



tonight at five

CBC TV Journalist Belle Puri is counting on you



a day in the life

What an 'easy office day' looks like for Neurosurgeon Dr. Mark Matishak

Paying it forward



In the 13 years that she has been alive, Miranda Tymoschuk has endured eight major leg surgeries, a painful metal leg brace and countless overnight stays at RCH. Miranda was born with a rare condition called posteromedial bowing of the tibia and fibula, which has dramatically bowed and slowed the growth of her left leg.

But Miranda is not one to let health issues get in the way of her caring for other people.

This past Spring, Miranda and her friends presented \$500, raised through the sale of cookies and friendship bracelets, to the paediatric staff and her orthopaedic surgeon, Dr. Shafique Pirani, in support of patients' families.

"When I was in the hospital, we needed help for things like gas and meals," says Miranda, whose family accessed RCH Foundation's Emergency Response Fund last year. "I wanted to 'pay forward' the money we raised to help other families who need it."

To date, Miranda has raised more than \$1,100, and her hope is that other paediatric patients will be inspired to "pay forward" her support to others in the community.

For more information or to make a donation to Miranda's Pay It Forward Fund, call 604.520.4438 or visit rchfoundation.com



Inspired by her physician, Dr. Shafique Pirani, Miranda Tymoschuk wants to be an orthopaedic surgeon (right); Miranda and her friends "pay it forward" (bottom).

Looking for trouble

Digital imaging technology helps earlier detection and treatment of breast cancer.

In February 2009, Katherine Sirsiris went for her first screening mammogram. A few days later, she received a phone call.

"Can you come in tomorrow?" asked the RCH breast imaging clerk. A screening abnormality had been found, and a diagnostic mammogram was needed...quickly.

Next came the ultrasound, then a biopsy. The results were positive: it was cancer.

It would take a total of seven months for Katherine to make the agonizing journey from discovery to post-treatment follow-up.

"I'm a pretty patient person," says Katherine. "I realize I was lucky and they found it, but it's a good chunk of your life that is put on hold while you make your way through the system."

Every day, the waiting room of Royal Columbian Hospital (RCH)'s Breast Imaging unit is full of women like Katherine, who are waiting to find out if they have breast cancer.

Research shows that early detection and diagnosis combined with a multidisciplinary approach for treatment helps reduce breast cancer mortality

rates. So why is it taking so long for women to get a diagnosis?

For patients referred to RCH for diagnostic mammography, wait times are certainly not caused by a lack of staff expertise or effort.

"I have this incredible team with this great knowledge but we can't see the volume of women we need to," says Shannon Adamus, who is Supervisor of the Breast Imaging/Bone Densitometry unit at RCH, and also Chair of the Professional Practice Group for Mammography for the Fraser Health Authority.

The Breast Imaging unit at RCH has been meeting the strict standards of the Canadian Association of Radiologists Mammography Accreditation Program since 2000. An interdisciplinary team of radiologists, medical radiography technologists, sonographers and clerical support work together 10 hours a day, five days a week to service a daily patient roster that is always full.

But right now, RCH has only one machine to perform all of its breast imaging.

"We look for trouble and hope we don't find it," says RCH Breast Imaging unit Supervisor, Shannon Adamus.

For more information or to make a donation to the Breast Health campaign, call 604.520.4438 or visit rchfoundation.com

continued on page 3



(left) RCH Foundation donors David and Joanne McDonald hold "a tiny heart" in their hands.



(above) Dr. Robert Hayden, RCH's Chief of Cardiac Surgery

Donor's gift saves woman's life

Mira Davison* is a healthy, active mother in her early 40s who enjoys hiking. Never did she imagine she would almost die from a severe heart attack. But she's alive today thanks to a gift made by donors David and Joanne McDonald to RCH Foundation for the purchase of an Impella heart pump (see "Leadership Giving" page 4).

The pump temporarily replaces the pumping action of a diseased or non-functioning heart.

"Essentially, it is a tiny heart," says RCH's Chief of Cardiac Surgery, Dr. Robert Hayden. Prior to 2008, RCH patients who suffered significant heart muscle damage and qualified for a heart transplant or mechanical heart were transferred to St. Paul's Hospital. Such patients had to be affixed to a rudimentary portable battery-operated cardiopulmonary pump to keep their hearts pumping while en route by ambulance.

After hearing about the availability of the Impella

pump, Dr. Hayden decided to introduce it at RCH. It provides cardiac patients with the interim heart support they need, and enables many such patients to remain at RCH, closer to friends and family, while their physicians determine whether they are a suitable candidate for a mechanical heart or transplant procedure at St. Paul's. As a result, patients identified for a transplant or mechanical heart arrive at the transplant centre in a healthier state.

But the Impella pump has also proven capable of helping some patients' hearts recover function so they no longer need heart transplants.

"It enables some patients to avoid a heart transplant as it provides support to the heart over a few days that it needs to make a recovery," says Dr. Hayden. "Mira's case is a splendid example of what can be ahead for patients who otherwise might have died." * Name changed.

Relationships of support

September marked my first anniversary as Chair of the Royal Columbian Hospital Foundation board of directors. The experience has been fast paced, rewarding and productive despite a storm in the financial world. Non-profits of every stripe have suffered from the recent economic downturn.



RCH Foundation Board Chair, Belle Puri.

Royal Columbian Hospital fulfills a basic need in the community – health care for all.

Its dedicated and committed team of health professionals and staff proudly delivers excellent patient care to one of the fastest growing regions of British Columbia. Every day they look after the sickest of the sick from Burnaby to Boston Bar and beyond.

To bolster this effort the hospital needs to continually upgrade infrastructure, invest in modern equipment and build strong partnerships in the community. That in turn requires a concerted effort by all stakeholders. The remainder of this year and the start of the next will likely continue to be a challenge – and, an opportunity – for RCH Foundation to strengthen relationships of support. We will count on you in the months ahead to ensure you can count on RCH in the years to come.

RCH Foundation has a proud history of individuals and organizations coming together in order to address the health needs of the region. As always we greatly appreciate the support we receive from donors.

Success relies on leadership that sets a standard of giving.

Belle

Grateful patients

Recently, one of my dear friends had to say goodbye to her dad in the Intensive Care Unit at RCH. She told me how amazed she was that even though the medical staff deal with the most critical of cases every day, the staff took time to care not only for her dad, but also for her. She says she will never forget her dad's nurse, who held her and cried with her during those last moments.



RCH Foundation President and CEO, Adrienne Bakker.

I know that receiving the exceptional, compassionate care and service that RCH is renowned for is what inspires so many patients and their families to give. They share a common desire to "pay it forward", so that others may also receive the best in health care, whenever they need it.

On behalf of all those who rely on RCH, I offer my sincere thanks to all those donors who have chosen to make a difference in the lives of others.

Adrienne



For more information or to make a donation to RCH's Stroke Clinic, call 604.520.4438 or visit rchfoundation.com

The tireless physician champion for better stroke care is starting to see his impossible dream inching slowly towards reality.

Dr. Ho's Possible Dream

By Myles Murchison

Royal Columbian Hospital neurologist and researcher Dr. Kennely Ho has a dream: a comprehensive regional stroke strategy and a dedicated stroke care unit. This physician champion has been on the leading edge of enhancements to stroke care in BC and in the Fraser Health region. After many years of trying to move his vision forward, Dr. Ho is now optimistic that he might just realize his dream. Why? Fraser Health's new Stroke Strategy to build a comprehensive, integrated stroke prevention and care program.

The strategy is starting to pay dividends for patients – and for long-time champions like Kennely Ho. The initiative is responsible for the opening of three TIA clinics this past February in Royal Columbian Hospital, Surrey Memorial Hospital and Abbotsford Regional Hospital. (TIAs are transient ischemic attacks, or 'mini-strokes' that in one of 20 cases precede more serious strokes within two days.) Private physicians and hospital Emergency departments within Fraser Health can direct patients to the clinics for treatments to help prevent future strokes.

Stroke is the third leading cause of death in Canada and the number one cause of adult disability. As Ho explains, investing money upfront to prevent stroke or minimize its effects so patients aren't devastated

A survivor's story

By William Lyle Johnson

"I'd had fainting spells for about eight years, ever since I was 44 or so. I'd get so dizzy I'd have to sit down. I'd get headaches, sometimes for three hours, sometimes for three days. No one could figure out what it was.

What was my problem? I don't smoke, I don't drink, blood pressure's fine, I'm healthy, ride my bike, play a lot of golf. Whenever I went to Emergency, the doctors ruled out stroke because I guess I just didn't fit the mode for a stroke patient. What was going on?

One Saturday last year – July 6, 2008 – I knew something was seriously wrong with my head. I decided I'd pay for an MRI myself and I scheduled it for Monday, but that night, about three in the morning, I was feeling really bad, I was vomiting and I was really dizzy. My wife, Cheryl, had gone to bed but my 15-year-old son, Matthew, was awake and I got him to wake her up and she drove me to Emergency.

The doctor on duty thought I was having a 'vertigo attack' again and he gave me Gravol. A half-hour later I was back home, lying on the floor, downstairs. I couldn't speak but I mumbled something to my son who was still up and he woke my wife again. She called 911.

This time the ambulance took me back to Emergency in Delta and right away the doctor said, "He's definitely having a stroke." Royal Columbian had space, so I was back in the ambulance. I thought, 'Game over. I'm going to be paralyzed for the rest of my life.'

The funny thing was – during the ambulance ride – I was beginning to become un-paralyzed and by the time we reached Royal Columbian, I was almost back to normal. Nobody could figure out why.

I spent the night in Emergency. I was fine. Then at 8 in the morning, I had another stroke. I managed to press the call button for the nurse but when she came over to ask "What's wrong?" I couldn't speak.

Fortunately Dr. Ho was doing rounds. He saw me and [ordered an immediate CT scan followed by a

by attacks has real benefits: it improves outcomes for patients, greatly eliminates their years of painstaking rehab and – importantly to provincial health ministries and hospital administrators and, of course, taxpayers – reduces and even eliminates rehab, which saves money. That saving might be "down the road," as Dr. Ho explains, but as boomers age, it's definitely a road that will not be less travelled.

Service and funding priorities have been a challenge, not only to Ho's dream, but for the dreams of many others as well. It's no secret that the health care system does not have unlimited resources, and physicians and administrators alike can get frustrated that they cannot do everything all at once. Keeping up with technological advances and ever-changing best practices adds to the challenge.

"The problem is when you're talking about creating a new program like this the reality is that it's going to take money," Ho says.

Just recently Ho's dream got another boost when Royal Columbian and Surrey Memorial hospitals decided to locate stroke patients together in the Medical inpatient units to ensure they receive care appropriate to their needs.

For Ho, the three new TIA clinics, as well as the grouping of stroke patients, are positive signs of change.

"Things are actually starting to happen. Maybe we'll get the momentum and finally drive this thing forward."

STROKE STRATEGY IN A NUTSHELL

- Every year in BC, strokes kill 2,300 people and leave another 4,200 with lifelong disabilities.
- Stroke is the number one cause of long-term disability in BC. Yet, nearly 50 per cent of strokes can be prevented.
- The Stroke Strategy is a comprehensive, integrated stroke prevention and care program.
- Stroke Prevention Clinics are now located at RCH, Surrey Memorial Hospital and Abbotsford Regional Hospital.

CT Angiogram, to look at the neck and brain blood vessels]. They started me on a clot-buster' but it didn't open the arteries.

I found out later that's when Dr. Ho went across the street to the offices of Dr. Heran who was apparently more experienced [in interventional neurosurgery] and Dr. Ho asked him to come and take a look at me. If Dr. Ho hadn't gone across the street, I'd still be lying there. I'm very thankful to him for that.

(Neurosurgeon Dr Navraj Heran, in addition to general neurosurgery, is also trained in interventional neurosurgery, including such endovascular techniques as inserting stents and coils, and has specific expertise in intra-arterial thrombolysis of clots.)

Before I went into surgery I had to sign a release absolving the doctors and hospital for my death, should it occur, so I knew this was serious. When you're facing the rest of your life being paralyzed, what else do you do?

Dr. Heran put the stent in and I got some blood flow back. In the meantime, he tried to condition my wife to the possibility that I may never walk and talk again. Cheryl was devastated.

When I came out of Recovery, I thought I was done, that I was paralyzed forever. But that night, a couple of hours later, I started coming back. I started mumbling a bit, and I started getting a little movement back. By the next morning when Dr. Heran came by, I wasn't actually up and around but I wasn't paralyzed anymore and I was talking.

He said, 'You shouldn't be.' He said it was a miracle. He said all those fainting spells in the past years had been mini-strokes. He could tell by the scarring on my brain.

I was released from hospital three days later. There have been no recurrences. I've taken six months off, I've played a lot of golf, and I'm really thankful everybody did what they did – Drs. Heran, Best, Long, Singh and the staff at RCH; my wife who was constantly at my side; my friends, particularly Mike Minchin; and especially Dr. Ho. I'm happy and very grateful. Thank you everyone."



Lyle Johnson is happy to be back on the course. Photo provided.

A day in the life

The alarm rings at 0530. I've just returned from two weeks in Puerto Vallarta so I'm very rested. Riding into work today on my bike. It's 40 km from West Vancouver into New Westminster, so I have to leave early to make it for an 0700 meeting. It's cold and I'm late, as usual.

I get to the hospital, shower and am prepared for an 'easy office day'. After checking on some patients admitted two nights before, I head to Surgical Booking to completely change my slate for tomorrow. I have hundreds of patients on the waiting list, but several people have come in who need urgent surgery: one man who is becoming quadriplegic due to a spinal cord tumour and another has a brain hemorrhage.

The first few patients I see at my office are easy; follow-up brain surgery and everybody is doing well. I'm continually interrupted by the phone or pages but things keep flowing. The next few are more difficult: one woman with two brain tumors, both potentially life-threatening. We talk, and I reassure her about monitoring her versus surgical intervention. No one volunteers for brain surgery.

Since my office is just across the street from RCH, I'm continually running across to check on patients or results. I go to Medical Imaging to beg for a variety of scans. They are always accommodating.

I run back to the office, trying to eat something between patients.

My secretary calls me a Neurosurgical counsellor, since I do so much talking with each patient. I actually find that the most enjoyable part of my career now. The second last patient has an inoperable brain blood vessel malformation deep in her brain. We always chat, but there's little I can do for her surgically. Now, to check on everybody in the hospital.

Usually I have between 15 and 25 patients on the ward, but I've been away, so it's a short list today. I discharge a young man with a head injury and discuss surgery with the patients and families for tomorrow. I go over the list of duties with our Patient Care



"My secretary calls me a Neurosurgical counsellor...I actually find that the most enjoyable part of my career now." Dr. Mark Matishuk, Chief of Surgery/Neurosurgeon, Royal Columbian Hospital

Coordinator, Wendy Grozier; it's a joy to work with her. I also touch base with two of my colleagues, Dr. Navraj Heran, who's burnt out from four days on call, and our senior colleague, Dr. Winston Gittens. Dr. Gittens and I have no sympathy for Dr. Heran – we used to work 120 hours a week in the old days!

Then I head down to the medical school to discuss several resident evaluations with staff and to arrange the AV equipment for Surgical Grand Rounds tomorrow at 0730. I check my hospital mail, dictate some discharge summaries, and am back on my bike by 1900 to get back home before 2030. After the last steep climb, my wife has the gates open and I quickly put away my bike. I love easy days like today. Nobody died, and most problems were solved.

Good planning means caring for generations

Q: Why have you chosen to leave a gift in your Will for Royal Columbian Hospital?

A: RCH exhibits the finest in health care ...

There is no better medical centre to support," says Dr. Akbar Lalani, RCH Cardiologist. "Through our experiences, both personal and professional, we have seen how donor funding makes a real impact on patients' lives. So by leaving a gift in our Wills, we can help RCH continue to deliver the best in health care innovation into the future." Adds Mrs. Shamin Lalani: "We've also chosen to leave a gift in our Wills without conditions, as this will enable RCH Foundation to match our gift to the future needs of the hospital."

Including a bequest (or gift) in your Will to RCH Foundation enables you to support the hospital without affecting your current standard of living. You can use gifts of life insurance, RRSPs and RRIFs, securities (stocks, bonds

For more information on developing your own plan for giving, please contact Laurie Tetarenko at 604.520.4179.



Mrs. Shamin Lalani and Dr. Karim Lalani are creating a legacy of care.

and mutual funds) or real estate, and provide for a one-time donation or ongoing support through an endowment. Whatever you choose, your gift will be used to provide the best in health care to others for years to come.

Looking for trouble

from page 1

Obtaining diagnostic images using the current analog equipment is a slow and costly process as it involves film processing.

Currently, if a patient is referred for a diagnostic mammogram at RCH following an abnormal screening mammogram or discovery of a lump in their breast tissue, they may have to wait up to eight weeks for an appointment. During this time, patients and their families are exposed to a tremendous amount of undue anxiety and stress.

"By the time I see the patients, they are very anxious to have their problem resolved, and so we make every effort to make a diagnosis for a patient ASAP," says Dr. Heather MacNaughton, Clinical Director for Medical Imaging at RCH.

The goal of the breast imaging team is to assess

patients with suspected breast abnormalities within five days, which is consistent with well-established models such as EUSOMA (European Society of Mastology).

This year, RCH Foundation is raising funds for RCH to purchase two digital breast imaging machines, which would significantly increase capacity for diagnostic mammography bookings, while reducing waiting times and providing a smoother, less stressful experience for patients.

"Almost 80 per cent of women we see have a breast abnormality that is benign," says Shannon. "If we can determine a negative result for those patients more quickly, then we can send them home happy and able to sleep at night while we focus our work on the women who need the resources."

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Thank you to corporate donors

Thank you to all of our corporate donors for their generous donations, received to date in 2009, which are helping us to raise \$2.3 million to support exceptional care at RCH. For more information about their gifts, please visit rchfoundation.com.



Royal Columbian Hospital Foundation Vice-president, Laurie Tetarenko (centre), accepts \$22,500 from the RBC Foundation, as presented by (from left) Fred Meagher, New Westminster Branch Manager; Darlene Gnam, 5000 Kingsway Branch Manager; Jennifer Muir, Regional Vice-president; and Keith Richmond, Commercial Financial Services Vice-president. The donation will help fund trauma care equipment needs at RCH.



Adrienne Bakker, RCH Foundation President and CEO, kicks off the 2009 Shoppers Drug Mart Tree of Life campaign with pharmacist and store owner Nathan Wong at Royal City Centre in New Westminster. Proceeds from the campaign will support the \$1.1 million Breast Health campaign.



Laurie Tetarenko (front-centre), Royal Columbian Hospital Foundation Vice-president, proudly accepts \$30,000 from Scotiabank's New Westminster team. (From left) Nigel George, Bank Manager, Uptown Branch; Rosemarie McLaughlin, Brunette Branch; Asmina Hirji, Columbia Street Branch; Barbara Ruff, Southeast BC/Central East Vancouver Vice-president; and Debbie Rogers, Scotia Private Client Group. The donation will help fund medical equipment needed throughout Royal Columbian Hospital.



Linda Jackson (right), TELUS Community Ambassador Chair, presents Laurie Tetarenko, RCH Foundation Vice-president, with a cheque for \$8,721.60 from the TELUS Employee Charitable Giving Program to help fund urgently needed equipment throughout the hospital.

And a special thanks to these generous supporters...

- Envision Credit Union Charitable Foundation \$5,000
- BMO Employee Charitable Foundation \$5,000
- Lougheed Town Centre \$2,029.70

For more information about our corporate giving program, please call Eleanor Ryrie, Manager, Corporate Partnerships, at 604.777.8340.

Leadership giving

David and Joanne McDonald were told that one day, their gift would help save someone's life.

Fortunately for a young mother, the gift was used to fund an Impella pump (see "Donor's gift saves woman's life" page 1). Without it, she would not have survived.

"When funding equipment for RCH, we always think of how this new equipment will give the doctor the best chance to help the patient," says David. "It is truly gratifying to know we've been able to make a difference."

The McDonalds have been dedicated donors to RCH Foundation for the past 22 years. But not only have they committed themselves to RCH's causes, they have also brought their family and friends on board as well. David, a past chair of RCH Foundation's Board of Directors, created the Chairman's

Circle, a leadership giving group, in 1998. Ten years later, the Chairman's Circle has grown to 110 donors and, as a group, has successfully raised a total of \$1.5 million in the past four years to help fund equipment and hospital projects, including the state-of-the-art Cardiac Surgery Intensive Care Unit (CSICU) that opened in 2008.

"David is a relentless supporter of RCH," says RCH's Chief of Cardiac Surgery, Dr. Robert Hayden. "At the opening of the new CSICU, which he and the Chairman's Circle donors generously supported, he came up to me and said 'This all looks very good Bob. Now...what else do you need?' That's just the kind of person he is."

David says he feels that the community's "number one priority" should be healthcare.

"The fact is that if the community doesn't come forward to support the hospital, then the equipment and the facilities you need may not be there, and when it comes to your turn to rely on the hospital, you want to ensure they're there."



RCH Foundation donors David McDonald and Joanne McDonald.

For more information or to make a donation to RCH's Cardiac Program, call 604.520.4438 or visit rchfoundation.com

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