

Lady Minto Hospital's Laboratory Services

The Hub for Medical Diagnosis

by Diana Hayes



Dani and Vince, Medical Laboratory Technologists

Laboratory tests, more often than not, are the starting point in diagnosis for medical illnesses and are vital to health care decisions. Having lab services close at hand is essential for Lady Minto's 24/7 emergency department.

The laboratory team at LMH is made up of Medical Laboratory Technologists (M.L.T.), who work in the Core Laboratory, and Medical Laboratory Assistants (M.L.A.) who work in the Outpatient Laboratory. Three of the MLT's have worked at Lady Minto Hospital for the majority of their career. Elaine, the Site Coordinator, has worked at the hospital for over three decades, Vince for over twenty years and Bruce for thirteen years. The Laboratory Assistants are familiar faces to the community as they work on the front lines in

the outpatient laboratory where the majority of blood tests are taken. Jill has been with us for several years now and previously worked at St. Joseph's in Comox. Sylvia has worked in the lab and in several other departments for over 19 years and is part of the extended Lady Minto family.

Admitting Clerks check all patients in first through the computer system as they report for blood tests at the front desk. When the Laboratory is closed the M.L.T.s provide an on-call service in order to provide laboratory results for emergency situations.

The kinds of laboratory tests done on-site at Lady Minto Hospital fall into three major categories: chemistry, hematology and coagulation. Four specialized instruments are the



Lab staff trio demonstrates the new patient recliner chair in the phlebotomy room

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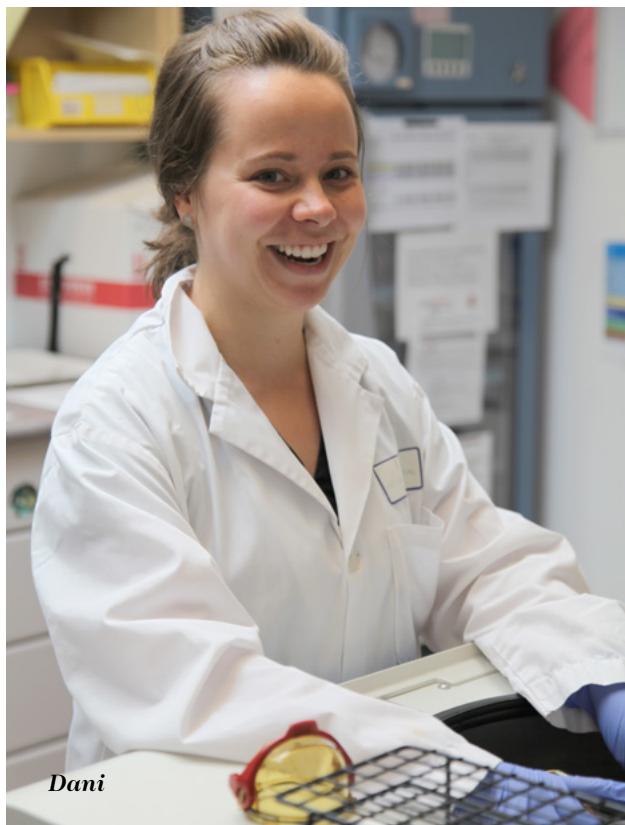
state-of-the-art workhorses in the lab: The Beckman Coulter chemistry analyzer, the Abbott iSTAT analyzer, the Beckman Coulter hematology analyzer and the Sysmex Coagulation analyzer. Prior to analysis, the majority of the blood samples are prepared by spinning them in the centrifuge which results in the blood cells being separated from the serum or plasma. The chemistry analyzer performs over 20 different tests and provides information on liver and kidney function as well as other analytes essential for sustaining life. A specific cardiac enzyme test, called a “troponin”, is measured on the iSTAT which helps the doctor determine if a cardiac event occurred. This piece of equipment also tests blood gases and lactate levels. The hematology analyzer provides a break down of cell type and volume; it also identifies infections, anemia, bleeds and leukemias along with many other conditions. A test many patients will be familiar with is the I.N.R. test which measures the rate of blood coagulation and helps the doctor make medication adjustments when blood thinners are prescribed. When tests show abnormal results it can lead to further testing, a diagnosis and treatment options. Another key piece of the laboratory is the Transfusion Medicine department, which stores a supply of packed red blood cells and plasma used for emergencies and planned transfusions. All testing and crossmatching of blood product takes place at the Royal Jubilee Hospital in Victoria. Less urgent tests are sent to Victoria via a daily courier service.

Most of the lab instrumentation is directly interfaced with a sophisticated computer system called Cerner. Many of the results are autoverified and any abnormal results are carefully reviewed by the Laboratory Technologist before the results are released. A security system is a major feature of the Cerner program which is designed to protect patient information. ■



Bruce

WELCOME TO DANIELLE AND LISA, MEDICAL LABORATORY TECHNOLOGISTS



Dani

The Lab's newest M.L.T., Dani, is a multi-site Lab Technologist who started working at Lady Minto Hospital in November 2018. She completed her training in Prince George and Fort St. John at the College of New Caledonia. She was always interested in pursuing a career in health care and initially considered nursing but her aunt is a lab tech and inspired Dani to pursue Laboratory Science.

“One thing that makes my career the best is making connections with patients when collecting their blood and then knowing the testing I do back in the lab is making a difference in their health and quality of life.”

Dani, M.L.T.

Lisa, also an M.L.T., worked in Canmore before joining the team four years ago and was drawn to our smaller coastal community hospital. Previously she had also worked in Wetaskiwin and Banff.



Lisa

“I have more than twenty years' experience in small hospital labs. I enjoy the small hospital atmosphere amongst all the staff as we work together as a team and I always wanted to move out to the coast.”

Lisa, M.L.T.



MEDICAL LABORATORY TECHNOLOGISTS

Bruce, Dani, Elaine, Lisa and Vince

LABORATORY ASSISTANTS

REGULAR STAFF

Jill and Sylvia

CASUAL STAFF

Salome and Trene



Elaine



Jill

FOUNDATION CONTRIBUTIONS TO THE LABORATORY

The Foundation has supported the laboratory services at Lady Minto Hospital over the years with grants for purchase of updated equipment, including the Hematology Analyzer (Beckman Coulter Unicell DxH 800) at a cost of \$83,000. Other important upgrades include the Phase Microscope, Urine Centrifuge, height adjustable phlebotomy chairs for the outpatient laboratory, coagulation analyzer, plasma thawing bath and blood bank fridge. A major upgrade to the outpatient laboratory took place several years ago and this capital project, totalling \$83,400, was fully funded by the Foundation. ■

OUTPATIENT LABORATORY HOURS

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Jill and Sylvia

2019

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The Foundation has supported Lady Minto Hospital since 1992.

CONDITION IMPROVING

INITIAL FUNDING APPROVED FOR PROPOSED EMERGENCY DEPARTMENT REDEVELOPMENT

by Dave Taylor



RNs in current emergency room

May 16 was an extraordinary day in the life of the Lady Minto Hospital Foundation. At an extraordinary general meeting that Thursday afternoon, the members approved \$1.5 million in initial funding for the proposed Lady Minto Hospital Emergency Department expansion and redevelopment project.

“This is an important step forward for a project that Salt Spring Islanders need and want,” said Foundation Board Chair, Derek Fry. “The existing emergency department is too cramped to meet the emergency and urgent care needs of a community of 10,000 permanent residents plus our summer visitors.”

The emergency department is the heart of any acute care hospital, large or small. Our little hospital’s 60 year old heart has been under a lot of strain for years. It’s not that it lacks equipment or a team of superbly trained and dedicated doctors and nurses. What Lady Minto Hospital’s emergency room lacks is space.

As a relative newcomer to Salt Spring—we moved here a little more than two years ago—and as one of the newest members of the Hospital Foundation Board, I’m still learning about the history of the island and its hospital.

Going through a back issue of *The Minto Messenger* the other day, I came across an article on the ER (“The Jewel in the Crown”—Spring/Summer 2013) in which two of the then-emergency room doctors noted the need for a bigger emergency department.

Dr. Shane Barclay put it this way: “Space is the biggest issue working in our ER from a patient safety/infection control perspective, as well as privacy. It is taxing enough just having space to do suturing or cast application, but for cardiac arrests and trauma it becomes almost overwhelming trying to work in the restricted space.” And Dr. Ron Reznick said, “I’ll never forget a family of five from granny to a child all with mushroom poisoning. It was a zoo. Five IVs to be set up, vital signs to be measured, gastro-intestinal effects to be managed, medivac arranged for the child... there wasn’t room to swing a cat.”

The need for an expanded and updated emergency department has been recognized for a number of years. However, while an expanded Lady Minto ER had been on Island Health’s major capital project list, it was never quite big enough or urgent enough to get to the top of the list.

With only so many capital dollars to go around in any given year, it meant that expanding our hospital's ER wasn't getting past the "good idea" stage. So the Lady Minto Hospital Foundation began exploring the possibility of funding the redevelopment.

Discussions with Island Health led to a feasibility study which was completed last year. The proposed addition will be approximately 5,400 square feet and will take about three years to design and build. Preliminary high level estimates suggest the total cost will be in the range of \$8 to \$10 million. The Foundation Board and Island Health have now signed a Memorandum of Understanding clearly setting out the responsibilities of both parties through the project's stages—schematic design, design development, tender, and construction. The \$1.5 million in initial funding from the Foundation will fund the schematic design and design development stages.

The Foundation and Island Health have formed a Joint Working Group to manage all aspects of the project. The Foundation will be responsible for funding all project costs and the Capital Regional District has included the project in its infrastructure plan, which may result in possible cost-sharing of the project. Island Health will be responsible for design and construction and, upon completion, all operating costs of the new Emergency Department. Island Health has committed to providing emergency department services at Lady Minto and to ensuring that the Foundation's investment will be worthwhile for many years to come.

Work is already underway. The first Joint Working Group meeting was held just six days after the extraordinary general meeting approved funding. Hospital Chief of Staff Dr. Holly Slakov attended the meeting and has proposed that the Joint Working Group meet with the Medical Staff on June 25.

The schematic design and design development stages will take about a year to complete and will produce the construction documents that will be the basis for going out to tender for construction. At the end of the design stages, the Foundation Board will provide the members of the Hospital Foundation with updated construction costs and request approval to fund the project's construction. Once the required capital funding is secured, Island Health will submit a business plan in support of the project to the government for approval.

So as you can see, there is still much to do, but approval of \$1.5 million in initial funding is an extraordinary step forward towards an extraordinary new emergency department—the heart of Salt Spring's Lady Minto Hospital. ■



MY FIRST ENCOUNTER WITH ER

My first encounter with the ER at Lady Minto Hospital came before we'd even moved here, although it did happen on the visit during which we purchased our Salt Spring home. We were staying in a vacation rental, a split level with a terrific view off the main level across Booth Bay to Sansum Narrows. Gawking at the view as I walked down the few steps from the upper level, I stepped off the side, missing the bottom step, and broke my foot.

Over the years, I saw my share of big city hospital ERs (as both a patient and a parent). So when they wheeled me into the emergency room here at Lady Minto, I have to confess that it really didn't make any difference to me that there was only a curtain separating me from the bed next to mine. After all, that's the way it often is in big city ERs, and whoever was on the other side of that curtain was bound to be a stranger to me. I could tell the nurse and the doctor that the reason they were seeing me was that I hadn't been watching where I was going, safe in the knowledge that if I walked into Moby's sometime later, nobody would cry out, "Hey Dave, I hear you missed the bottom step!"

Now that I live here, I'm not sure I'd be quite so cavalier.

When you're a patient in the ER, whether or not your medical condition is life-threatening, you are likely to be in some degree of pain or distress. So you may not notice the cramped conditions in Lady Minto Hospital's emergency room from the perspective of the doctor or nurse working to make you better. However, you might notice that you don't really have any privacy. They can pull the curtain around your bed, but curtains don't block out sounds. And if you can hear the patient in the next bed, they can hear you.

Dave Taylor

STAFF EXCITED ABOUT PROPOSED NEW EMERGENCY DEPARTMENT

The improved emergency department will provide the structure for significant improvements in standards of care, infection control, and privacy of the community members seeking care at Lady Minto Hospital. Our staff currently strive to provide the highest standards of care, and a larger, thoughtfully designed space will open many opportunities for building on this.

Monika H., Nurse Educator, LMH

We are excited to have a more efficient workspace and to provide patients with more privacy and improved quality of care.

Erica W., Emergency Dept. RN

I look forward to working in a facility with great equipment that translates to better care for our community. It's encouraging to know that we will be able to provide care in a much more private and confidential environment.

Ian W., Emergency Dept. RN

We are looking forward to working with the Foundation and Island Health to create a space that encourages and promotes collaboration amongst nurses, physicians and all staff to ultimately provide the best possible care for our community.

Dr Holly Slakov, Chief of Staff, LMH



RNs Erica and Kaethe prep the ER for night shift



EMERGENCY SERVICES ESSENTIAL FOR THE WHOLE FAMILY

Diana Hayes

Hannah Dayneswood is very familiar with the Emergency Department at Lady Minto Hospital. Having two active boys, Nico who is 9 and Aidan who is 7, makes the service essential. The emergency room is definitely familiar territory and a godsend when it comes to the family's health.

"With boys, especially when they are adventurous like Aidan, there will always be sports injuries that require stitches or casts. Thank goodness I am not the worrying type!"



Hannah grew up in England and moved to Salt Spring Island from Kelowna and the Fraser Valley just over ten years ago and says living by the sea in a coastal community feels like home. She works part-time at the Public Health Unit and for Haywards Funeral Services.

"To know that there is good care also for my children when needed is so important. It keeps the whole family safe."

Lady Minto's Emergency Department serves the entire demographic on the island, including summer visitors who may encounter injuries or medical emergencies.



Hannah had her first ride in a helicopter when transferred out when she was pregnant with her older son, Nico, and her labour had stopped. She was air-lifted to Victoria via the heliport which is a critical part of the services provided through Lady Minto's ER.

Her son Aidan was also transferred by ambulance to Victoria with a suspected appendicitis. Lucky for Aidan and his mom, he was OK and back home the next day. "The whole family has received great care in ER."

"Having a larger Emergency Department will be wonderful. As a patient, it is often crowded and there is no privacy other than a curtain. We hear everything....Once when Aidan was in Emergency overnight for observation, the nurses set up an extra stretcher so that I could stay with him. Luckily the department was not full that night and they were able to accommodate me."

The plans to develop a new emergency wing is exciting news for everyone—patients and staff. The Foundation's board and society members recently approved funding for the first step in making this project a reality. ■



*Aidan and Nico seen here with their mom, Hannah Dayneswood.
"Boys will be boys", having fun in the park and in the trees!*

TRIBUTE TO MARGARET MACKENZIE

Ann Muller, President LMHAS

Margaret Mackenzie, for over 20 years has been the Lady Minto Hospital Auxiliary's Volunteer Co-ordinator for the Lady Minto Hospital Complex Care Unit (previously Extended Care Unit) and retired from this position this spring.

The duties of this position are far reaching and varied from making sure there are cookies in the cupboard for the twice daily tea and coffee service to collecting items that the Thrift Shop volunteers select for the residents, for instance clothing or cups/saucers, tea pots for the tea preparation; gifts for the residents' birthdays or special events; and the Island musicians that Margaret has over the years arranged to entertain the residents has proven to be very much enjoyed by all.

Assisting Margaret is her husband Ken who called the bingo games and assisted at the Residents' Christmas Luncheon.

Margaret also recruited and managed the introduction of all new volunteers in the CCU. Below is a quotation of one of the many messages Margaret is so adept at conveying:

"Friendship and support make all the difference to life in ECU, where compassion finds its way to another person's pain. Our volunteers, the entire team, have the ability to care. This is the hallmark of being human. Whether serving refreshments, holding a hand, or quietly listening, the warmth of care is a blessing. Our work is made easier by what the entire Auxiliary does for us." Margaret Mackenzie

QUOTED FROM LMHAS NEWSLETTER JUNE 2016

To sum up, Margaret filled this position with most of all so much care and love for every resident throughout these many years and is an inspiration to us all.■



Margaret Mackenzie enjoying quality time with ECU residents, Helga and Margaret.



MUSIC PROGRAMS

EXTENDED CARE UNIT TEA CONCERTS

JANUARY

RAGING GRANNIES who were joined in song by one of our ECU residents who had been a member

MARCH

Reeds & Wires

APRIL

Backyard Band

MAY

Honey

JUNE

Alan Moberg

Viva Chorale



Margaret Mackenzie and Valdy

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

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

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

From Margaret’s article “Paradox and Healing”, Minto Messenger Spring 2015



Sara Gogo with musician husband John and daughters Jena and Jeri. The family provided a musical concert for ECU in July 2018

FOUNDATION SUPPORTS GARDEN PROJECT FOR SUMMER 2019

The Foundation approved a grant for \$5000 from the Extended Care Fund for the garden project which takes place again this summer.

Dorothy Copeland and Rodney Flowers will provide the green thumbs and will provide our extended care residents with a veggie garden which includes lots of edibles this year.

Included in the program will be flower bed maintenance and additional flower boxes to dress up the ECU patio garden. ■



We are reaping what we have sown and wish to thank the Foundation for their continued support for the Gardens Project. Three years ago, we were funded to beautify the gardens for our residents, families, visitors and staff.

Eleven roses were planted. They have slept, crept and now are leaping into spring

and summer, delighting everyone with their colourful blooms and lovely perfumes.

We wish our past resident, Marilyn Miller, could see them now. She got up most days into her wheelchair and went outside to inspect the newly planted garden. Marilyn would report back to Rodney and myself how the roses were doing. Did they need water, had the rabbits or deer visited, and did they have new blooms?

Interestingly enough, without us asking, George gets out every day in his wheelchair now to report back to us on how the roses are doing. In the afternoon, he has been known to catch a few winks beside his beloved red rose. Thea also likes to keep us informed as she inspects the garden in her wheelchair daily.

We have since added succulents, grasses, spring bulbs, irises, drought-tolerant flowers and herbs.

New for us this year is a veggie garden which we have started in large planters. Residents Marg, Art, Robin, Olga, Helga and Lou have all helped. We have had some good laughs. Olga told us she was known for her large, delicious cucumbers. We planted three different kinds of cucumber, three varieties of tomatoes, four different kinds of lettuce, peas, beans, borage and marigolds. We look forward to our tasty home-grown salads!

Young or old, gardens are the great equalizer.

Dorothy Copeland and Rodney Flowers





RITA ROBERTSON RETIRES AS VOLUNTEER ON EXTENDED CARE

Rita Roberson came to volunteer as an Auxiliary “Tea Lady” over thirty ago after her husband had been a patient in hospital. She was so impressed with our little hospital and wanted to give back to the community as a volunteer at Lady Minto. Rita and her husband Alan also volunteered as drivers for many years for the Meals on Wheels program. ■

“Rita was very caring of our residents. She always had time to sit and chat with them.”

Dorothy Copeland, ECU Activities

“Extended Care is a very special place to work and to volunteer. We develop close relationships with residents and I will miss them very much.”

Rita Robertson

NEW GAZEBO FOR EXTENDED CARE PATIO

A generous grant was received from our local Legion Branch 92 and along with the generosity of Windsor Plywood, the new structure will be built soon, providing shade on the patio for residents over the hot summer months.



Dorothy Copeland, ECU Activities with resident Olga Mason in the patio garden

DEAN STEWART: NEW CLINICAL COORDINATOR



Dean Stewart took the reins in April from Jo Twaites as the Clinical Coordinator for Lady Minto's acute care and emergency departments. Dean is an experienced nurse, having worked in a variety of settings that include medical/surgical in a high acuity unit at Eagle Ridge Hospital (Coquitlam) and intensive care at Ridge Meadows (Maple Ridge), Abbotsford Regional and St Paul's Hospitals. Additionally, he was the Clinical Coordinator for Port Hardy Hospital and the Port Hardy Health Care Centre and Patient Care Supervisor at Lion's Gate. Dean enjoys baking and has generously shared this talent with the staff. He is enthusiastic and energetic and is really looking forward to being part of the Salt Spring community.

"I came to Salt Spring to get back to island life as it's a lifestyle I fell in love with while attending Nursing School at VIU in Nanaimo. Island life brings me balance. I love being by the water, and I don't actually mind taking the ferries around one of the most beautiful places on earth.

"Over the past few years I have really gotten into running, so during the week I can be seen running the track at Portlock Park or running along Walker's Hook Road."



“

I am heading into retirement this Spring, after 33 wonderful years at Lady Minto. I am thrilled to introduce you to Dean Stewart, our new Clinical Coordinator. He comes to us with a strong background in Critical Care, Rural Nursing, and Leadership and I have no doubt the hospital will continue to thrive with the strong leadership team that is in place.”

Jo Twaites

STAFF EDUCATION SUPPORTED BY THE FOUNDATION

Jo Twaites, Clinical Coordinator, Lady Minto Hospital

I take great pleasure in writing to you to thank you for the Foundation's support of staff education over the past year. It is hard to over-state what a difference it is to our staff to know that they are valued for being lifelong learners.

Health Care is a constantly changing field and every year there are new "best practices" that determine how we deliver our care. We serve a diverse population and so our nurses become Generalist Specialists. Here is a list of many of the educational opportunities that our nurses took last year or are planning to attend in the near future.

In order to stay current with these guidelines, it is important that each nurse spends a significant amount of time upgrading and re-certifying himself or herself in many areas of nursing.

Monika Hargrove, RN, has been working together with a nurse from Tofino on a year-long project to research and articulate the educational needs for rural nurses in the Island Health Authority. Monika and Andrea have done an amazing job at creating orientation tools and developing pathways for nurses to obtain and maintain the competencies necessary to rural nursing. We are hopeful that we will be able to add a permanent in-house educator to Lady Minto's staff in the future. The Foundation's Education Fund enables us to support our staff in providing the excellent care that Salt Spring Islanders enjoy at our Hospital and in our community. ■

OBSTETRIC SERVICES:

- Neonatal Resuscitation (NRP)
- Assessment and Admission of a Labouring Mother
- Normal Labour and Delivery
- Common Obstetric emergencies, such as Ante-partum Bleeding, Pre-eclampsia, Shoulder Dystocia, and Postpartum Hemorrhage
- Acute Care of At-Risk Newborns (ACORN)
- Perinatal Nursing through either the British Columbia Institute of Technology (BCIT), or the University of Northern BC (UNBC)

EMERGENCY:

- The Canadian Triage Assessment Scale (CTAS)
- Trauma Nursing, either the Trauma Nursing Core Course (TNCC), EPICC Trauma, or Advance Trauma Life Support (ATLS)
- Advance Cardiac Life Support (ACLS), including CPR
- Heart Rhythms and Dysrhythmias
- Strangers in Crisis
- Emergency Nursing through BCIT
- Emergency Practice, Interventions and Care – Canada (EPICC) 2-day Foundation course
- Simulation training in all areas of Emergency including Airway, Hypertension, Drowning, Sepsis, and Pediatrics

MENTAL HEALTH AND SUBSTANCE USE:

- Violence Prevention
- Code White Training (response to a violent or potential violent situation)
- Suicide Assessment
- Substance Use Management, including withdrawal from alcohol and other substances

PALLIATIVE CARE EDUCATION INCLUDES:

- Learning Essential Approach to Palliative Care (LEAP) – 2-days
- Victoria Hospice Palliative Medical Intensive Course – 5 days
- Victoria Hospice Palliative Psychosocial Care of the Dying and Bereaved – 5 days

EXTENDED CARE NURSING STAFF – COURSES ADDED:

- P.I.E.C.E.S, which enhances capacity to support the care of the older individual living with complex chronic disease, including neurocognitive disorders and/or other mental health needs, and associated behavioural changes.
- Hearts and Hands – a day-long course for Health Care Assistants

MISCELLANEOUS COURSES INCLUDE:

- Wound Care Basics and Advanced Wound Care
- Disaster Planning and Simulations
- Huntington Disease education
- Indigenous Cultural Sensitivity
- Endoscopy continuing education

Team Lady Minto Completes Neonatal Training

Kellyann Haslauer, RN

Tuesday, December 11, 2018



Lady Minto Hospital physicians and the solo midwife recently completed the Neonatal Resuscitation Program (NRP). This evidence-based educational program teaches the concepts and skills of neonatal resuscitation to individuals and teams who may be required to resuscitate newborn babies. With this recent training complete, Lady Minto Hospital now has a majority of NRP-trained RNs, along with 19 NRP-trained medical staff ready to care for newborns.

NRP training is a significant investment in time, including pre-reading preparation, online examination and a four hour in-class session with skills and simulations. The classes were taught on Salt Spring Island by NRP instructors, retired Midwife Maggie Ramsey and RN Kelly-Ann Haslauer. This training could not have been done without the generous support of the Lady Minto Hospital Foundation. They provided Newborn Ann, an infant training manikin. ■

L to R. Erin Price RM, Dr. Holly Slakov, Dr. Annik Mommsen-Smith, Dr. Manya Sadouski, Laura Harvey RN, and Maggie Ramsey NRP Instructor

FOUNDATION SUPPORTS STAFF EDUCATION

Dear LMHF Board:

We would like to extend our sincere thanks to the Foundation for supporting us to attend the Pallium Canada Palliative Course June 2nd and 3rd on Salt Spring.

Our learnings were invaluable and the opportunity to be together with our entire interdisciplinary team allowed for some animated and pleasant interactions. I believe it has been a long time since we had this opportunity.

Thank you for making this possible.

Maureen Gix, Karen Jensen and Leanne Tippet,
Home Care Nurses

Thank you for the generous support to attend the Victoria Hospice Palliative Medical Intensive course in November 2018. It was a valuable course covering many aspects of palliative care for the entire health care team."

Sincerely,

Heather Paulson, LMH Clinical Pharmacist

I cannot thank the Lady Minto Hospital Foundation enough for the educational support offered to nurses at Lady Minto. As we gain confidence in our practice, the public gets better care.

Thank you,

Annie, RN

The staff at Lady Minto Hospital want to thank you for your generous support in helping us to provide the best care for our patients. Your financial support allows us to pursue education in specialty areas to improve our emergency life saving skills and gain knowledge and confidence in new skills. We couldn't do it without you!

Signed,

All the nurses at LMH

JO TWAITES RETIRES AFTER 33 YEARS AT LMH



Staff attend the Jo Twaites retirement tea party May 30th with her favourite carrot cake and scrabble game decorations with many thanks to Vanessa Horel.



Photo: Ramona Lam

Executive Administrator retiring in August after 37 years at LMH

The time has come for me to retire from my position as Executive Administrator with the Lady Minto Hospital Foundation and as your editor for the Minto Messenger. I have worked for the LMH Administrative Team since 1983 and for the Foundation since it formed in 1992. I have enjoyed my many years of being part of the extended Lady Minto family and working with the Foundation board, with hospital staff and with so many wonderful donors over the years. It has been an honour to assist in the cause to keep our community hospital the “best ever”. I would like to thank the current team of dedicated board members who have worked so hard and make the job fulfilling and meaningful in so many ways. Many thanks also to Executive Assistant, Karen Mouat for her enthusiasm and teamwork – *Diana Hayes*

MRS. MINTO'S MEMORIES

THE WAY WE WERE

Jo Twaites

Wow! It seems like just yesterday that it was 1986 and I applied to work at Lady Minto. I thought I was ready after a few years working in Stroke Rehab and as a Medical/Surgical Float nurse. My interview with Karen Davies went something like this:

Karen: *Do you have any Emergency experience?*

Me: *No.*

Karen: *Obstetrics or Pediatrics?*

Me: *No.*

Karen: *Cardiology?*

Me: *No.*

Karen: *Great! You can start on Monday. The staff here are amazing and will teach you what you need to know.*

And they did! The first day I worked, the night staff had admitted 5, including a delivery, an MI and a patient in status asthmaticus. I was so scared that I cried every day when I got home for the first 6 weeks.

Just as the 2019 Lady Minto team are an amazing group, so was the 1986 team. Aaron Minvielle's mum, Loretta, was one of the nurses who took me under her wing and taught

Just as the 2019 Lady Minto team are an amazing group, so was the 1986 team.

me the ropes. The first time I had a patient with chest pain, I was shaking so hard I couldn't take their blood pressure. Like now, some of the nurses ran farms and I remember Loretta racing home at lunch to help catch the pigs that had escaped onto Fulford-Ganges Road and were causing havoc. Sharon Doobenen showed up at 7:30 one morning having already that morning performed a successful emergency post-mortem C-section on a ewe.

We had 25 beds on ACU. The Interview Room was a second private room and room 143 was a 4-bed ward. Six of ACU's beds were designated as ECU and room 121 on ECU was the physio room. Room 110 in ECU was a privately paid single room and the patient, a prominent Canadian, had private caregivers, including Jennifer Ritson and Dorothy Copeland. There were no doors to any of the wards, and the patios were



Jo Twaites at 30.

not fenced, nor landscaped. Not long after the ECU garden was built with its retaining wall, in the middle of the night a nurse's truck started up and drove driverless down the garden and into where the pond is now. Jen Pickering was on that night.

What are now the physio room and the sunroom were the smoking and the non-smoking lounges. We also had fireproof aprons and ashtrays for those patients who weren't on oxygen and couldn't get out of bed to smoke. When I was in nursing school, nurses smoked at the desk on some wards!

ER had one bed, in a small room where beds 1 & 2 are now. There was another tiny closet with a single stretcher for the "overflow". Our doctors, including Ron Reznick, worked on-call either Monday through Friday or Friday through Sunday. They still ran their office clinics on the weekdays when they were on call. Although the population was smaller then, it could be very busy. We had no access to a helicopter after dark and the last ferry left the island at 7:50 pm. I remember many exciting nights on the water taxi, including the time that the motor caught fire and we had to paddle back to Ganges harbour.



Nurse Moira Bergstrom demonstrates the use of cardiac equipment, c. 1979.

Back then:

■ Our Head Nurse covered ER until noon and one of the two ward nurses covered the rest of the day. There were two RNs on nights, with an LPN until 2300 (but LPNs weren't at full scope then and didn't give medications). "Nurse 1" gave all of the medication and the documentation and checked all the charts. "Nurse 2" did bedside care, vital signs, hourly rounds, treatments, and covered the ER and obstetrics. In the evening Nurse 2 and the LPN would take a tea trolley around, give out home-baked snacks and give all patients a backrub to help them settle. Nurse 2 also scrubbed, packaged, and autoclaved all the instruments that had been used during the day.

■ Our babies were delivered by GPs. The nurse would manage the labouring mother until it was time for the actual delivery, and then the GP would be called. One memorable day shift we had three babies born. I think that Jan Hartwig's daughter was one of those three. GPs doing deliveries was a change from the years before when there had been an obstetrician who delivered twins and did C-sections.

■ When we called X-ray in, we had to remember to turn on the chemical bath to warm it up for developing the films. One of the nurses had permission to bring in her ailing Saint Bernard at night to do a thoracentesis on him. I had an emu egg X-rayed once.

■ There was a microbiology lab in the annex, where lab did their own cultures. We also did the lab work for the local veterinarians, and once I mixed up the CBC results of a woman and her cow!

■ Our incinerator was used for our garbage, biomedical waste, and for the RCMP's seizures of marijuana. The smell was...mind altering!

■ 50% of all patients over 50 years-old wore dentures. I learned the hard way how not to mix them up.

We've added a lot, including:

■ Unit Clerks, Social Workers, Clinical Pharmacists, Rehab Assistants, Midwives, Supply Clerks, Psychiatrists, Mental Health Nurses, Security Guards, Pharmacy Techs,

■ Education, including ACLS, NRP, TNCC or EPICC, P.I.E.C.E.S, Violence Prevention, Simulations, CTAS, Palliative Education, and support from the Hospital Foundation.

This past year we have benefitted greatly from having Monika working on Rural needs.

■ Equipment, including Vital Signs machines, IV Pumps (anyone else remember calculating the drops per minute for the different kinds of tubing?), AEDs, defibrillator pads, O2 Sat monitors, intraosseous devices, LMAs, fluid warmers, and Behr huggers.

■ Electric beds, disposable incontinence products, slider sheets and soaker pads, mechanical patient lifts, air conditioning, locked doors, and security cameras.

■ Medications including most of the psych drugs we use, clot busters, Low Molecular Weight Heparin, procedure-sedation, and palliative care meds (we were limited to 510 mg of morphine every 4 hours for pain.) And of course, now we have MAiD.

When I look at the amazing Lady Minto staff of 2019, I am in awe. Thank you for sharing this journey with me and best wishes on your own journeys. I wonder what wonderful additions and discoveries lie ahead for medicine in the coming decades. ■

ENDOSCOPY – LMH CENTRE OF EXCELLENCE



ENDO TEAM Front row: RNs Jen, Andrea, Sandy and Cali Back row: Dr. David Butcher and Dr. John Morse

The Foundation has been supporting the role of endoscopy at Lady Minto since the mid 1990s. Specific equipment campaigns focused on the need for this technology and the community was very generous in their support. Endoscopic procedures such as colonoscopies and gastroscopies have been available with many thanks to the loyalty of our donors.

Quick, early detection and treatment of cancer and other illnesses is important to all of us. While having access to these diagnostic procedures here on Salt Spring, your health and well-being will continue to be our top priority.

With your continued financial support, we were able to upgrade the



endo-scopy equipment with the purchase of the Olympus 190 series in 2013. This newer technology uses CO2 along with the Olympus Scope Guide. The scope guide provides a virtual image on how the scope is moving through the colon using a magnetic strip imbedded in the scope. No radiation is required, making the procedure even safer. The Foundation also purchased the endoscope storage cupboard, an endoscopy cautery unit (2011), and a number of new gastroscopes and colonoscopes between 2013 and 2016.

We are lucky to have an experienced expert like Dr. Morse on our team. He joined the Lady Minto Staff in 2010 after an 18-year stint in Yellowknife. After meeting Dr. Barclay up north and hearing about Salt Spring Island, he



Aletha, MDRD Tech

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

"It gives me great personal satisfaction to know that I have prevented cancer by performing this procedure," Dr. Morse says. He explains that some colorectal polyps have the potential to lead to cancer. It takes about ten years for a polyp to become cancerous. Through screening programs he can remove polyps before this happens, thus saving lives [see more information on colorectal cancer in the BC Guidelines on page 23].

"We have the best program in the country through the BC Cancer Agency and are the envy of other provinces," says Dr. Morse. Colon cancer screening saves lives in two important ways. Screening can prevent colon cancer by finding and removing polyps before they turn to cancer.

GRATEFUL PATIENT WRITES TO ISLAND HEALTH'S EXECUTIVE DIRECTOR OF SURGERY

Summer 2018

Since surgery and any procedure under anaesthesia is likely in your domain, I want to let you know about an incredibly positive experience I had at Lady Minto Hospital.

This week I had to have an EDG [Esophagogastroduodenoscopy]. My experience was nothing short of awesome. I went in with some trepidation and the check-in nurse was professional, calm and confident. Without being inappropriately gushy (or calling this old gal "sweetie" or "dear" as so often happens to those of us with white hair) he explained the procedure, what to expect afterwards, and with a simple and affirming touch on my forearm, smiled warmly and with quiet assurance and my fears were alleviated.

The same professionalism was displayed by the procedural team. The doctors and nurses were relaxed and confident, no edge to how they presented, chatted with me as they prepared and what was an extraordinary experience in my world felt like a very ordinary one in theirs. This is certainly what a person wants to feel when entrusting their well being to others. I felt it in spades.

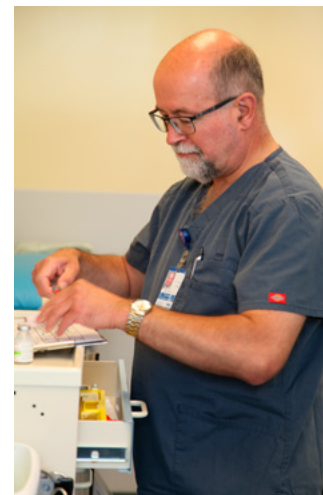
Safety was paramount in so many ways. The "two identifiers" were clearly at play and my identity was checked out several times along with known allergies. Just before I was put out, the anaesthetist did the final confirmation, said my name to check one last time and then each team member identified themselves along with their role in the procedure. This was a small thing that took all of a minute but it was huge in terms of my feeling of confidence and letting them take responsibility for my well-being. I knew I could trust this team without hesitation.

I have had a lot of medical procedures and surgeries in my life, all in larger hospitals, and I can say without any hesitation, this was the most professional one I have ever experienced. I am very proud of our little hospital. It has what it takes to serve our community.

My hat is off to Lady Minto Hospital and I wanted you to know of their good works.

Signed,

Barb Aust.



Dr. Morse; Sandy and Andrea in procedure room; Dr. Butcher preparing medications for procedure

Polyps are small growths that can develop in the colon or rectum, often with no symptoms in early stages of growth. Screening can find cancers early. Early detection means more treatment options and better outcomes. If you are a BC man or woman between the ages of 50 and 74, with no symptoms, you should get screened for colon cancer every two years with the fecal immunochemical test (FIT).

The endoscopy department is also participating in the “Colon Catchup” initiative [when patients are called back for ongoing screening] and performed more procedures than slated in previous years. The statistics for last year confirm a total of 453 colonoscopies and 235 gastroscopies. The department also performs elective cardioversions approximately 4-6 times per year.

The team includes Sandy Kyle, Clinical Nurse Leader, Dr. John Morse and Dr. David Butcher, along with 3 nurses; 2 in PARR (Admission and Recovery) and one assisting Dr. Morse with the procedure. There is also a dedicated Endoscopy area cleaner working on procedure days. There are about 16 nurses who pick up shifts in PARR (recovery) and Endoscopy but of those 4-5 work on a regular basis in the department. There is also a trained MDRD (Medical Device Reprocessing) technician, Aletha Millard, who commutes from Ladysmith and takes care of the cleaning and high level disinfecting of the endoscopes. She recently graduated from the program at VIU and took over the position after Jan Hartwig moved to Home and Community Care. Dr. Butcher is currently training three other staff as backup for his role in administering sedation and monitoring the patient during the procedure. ■



Dear Board Members of the Lady Minto Hospital Foundation,

I would like to express my sincere appreciation for your financial support for my attendance at Olympus’s Train the Trainer Course in Toronto this past September. The course was instrumental in helping me to reach my goal of getting a Quality Assurance program up and going in our Endoscopy department. I feel confident about our processes of cleaning and it is helping me diagnose scope problems and prevent scope injury. I am confident that it will help me keep our precious endoscopes working for many years to come!

Thank you so much,

Sandy Kyle
Clinical Nurse Leader
LMH Endoscopy

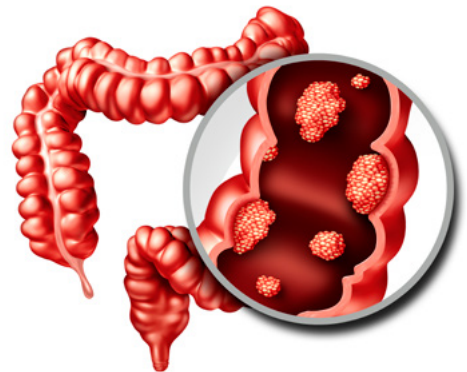
COLORECTAL SCREENING FOR CANCER PREVENTION IN ASYMPTOMATIC PATIENTS

SOME FACTS FROM THE BC GUIDELINES

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

The most important risk factor for CRC is age over 50.
Additional risk factors for CRC include:

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



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

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

KEY RECOMMENDATIONS:

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



IN MEMORY OF THE HEPWORTH SISTERS

The Foundation received a gift from Michael Ricketts in April this year in memory of his wife, Susan Hepworth. Susan was born in 1954 at the Lady Minto Hospital (at the former cottage hospital location on Fulford Ganges Road which is now home for the Salt Spring Community Services Society). Her sisters, Katie and Carol were also born at Lady Minto. The bench was installed in the garden area near the lower parking lot and a celebration of life took place on April 27th with many family members attending. ■

Front from left: Hepworth Sisters: Sandra, Katie, Susan and Carol

IN LOVING MEMORY OF THE HEPWORTH SISTERS WHO WERE BORN AT LADY MINTO HOSPITAL

Carol Elizabeth—March 24, 1953 – December 29, 2007

Susan Eileen—April 22, 1954 – December 28, 2018

AND IN HONOUR OF

Katie Helen—b. November 27, 1951 & Sandra Louise—b. March 21 1957

SIMULATION LAB

REGULAR SESSIONS TAKE PLACE IN THE SIMULATION LAB



*Nurses Will Falla and Kelly-Ann Haslauer
with Dr. Crichton in SIM Lab session*

Through a generous gift provided by a donor to the Lady Minto Hospital Foundation, we were able to outfit the Simulation Lab with training equipment which is used for ongoing clinical education sessions.

Sept. 25, 2018 LMH ER Rounds – Arrhythmias with Dr. Kesh Smith

Oct. 23, 2018 LMH ER Rounds – Respiratory Distress with Dr. Clare Rustad

Nov. 13 and Dec. 11, 2018 LMH ER Rounds – Rapid Needle Decompression with Dr. Anik Mommsen-Smith

Jan. 29, 2019 LMH ER Rounds – Drowning with Dr. Pete Verheul

Feb. 26, 2019 LMH ER Rounds – Airway with Dr. Pete Verheul and Dr. Clare Rustad

Mar. 19, 2019 LMH ER Rounds – Breathing with Dr. Pete Verheul

Apr. 30, 2019 LMH ER Rounds – Ultrasound (Evaluation of JVP and IVC Loop) with Dr. Bobby Crichton

On **March 12, 2019** we had an all-day sim event led by Dr. Brian Farrell from Victoria.



Sandy Kyle, RN and Monika Hargrove, CNE demonstrate the new multi-purpose monitors



Philips Monitor and Pulse Oximeter which fits on the finger for measuring oxygen saturations

FOUNDATION PURCHASES BIG TICKET ITEM INTELLEVUE MONITORS

by Karen Mouat

Equipment upgrades don't have to be splashy to make a big splash. The Hospital Foundation recently funded the upgrade of 10 Philips Intellevue Monitors worth \$143,000. These new machines are more intuitive, making it faster to locate the different functions, which allows the care teams to do more complex monitoring. Cardiac events, shortness of breath, loss of consciousness or a perplexing "unwell" person—everyone gets hooked up. Whether it's the basic blood pressure and oxygen saturation, or looking at a patient's whole cardiac rhythm, these monitors are in use all day, every day.

"Entitled CO2 monitoring" is a key function on all the new monitors, a big step up from the old ones. With special nasal prongs in place, expired CO2 is measured when the patient is sedated, which is one of the evaluations of good respiratory function. The CO2 readings are "best practice" for a lot of the care that's given at Lady Minto, with sedation in the Emergency and Endoscopy.

Sandy Kyle, Nurse Team Leader came in on her day off to give me a demonstration with Monika Hargrove. According to Sandy, Monika is one of the go-to people for the new monitors. During the changeover of Clinical Coordinators at Lady Minto, she had the opportunity to provide continuity, to sit down with the product reps and inform some of the questions surrounding the configuration of the monitors. Monika is still in touch with the company for any questions as they arise.

With an eye on the future, another big benefit will be the remote updating done by Phillips whenever new software is available.

Not everything we fund appears exciting, but just in case you are curious on your next visit to Lady Minto, the ER has four of the new monitors, PAR has four and two are in the Cardiac Step Down Unit. ■



Monika Hargrove is currently working on a one-year contract as a Clinical Nurse Educator (CNE). Nurses provide a broad range of care here which poses a lot of challenges. Determining the needs of rural nurses and how we can support them is key to the CNE. Part of Monika's job is to look at those challenges along with other rural sites and formulate plans based on Island Health standards and our population needs at present. We will catch up with Monika in our next newsletter to hear more.



Jenny Redpath, Public Health Nurse and Shannon Cowan from the community doula group with the new Medela equipment

FOUNDATION ASSISTS WITH PURCHASE OF BREAST PUMP FOR COMMUNITY PROGRAM

*Jenny Redpath,
Public Health Nurse, Salt Spring Island*

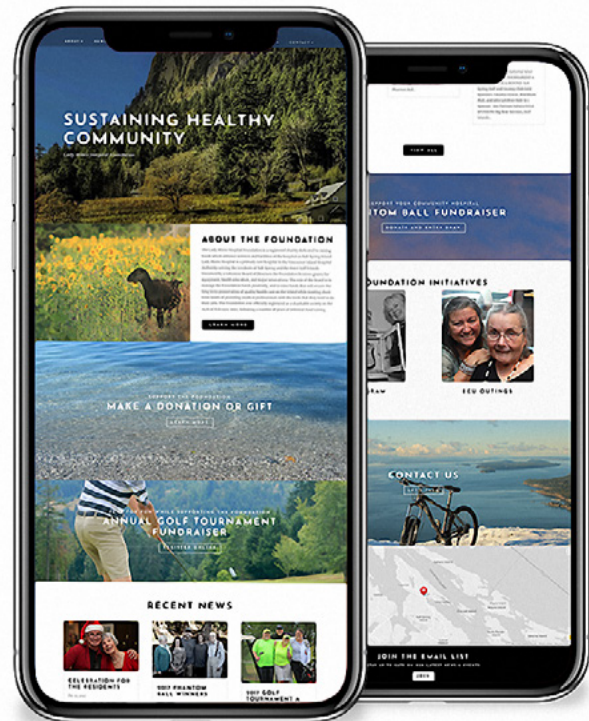
The interest in purchasing a breast pump for our community has been on our minds at Public Health for some time as many other Island Health locations offer lending services.

Unfortunately, for our rural and small location we were unable to secure the capital funds to purchase the calibre of equipment that is needed to meet Island Health standards. It was the local Salt Spring Doula Collective who approached us wondering if they could look into fundraising to make the capital purchase and inquired if we would be able to partner by offering the lending service, which renewed our efforts. It was quickly determined not only had our birth rate gone up 30% over the last three years, but we are unique as no other locations on Salt Spring provide a breast pump lending, renting or purchasing service.

We are extremely grateful that the Foundation would consider this much needed addition to our community! ■

OUR WEBSITE IS MOBILE FRIENDLY.

Easy to navigate.
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Visit us at www.ladymintofoundation.com

Remember to visit our website and send us your email address to keep up to date with our on-line mini-messenger emails



Board Chair Report May 2019

Derek Fry

We have lots to celebrate since the last Minto Messenger.

We have welcomed four new board members: Paul Oliphant (profile in Winter 2018 Minto Messenger), Carol Biely, Dave Taylor and Conrad Bowden, so our board is almost back to full strength. (See profiles on page 28-page 29)

We signed a Memorandum of Understanding with Island Health for the Emergency Department Redevelopment Project and the Joint Working Group is now in place to oversee this important development, starting with the Schematic Design stage.

We held an Extraordinary General Meeting of the

Foundation on May 16th and the society members overwhelmingly approved our continuing with the ED Redevelopment and approved \$1.5 million to be drawn from the General Endowment Fund.

Our donations to the hospital in the year ended March 31, 2019 totalled well over \$200,000 and included the purchase of ten Intellevue Monitors [see article on page 25 for more details].

We are looking forward to a busy summer with the Golf Day and launching the Phantom Ball campaign which kicks off June 14 with our mailout. The prize draw will take place at our AGM, September 19th. ■

LADY MINTO HOSPITAL FOUNDATION – FISCAL 2018-2019

MAJOR EQUIPMENT PURCHASES

\$184,228

ONE TIME ITEMS:

- Intellevue Monitors \$141,582
- Cadaver Stretchers..... \$7,566
- Vital Signs Monitor..... \$19,223
- Nurses Accommodation (beds) \$2,100
- Holter Monitors (donor designated gift) \$6,955
- Garden Benches (memorial gifts)..... \$3,215
- ECU Garden Project..... \$3,025
- RPG Study (carry forward from 2017) \$562

RECURRING ITEMS

supported on an annual basis \$60,716

- These include such items as include the small equipment fund for urgent needs under \$5,000, education funds, residential care activities, mental health support programs

Some of the minor equipment items purchased with the Site Director's Fund (<\$5000):

- Philips Vital Signs Monitors (4) with oxygen sensors and cables
- Cardinal Ophthalmoscope BP Cuff
- Update equipment for ALS simulators and manikins
- OmniCup fetal delivery device
- Bakri Postpartum equipment
- Acme battery floor scrubber
- Metron Staircase for rehab and physiotherapy department
- Hydraulic adjustable draw chair for laboratory
- Replacement parts of Stryker beds
- Arjo Therarest mattresses

New Foundation Board Members



DAVE TAYLOR

Dave Taylor is a former journalist, broadcaster, and politician, now retired. He had a 30 year career in media in Toronto and Calgary as a journalist, interviewer, documentary producer, news director, and talk show host before being elected in 2004 to the Legislative Assembly of Alberta as the MLA for Calgary-Currie.

In two terms as an Opposition MLA, he held a number of Critic Portfolios, including Advanced Education, Housing and Urban Affairs, Finance and Treasury Board, Energy, and Health and Wellness. Working on the issues of affordable housing and homelessness, he created a housing strategy that persuaded the governing Progressive Conservatives to develop 11,000 units of affordable housing along with Canada's first provincial ten-year plan to end homelessness. As Health Critic, he acquired a deep understanding of the complexities of public health care. Dave also served on a number of Standing Committees of the Legislature and was Deputy Chair of the Standing Committee on the Economy.

Dave was a sessional instructor and longtime member of the Broadcast Advisory Committee at Mount Royal University in Calgary. He was honoured with two Ohio State Awards for Excellence in Public Affairs Broadcasting and was a finalist in the documentary category of the International Radio Festival of New York. He helped develop the City of Calgary's Urban Parks Project River Valleys Master Plan, was founding chair of the Southland Natural Park Society, and a longtime stewardship volunteer at the Inglewood Bird Sanctuary in Calgary. Dave is a founding board member of the Salt Spring Community Health Society.

Dave and his wife Martha moved to Salt Spring Island in 2017.



CAROL BIELY

Carol has been active in the non-profit sector for over 45 years. As a fundraiser and administrator she worked for charities and universities, including University College London, University of Liverpool and University of Toronto. She retired as Executive Director of Richmond Connections (Richmond Cares, Richmond Gives), a multi-service agency, in 1995. With a background in business, non-profit management and fund-raising, she then acted as a consultant to non-profit boards and committees.

She chaired the Building Committee for Richmond Caring Place and is a former President of Volunteer BC, as well as the Voluntary Organizations Consortium of BC.

Retiring to Salt Spring Island with her husband Bob, Carol became active in several island organizations, but primarily spent many years as Chair of the Salt Spring Island Foundation, retiring from that Board in 2017.

Carol loves the Salt Spring Island community, her English style garden, and travelling as much as possible.



CONRAD BOWDEN

Conrad Bowden retired to Salt Spring 2 years ago after a 30 year career as a lower mainland based psychologist. He completed his Doctorate at Simon Fraser in Clinical Psychology. A long time Gulf Islands person he has spent considerable time on several Gulf Islands, including Cortez and Galiano. He and his wife, Sara, liked the diverse services available on Salt Spring, including its hospital. Conrad trained at Nanaimo, and UBC hospitals and worked at the Forensic Psychiatric hospital and BC Children's Hospital, Sunny Hill Health Centre for Children site.

His professional interests included provision of outreach services to rural communities, the care and support of vulnerable children and the delivery of culturally informed assessment and treatment. He has volunteered at crisis lines and in providing services to survivors of torture. He lived for many years as a member of a housing cooperative, has served on nonprofit boards and believes strongly in community based delivery of health services.

He likes to be active and will be competing in his first triathlon this year.



KARLA COPELAND-RICE

COMMUNITY VOLUNTEER, LMHF FINANCE COMMITTEE

Karla Copeland-Rice joined the Foundation's Finance Committee in Fall 2018. She has lived on Salt Spring Island for 38 years and now owns a house on the island with her family. Her children attend the same school where Karla and her brother were students.

She has worked full time at Island Savings Credit Union as a Financial Advisor for the past five years. Previously she worked with CIBC in a similar role for eleven years. She is currently upgrading her credentials to serve members of ISCU better and is working on a project in data testing for a large banking update that will take place this summer. She is one of two employees of ISCU that have been selected for this project.

Karla also volunteers as the Investment Chair for the Salt Spring Foundation and has served as a board member for the past two years.

She enjoys running in Mouat's Park on her lunch break and plays mixed league slow-pitch baseball in the summer. She just bought a kayak for summer paddling.

"I am happy to be joining the LMHF Finance Committee to give back to my community by using my day-to-day skills in the financial world."

INNOVATIONS & IMPROVEMENTS AT LMH

by Sara Gogo, Rural Site Director, Lady Minto Hospital



I have been thinking about how amazing the last 18 months have been and all the things that happened here on the Lady Minto Hospital campus. To name just a few, and not necessarily in this order:

- 2 ER RN positions were created
- Community Health Services became more closely connected through a shift of leadership from Saanich to Salt Spring with Shana Hall coming on as manager for the CHS and ECU teams
- CHS team grew with the addition of a full-time social worker/case manager and full time LPN; also increases to the FTEs of the existing CHS RNs, admin and OT positions (to allow for some time in ECU)
- Complimentary WiFi for staff and patients was added
- New Generator was installed and got up and running
- Additional Endoscopy sessions were added
- Upgrades were completed in several campus locations to ensure greater safety for staff and patients with the addition of card access, sliding glass doors for ACU, window added to ED door & additional duress alarms
- Three new physicians have opened practices and joined the medical staff to support LMH, a fourth physician arrived and took over for a departing GP
- We got through Accreditation!
- The Omnicell was installed
- The Clinical Nurse Educator project got underway
- Numerous education events took place (i.e. LEAP training, P.I.E.C.E.S. workshop, Code White drills, PEWs implemented in ED, NRP, Omnicell...)
- We said farewell to Jo Twaites after her service of over 30 years to LMH
- We welcomed Dean Stewart as the new clinical coordinator for the ED and acute care unit
- Held our 2nd annual Pink Shirt Day and it was bigger, better, more fun and interactive than the first!
- We raised money through a variety of staff engagement initiatives, a medical staff donation and fun-filled activities in order to support a local family at Christmas
- LMH is an Island Medical Program Family Practice teaching facility and the physicians hosted six UBC Rural Residencies in 2018-19 fiscal
- The Nifty Inclusive Connected Engaged (N.I.C.E.) committee emerged through the Wellness Committee and organized several wonderful staff events:
 - **January** Pizza Party
 - **April** Post Accreditation Pizza Party
 - **May** Pink Shirt Day
 - **May** Big Bike Event
 - **Summer** BBQ
 - **September** Pride Parade – largest LMH staff contingent ever!
 - **October** Pumpkin Carving & Pizza Party
 - **December** Gingerbread persons for all

Most of these events were shared with Island Health's Communications department who then shared them via "The Weekly" and "Currents". The intention of sharing the successes and innovations or improvements that we highlight is to make connections with our colleagues throughout our large Health Authority. I think that there are times that we see ourselves as "separate from" our organization. As the Site Director, part of my work is to engage, interact, draw on and request the support and expertise of numerous departments that make up Island Health. I am very grateful for the incredible encouragement and sponsorship we receive from so many others—often invisible to many. ■



ANNUAL GOLF TOURNAMENT

July 13, 2019

by Karen Mouat

Show Us Your Heart....if you are an avid golfer your heart lives on the greens of the Salt Spring Golf and Country Club, but if you have sick loved ones or an aging parent, Lady Minto Hospital can become the very heart of your daily life.

Come golf on July 13th, raise funds for Lady Minto Hospital, get that heart pumping as you try for a new car on tee #6, laughing when you win a prize and dancing if you win a trophy.

There is no limit to the amount of fun you can have out on the course with old friends and new friends. Laughter is at the heart of this event. A Texas Scramble format means playing best ball, maybe with your best friend who doesn't know how to golf, showing your big heart when she hits it into the sand pit.

For the past 27 years golfers have brought their house company, work mates, and family to the Salt Spring Golf and Country club....big hearts in tow....and raised over \$400,000 for Lady Minto Hospital! Just like a conga line the Silent Auction, Raffle and Dinner takes the fun off of the course and into the clubhouse.

Salt Spring Island is full of benevolent, awe-inspiring people. We see them all around us.... but if you want to see a troop of them descend, like a barrel of monkeys intent on having grand time, sign up for the tournament and be a part of that fun.

Use our online registration form. If you have any questions please contact Karen at 250-537-6923 or karen.mouat@viha.ca ■



Clockwise from top left: KapaKai Glass Sandbaggers Team 2018 Tournament; 2018 Tournament Winners - Brett, Jill, Jenny and Steve; Singing for the prize – members of the Lion's Team and the Country Grocer Team; Nora, Mafalda, Frankie and June having fun at the 2018 tournament



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 Endowment...

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: _____ Security PIN: _____

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

