

Admitting Department Compassion on the Front Lines

by Diana Hayes



Leah Little



Elaine Theunisz

When you enter the Lady Minto Hospital, whether it is for routine blood work, booked x-rays, day care procedures including endoscopy, or on an Emergency Room visit, you will be checked in by one of the Admitting Department personnel. As the saying goes, “first impressions are everything”, and the Admitting staff set the tone for a patient’s visit to the hospital.

You could not be in better hands than those of Leah Little and Elaine Theunisz, our two full-time staff who work a hectic pace on the

front lines, Monday to Friday, 7am to 4pm. On really busy days, they see up to 130 outpatients and that isn’t counting ER visits.

“It is the connection — with patients, with our community — this is why I do this job”, says Leah, who began working at the hospital when she was sixteen and has worked in various departments over the years, including Housekeeping and Dietary.

Elaine started in 1988 after working on the mainland as a sole practice MOA (Medical Office Assistant). Many of us “old timers”



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



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will remember Elaine working in Dr. Roland Graham’s office before she started working at the hospital.

Admitting clerks are trained in medical terminology and various computer systems including the new province-wide patient record system which went live last summer and links directly to the Ministry of Health. This means that important medical information follows the patient within the Province, whether they are seen within our local health authority or on the mainland.

Compassion, connection, community spirit, confidentiality and professionalism are all top qualities on the list for working in this hectic department. Every day presents new challenges and having great organizational skills is essential. Along with taking care of all of the bookings, daycare procedure charts and telehealth appointments, Admitting staff field every kind of question from the public and have to “know a little bit about everything”. They also can be seen wheeling in patients and calling cabs for those in need.

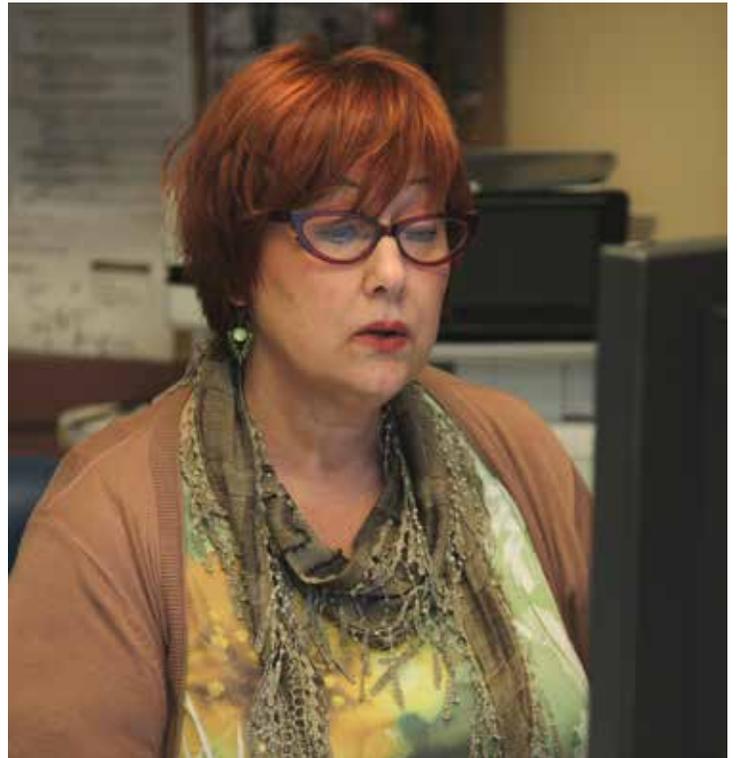
Leah elaborates: “There can be difficult scenarios. Any kind of emergency can happen. Instincts are strong and sometimes we get that feeling about a patient who comes in through the door. We know they need to get to the ER right away”.

“We hope to put the patients at ease, encourage a smile and provide a calming environment. Patients are vulnerable — we have all been there. Sometimes a hug is what is needed.” Elaine adds. At Lady Minto, hugs are part of the prescription for good care.



Having a sense of humour is a blessing in this department, and Elaine and Leah have me in stitches by the time I have finished my interview. “We call ourselves the Walmart Greeters”, says Leah. “People often tell us jokes. We sing to the mail man every day. We are known to have a little fun!”

Having a sense of humour is a blessing in this department.



“We get to know the patients by name. Some may have been recently diagnosed with a serious illness. They may be scared or worried. We try to put them at ease during the admitting process”, Elaine explains. “In all the years I have worked in this position, I would say only 1% are grouchy; most are so nice and appreciative.”

“Some bring us wine and chocolates. A patient brought in a Blue Jays T-Shirt because he knows I supported the team!” Leah says with that lovely smile.

I can say from a recent ER visit following a hip injury that I felt much more at ease when I was greeted by these lovely and professional women. It makes all the difference. ■

Casual Admitting Department Staff include veteran Lady Minto staff member, Melanie Iverson, Wendy Knoblauch (who also works as a Unit Clerk on ACU and for Dr. Montalbetti), Maggie Mongtagne and Deb Upshall.

AEDs SAVE LIVES

by Diana Hayes



Stephen Lewis



Tami Wesley, Lifeguard

LIFEGUARDS TO THE RESCUE

The Rainbow Road Pool was the first location on Salt Spring to install an AED unit and conduct regular training for its staff. On July 4th, the lifeguards flew into action and saved a man's life, thanks to their expert training, yearly recertification, and access to an AED unit.

It was a lovely July morning and Salt Spring resident Stephen Lewis was heading up to the Rainbow Road Allotment Gardens where he attends as Garden Manager every day. The Gardens are located just behind the Rainbow Road Pool. Mr. Lewis says he was on his way to check the water tank which collects water from the roof and supplies the allotment garden. When he reached the pool parking lot he collapsed and doesn't recall a thing, including the air lift from Lady Minto Hospital,

until he woke up at the Royal Jubilee Hospital Cardiac Unit two days later. He underwent quadruple bypass surgery and implantation of a pacemaker and was in hospital for 26 days.

It was Chase and Molly Akerman (age 8 and 10) who first spotted Mr. Lewis and ran into the pool entrance to alert the staff that a man was lying in the parking lot. Tami

Wesley was one of three members present and rushed to the scene and initiated CPR. Joined by lifeguards Shane Webster and Nigel Bismar who brought the AED device and supplemental oxygen, the team provided life-saving CPR while they waited for the ambulance to arrive. Two shocks from the AED unit were delivered by Tami and a third was delivered by the paramedics and Salt Spring Fire-Rescue personnel who arrived approximately 7 minutes later.

I spoke with Tami recently and she was happy to report that she had seen Mr. Lewis at the community garden. "He looks healthy and happy to be back pursuing his passion — he is in his element when he is in that garden!"

"The Rainbow Road Pool has a strong family base but we have lots of seniors and the majority of pool members are older", Tami says. Training is provided to all staff at the centre and follow up training to refresh and update their first aid skills, takes place annually.

This was Tami's first real life-saving situation and she says she "honestly will never forget it". "The procedure is not complex. You could write the *AED for Dummies* book. The machine prompts you throughout and the instructions are easy to follow. It is not as scary as you think".

Mr. Lewis visited the pool a month after his ordeal. "I really wanted to thank those people who saved me". He is recovering well at home and with the help of a remote monitoring device which keeps track of his pacemaker and connects directly with the cardiac clinic in Victoria, he is feeling well looked after and is very happy to be alive. ■

AEDs ON SALT SPRING ISLAND

“THIS IS WHERE THE FOUNDATION ACTUALLY SAVES LIVES.” *Dr. Shane Barclay*

“Can you use this?”, the boy yelled as he approached the crowd gathering around the man who was lying lifeless in the rotunda. As the boy lifted the AED, the crowd parted. “What is that? Is it safe to use? How do you use it?”

If you were part of this group, would you feel comfortable participating in saving this man’s life? Take one of my AED classes to become comfortable and competent using an Automated External Defibrillator.

Beth Weston, AED/CPR(C) Instructor

In late 2011, Dr. Shane Barclay asked the Foundation Board to help get AEDs installed on the island. At the time there were only three on island at the pool, the golf club and the RVYC. Dr. Barclay explained to the board that AEDs in public spaces and businesses will save lives. A person in cardiac arrest has only 10 minutes to live but with CPR and a shock from an AED, they can survive. With not enough time to get to the hospital, AEDs must be out in the community.

The board decided to drive the program and we invited island businesses and service clubs to hear about AEDs. At the first meeting, Gary and Linda Utter, owners of the two Pharmasave stores, stepped up immediately and ordered 8 AEDs.....one for each Pharmasave and six for the community. Wow...what a start!

Kings Lane Medical, All Saints Church, Farmers Institute and North End Fitness all jumped in straight away and we had ourselves a program. The AEDs from Gary and Linda went to the Legion, Artspring, the Seniors Society, GISS, the Library and Brinkworthy.

Next step for the Foundation was training. Having AEDs in the community was great but we needed Salt Spring Islanders to be able to jump into action, start CPR and use the AED. So we bought training equipment, asked Beth Weston to run the Red Cross approved courses at the hospital and asked Karen Mouat to organize the classes. Over 230 Salt Spring residents have taken the course over the last four years.

The last piece was maintenance. Each AED must be serviced annually so that the day it is needed to save someone’s life it will work. We organized a Maintenance Day in October and asked all AED owners to bring in their units for service. Last month Chris Metcalfe, CEO MediQuest Technologies from Vancouver came over and serviced 36 units. Mediquest have supplied most of the AEDs on island and have worked closely with the Foundation to build the program.

There are now 41 AEDs in the program. Four schools, three churches, two dentists, two doctors, a Wellness Centre, the Tennis Centre and Meadowbrook Seniors are now equipped and there are two AEDs in Fulford, one in Vesuvius and one at Beaver Point Hall.

Derek Fry, Founding Board Member for AED Program



- Rainbow Road Indoor Pool
- Salt Spring Golf Club
- Royal Vancouver Yacht Club
- Portlock Park
- Kings Lane Medical Clinic
- All Saints By The Sea
- Farmers Institute
- Pharmasave Downtown
- Pharmasave Uptown
- North End Fitness
- ArtSpring
- SaltSpring Air
- Royal Canadian Legion
- Maracaibo Estates
- Hayden Dentistry
- Seniors Services Society
- Brinkworthy Estates
- Salt Spring Dental
- Salt Spring Island Sailing Club
- Meadowbrook Seniors Residence
- Gulf Island Secondary School
- Salt Spring Public Library
- Salt Spring Tennis Centre
- Island Natural Health
- Country Grocer
- Fulford Hall
- Our Lady of Grace
- Beaver Point Hall
- Wellness Centre (2)
- United Church
- Rock Salt Restaurant
- Seaside Restaurant
- Thrifty Foods
- Eagle Ridge Clinic
- Personal AED Units – 4

Units are also on BC Hydro Trucks and at Salt Spring Fire Stations



Auxiliary members serving the 2015 Residents Christmas Luncheon; Margaret Mackenzie, Auxiliary Volunteer Coordinator and Valdy; Below: Angela and her replacement Chelsea, who will cover while Angela is on maternity leave



VOLUNTEER ANGELS OF EXTENDED CARE

by Angela Huser, Social Worker at Lady Minto

The Lady Minto Hospital Auxiliary celebrated its 80th Anniversary this year. As part of the Art Therapy program sponsored by the Auxiliary, each resident was helped to create a mosaic tile representing their lives. The twenty-eight tiles were then combined to form a mural which can be seen on the corridor wall outside the unit lounge.

“The Auxiliary at Lady Minto is, and has always been, one of the reasons why we are a great hospital with a long tradition of community involvement,” Jen Ritson, Activities Coordinator says. “When you spend much of your life looking out through a window, your view can become very narrow. Because of the generosity of the Hospital Auxiliary, the views for the resident of ECU are wonderful, vibrant sights.”

In addition to donating funding to support music therapy, art therapy and many other things, Auxiliary members donate their time to provide regular piano music, host tea service twice daily and coordinate special events — activities absolutely vital to the well-being of our residents.

The Auxiliary also enriches residents’ lives through hands-on activities, such as the recent project led by art therapist Ginette Richer. Ginette takes time to speak to each of the residents about the most significant aspects of their life and together they co-create beautiful collages, which now grace the hallway of the Extended Care Unit.

Perhaps what stands out most is the patience, compassion and dedication of the volunteers who visit Lady Minto’s ECU. Not all of our residents are fortunate enough to have a close support network of family and friends on the island. For them especially, having the opportunity to socialize and connect with another person in addition to their care staff makes the environment feel less institutional and is an invaluable addition to their quality of life. ■

WELCOME TO THE EXTENDED CARE MUSIC PROGRAM

Margaret Mackenzie, LMH Auxiliary Volunteer Coordinator

Special appreciation and a big thank you to all of our performers this past season

MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER

HealthArt.org sponsored an event with Sergei Saratovsky, Russian pianist
Paula Kiffner on Cello with Tami Dos Santos and Carol Wright

“Women of Note “

Nicki McKenzie, rising star of GISS on harp

Bill Henderson

Alan Moberg

“Reeds and Wires” and Dawn Hage Quintet



Left to right: Margaret Mackenzie, Christy Cook, Janice McLean, Adrianna Cook, Linda Quinn with Nita Brown



Left to right: “Women of Note”, Hannah Brown, Megan Manning, Janice McLean, Patricia Flannagan, Julie Kimmel with Willo Stevenson

Sergei Saratovsky

“It was my absolute pleasure to perform at your hospital and to visit your beautiful island. I would be very glad to play for you again.”

Sergei Saratovsky was born to a family of musicians in Karelia, Russia. He received his university education at the Petrozavodsk State Conservatory of Music, graduating with a Bachelor of Music Degree in Piano Performance in 2004. Mr. Saratovsky became a resident of Canada in 2002. He completed a Master of Music Degree in Piano Performance with Alexander Tselyakov at Brandon University, where in 2006 he received the gold medal for academic excellence and graduated with Greatest Distinction. In 2012, Sergei Saratovsky was granted the degree of Doctor of Musical Arts at the University of British Columbia where he had studied with Jane Coop. ■



Lady Minto's Art Therapy Program is funded by the Auxiliary and provides many benefits to residents, family members and staff.



Benefits of Art Therapy for the Elderly

by Ginette Richer A.Th.



In my 19 years of practice as an Art Therapist in residential facilities for the elderly and in private practice, I have observed a great number of benefits. The therapy may consist of Art Psychotherapy, Art as a Rehabilitation Therapy or of the making of Art as Therapy.

Ginette with Kaitlyn and ECU resident Ellen

As **Art Psychotherapy** the clients may find:

- Consolidation of life events (e.g. Memories surfacing as a result of artistic activities)
- Recognition of their legacy to the world and loved ones (e.g. Our residents' mural)
- Insight on the areas of their lives that need attendance before their death
- Help in reconciliation with others where and when needed
- Means of forgiving oneself and others where the need is perceived
- Meaning for their lives and their deaths
- Alleviation of anxiety and fear
- Help in experiencing what is considered a "good death"

In both **Art as Rehabilitation Therapy** and **Art as Therapy** the benefits are similar and can assist the clients in:

- Maintaining cognitive abilities, preservation of brain capability and preserving brain flexibility
- Reinforcing a sense of hope
- Improving self esteem
- Alleviating anxiety, fear and depression
- Alleviating physical and emotional pain
- Exploring a creative outlet
- Improving their quality of life

The therapy provides:

- A means of expression and communication
- A recreational activity
- A non-judgemental setting for social interaction
- May act as a support group
- Offers an opportunity for conversation and humour
- Provides personal attention and valorization
- May provide affection through appropriate gentle gestures and words

Indirect benefits extend to the families through the assurance that their loved one is receiving professional emotional and psychological support during this final stage of life.

A range of special benefits occur for all participants when the families choose to participate in the Art Therapy sessions. ■



ABOUT THE MURALS PROJECT

by Ginette Richer A.Th.

“We create murals mostly because our display space is quite limited and we like to display the work for everyone to enjoy, so it is a practical way to do things. The murals are created in sections like a puzzle so we can work on the table. Then the sections are assembled. Sometimes we work on a one piece mural but the elements are created at the table and then assembled like a collage. We like to work mostly with paper since cutting, folding and gluing are manual activities that the residents can handle best. We add details with paints and bling and glitter etc. The residents that are unable to manage the manual work are invited to participate in the creative process along with the physically active residents. Some of the residents seem to enjoy just watching the process, so we create the piece by their sides while we engage them verbally. Displaying the work and participating in the fall fair is an important part of the process as it can improve self esteem and give a sense of contributing to the creation of a pleasing environment where they live.”



Ellen's mural: One of Ellen's dreams was to float in a hot air balloon. She saw such a sight while living in Ottawa in the mid-seventies and thought it would be a thrill to be up there with the clouds and big skies.





LadyMintoHospitalFoundation

BOARD CHAIR'S REPORT

Jennifer Williams

It is hard to believe that a year has passed and I am now talking to you about all the activities that we have been involved with since I became Chair of the Hospital Foundation in September 2015. As always we have had great support from the community and from you, our loyal donors, who recognize the commitment that the Lady Minto Hospital Foundation takes in ensuring that your funds are spent to best advantage for anyone who needs the services of the hospital. In this community that could be any of us, so having the hospital and all its support services available is to our great benefit. This past year the Foundation has been the fortunate recipient of \$409,830 in direct donations and through fundraising. Such is the confidence that donors from Salt Spring Island and other associated communities have for the work that we do.

This year's Golf Tournament raised over \$28,000. All those participating agreed that it was a wonderful day and that Penny's Pantry on the Green provided an amazing dinner. We owe particular thanks to Karen Davies and Karen Mouat for the time and the energy that they put into making a success of this event.

The Phantom Ball was a particular success and raised over \$75,000. The trip to Hawaii and 5 night stay at Turtle Bay resort in Hawaii was a wonderful prize and we know the winner, Patricia Low and her husband Dennis Wheatley, will

have a great time enjoying all the activities the resort has to offer. We held another Phantom Movie event with the 1924 silent movie "Phantom of the Opera" starring Lon Cheney and all who attended agreed that it was a very special evening.

It takes a dedicated group of people to make the decisions and administer all the processes involved in the Foundation's work. We are all familiar with the members of the board as they have had their backgrounds and their photographs available through the Minto Messenger and also on the profile display in the hos-

pital waiting area. The true unsung heroes of our team, Diana Hayes our Executive Director and Karen Mouat our Financial Manager, deserve much praise for their time and diligence in ensuring the role of office and administration is carried out both smoothly and with grace. For that I am very grateful and I know that the rest of the board is also.

One of my goals in becoming Chair was to get to know the doctors on the island better. So in December of last year we invited them to join us at our Christmas get together so that we could

meet them in a more informal setting. This was a very successful event and we now appreciate the challenges they face on a first hand level.

As a result we now have a far better understanding of the value of our capital expenditures (\$241,478 for 2015/2016) for the community and the hospital. Almost half of that money was used to purchase a new Colonoscope at \$110,386. In addition, a Respitainer worth \$10,000 was purchased for our Simulation Lab which enables doctors and nurses to maintain their skills and to be pre-



Simulation Lab

Dr. Shane Barclay demonstrates the Resptrainer

HOW YOUR DONATIONS HAVE HELPED (2015/2016):

- Colonoscope \$110,386
- Resptrainer \$10,000
- Trilogy 202 Ventilator \$15,500
- Education Fund \$20,000
- Acute Care Patio Upgrade \$15,000
- AED Program \$8,000

THE SMALL EQUIPMENT FUND \$41,323, INCLUDED:

- Harmony LED exam light for ER
- Laryngoscope used by physicians for intubations
- The Topcon Vision tester used by visiting specialists for vision testing
- Portable CO2 monitor (Capnography Monitor) used for endoscopy procedures
- Mobile blood collection cart used in the ER

pared for emergency situations. Spearheaded by Dr. Barclay, and made possible through a generous donation from Ron Wood, this lab is a true innovation for a rural community and has been praised by others who have come to see it. We also purchased a Trilogy 202 Ventilator for \$15,500. In addition we maintain a Small Equipment fund for the hospital which this year totaled \$41,323 and enabled purchases

including the Harmony LED exam light for ER, a new Laryngoscope with McGrath handle used by physicians for intubations, The Topcon Vision tester used by visiting specialists for vision testing, a portable CO2 monitor (Capnography Monitor) used for endoscopy procedures, and a mobile blood collection cart used in the ER.

We also recognize that there are other areas of

hospital and occasionally health services in the community that need support. We contributed \$20,000 to the hospital education fund so that staff could maintain and improve their clinical skills. Also, we funded the \$15,000 ACU Patio Upgrade to give patients a place of respite and normalcy during their hospital stay. In addition, we provided over \$8,000 to the community AED program to help continue this valuable work.

These are just some of the value added items that the Foundation sees as part of its mandate.

As your Board Chair I have found this year both rewarding and challenging. I want to thank you for your support and assure you that with your continuing commitment to our hospital we will keep Lady Minto as a vital part of the community. ■



And the lucky winner is...

PATRICIA LOW!

Our Phantom Ball prize package this year is an exciting trip for two to the luxurious Turtle Bay Resort on Oahu, Hawaii. The prize includes airfare courtesy of WestJet, courtesy luggage from Uniglobe Geo Travel, 5 nights accommodation in an ocean view room and golfing at the Arnold Palmer Championship Golf Course, topped off with a sunset horseback ride — all courtesy of Turtle Bay Resort.

The lucky prize winner's name was drawn at the Phantom of the Opera Movie Event held at The Fritz Cinema on September 29th. Patricia Low was speechless when she received the call from our Executive Director, Diana Hayes, to tell her she had won the prize. The trip couldn't be more suited to our winner. Patricia is an avid golfer and will have a fabulous time with her husband, Dennis Wheatley, on the fairways of the famous Arnold Palmer Championship Golf Course at Turtle Bay Resort. ■

“When Diana phoned I think I was too stunned to take in what she was saying. No wonder, what an enormous surprise! This is the first time Dennis and I have ever won anything of any significance. My purse is full of unlucky raffle tickets so a draw date is not something that I ever think of checking. Not only had we actually won a prize, but what a prize! For a pair of fair weather golfers whose clubs are stowed away for the winter there couldn't be a bigger thrill.

Dennis has never been to Hawaii so this will be a big first for him. On my only visit to this tropical paradise, almost forty years ago, I did drool at some of the golf courses but I never dreamed of playing there some day.

We really can't express how much this wonderful prize means to us. Many, many thanks to the Lady Minto Foundation and its sponsors.”

Pat Low and Dennis Wheatley

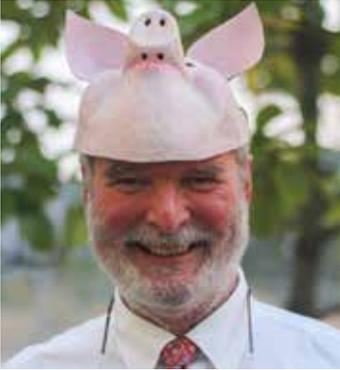
Phantom of the Opera Movie Event at The Fritz Cinema

Many thanks to all of the volunteers and contributors who made this fun event possible.

- Jim Erickson for creating the opera house set for The Fritz
- Bob Herbert and Peter Southam of Windsor Plywood for erecting the set
- Ken Marr and Mike Stefancsik of Windsor Plywood for sponsorship
- Nolan Magnus, for transporting the set pieces
- Nick Ogilvie, for carpentry expertise
- David Holt, for assistance with Central Hall
- Dave Paul at The Fritz Cinema
- Juli Paul, for photography
- Peter Grove, our wonderful M.C.
- Karen Davies, Alane Lalonde and GISS Students Jasmin Wilson and Lisa Keen for help in the kitchen
- The Rental Stop, for providing glasses
- Country Grocer, for supplying the delicious Loxton Sparkling Brut
- Penny's Pantry for superb sweets and savories
- Tim Bradley and Jim White for helping us find the missing set pieces
- Dave Vollrath for taking care of the sound system



Photo: Alex Waterhouse-Hayward



Clockwise from above: Joni White; catering assistants Jennifer Williams, Jasmin Wilson, Karen Davies, Alane Lalonde and Lisa Keen; Jim White and Bob Herbert; Bob and Pete at Windsor, Jim Erickson with Oscar, Ken and Mike at Windsor. Nolan Magnus was part of the Lady Minto Foundation team back in 1994 when he joined Winnifred Bellouse and Dr. Jan MacPhail on the cover of the “Closer To Home” campaign brochure.

MEET OUR VOLUNTEERS



KAITLYN FRASER
Art Therapy Program
**Volunteer and Dietary Aide/
Food Service Worker**

I started volunteering at ECU last February. I originally thought I'd help with Bingo but when Jen suggested I help with the arts program I agreed I would give it a try. I'm not artistic at all but Ginette is amazing at what she does and I've really enjoyed creating relationships with the residents that participate. A lot of the time I'm helping with little details of the crafts that the residents find harder to do but it also has a great social aspect. I think it's really beneficial for the residents to be able to engage in the crafts and use their creativity.

We also do a lot of crafts to celebrate the season or upcoming holidays which is a lot of fun. It helps decorate the residence so it feels a little more festive. We recently finished a big project that included making personalized tiles for all the residents for the mural project which really helped me get to know everyone, even those who don't participate in the program that much.

Since I work at Lady Minto as well, it's also been really nice to be able to match a face to the names that I see all the time!

I'm hoping to head into a health care profession as a Registered Dietitian. Volunteering at ECU has been really beneficial in gaining experience in this sort of setting while simultaneously giving back to the community where I grew up. I'm finishing up my last pre-requisite at UBC this winter semester and hope to start the program in September 2017.

Salt Spring is home and I'm hoping to come back here once I'm finished my schooling so it's important to me to be involved here. My mom [Elaine Fraser] started in the Laboratory in 1982 and still works at Lady Minto as a Laboratory Technologist. She is now Department Head for our Lab. ■



TED RITSON
Volunteering runs
in the family...

Volunteering comes naturally for Ted and he has been helping out at Lady Minto as a volunteer companion for a year and a half.



Sue Mouat

Ted's mother, Jennifer Ritson, heads up the Activities Department on Extended Care and began her long association with Lady Minto as a Candy Striper in 1975. His grandfather, Ivan Mouat, was chairman of the hospital board between 1983 and 1985 and his grandmother, Sue Mouat, worked at the old Lady Minto as a nurse in 1946. His great-grandfather, W.M. Mouat, chaired the board from 1935-1945.



W.M. Mouat

Ted is able to flex his schedule at Windsor Plywood where he works full time, to visit ECU resident Al Reimer every Wednesday morning. They have a smoke together, swap stories and music (a passion for both of them), and chat about life in general. Ted met Al's wife Cathy many years ago — she was in fact the “match maker” and introduced him to his first girlfriend. Island life is like that — we are often connected in one way or another. ■



Ted and ECU resident Al Reimer



EMERGENCY AIR TRANSFERS: FIRST HAND EXPERIENCE FROM AN EXPERT

by Diana Hayes

Jason Grindler, Advanced Care Paramedic

Jason Grindler has just graduated from the Justice Institute of B.C. as an Advanced Care Paramedic (ACP), a rigorous 24 month program involving three back-to-back semesters with classroom time, hospital and OR rotations and ambulance practicums. It is a very competitive and intensive course with a graduate success rate of less than 50%.

Jason worked first here on Salt Spring at the entry level (E.M.R.) and then as a Primary Care Paramedic (P.C.P.) for three and a half years before he moved to Vancouver for full time ACP training.

This level of training includes increased clinical assessment and decision making, pre-hospital team leadership and delegation, as well as an increased scope of practice which includes advanced life support for cardiac and respiratory emergencies, 12 lead ECG acquisition and interpretation, advanced airway management including intubation, sedation, electrical and chemical cardioversion, antiarrhythmics, sedation, intravenous and intraosseous line initiation and advanced Cardiac arrest management.

I asked Jason what brought him to such a demanding and intense career.

“I fell in love with the profession. We can make a difference for people, in their time of greatest need.”

It began with a year at Katimavik –a registered charity which educates Canadian youth through volunteer work. Students participate in intensive nine-month periods of volunteer service through such programs as “Cultural Discovery and Civic Engagement”, “Eco-Citizenship and Active Living”, “Second Language and Cultural Identity”,

“Eco-internship” (Éco-stage), and “Katimavik Horizon”.

After the Katimavik experience, Jason considered a Search and Rescue career but decided on Emergency Health Services and the B.C. Ambulance. He began with the EMR program and loved it, and then went on to qualify as a Primary Care Paramedic. After serving with the Salt Spring Ambulance crew for over five years, he was thrilled to learn that he had been accepted in the Advanced Care Paramedic Program. Together with partner and fellow Salt Spring Islander, Sarah Penhale, he moved to Vancouver and began training in 2014. They both hoped to return to Salt Spring in the future.

After graduation in July of this year, Jason was working as a casual paramedic in Lion’s Bay before beginning the ACP mentorship program, a requirement prior to taking over full ACP responsibilities. Then Jason’s plans were derailed when he suffered a sudden seizure in the night. After numerous tests and medical specialist appointments, a tumor was discovered on the left side of his brain. He began anti-seizure medications and was placed on an urgent surgical list at Lion’s Gate Hospital in North Vancouver.

Sarah and Jason came back to Salt Spring to be with family and friends while they waited for the surgical date, but his symptoms worsened and he was brought into Lady Minto Hospital. His case was too time sensitive for ferry travel so arrangements were made through the Patient Transfer Centre to be airlifted to Vancouver.

Jason recalls the HeliJet flight well and although he was feeling pretty bad at the time, he says it all went smoothly. The Critical Care Paramedics were colleagues and he knew one of them from his training in Vancouver. CCPs are the only paramedics that handle air ambulance calls. Their



Jason Grindler, on duty at the Minto Mash & Teddy Bear Clinic, 2012

training involves a total of six and a half years of intensive education and they must first move through all of the levels before being considered for this top position in the ambulance service.

Jason was at Lion’s Gate Hospital in under an hour and had his surgery early the next morning. He returned to Salt Spring Island to recuperate for the rest of the summer with friends and family and took every opportunity to hike and walk and enjoy the island. The pathology report arrived later in August, and it was not great news; Jason was diagnosed with a highly invasive brain cancer — glioblastoma. He began treatments in late summer, completing 30 sessions of radiotherapy by early October. He is now scheduled to undergo a six-month course of oral chemotherapy.

A natural optimist and leader, Jason exudes a calm and warmth as we sip tea and look out over Ganges Harbour from his parents’ seaside deck. In the midst of what seems like a hurricane of events this past month, Jason is confident and determined to overcome his diagnosis and live a full life. Sarah has been at his side the whole time and was able to travel with him in the helicopter to Vancouver.

He continues with his volunteer work as a Team Leader with our local SARS group, providing medical training when needed. It was through his work with SARS that Jason had his first helicopter experience when the local team was called out to a mutual aid emergency in Strathcona Park. He also participated in a number of local orientation and training flights with Salt Spring helicopter pilot and volunteer, Don Arney.

Now, Jason shares his first-hand experience in the HeliJet Sikorsky S79 to Vancouver, and his subsequent journey through the medical system as a patient.

“It was a home run”. “I was treated like a person, not a statistic or a tumor.”

Bravo, Jason. I want to be on your Team! ■

The old helicopter days...

(from Charles Kahn & Sue Mouat – *Lady Minto Gulf Islands Hospital, A History*)



HELICOPTER PROBLEMS

When helicopters were first used at Lady Minto, they landed in the hospital parking lot. When this happened at night, staff would rush out and place their cars in a circle with their headlights pointing in so that the helicopter pilot could see to land in the centre of the ring of cars. Unfortunately, the helicopter blades generated a lot of wind which often whipped debris at the cars, damaging them. Eventually, it was suggested that an area 20 feet in diameter be mowed as a landing pad for helicopters to avoid damage to the cars.

The first helicopter pad at Lady Minto was financed by the Rotary Club and opened in 1981.

It was later upgraded to become a Heliport and can be used 24/7 for medical evacuations using the twin engine HeliJet aircraft. The renovation included increasing the size the pad, erecting security fencing and installing air traffic lights and wind socks.



AIR AMBULANCE SERVICE

The B.C. Ambulance Service provides public ambulance services under the authority of the B.C. Emergency Health Services.

All transfers (air/land/water) are arranged through the Patient Transfer Network (PTN). B.C. Emergency Health Services launched the PTN project in the fall of 2011. This collaboration with health authorities, B.C. Ambulance Service and other partners improves the process for transferring patients between health services and enhances communication between health professionals. The goal is better coordination of services to ensure patients throughout B.C. receive the appropriate care, at the appropriate facility in a timely and efficient way. Clinical transfer nurses are available 24/7 to coordinate high acuity cases. Emergency transfer physicians provide medical oversight if required.

Air ambulance service is primarily contracted through HeliJet, one of the largest providers of Air Medical Services in Western Canada. Based at the Vancouver International Airport and in Prince Rupert Seal Cove, HeliJet Air

Medical is contracted to provide Air Ambulance Sikorsky S76 helicopters on behalf of B.C. Ambulance Service.

The twin engine helicopter Sikorsky S76 is configured to accommodate up to 2 stretcher patients and 4 medical attendees. The aircraft is primarily used in patient transfers within a 100 mile radius of its Richmond and Prince Rupert base to or from hospitals and airports, with dedicated aircraft for direct scene responses.

At Lady Minto, when a patient requires transfer out, staff call PTN and they find a receiving doctor, a hospital bed, and arrange the transport. In order to maintain Lady Minto's helipad, staff carry out daily inspections of the helipad and every member of the nursing staff is required to take a short online course on helipad safety.

The helipad was upgraded to official Heliport status over a decade ago and is equipped with night landing lights and clearance for the twin-engine helicopters used for medivacs. ■

LICENSED PRACTICE NURSES (LPNs)

“They are the glue that keeps us together.”

by Diana Hayes

LPNs provide a vital role on the nursing team at Lady Minto Hospital. I'm sure many patients and visitors are not aware of their unique role and expertise in health care, and “like gold, they are hard to find”.

The hospital has seven full time positions plus four casual positions for LPNs. “They are hard to find,” Jo states. “There was a time when we had to hire agency LPNs as we didn't have any on the island and we were short-staffed, especially during the summer months.”

LPNs are part of the multidisciplinary team and perform a variety of nursing duties

such as patient assessments, care plans, personal care, administering medications and monitoring I.V.s.

Just over ten years ago, the profession underwent a major change and all LPNs were expected to sit exams to qualify for what is termed “full scope of practice” following the Standards of Practice as outlined in the College of Licensed Practical Nurses of B.C.(CLPNBC). This means that LPNs now have greater responsibilities and performed more nursing duties than before.

To qualify for the “full scope of practice” designation, LPNs who graduated from the earlier diploma program had to complete an extensive refresher course with a focus on assessments and pharmacology. “Head to

Toe” assessments were part of the practice exam.

All LPNs must be a graduate of a recognized practice nursing program or equivalent with current full practice licensure with the CLPNBC. LPNs are also now part of the B.C. Nurses Union (previously, they were members of HEU — Hospital Employees' Union).

“They are the only people that work everywhere,” says Jo. “They are the glue!” They cover 12 hour shifts like the R.N.s and are trained to work in all

clinical areas including Acute Care, Extended Care, Emergency Room, Endoscopy Department's instrument processing room.

Many LPNs are experts at wound care and have taken special courses on wound care management. They are also a big part of the palliative care team and are encouraged to apply through the Foundation's education fund for additional training programs currently sponsored by Hospice Victoria.

Designing and coordinating the nursing schedule can be challenging but now with adequate LPNs on staff, the task is manageable. Because of their training and flexibility LPNs can be called in to cover a shift in any of the clinical areas. ■



Top to bottom: Colette Heneghan; Adrian Selby and Brooke Ripka; Sarah Brown and Colette Heneghan

Thank you to all of our LPNs who make the difference for patient care:

- Sarah Brown
- Mona Douglas
- Janet Hartwig
- Colette Heneghan
- Helen Holland
- Janette Jannink
- Melody Peet
- Brooke Ripka
- Adrian Selby
- Charlene Wenzel
- Virginia Woollcombe

A FEW OF OUR LPNS TELL US ABOUT JOINING THE LADY MINTO TEAM

ADRIAN SELBY

I have been working at Lady Minto Hospital for 15 months, and have never had the intention to work anywhere else. I have lived on Salt Spring Island for the last 10 years, and went to school with the intention to work at Lady Minto. I went to school at Vancouver Island University, and after graduating, applied to have my preceptorship at Lady Minto. I was granted the privilege and found the atmo-

sphere here to be very accepting. As a fresh graduate, I feel very supported as a new nurse. It is a very stressful time, beginning a new nursing career, and I am always able to ask any of my coworkers for help or advice. Living in a small community, I am very grateful to have a stable, challenging and rewarding job.

SARAH BROWN

I graduated from the two year Practical Nursing Program at Vancouver Island University.

In December 2015 I started working casually at Lady Minto Hospital. I am now proud to say I have a full time position! As an Licensed Practical Nurse at LMH, I have rotations in

both Acute Care and Extended Care. I love being able to switch up the pace of work and utilize my skills in different areas of care. Being in such a small hospital you really get to know your patients and their family members well. You really experience a great sense of community working at LMH.

BROOKE RIPKA

I trained in Nanaimo as an LPN but it didn't take long for me to find my passion working in the field of mental health and addictions. After deciding a new career path was in my future, I started working at LMH July 1st this year as a new opportunity to use my existing skills and grow as a nurse.

My goal as a care giver is to give compassionate, top notch care and I felt LMH would be a great place to do so. The staff were welcoming, friendly and quick to invite me in to the "family".

CHARLENE WENZEL

In the LMH Acute Care Unit we are assigned up to 5 patients. We are accountable and responsible for our own decisions and actions when carrying out nursing interventions. We work independently, however we may collaborate with an RN for those more complex, higher acuity patients. Also we may team up with the RN when the workload is particularly heavy, which allows for more safe, effective and compassionate care, particularly with our palliative patients. LPNs are responsible for covering the complete floor if all the RNs are pulled into the emergency room, which happens more than one might think. Alternatively we can be pulled into emergency as well to

document, or assist anywhere we can. Adaptability is a must for any LPN working in rural nursing! We are also responsible for covering the emergency unit clerk's position when they are off the floor. All the rotations include working both ACU and ECU. This can sometimes be a challenge for me, in particular to ensure patient goals are being met as we do not have the same level of continuity as a nurse working one unit. All of this said, I love working at Lady Minto! I remember thinking to myself, coming from Fraser Health 10 years ago, what a great bunch of personable, fun, hardworking people to work with, how lucky am I!

JANET HARTWIG, LPN, retiring after 42 years at Lady Minto



Jan Harwig worked her last full time shift in June of this year after serving on the health care team for 42 years. She has learned quickly that, like many of us, it is hard to retire, especially when as an LPN, she can wear so many hats for nursing duty. She fills in now on the casual roster and sometimes works a shift in the Endoscopy Department in her MDRD (Medical Device

Reprocessing Technician) role. You may also see her working the Unit Clerk shift, or doing medications on afternoon shifts on Extended Care Unit.

I asked Jan how she likes working at Lady Minto and in a rural nursing setting.

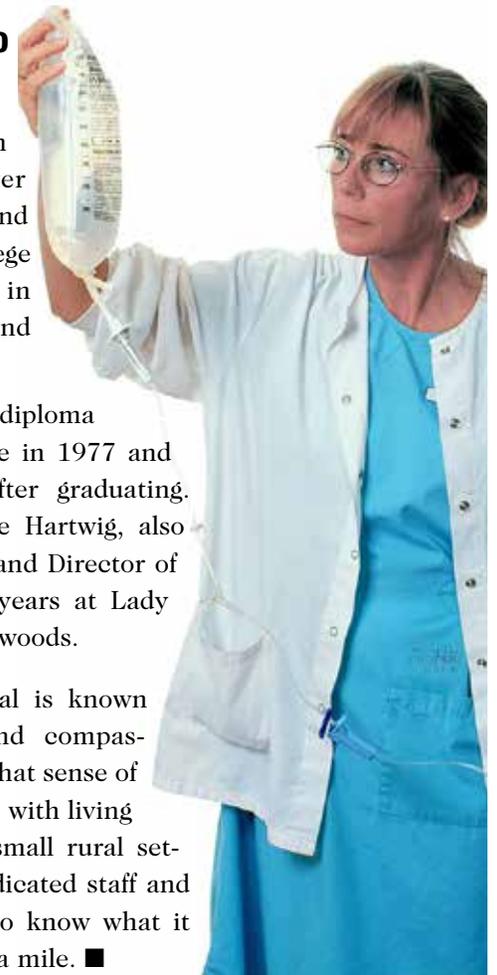
“What I love about Lady Minto is the brilliance of the staff. This is what makes it so special to work here.”

With the new scope of practice, the LPN graduate program is now equivalent to the old 3 year diploma R.N. course. There are a number of colleges offering the program on

Vancouver Island, including Camosun College, Vancouver Island University and North Island College with campuses in Campbell River and Port Alberni.

Jan completed her diploma at Camosun College in 1977 and was hired right after graduating. Jan’s mother, Joyce Hartwig, also worked as an R.N. and Director of Nursing for many years at Lady Minto and at Greenwoods.

Lady Minto Hospital is known for its warmth and compassion, for providing that sense of “family” that comes with living and working in a small rural setting, and for its dedicated staff and nurses like Jan who know what it takes to go the extra mile. ■



WAYS TO GIVE

CHRISTMAS TIME A GIFT FROM BIGFOOT HERB FARM

Ken and Pat Barnes of Bigfoot Herb Farm have been supporters of the Lady Minto Hospital Foundation for years. Each year at Christmas time, Ken drops around to the Foundation office and in lieu of buying Christmas gifts for friends and family, he makes a generous donation. We provide him with letters that he can distribute to his Christmas mailing list so that his friends and family know a gift has been made in celebration of the season.

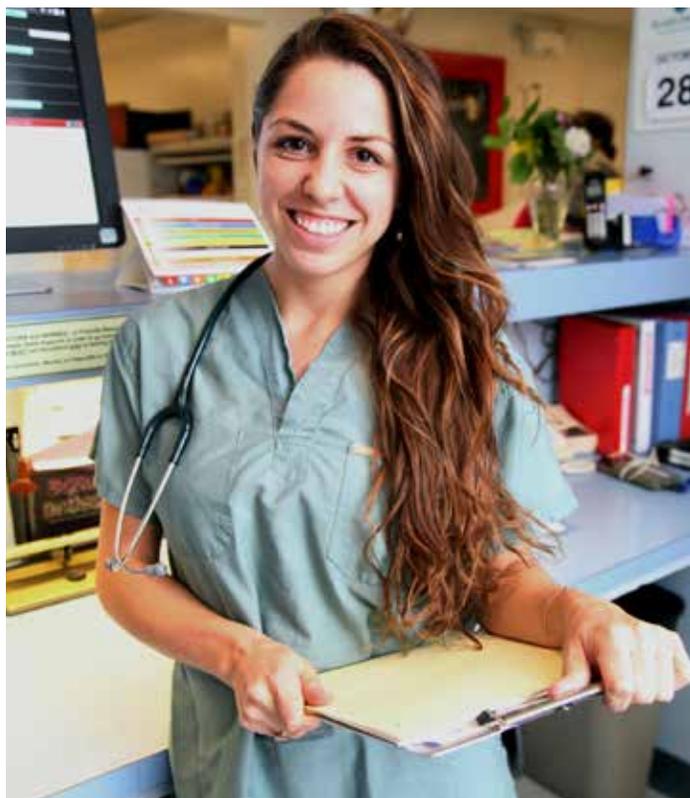
THRIFTY FOODS PUMPKINS FOR PATIENTS 2016

Thrifty Foods celebrated Halloween again this year with their 19th annual campaign supporting local hospital foundations. This chain wide fundraising initiative features fresh Pumpkins in support of hospitals. For every purchase of a fresh pumpkin between Oct.19th and 31st, Thrifty Foods donates \$1. Lady Minto Hospital Foundation has received \$4,418 (not including the 2016 donation) since 2008 from this initiative. Thank you Vivian Chenard, Manager, Community Relations for Thrifty Foods, for including us in this spooktacular fundraiser!





Dr. Barclay with Dr. Catherine Prendiville on Halloween at Kings Lane Clinic



Dr. Anik Mommsen-Smith

WELCOME TO OUR NEW FAMILY DOCTORS

Dr. Catherine Prendiville finished the GP Residency in Victoria and spent 2 months on Salt Spring Island last year as part of her rural elective. She loves the Kings Lane practice, the local medical community and the island. “It is a very beautiful island with a unique population. I am delighted to return. Family practice offers a huge variety of health issues and patients.”

Dr. Prendiville will be replacing Dr. Shane Barclay at Kings Lane Medical Clinic. Dr. Barclay began practice on Salt Spring in 2002 and will be moving with his family in the New Year to the Okanagan.



Dr. Prendiville in the Sim Lab

Dr. Anik Mommsen-Smith recently finished her medical residency in Family Medicine through UBC Faculty of Medicine at the Victoria training site. She moved to Salt Spring in July to fulfill her dream of practicing family medicine in rural British Columbia.

After living on Galiano Island from a young age, her family relocated to Victoria. Dr. Mommsen-Smith completed her undergraduate degree in Psychology with minors in Social Studies of Medicine and Behavioural Medicine at McGill University. After a year of travelling she attended medical school in Ireland at the University of Limerick. After spending time in Ireland she was keen to come back to the west coast. She has a special interest in women’s health and emergency medicine.

SEXUAL ASSAULT TEAM

by Karen Mouat



Back row l-r: Katie Watters, Angela Huser, Stephanie Powers, Sandy Kyle; front row l-r: Chelsea Debruijn, Teresa Forbes, Jenny Redpath

VAWIR – VIOLENCE AGAINST WOMEN IN RELATIONSHIPS

In 2012 Katie Watters, Program Coordinator and Family Violence Coordinator, Salt Spring Police-Based Victim Services, and other community members perceived gaps in the delivery of wholistic care to victims of sexual assault and collaborated to form Violence Against Women in Relationships (VAWIR) Committee for SSI and the Southern Gulf Islands. Individuals from Adult Mental Health, RCMP, Victim Services, Ministry of Children and Family Development, Community Corrections, Outreach Worker and Transition House Manager make this committee a comprehensive, action orientated focus group. Their aim has been to address community needs stemming from the impact of violent events. They successfully applied for and were granted \$40,000 from the BC government through

the Civil Forfeiture Office. Approximately \$12,000 has been applied to educational workshops on sexual assault and consent as well as further FNE education for two RNs. In conjunction with Island Health for a sexual assault team at Lady Minto Hospital, the grant is partially funding this pilot project.

FNE – FORENSIC NURSE EXAMINERS

Forensic Nurse Examiners (FNE) are specially trained nurses who give expert care for people who have experienced sexual assault. They are the initial contact person when a victim reports a sexual assault. Through VAWIR and Lady Minto Hospital Foundation Education Funding six nurses have received FNE program training. FNE Lead Jenny Redpath reflected that “while the FNE role is a small part of the healing for someone experienc-

It’s about empowerment of the individual to make choices after the assault and as the healing unfolds

ing sexual assault, they know from research that the initial contact after an assault can be extremely impactful on the healing process. The training reflects this importance and significance — it’s about empowerment of the individual to make choices after

the assault” and as the healing unfolds. Providing the full array of wholistic services on Salt Spring helps mitigate the potential risk of re-traumatizing the victim.

ISLAND HEALTH

While VAWIR was instrumental in getting Island Health to sign on to the pilot project, Island Health eagerly helped with the final budget stages of the grant application and is also funding a portion of the pilot project. This means that “victims can now avoid the financial and emotional burden of having to travel to Vancouver Island for additional

This is a wonderful example of a service enhancement brought about by a community committed to removing barriers

care related to their sexual assault.” Island Health also quoted Health Minister Terry Lake in their press release stating that “this is a wonderful example of a service enhancement brought about by a community committed to removing barriers through collaboration and open discussion.” ■

LADY MINTO HOSPITAL

I sat down with Jo Twaites, LMH Nurse Manager and asked her three questions:

What is the biggest benefit to the community?

The biggest benefit to the community is that we are going to have a response that's consistent and predictable and reliable for dealing with people who present to the hospital with reports of sexual assault. We've had a process that was quite piece meal up until now and it depended on who was on duty. Now we are going to have a commitment to have someone available for a period of time each day as well as the resources of the Nanaimo Sexual Assault Team. Not only are we giving best care to the patient, it's consistent with what they would get in a somewhat larger centre. People who have reported a sexual assault may want one of several things. They may want just a medical examination. They may not be interested in reporting it in a legal way. Another group definitely knows they want to report to the police and we can collect forensic evidence and under the patients' direction, give it to the police, with all the appropriate steps being taken.

The third group, that we haven't been able to help locally up until now, are those who want a forensic examination but aren't certain yet if they want to pursue it from a legal point of view. They haven't decided, at that moment, whether they want to report to the police. We can collect evidence, place it in a locked freezer and provide them with time to decide. For a lot of people the pressure in a stressful situation to have to make a decision one way or another is really challenging and this gives them assurance they haven't lost any of their options.

What are the biggest benefits to the hospital and staff?

The biggest benefit to the hospital staff is that we are able to give best possible care for every kind of patient and this allows us to have a group of hospital staff that are being supported in continuing education so that they can develop and maintain skills to be forensic evidence nurses. The trickle down effect is that we are also community members as well and we know that we are doing the best for the community that we can.

What would you want people to know about this program?

I want the community to know that there is a program in place, that they will receive support and that as small as the hospital is it's entirely confidential. I think sometimes in a small town people can worry that their privacy won't be respected but I can guarantee that it is. It's a safe place to come. ■

**#SalishSea
CONSENT Culture**

SEXUAL ASSAULT = Abuse of Power

THIS PERSON MIGHT BE:

- male, female, or non-binary
- straight or LGBTQ+
- young or old
- stranger or friend, romantic partner, acquaintance, family

THIS PERSON MIGHT BE:

- male, female, or non-binary
- straight or LGBTQ+
- young or old
- stranger or friend, romantic partner, acquaintance, family

Contact salishseaconsentculture@gmail.com
[#salishseaconsentculture](https://twitter.com/salishseaconsentculture)

LadyMintoHospitalFoundation

The Lady Minto Hospital Foundation supports this new program and provides educational funding for nurses to take the Forensic Nurse Examiner (FNE) course.

JOINING THE TEAM FOR SENIORS' CARE ON SALT SPRING ISLAND

Marilyn Bater, MD, FRCP(C), Geriatric Medicine, Island Health



Dr. Karanvir Sall, a fourth year internal medicine resident from UBC joins Dr. Marilyn Bater for a clinic at Lady Minto (Dr. Sall is in his first of two years of a sub-specialization in geriatric medicine)

I had the advantage of knowing all my grandparents, three of whom lived to 85 years or more and who enjoyed really good health. I did not then grow up with the belief that older people would inevitably become frail and forgetful and require care. When in my undergraduate years, I worked in the summers as a care aide in local nursing homes...and quite frankly was appalled by the lack of care and attention provided to people and decided then that if I became a doctor I would look after old people and do what I could to improve their final years.

I did my specialization in internal medicine and sub-specialization in geriatric medicine at the University of Alberta in Edmonton and moved to Victoria after my training in 1992 and have been here ever since.

On the Saanich Peninsula, we have had a demonstration project funded by the Ministry of Health for a few years called SARIN—Seniors At Risk Integrated Network. Essentially this was a dedicated case manager from Home and Community Care who attended family physicians' offices regularly to update them on their patients on the

service, with a highly specialized team from geriatrics available to assist those individuals. Those team members included a physiotherapist, occupational therapist, rehab assistant, nurse and nurse practitioner as well as rapid access to geriatric medicine or geriatric psychiatry specialists. The focus was to identify older people at risk for a decline in function and intervene quickly, hopefully to prevent it, and avoid hospitalization and premature entry into residential care. Funding for that program stopped March 31, 2016.

Stand for people. Not a product or service
or metric or number.
Stand for real, living, breathing people and
we will change the world.

Knowing that funding was being lost, we needed to find a way to keep what was useful and integrate it into our usual practice. Since we needed to redesign what we were doing, I thought it was ideal to seek out the opinion of our patients, their families, other seniors, staff and primary care providers and ask what they wanted from our service. That information would be used to guide the reconfiguration of how specialty geriatric services would be provided.

In the summer of 2015, I interviewed patients and had three separate focus groups of family caregivers, older adults who had not had any contact with specialty geriatrics, and staff and physicians on both Salt Spring Island and the Saanich Peninsula. Telephone interviews of individuals on the other Southern Gulf Islands were done.

In the spring of 2016, a Working Group to provide oversight of the project and three separate subcommittees were formed to direct and evaluate the changes. Each committee has patient and family representation.

One of the subcommittees is especially for Salt Spring Island. Local patient, family and senior representatives along with health care staff and physicians are prioritizing the work being done in specialized geriatrics on SSI.

The first major initiative has been to commence an on-site geriatric medicine clinic at Lady Minto Hospital so patients do not have to travel off the island. Two clinics have been held so far. Initially these will occur on an almost-monthly basis but the intent is to supplement it with Telehealth consultations as the technology and the need allows.

Patients typically seen by a geriatrician have complex and multiple health problems, are on many medications, have pain or mobility problems or falls, and/or have some memory difficulties. The geriatric psychiatrist who comes alternate weeks also sees people who have memory problems often with behavioural changes (wandering, agitation, aggression) or mood problems. On SSI, the specialists will

be advising the family physician on how best to support the patients to achieve maximal independence.

Ordinarily both geriatricians and geriatric psychiatrists work with highly specialized teams of people well-educated in the specific challenges of aging with disease to help assess and manage these very complicated patients in conjunction with the specialist and the family doctor. Team members include nurses, physiotherapists, occupational therapists as well as rehabilitation assistants, pharmacists, social workers. These teams for therapeutic intervention are not available on SSI. Part of the role of the subcommittee will be to determine what can be provided locally from reconfiguring Island Health resources and what partnerships can occur within the community to develop the necessary supports. Additional resources thought necessary will be identified and together we can forward the argument for increased support for SSI to Island Health. For example, we can try to duplicate our Falls Prevention Program which was developed with Seniors Health but now is operated and managed by a local recreation center on the Peninsula. ■





LADY MINTO FOUNDATION'S ANNUAL GOLF TOURNAMENT

by Karen Mouat

2016 LMHF GOLF TOURNAMENT WAS OVER THE TOP

- Over 120 golfers played in the sun.
- Over 12 Company Sandbagger Challenge Cup Teams.
- Over 120 dinners were enjoyed.
- Over \$28,000 raised for equipment purchases for the hospital.
- Over 100 businesses and individuals donated/sponsored this event!!



Clockwise from above:

Company Sandbagger Challenge Cup Teams:

- *Lions Club entered two teams and plans to return.*
- *Country Grocer won for best dressed team!*
- *White Medical Team — they had high hopes!*
- *Salt Spring Interiors — they came for the fun!*

A HUGE UNDERTAKING

Cathy Marcano, Support Services Supervisor



The Housekeeping Department organizes a power-wash program for all hospital equipment once a year. We have to choose a clear day so the equipment can dry in the sun. We call in a staff member to do all the power washing and she was helped by regular housekeepers and maintenance staff. When the wheelchairs are washed, physiotherapy staff help with wheeling the equipment down, placing them for drying and taking them back to the various departments. We also power-wash as much of the dietary equipment as possible with the help of our dietary aides. It is a big undertaking but it sure feels good to have everything sparkling clean again!



Seen in photographs: Alisha Claireins, Housekeeping Staff; Maggie O'Scalleigh, Physiotherapy Staff



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

