by one of our residents who graciously showed her appreciation, and on behalf of all of our other residents, by expressing the following words: “Music makes us happy and joyful”, she said. “I am deaf but I always hear music. Sometimes I cannot hear the words but I can always hear the music in the voice”.

This is the core of music’s effect: its invisible embrace; that which is untranslatable yet immediately comprehensible. In its mystical depth, an intuitive unity beholds us. ■

## *from the library...*

*Reviews by Barb Aust*



### **Alive Inside: A Story of Music and Memory**

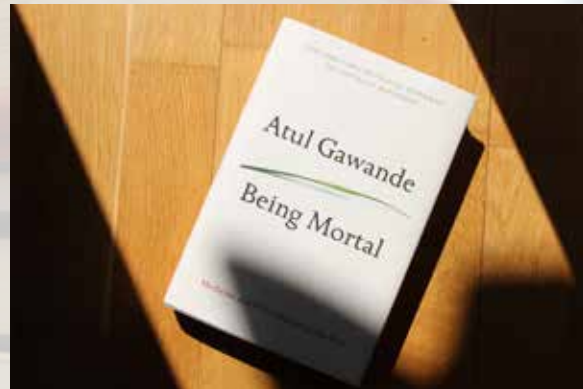
**Directed by Michael Rossato-Bennett**

*Available on Netflix or purchase at [aliveinside.us](http://aliveinside.us)*

Alive Inside is a must see documentary for anyone who is interested in staying awake, alive and alert as they age. Alive Inside won the Sundance Film Festival Audience Award in 2014.

The documentary follows Dan Cohen, founder of Music and Memory, as he demonstrates music’s ability to help those who suffer with dementia in a way the prescription medication has been unable to do.

Uplifting, emotive and out and out jaw-dropping, the film documents the amazing connection between the human brain and music.



### **Being Mortal: Medicine and What Matters in the End**

**by Atul Gawande, MD.**

Double Day Canada Publishers

*#1 New York Times Bestseller*

Atul Gawande is a surgeon at Brigham and Women’s Hospital in Boston, a staff writer for The New Yorker, and a professor at Harvard Medical School and the Harvard School of Public Health. Author of three books, Gawande writes of his own family struggles with end of life issues and the hard conversations that are often avoided, even by the medical profession.

Being Mortal shows that “the ultimate goal is not a good death but a good life — all the way to the very end.”



*Lorraine and Jim in the 1950s*



*Lorraine and Jim on the Farm*



*Lorraine and family members on her 94th Birthday*

## RESIDENT PROFILE

# LORRAINE CAMPBELL

## MATRIARCH OF SATURNA

by Diana Hayes

If you have visited Saturna or attended the annual Lamb Barbeque on that lovely Southern Gulf Island, you will no doubt have experienced some of the community spirit and genuine hospitality of Jim and Lorraine Campbell – community members and long term farmers *par excellence*. As I was gathering stories for the newsletter, I was given a book called “The Campbells of Saturna, an Oral History of Jim and Lorraine Campbell” with Bill Schermbrucker, published in 2005 and commissioned by the Saturna Community Club. The book contains transcripts of interviews held in 2005 – Lorraine prefers to call them “chats”. Interspersed with the chats are many photographs, some dating back to the early days when the Campbell’s moved full time to the family farm in 1945. A photograph of Lorraine and Jim celebrating their diamond wedding anniversary with a dance provides a beautiful counterpoint to their wedding photo from 1945. The annual Saturna Lamb Barbeque is also a feature of the book and I am told that up until just last year (when he turned 95), Jim has carved the meat on each occasion.

How on earth did Lorraine have time to work a busy farm and also spearhead many community projects, join the Lady Minto Hospital board and become a school trustee, not to mention being a mother of four! Her daughter Nan tells me she always had amazingly strong shoulders which provided the strength for morning-till-night farm chores along with raising a family. She always had that determined focus and looked beyond the immediate to the collective needs of the community.

Both Lorraine and Jim graduated from the Faculty of Agriculture at UBC. Lorraine earned her Master’s of Science in Agriculture in 1944 with a focus on plant nutrition and raspberry production and after receiving his degree, Jim joined the Navy. After the war, they took on full time farming on Saturna and became an example of sustainability with raising cattle, sheep and chickens and cultivating a market garden. They maintained cabins on the farm where students from around the world had the opportunity to learn about agriculture, live in a rural community and experience the marine environment and be part of a work experience.

When I first began working at Lady Minto Hospital in the early 1980’s, I met Lorraine who was then a director on the hospital board. She was the official Saturna Island representative (giving 19 years of service) and hosted our annual general meetings which were scheduled on each of the Outer Islands. She was also a founding member of the Gulf Islands Intermediate Care Society and spearheaded the





*Lorraine (third from left ) at Lady Minto Board meeting, 1969*



*Lorraine receives award from Pat Carney, former Senator and Cabinet Minister*



*Nan, Lorraine and Jacques on the ECU patio (Nov. 2015)*



*The Campbell kids in the 1950's*

building of Greenwoods Facility which officially opened in 1979. In 1993, she was presented with a Canadian 125th Anniversary Medal from former Senator and Cabinet Minister, Pat Carney, in recognition of her many volunteer activities. As Mr. Schermbrucker writes in his preface, "The Campbells are quintessential educated country folk whose name is synonymous with plain values and a strong sense of community."

Talking with daughters Nan and Jacques (who still runs the family farm along with her brother Tom), I immediately sense a strong family tradition in both and recognize the values that have provided the foundation for the Campbell Farm since the beginning.

Six years ago, after a bad fall which resulted in a serious fracture, Lorraine was still determined to finish her daily chores on the farm. Then a bout of pneumonia combined with a compressed disc set her back and that was when she

came to be a resident at Lady Minto in January 2014. While visiting the unit on Halloween this year, I met Lorraine's ten year-old great-granddaughter, McKenna. She was dressed up as the wicked witch of the west and came by to visit in full character and costume. It was wonderful to see them interact; how cheerful they both were and how important family visits are to our residents. McKenna lives with her parents, Faedra and Chris and brother Christopher here on Salt Spring, and Faedra's mother-in-law, Monica Strohmeier who has worked as an RCA on Extended Care since the early 1980's. It is reassuring for Lorraine that the family circle extends to Lady Minto, and how her strong community spirit helped to build and maintain the home that is now her home-away-from-home.

Hard work and the farming life, treasured memories, family loyalty and Halloween kisses from a great-granddaughter... It doesn't get sweeter than that. ■





*Linda Roth and Dennis Andrews*

## PHANTOM BALL 2015

### And the winners are...

*Congratulations to the winners of this year's Phantom Ball prize — Linda Roth and Dennis Andrews.*

*A luxury week-end at The Parkside Hotel & Spa in Victoria.*



*ECU Resident Bill Leckie helping Kane and Taiya Little draw the winning ticket for the prize*

**THIS YEAR WE RAISED OVER \$63,000 FOR THE ANNUAL EQUIPMENT FUND!**  
We look forward to seeing you at this most famous non-event next year!

# Automated External Defibrillators

*Beth Weston, AED/CPR Instructor*

**T**hings are always changing. Technology changes, the way we do things changes, we change and the world about us changes. For some, change is threatening and bad but for others it is challenging and good. And for many, like me, we take a middle position.

These thoughts came to me when I realized just how much CPR (cardio pulmonary resuscitation) has changed over the years. Some find the changes annoying and frustrating while others marvel at the miracles of change.

When I first heard about saving someone who was not breathing, I must have been a Girl Guide. I remember it had something to do with pulling the victim's arms around, but I cannot recall any more than that. Then my Dad brought a movie home. He worked in the safety industry and he needed our opinion on this new method of saving people after they seemingly had died. As a teen, I thought it would be yucky to put my mouth over a stranger's mouth and blow air into them, but the success rate was much better than lifting the victim's arms above their head.

By the time I got into nursing, chest compressions had been added to mouth-to-mouth resuscitation procedures, and when I joined the work force there were CPR classes in most communities. As a community nurse, I often taught the classes. About every five years there were changes; often to the ratio of chest compressions to mouth-to-mouth breaths. My biggest challenge was dealing with those people who had followed the CPR protocol correctly but still their loved ones died. It was emotionally hard on everyone involved but I knew more was required in some cases. When someone has a cardiac arrest (different from a heart attack), the fibres of the heart muscle, which pump blood to the body, stop contracting in unison and start to vibrate like a bowl of jelly. More help than pushing on the chest was required.

In the hospital setting, a crash cart with a defibrillator can be summoned. We have all seen episodes on TV where the shock is given and the heart returns to normal beating. But in the community, cardiac arrest can occur anywhere. It occurs in youth, middle age and the elderly. The heart is not working and therefore blood is not reaching essential organs like the brain and kidneys. Within 4 minutes, permanent changes start to occur. There is not time to get the victim to a defibrillator or the defibrillator to the victim. Over the next few years I puzzled about how to connect the cardiac arrest victim to a lifesaving defibrillator in time to save them.



***Beth Weston AED Instructor***

Then I saw one on the wall of the Anglican Church and I knew I had to learn how to use it and to teach others. An AED (Automated External Defibrillator) is easy to use. In fact, once the machine is turned on a voice prompts you through all the steps. Lives can be saved but we need to be comfortable using an AED and we need to know where they are situated. There are more than 30 on Salt Spring Island, thanks to the Lady Minto Hospital Foundation's AED Program.

Statistics have been collected that indicate a less than 10% survival rate when CPR alone is used for sudden cardiac arrest, but when an AED (and CPR) is used, success rates are above 70%.

Changes in administering CPR have greatly improved the chances of survival following a sudden cardiac rest.

Ask yourself — Have you kept up with the changes in CPR?

**Visit our website: [www.ladymintofoundation.com](http://www.ladymintofoundation.com) to check our AED/CPR Class schedule for 2016, or contact [Karen.Mouat@viha.ca](mailto:Karen.Mouat@viha.ca) if you would like to register**



*Dorothy Copeland, Activities Coordinator*

## **DEMENTIA CARE EDUCATION Supportive Pathways**

*Provided by Broadmead Care*

Supportive Pathways is a program of care for people with dementia developed by Carewest in Calgary, Alberta. The course content can be modified to suit different needs, including family members, volunteers and a one-day refresher course for staff.

The course includes the following modules:

Personal and Organizational Beliefs and Values

- Individual and Family Care
- Disease Processes and Trajectories
- Communication
- Normalized Living / Safety and Security in the Environment
- Meaningful Activities
- Assessment of and Responding to Altered Behavior

The Foundation provides funding for staff to attend courses that benefit patient care directly.

Dorothy Copeland attended the “Supportive Pathways” program and describes the benefits of learning new skills in working with patients suffering with dementia.

“Taking this course was a learning experience in how to work with people with an altered view of reality due to dementia. Behaviour patterns with dementia patients can change depending on how we interact with them. In order to know how to interact with a person suffering from dementia, it is important to understand what they are experiencing as a result of having this condition. Health care staff can adapt because the person with the disease cannot. We can then deliver palliative care appropriate to someone with a terminal illness, with love and kindness.

*Dorothy Copeland, Activities Coordinator*



*Catherine Green*

## **GRATITUDE FOR EDUCATION**

I would like to express my gratitude to the Foundation for giving me the opportunity to attend the Victoria Hospice course “Psychosocial Care of the Dying and Bereaved”.

I had previously attended the sister course several years ago, the Medical Intensive for Palliative Care, and found it invaluable in my practice as a nurse on Extended Care, and continue to use daily skills that I learned there.

The psychosocial course focussed on increasing awareness and sensitivity to the issues around death, dying and bereavement. It was an in-depth review of theory and interventions related to the experience of people across transitions and disease, especially dealing with the complexities of end-of-life care.

It was a great opportunity for nurses to reflect on our own values and assumptions about death and dying and look at ways we can improve our practice. The course covered many areas from innovative research to cultural considerations to team work and self-care.

There were many professionals represented and opportunity to network and get different perspectives and share ideas for improving practice.

The residents and families we serve deserve to have the best possible care in all circumstances; opportunities like this course go a long way to ensuring that Lady Minto Hospital is fulfilling this need.

*Catherine Green  
Nurse Team Leader, Residential Care*



LADY MINTO HOSPITAL FOUNDATION FUNDRAISER

# Catch a Falling Star

## Perseids Meteor Shower Event

**The Perseids Meteor Shower Event held in August raised funds for the purchase of a new ECG machine.**



Many thanks to our authors, Brian Brett, Ahava Shira, Patrick Taylor and Ronald Wright and to musician Wesley Hardisty for entertaining us, to Scott Simmons as our Master of Ceremonies, and to Greg Klassen for “walking” us through the night sky in Ian Clement’s farm field and pointing out the myriad of meteors and stars.

*Clockwise from upper left:  
Ahava Shira, Brian Brett,  
Wesley Hardisty, Ronald Wright  
and Patrick Taylor*



# LADY MINTO FOUNDATION'S ANNUAL GOLF TOURNAMENT

by Karen Mouat



Our Charity Tournament was a *blast* this year. Businesses and individuals got into the *swing* donating everything from free flights and wine kits, to BBQ's, paintings and paint. Our *Major* sponsors and *hole* sponsors couldn't have been more generous. Thanks as always to the enthusiastic *golfers* and the *Golf* and Country Club, we *topped* off the day with a *perfect round* of steak dinners. Board members donned their *aprons* to BBQ for over 100 hungry diners proving that they weren't a *hazard* to the organizing committee! Our goal is always to *aim* high: provide a fun day and raise money for equipment purchases for Lady Minto Hospital. This year we raised over \$30,000. ***Feels like a hole in one.***



***Club Pro, Stephen Marleau didn't get to golf with his foursome, but did get to congratulate them for setting a pace that made them the Hewiston Memorial Cup Trophy winners this year. Corbin Scott, Troy Kaye, Steve Marleau, Mike Horan, Chad Little.***



***The sweet spot in the day was a Country Grocer team winning the LMHF Company Sandbaggers Challenge Cup, even after Charlie Holmes caught a zinger to his fore-head! Jackson Irving, Stephen Hardy, Kyle Yun, Charlie Holmes.***



***No one can say these woman lag behind anyone, winning the Ladies Low Net prize. Melanie Iverson, Janelle Holmes, Franki Johnstone, Leah Woods, Jennifer Williams***



## **WELCOME TO OUR NEW BOARD MEMBER**

### **DREW STOTESBURY**

**D**rew has been a Gulf Islander for ten years – and recently “upgraded” to Salt Spring Island where he lives with his wife, Kim MacKay, and their Mexican rescue dog, Luna. Their son, Cam, is successfully launched and living in Squamish. With a Commerce degree from Queen’s University and a Chartered

Accountant designation, Drew has a solid financial foundation. However his entire career has been in the hotel and resort sphere. This included living in Whistler for ten years and leading the real estate development group of Intrawest—leading up to, and following, the \$3 billion sale of the company to a private equity firm. For the past five

years, Drew has overseen all aspects of a major Hawaiian resort, Turtle Bay, and gets zero sympathy when he must visit it—even though he’d rather be on Salt Spring where he is an active member of the Salt Spring Sneakers and sits on the SSI Incorporation Study Committee. ■



### **PUT MORE MONEY INTO THE HOSPITAL BY *GOING GREEN***

In an effort to sustain our natural environment, reduce waste, and minimize print production expenses, the Lady Minto Hospital Foundation is pleased to offer many of our printed communications electronically. Every dollar saved in postage and printing means more funds for the hospital.

Email us at [Diana.Hayes@viha.ca](mailto:Diana.Hayes@viha.ca) and we will add your email address to our database.

**[www.ladymintofoundation.com](http://www.ladymintofoundation.com)**





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.

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

☐ I prefer my donation to be anonymous

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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:

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 (please print)

**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**

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Spring Island B.C. V8K 1T1

