

FALL/WINTER 2019



Minto Messenger

LadyMintoHospitalFoundation



CELEBRATING THE WORK
OF A GREAT LADY

Diana Hayes

BY SARAH BRAGG

Diana has devoted over 35 years to Lady Minto Hospital and the Hospital Foundation

As Diana Hayes retires from her role with the Lady Minto Hospital Foundation, she leaves a legacy of achievement and lasting relationships. Diana has devoted over 35 years to Lady Minto Hospital and the Hospital Foundation. At long last, she now has time to focus on her many creative interests and passions. We asked Diana to reflect on her years with the hospital and the Foundation and to touch on what's on the horizon for her.

From my perspective as the newly appointed Executive Director following in Diana's footsteps; I am in awe of her achievements and dedication to the Lady Minto Hospital Foundation over the past 35 plus years. She has stayed true to the Foundation's mission and values, developing lasting friendships and honouring the generosity of its amazing donors. Diana remains a true friend of the hospital and the Foundation and will be ever present because of all the programs and services she created. The Minto Messenger which Diana started, continues to provide current information about the hospital, staff viewpoints, departures and new appointments as well as programs and services offered.

With gratitude we say farewell to Diana as Executive Director. However as she settles into retirement, we hope she will find time to write articles for the Minto Messengers of the future. It is never goodbye, rather, "Until we meet again." ■

[INTERVIEW]

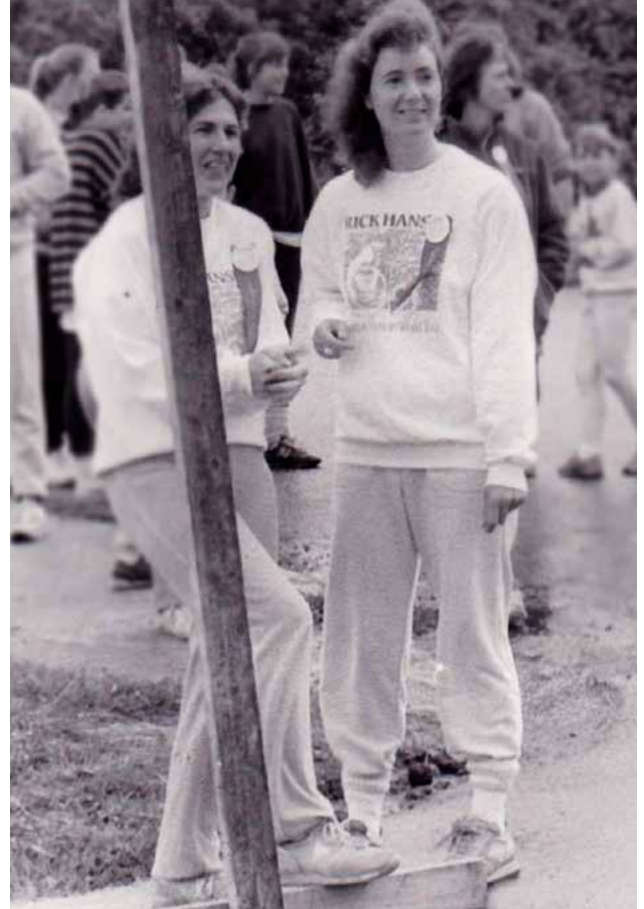
DIANA HAYES WITH SARAH BRAGG

What year did you start at Lady Minto Hospital & when did you make the move to the Foundation?

I was hired on January 31, 1983 by the LMH Administrator, Malcolm Pinteau. During my break from studies at UBC, I worked a summer job at Shaughnessy Hospital in Vancouver assisting with the writing of policy and procedure manuals. Because of this experience, Mr. Pinteau offered me the job as Assistant to the Administrator as he wanted to revamp the hospital manuals system. Although the hospital was a registered charity in its own right, the Lady Minto Hospital Foundation officially formed in 1992. Together with Sharon Bond, who worked in a similar administrative role, we ran the Foundation and were responsible for all activities, fundraising and handling of donations. The Foundation continued to grow and in 2010 I retired from my hospital position and took over the leadership role as Executive Director.

What would you consider your greatest achievements and greatest joy throughout your years with the Foundation?

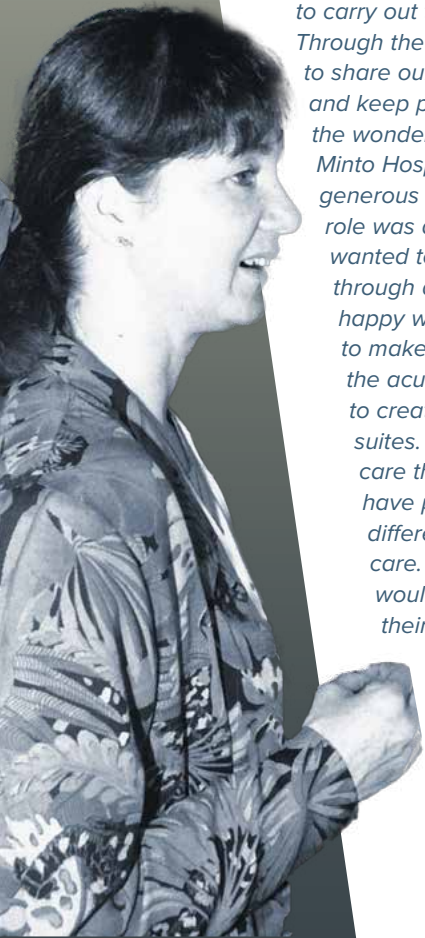
Working for a charitable organization is all about communication and being accountable to donors for their gifts and to carry out the organization's mission. Through the Minto Messenger, I was able to share our victories with our community and keep people informed about the wonderful improvements at Lady Minto Hospital made possible by their generous donations. Another important role was assisting bereaved donors who wanted to remember their loved ones through a gift to the hospital. I was so happy when the Foundation was able to make major contributions to both the acute and extended care units to create dedicated palliative care suites. This is an area of hospital care that I am passionate about and have personally experienced the difference it can make in end-of-life care. I cherished the times when I would share tears and stories of their loved ones. Knowing that these gifts have helped other patients and families is a great feeling.



Tell us about your book of poetry.

*I was always reading poetry at a young age and began writing in grade 7. My grandmother (who lived with the family) was fond of poetry and recited poems to me often. I think I developed an ear for it at a very young age. I went on to study creative writing and English literature at university and my B.A. and M.F.A. manuscripts were both published. I continued to write and am always reading—my house is overflowing with books! This newest collection, *Labyrinth of Green*, has been in the works for five-plus years. I began a correspondence with my publisher in 2018 and we signed the contract just last February. It was a dream to find a publisher willing to include my photography, in full colour, along with the poetry. Right away, Maggie Goh (Rubicon/Plumleaf Press) shared this vision and we worked hard together to bring the manuscript to its final form.*

"I launched the book on Salt Spring September 28th and was in Vancouver for a launch October 24th. There is a Nanaimo event later in November and then my publisher wants me to arrange a trip to Ontario next spring to promote the book. I have also been invited by a distant cousin in County Cork, Ireland to do a reading at Cork University. A major section of the book is devoted to ancestry and a search for my great-grandfather's roots in County Cork. It was through ancestry.ca that I found this cousin! I have always wanted to return to Ireland and my husband Peter and I are planning the trip for next September."





WHATEVER HAPPENED TO THE OPERATING ROOM?

GENERAL SURGERIES WERE PERFORMED AT LADY MINTO HOSPITAL FOR 50 YEARS. AND THEN THEY WEREN'T. WHAT CHANGED?

BY **DAVE TAYLOR**

These days, Karen Davies volunteers with the Lady Minto Hospital Foundation. An avid golfer, she helps out at the Foundation's annual golf tournament fundraiser. She also serves as a community member on the Foundation's Communications and Fundraising Committee.

She also used to be the boss.

Although her title changed frequently—from Administrator to CEO to Manager of Patient Care for the Southern Gulf Islands—Davies managed Lady Minto Hospital from 1993 until her retirement in 2006. It was on her watch that the need for an expanded surgical suite was identified, the project was approved, the Foundation undertook a Capital Campaign in support of the project, and the new operating room was opened.

Three years after she retired, elective general surgery at Lady Minto Hospital was discontinued. Ten years later, it's still a sore point with some Islanders.

"I think it's because we had really talked up for a number of years our need for a new surgical suite," Davies says.

Non-complex, elective general surgery was offered at Lady Minto Hospital since it opened at its current location in 1959. It was never intended for complex or high-risk procedures. The hospital was neither equipped nor staffed to care for such patients post-op. There was one small, cramped operating room and no dedicated recovery room. In 2002, the decision was made to undertake an expansion and renovation of the hospital that would include, among other things, an expanded surgical suite. Non-complex general surgical procedures continued to be performed there until 2009.

But health care changed.

"We found the days of the general surgeon were limited," Davies says. "Medicine and surgery became highly specialized.

If the family doctors had a patient who needed major abdominal surgery with a colostomy, they wanted their patient to go to the person who does that every day or every week, not a general surgeon who maybe does it once a year. It was a slow transition, but that was the way medicine was becoming. And it was a good thing."

Coupled with the fact that the Lady Minto operating room was being used only one day per week for general surgery, the transition was making it increasingly difficult to attract and retain a surgeon.

Davies notes that the hospital received only one application on each of the last two occasions a surgeon was hired.

It wasn't just surgeons.

"We had an OR nurse for whom I had to get special dispensation every year because she was 75, but we couldn't do without her because I couldn't get staff. And I couldn't get staff because I couldn't keep the operating room open more than one day a week because we didn't have the need for it," Davies remembers. "The surgeon and I did a dog-and-pony show out to the other Gulf Islands to talk to the physicians, to talk to the people, to say, 'come to Lady Minto and we can do this and we can help you.' We really tried to get more people to come here so we could expand our service."

"We did for some period of time have an orthopedic surgeon who came over and did day surgery one day every couple of weeks, and an ophthalmologist who did similar, until they felt it was too time consuming for them to be coming back and forth."

When Lady Minto's last general surgeon retired, nobody applied for the job.

By then, endoscopy accounted for about 80 percent of the procedures in

the operating room, so the surgical suite was repurposed for endoscopy. Today, patients are referred here from south- and mid-Vancouver Island for their procedures. The operating and recovery rooms are used two days per week for the endoscopy program and the caseload has more than doubled.

The recovery room is also regularly used for booked procedures such as cardioversions (a procedure that restores a normal heart rhythm in people with certain types of abnormal heartbeats),

scheduled blood transfusions, intravenous medications and IV therapy required over a longer

period of time. It provides a well equipped, quiet, and easily monitored area.

Along with funding from the CRD and the Health Authority, all the funds donated to the Foundation's 2002 Capital Campaign—\$780,000—were used to develop much more than just the new operating room theatre and recovery room. Also included in the 6,232 square feet of new space on two levels were:

- A palliative care suite with private patio on the Acute Care wing
- A relocated and enlarged pharmacy department
- A medical storage room
- A nurses' change facility and shower room
- An upgraded medical staff lounge
- A shipping and receiving area with office space and shop area for Facilities Maintenance and Operations
- And a new water purification plant.

Davies concludes, "I don't think a lot of people recognized what we actually gained from that one expansion." ■

We had an OR nurse for whom I had to get special dispensation every year because she was 75, but we couldn't do without her

PLANNING A NEW EMERGENCY DEPARTMENT FOR SALT SPRING ISLAND

INTERVIEW WITH **DEREK FRY & DAVE TAYLOR**



The old carpenter's cliché, "Measure twice, cut once", is especially important when it comes to planning something as important to the entire community as the construction of a new Emergency Department at Lady Minto Hospital. Chair Derek Fry and Board member Conrad Bowden are the Foundation's representatives on the Joint Working Group overseeing the Emergency Department redevelopment. I sat down with Fry to get an update on the planning process.

You're approaching the end of the schematic design phase, and the detailed design phase is next. Can you explain the difference between the two phases?

There are a series of phases that all building design goes thru. The first is schematic, where you figure out location and good size and get a pretty good estimate. You involve architects and engineers and the client – in this case the hospital – in getting it in the right place and getting a pretty good idea of how it's all going to work. So, schematic design is an embracing first step but it doesn't have the engineering depth of everything to follow. The following stages are detailed design documents and then construction documents, and that gives you what you need to give to a contractor to actually build it. Everything gets more and more detailed as you go thru this process, and closes in on price. We've estimated total project costs at this stage and it's a good estimate, but the more study you give it, the more likely there is to be this stable end price.

How long does it take to complete that entire design process?

Derek Crawford, our architect, a member of the community, has volunteered his time to help us keep an eye on the process, and he's comfortable that the design phases take nine months or thereabouts. But it depends on how quickly they move on it, what they learn from interaction with the client. The client in this case is a user group of doctors and nurses, Island Health administrators and policy people to make sure we have the right level of consultation with everybody. No good bringing them in after you open the doors and saying, "Now, what do you think of this?" We want them to be in the driver's seat now.

This is one of these situations where you want to get it right before you start construction.

Oh, absolutely. Experience says the earlier you get it right, the better. Changing stuff when shovels are already in the ground is just expensive, so we're making sure everybody is onside and has had the opportunity to help us get it right.

Any surprises, positive or negative, so far?

Island Health has assigned people to this who've built lots of hospitals and added on new emergency departments in rural hospitals. I'm not surprised that we're learning a hell of a lot from the experts in the field, and we're learning a lot from the ER nurses...I mean, you and I don't know a lot about what it's like to be on shift in the evening at Lady Minto, but their experience will tune this design to what they expect the new layout to do for them.

I'm imagining, from their perspective, a lot of it has to do with traffic flow thru the facility, being able to get the right people and the right equipment to the patient in the right amount of time...that sort of thing.

Yes. And a lot of the work is actually rethinking, because the existing ER, tiny and right in the middle of the hospital, has made them develop a way of operating that suits that environment. There's a level of comfort with that.

So this is more a matter of us and them helping each other to understand things like, well, the stretchers

always come in down this corridor, past admitting and around the corner. How this happens in a bigger environment where we can stream people for triage earlier in that process has been a feature of these flows that we've been talking about. But also flows of where do you get clean linens coming, where do you take a patient who's been exposed, they need to be decontaminated – how do you deal with that? And how different will that be? And where exactly will it be in the new environment? It's also things like, this patient needs an X-ray before we do much, but X-ray is in the old building and the patient is in the new building. We spend a lot of time trying to get the best mixture as we will be pulling these areas further apart.

We're learning a hell of a lot from the experts in the field, and we're learning a lot from the ER nurses.



Resiliency Acknowledged

BY **SARA GOGO**

My husband and I were out for a walk recently when we stopped and chatted with our neighbour, a man who has lived on Salt Spring for many years. As our conversation went on, our neighbour shared that he had just received news of a sudden loss in his family. He said that since he'd been out walking that evening, he began to notice that he knew incredible stories, attached to people living in almost every house he walked by. He was awed by the number of individuals who have been confronted with disappointments, heartbreaks and in several cases, tragedy, but who have somehow seen their way through the many challenges.

Of course, our neighbour was speaking to resiliency. Resiliency as defined by Rachel Yehuda, PhD, an internationally recognized researcher in the field of stress studies, "involves a reintegration of self that includes a conscious effort to move forward in an insightful integrated positive manner as a result of lessons learned from an adverse experience." This brief interaction with our neighbour brought up a lot for me to reflect on, particularly in relation to the work that we do at Lady Minto and within the community. The nature of our work in healthcare means that we are exposed to many events and situations that are difficult on many levels.

As the Site Director for Lady Minto Hospital and the Southern Gulf Islands, I am in the fortunate position of working alongside a remarkably resilient group

of individuals. The shared experiences of providing care challenge and change us, and ultimately reward us. Our chosen work offers us ongoing opportunities to grow and evolve. We are humbled to be able to take these journeys with patients and their families, and at times, join them in the most difficult periods many have ever experienced. Our hospital and community staff—nurses, care aids, doctors, therapists, technicians, housekeepers, dietary staff, laundry staff, maintenance, security, administration and a variety of other supportive personnel—all participate in these care experiences in a variety of ways. This work is often a dichotomy of emotions. It can be joyful and painful, rewarding and disappointing, invigorating and exhausting—all building on or drawing from our resilient selves.

As our neighbour described the incredible resiliency within the local community, I too could not help but think of the amazing fortune we all have to be part of this vital island. I share in my neighbour's awe of this community. I am so grateful to be a part of a healthcare team where resiliency is ever-present at Lady Minto, in our Community Healthcare teams and in those we have the honour of providing care for. ■



LADY MINTO HOSPITAL FOUNDATION

EQUIPMENT PURCHASES MAY–OCTOBER 2019

- Patient Care Safety Pillow
- Airvo Kit with Stand
- LMH Sign Rejuvenation
- NuStep Recumbent Cross-Trainer
- Vita Mix Blender
- Cool King Ice Machine
- Bi-polar Cord and Instrument
- Specialized Instruments for Plastic Surgery
- Project costs for FMO for new tub installation
- McGrath Mac Video Laryngoscopy
- Airtime Instrument Channel Dryer
- Temporal Thermometer
- Digital Scale for ECU



**LadyMinto
HospitalFoundation**

WE HAVE A WINNER!

BY SARAH BRAGG

The Lady Minto Hospital Foundation congratulates Ann and Bruce McPhee, winners of Phantom Ball 2019. The McPhees have been friends of the Foundation for years, and their names were drawn in the prize draw September 19th. In early October, we presented a delighted Ann and Bruce with their amazing prize package for two to Great Bear Lodge, a fully self-contained floating lodge 50 air miles from Port Hardy at the edge of the spectacular Great Bear Rainforest. Ann and Bruce are planning on taking the trip this coming spring.

Ann told us, *"Last year I looked at the idea of going to the Great Bear Lodge as a bucket list item for us. We both enjoy the outdoors, wildlife and BC. But as often happens other things took priority over a trip."* Ann went on to say, *"When Bruce retired he took up photography as a hobby and this trip is a great opportunity to see and photograph wildlife."*

Ann & Bruce have lived on Salt Spring for over forty years and have supported Lady Minto Hospital since the Hospital Foundation's Phantom Ball began. *"Imagine our excitement when this year's Phantom Ball prize was a trip to Great Bear Lodge.....but who ever wins these things? I made a donation as always and when we got the call from the Foundation saying we had won the prize, we just couldn't believe it. Bruce and I are so excited, our trip is now booked and we look forward to this fabulous opportunity."*

We would like to thank everyone who supported Phantom Ball 2019, making it a huge success in its 23rd year. Thank you to Great Bear Nature Tours for contributing this year's prize package to the Great Bear Rainforest. It is one of the best places in the world to observe grizzly and black bears on the traditional lands of the Gwa'sala-Nakwaxda'xw Nation.

We wish Ann and Bruce a truly memorable Phantom Ball vacation and look forward to another amazing Phantom Ball in 2020. ■



TOP Conrad Bowden (Board Director), Bruce McPhee, Ann McPhee, Dave Taylor (Board Vice-Chair), Janet Cunningham (Board Committee Advisor) and Sara Gogo (Rural Site Director)

MIDDLE Draw day photo; Sean McIntyre (Paramedic), Jason Grindler (Paramedic), Paul Oliphant (Board Director), Elaine Theunisz (LMH Staff), Dave Taylor (Board Director) & Conrad Bowden (Board Director)

BOTTOM Great Bear Lodge

AEDs SAVE LIVES



“Automated External Defibrillator (AED) use can make the difference between life and death” according to the American Heart Association. “The only known treatment of sudden cardiac arrest is a shock from a defibrillator administered as quickly as possible. It is estimated that more than 95 percent of cardiac arrest victims die before reaching the hospital and

cardiac arrest will survive, in communities like Salt Spring where defibrillation is accessible within 5 to 7 minutes, the survival rate is as high as 35 to 40 percent or higher.

Derek Fry, Chair of the Lady Minto Hospital Foundation, began the AED program 8 years ago and it has grown substantially since then. There are now 42 AEDs in public spaces throughout the island. On October 21st the Hospital Foundation ran its annual AED Maintenance Day for all publically and privately owned AEDs on island. One of the attendees was Drew Underwood, manager of the Salt Spring Legion Branch 92. The Legion has an AED on the upper level and is purchasing a second machine for the lower level.

Underwood stresses the need for annual maintenance of the equipment and the importance of regular

training programs. The Legion recently completed a training session through the local Fire Department and supports ongoing training so they have trained people that can respond in the event of an emergency.

The Legion has experienced first hand the importance of having an AED onsite. In December 2018 and again in September 2019, individuals suffered cardiac arrests at the Legion. With AED-trained individuals on hand to respond quickly, both individuals were kept alive and transported to Lady Minto Hospital for treatment.

While defibrillation is not a guarantee of full recovery; the chances of survival are dramatically improved when an AED is employed quickly so the individual can be transported to a hospital. ■

▲ **LEFT TO RIGHT** Drew Underwood (Manager Royal Canadian Legion Br. 92), Derek Fry (Board Chair), Conrad Bowden (Board Director)

◀ **LEFT TO RIGHT** Mike Metcalf (MediQuest), Derek Fry (Board Chair), Conrad Bowden (Board Director)

Regularly maintained AEDs are dependable and their use will dramatically increase the odds of survival if used within the first 10 minutes of the arrest.

a victim's chances of survival are reduced by 7 to 10 percent with every minute that passes without CPR and defibrillation. The sobering fact is that few attempts at resuscitation succeed after 10 minutes”, so time is absolutely of the essence.

While not all people experiencing



We Could Not Have Done it Without Her!

TRIBUTE TO BETH WESTON, BSC.N, CANADIAN RED CROSS CERTIFIED AED/CPR INSTRUCTOR

BY DIANA HAYES



"I believe there is a role for everyone in the community to help."



Members of the Lady Minto Hospital Foundation board and staff express their deepest condolences to the Weston family at the loss of Beth Weston, who passed away on September 2nd this year.

The Foundation coordinated an AED training program for six years until Beth's retirement in March 2018. We could not have achieved such a brilliant program without Beth's AED/CPR training and competency. Beth taught 49 sessions and trained over 300 students to become certified in this lifesaving course.

WIDE RAGING CAREER

Beth had a wide-ranging career in nursing, working in Neonatal Intensive Care at the University of Alberta, as a nursing instructor in Kingston Ontario, and as a nurse administrator in the

Northwest Territories where she assisted her husband Paul, a bush pilot, to facilitate medical evacuations.

Beth showed an interest in amateur radio and, like Paul, was a licensed Ham Radio Operator. Her real passion was sewing and quilting, and she was a very gifted seamstress.

Paul and Beth purchased their property on Salt Spring in 1998 and build their home together. They raised two sons, Thomas and David, and daughters Susan and Sarah.

Beth was also passionate about providing the AED training classes so that lives could be saved. "How can the residents of Salt Spring Island reduce the deaths from sudden cardiac arrest?" she asked. People need to learn what an AED unit looks like and how it is used. They need to know where AEDs are located. Residents

need to get the training to feel comfortable using the AED should the need arise." [Lady Minto Foundation Annual Report, Fall 2013]

Beth's legacy will continue here on Salt Spring where her AED students are now better equipped to save a life when this important training and equipment is called upon. ■



Our Family's Palliative Journey

BY KAREN MOUAT

Dad died in the Palliative Suite at Lady Minto Hospital on April 19, 2019, but that simple statement leaves out the beauty of where and how he left this world.

After two weeks in Acute Care following a stroke, Dad's exhausted body started to shut down. The hospital suggested that the Palliative Suite was available and he would be more comfortable there. Many family members had been going in and out of his shared bedroom visiting, singing him songs, helping him eat and all the while being respectful of his room-mates. After 14 days, we welcomed some privacy.

The Palliative Suite is one big room with ample space for the hospital bed as well as two convertible chairs-to-cots, a bathroom and a television set. A large sliding glass door leads to a courtyard. With little ceremony, we had arrived at this moment.

There is a team, the Palliative Care Team that exists just beyond the periphery at this time. They are there to answer every single question, address concerns, keep the family informed, and, most importantly in our case, keep Dad comfortable. Danielle Poland and Jacquie Byron, our Palliative Care Team nurses, tiptoed quietly, by flashlight into the room at night, and by day brought professionalism, kindness and reassurance. They have a gift for being unobtrusive while still being present and available. They don't ever make family leave the room if they choose to stay, no matter what their task is. And as I found out, they won't leave your side if you need them to stay.

For the next 40 hours that room became our home. We had a family party as one does when you all get together. His wife of 57

years, daughters, sons-in-law, grandchildren, and great grandchildren surrounded Dad. We wheeled his bed out into the sunny courtyard. He felt the fresh air on his face, heard the lively little voices as they wove under and around the bed and patio chairs. The homemade cake doled out in the sunshine kept our intimate gathering cheerful. Our usual chatter, music to my Dad's ears, filled the patio. He, being unable to speak and barely conscious, soaked up this day, as well as we all did, to hold in our hearts.

As the sun began to set, and some family departed, we wheeled Dad back into the room. Something had changed. His time on this earth was drawing to a close. Little telltale signs explained to us by the Palliative Care nurses. We drew ourselves into a circle, a protective connected circle of love, with our Dad, Poppa and Husband at the center. We knew we were blessed to be able to see him off. We knew we were experiencing something beautiful in a bittersweet way.

Hands holding hands, a gentle touch on dad's shoulders, leg, arms as if we could channel this intense moment and let him know we were happy for him to be able to let go. To be free of pain. And just like that, he was gone.

Yes gone, but not gone. His presence still filled the room. As everyone slowly left the Palliative Care suite I couldn't move. I didn't want my dad to be alone. At that moment, Jacquie Byron came to my side and calmly said "You can stay. You don't have to leave." And then she simply sat beside me, quietly. Until I was ready to leave, until I could move. In those moments I received the precious gift of time. ■

As part of the Lady Minto Hospital Foundation's commitment to education in Palliative Care, each year we support Palliative Medical Intensive training for the Staff.

ECU *Garden Musings*

BY **DOROTHY COPELAND**



Having our garden is wonderful for the patients, guests and staff. It reduces stress, depression and gives a sense of well-being. The residents benefit from walking outdoors for exercise and sitting in soothing surroundings. The level of agitation for dementia patients is decreased.

Our garden attracts wildlife such as quail, lots of different birds really. Hummingbirds all year round and bees. We have a small pond with 4 large goldfish and waterlilies. The residents enjoy looking for the fish.

We are lucky to have a lot of seasonal colours and space. Two very large palm trees, a fig tree, beautiful coloured maples, cherry blossoms, rhododendrons, clematis, magnolia tree, lots of spring bulbs. Roses! Beautiful roses. One which just took a trophy at this year's fair. The residents are very proud.

Our lovely space is perfect for socializing, reminiscing and relaxing. We are a small hospital and making use of every square inch is important.

The newly planted succulent garden will attract butterflies, was designed to use low amounts of water and give a calming place to sit and enjoy. The year we experimented with a vegetable garden. The residents planted tomatoes, cucumbers, beans, peas and lettuce. They enjoyed the whole process: planting, tending, harvesting and best of all making salads!

Residents, staff and families would like to thank the Hospital Foundation for supporting our little green space. ■



LEFT Mike & Kathleen Garside

EVENTS ON THE EXTENDED CARE UNIT

BY SHANA HALL

Even as the cold weather settles in, the Activities Program in the Extended Care Unit (ECU) does not slow down. Our Art Therapist, Ginette has been hard at work making cards to sell for the ECU Craft Sale, which took place at the front entrance of Lady Minto Hospital on November 29th. Other goodies were sold as well, such as cookies, piñatas, and swag ornament. Ten percent of all sales from the Craft Sale will go back into the Activities Program for the ECU residents. On Mondays of each week, the wonderful Mary Ann provides Music Therapy to many of the residents. This program is a welcome acoustic experience each and every week!

On November 11th we hosted the Salt Spring Island Pipe and Drum Band who came to play and pay homage. In addition to a beautiful poster of the Flanders Field poem, residents made gorgeous crepe paper poppies to frame the poster. This was hung in a place of gratitude and honour within the unit.

For the month of December, we have a number of activities planned. On December 12th, we are excited to have the Ukulele Ladies back to perform for the ECU residents, and Viva Chorale will be here to bring in the Christmas spirit with some caroling on December 14th. Bob Twaites, Salt Spring Island's famed entertainer will be performing the ever popular, "A Christmas in Wales" on December 18th. Finally, we will be wrapping up the festive season with an E.C.U. Christmas Family Luncheon on December 23rd catered by Penny's Pantry on the Green and featuring entertainment by Valdy and Kathleen. ■



Pumpkin Carving Event at LMH

BY KAREN MOUAT

Lady Minto Hospital Staff kicked off Canadian Patient Safety Week during their 2nd Annual Pumpkin Carving and Pizza Party by practicing the use of two patient identifiers.

The party, organized by *NICE, involved some clever pumpkin carving activities. Each of the pumpkins, donated by Bon Acres Farm, got a patient I.D. wrist band, and then staff went about locating “their” assigned pumpkin, verifying name and date of birth before carving their Jack o’ Lantern. The Lady Minto Hospital Foundation donated pizza to the staff appreciation event.

*NICE: “Nifty, Inclusive, Connected, Engaged” is a group of enthusiastic employees who strive to make the LMH workplace cohesive and have some fun along the way. They also gutted pumpkins ahead of time... because they’re nice people!

As a small recognition of the tremendous effort the Hospital staff puts in every day, the Hospital Foundation funds the purchase of pizza for all the employees. We do this about 4 times a year because we think they are worth it! Our donors think so too. We regularly receive letters praising the kindness and professionalism received when being treated at Lady Minto. ■



ABOVE Lori Teather & Dean Stewart
TOP RIGHT Vanessa Horel
BOTOOM RIGHT Rodney Flowers





**2019 Lady Minto
Hospital Foundation
GOLF
TOURNAMENT**



Thank you to the enthusiastic golfers, you are the best!

THANK YOU TO EVERYONE WHO HELPS MAKE OUR TOURNAMENT A SUCCESS

This year we raised \$33,000!

ABOVE & BEYOND
Salt Spring Golf and Country Club

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Myles Wilson & Norman Rothwell
Queen Margaret's School
SS Pharmacy
Salt Spring Pharmasave
Salt Spring Lion's Club
SS Air/Harbour Air

SS Veterinary Services
Susan de Stein
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Wine Cellar

SSI Golf & Country Club, Steve Marleau & Pro Shop Crew
Catering: Penny's Pantry on the Green and Star Staff

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Tom Vergalan
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Wild Cider

WORLD'S BEST VOLUNTEERS

Barb Elliott, Carolyn Evans, Carolyn Mouat, Cathy Cronin, Cathy Lenihan, Doug Abernethy, Gerard Zentner, Glynis Finer, Ingrid Niamath, Linda McDaniels, Lisa Sayer, Maureen Zentner, Melanie Iverson, Michael Flannigan and Tim Bradley.

Thank you to the Salt Spring Exchange and the Driftwood for the media coverage.

BOARD VICE CHAIR

Lady Minto Hospital Foundation would like to thank **Janet Cunningham** for her service as Vice-Chair, and for her countless contributions over her term. We are grateful to Janet for remaining on the Communications & Fundraising Committee as a valued adviser.

We would also like to take this opportunity to congratulate **Dave Taylor** as the newly appointed Vice-Chair of Lady Minto Hospital Foundation. Dave is a seasoned professional that brings a wealth of experience to the Foundation and in addition to serving as Vice-Chair, he is Chair of the Communications & Fundraising Committee.



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Published by the Lady Minto Hospital Foundation

Editors Dave Taylor/Sarah Bragg

Layout Mark Hand Design

Printing Contour Grafix

Photo Credits Sarah Bragg, Karen Mouat & contributors

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Printed on acid-free recycled paper

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