

# HEARTbeat



ST. THOMAS-ELGIN  
GENERAL HOSPITAL  
FOUNDATION

OUR MISSION . . . BUILDING COMMUNITY SUPPORT FOR OUR HOSPITAL

## “Home Sweet Home” appeal brings comfort and dignity to patients

**S**t. Thomas-Elgin General Hospital Foundation Directors have set an aggressive goal of \$500,000 for this year’s fundraising campaign, the “Home Sweet Home” appeal, to bring comfort to patients. That’s up by 25 percent from last year.

Dave MacIntyre, President, says the campaign’s target is making patient stays as pleasant, home-like and dignified as humanly possible. “There seems to be a greater need,” he says. An indication of how the Foundation is behind helping STEGH to be the best community Hospital in Ontario.

The Hospital has received top marks in patient surveys for service and satisfaction, and the Foundation wants that to continue. That high ranking comes at a cost. Specialized

furnishings and equipment have to be replaced every year. Among the proposed purchases this year in the hospital’s \$5.3-million capital equipment budget are: specialized beds and chairs; stretchers; a dishwasher and refrigerator for nutritional services (which prepares over 160,000 tasty meals right on site every year); bathtub with patient lift device; and enhancements to patient and visitor lounges.

Mr. MacIntyre says all those purchases have an important affect on helping to ensure the comfort and dignity of patient care. He asks donors to think about how they would like to be treated if they had

to stay in hospital, and contribute generously. He is confident the public will respond, as it has in past campaigns.



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Joanne Gruber, Volunteer, helping with Jarod’s lunch.



## Great patient care - - attracts

**C**yril Walch was unassuming. Even he would have agreed. In 1994 he arranged a Will bequest, which the Foundation received in 2003 to benefit STEGH.

What makes Cyril's story of his Will bequest even more noteworthy, is learning about the care experienced at our Hospital and how that had an impacted on him and family!

Linda Alexander, a niece, explained in a letter that Cyril's gift was "to help continue your great patient care." Linda noted that "Cyril always felt safe and secure at STEGH. He had great faith in the ability of his doctor and nurses. In fact he knew most staff by their first name."



Linda added that before Cyril passed "it was heartwarming the way he was treated with dignity by all involved."

A footnote to this story. Linda and family have since moved into Elgin County, into Cyril's dream home that he had built. "One of the main reasons we came to settle here from Peterborough was your hospital. We saw first hand a staff that was committed to excellence and that made our decision easier."

The Foundation appreciates Linda and family for sharing these kind comments. Thank you and welcome!

## Lions gift restores eyesight to grateful Bert Worthington

**B**ert Worthington, 55, will be "indebted forever" to St. Thomas Lions Club for their \$60,000 gift which purchased an eyesight-saving machine for the St. Thomas-Elgin General Hospital. "To the guy on the receiving end, it's like a miracle," he said of the restoration of his eyesight following cataract surgery using a Phaco Emulsifier Aspirator.

Mr. Worthington is an electrician. He and his wife Sharon have two grown children, Scott and Holly. He noticed deterioration in his vision in recent years. "I love to drive, but the glare of oncoming headlights became blinding." He had never worn glasses, and was as sharp-eyed as anything. "All of a sudden, it started to get cloudy."

Optometrist Dr. Harry Wismer of St. Thomas diagnosed a cataract in Mr. Worthington's right eye in January 2002. Mr. Worthington was referred to Ophthalmologist Dr. Kyle Brydon. A second cataract was found later in his left eye. A cancellation got Mr. Worthington into an early surgery appointment, in February of this year. His other eye was done in May. He was thrilled by the results.

For his first eye, he arrived a little late for his 8 a.m. surgery, but was still back at home by 10 a.m. He experienced "absolutely no pain or discomfort." The bandage on his eye

was removed the next morning, and he could read without difficulty with his one eye. The "yellow and gungy" vision in his other eye was cured by his second surgery.

The toughest part of his recovery, he said, was feeling great and being unable to do much of anything for those two weeks to ensure small incisions in his eyes healed fully. His experience reminded him how much good service clubs voluntarily performed for their communities, he said. He has some firsthand experience in that field. He is a longtime Shriner and Mason, and has donated blood 57 times.



*Sincere thanks to the 'Lions Club of St. Thomas' for outstanding generosity to our Hospital! Recently the Club concluded a multi-year pledge of \$60,000 providing a 'Phaco Emulsifier Aspirator' a vital eye surgical tool used to perform cataract and lens in-plant surgeries. Celebrating with Club members are Barb Lace (front left) Club President, presenting the final \$10,000 pledge amount to Bert Worthington, surgery patient, and Dr. Kyle Brydon, Ophthalmologist.*

## Cataract surgery improved

**A**bout 700 eyesight-restoring cataract surgeries are performed at St. Thomas-Elgin General Hospital every year. Dr. Kyle Brydon is an Ophthalmologist who has been in practice for five years. He explains that a cataract was a clouding of the eye's lens, which looked like "a crystal-clear Smartie." While patients are usually older persons, cataracts occasionally strike children too.

During surgeries, he uses a Phaco Emulsifier Aspirator purchased with \$60,000 donated by St. Thomas Lions Club. In the old style of cataract surgery, a large incision, nine to 10 millimeters long, had to be made in the eye. The patient's own lens was removed, and a plastic one implanted. Recovery required three months.

With this new equipment, a much smaller incision, about three millimeters long, suffices and ultrasound breaks-up the patient's lens, which is gently suctioned out. A "foldable" lens is inserted and unfolded in place. Surgery is completed much faster, and patient eyesight is restored by the next day.



*Dr. Kyle Brydon, left, used this eye-surgery equipment to cure the cataracts of grateful patient Bert Worthington.*

## Nutritional staff gives back to the community

**N**utritional Services workers, proud of their homemade food and service to patients, find time in their hectic work schedule to give back to the community too. Mike Johnson is Manager of the 19 full-time and 20 part-time nutritional workers at the Hospital. They prepare approximately 450 patient meals daily year-round, plus 200 more for the cafeteria and in-house catering. Their shifts run from 6 a.m. to 7:30 p.m.

Mr. Johnson says workers are proud that 80 percent of the food served in the Hospital is produced in their kitchen. In most hospitals, 90 percent is made off-site. He says making food in-house ensures it is the highest-quality possible while meeting nutritional and other dietary requirements. Hot, tasty food makes a big difference in the morale of patients who have to stay overnight or longer at hospital, he

says. Over 90 percent of patients rate the food at the Hospital "very good" in surveys.

In addition to their work, nutritional employees find time to give back to the community. They canvass within the hospital for non-perishable food and toy donations for Christmas Care hampers for needy families. They prepare Christmas baskets of their own full of food treats, and raffle them to staff, visitors and patients to raise cash. Over the last two years, they have donated about \$5,000 to Christmas Care.

During the August power blackout, Zehrs grocery store in St. Thomas donated all its deli chicken, wings, spareribs and potato wedges to the Hospital. The store didn't have refrigeration to keep the food safely. Mr. Johnson said his staff greatly appreciated the store's generosity and

thoughtfulness. Nutritional staff prepared the food and sold it in the cafeteria, raising an addition \$500 for Christmas Care!



*Nutritional Services group work 'year round' for Christmas Care. Retirees Mona McCaw (left) and Etta Lees, are two former staff members of the Nutritional Food Services group who helped with fund raising for Christmas Care.*



**HEARTbeat**

is produced by the St. Thomas-Elgin General Hospital Foundation.

Please send comments & address corrections to:

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# Thank you, for helping us help the hospital



Representatives of the Royal Canadian Legion Zone A-7 and area Branches presented \$10,000 for the purchase of equipment items in the 'Home Sweet Home' Appeal. Their gifts sponsored an Echo Bed, used to obtain high quality echocardiography ultrasound pictures of the heart, and Geri Chairs, providing safe and comfortable seating for patients.



Canadale Nurseries made a generous gift of \$5,000 to support the upcoming campaign for ER, Ambulatory and Surgical Suite improvements. Accepting the cheque is Dr. Hugh McLachlin, Foundation Director, from Joan Intven and Pauline Casier-Intven.



Joanne Faris, (right) Choir Director, and Pastor Paul Elliott, Minister of Worship, Faith Baptist Church, presented gifts to Foundation Board member Sharon Little. A total of \$9,300 was provided from Faith's 2002 Christmas production, enhancing Chemotherapy patient care.



## St. Thomas Dragway hosts unique event

Dave & Linda Mathers (left) owners of St. Thomas Dragway, present a cheque to STEGH Foundation representatives Ron Elliott, Vice-President & Show Truck Event Chair, and David MacIntyre, President. The Dragway hosted the St. Thomas Truck Nationals, Show, Shine & Shootout as a fund raising event to assist the 'Home Sweet Home' appeal. The Board and Staff are grateful to the Mathers and Dragway staff for their support in presenting a new and unique event and to the Dragway for their generous gift!



The STEGH Family Centre is the beneficiary of a gift from Heather's Dream 2003. Held in memory of Heather Anderson, a portion of the proceeds from this year's event helped to purchase a portable vital signs monitor. Joining in the presentation (from left) Foundation Executive Director Tom McKenney, Family Centre RN Penny Arnold, and Heather's grandmother and parents, Elizabeth, Sharon & Scott Anderson respectively



Aylmer Shrine Club donated \$3,000 to benefit the Family Centre. Club President Steve Kavanagh presented their recent gift to RN Helen Vanduyhoven of the Family Centre assisted by Foundation Executive Director Tom McKenney



Karen Zimmer, President of the Aylmer Lioness Club presents a donation of \$500 to Foundation Board member David Mennill. The gift will benefit Diabetes Education at STEGH.



The South Dorchester Optimist Club donated a Playstation & games to the Family Centre. Joining in the presentation are (left - back) Chris Churchill RN, Club member Susan Ferguson, Paul Collins, CEO; in front are Susan's grandchildren Sabrina & Graydon Ralf.



The Ale House of St. Thomas sponsored and operated the Mini-Putt at the St. Thomas & District Chamber of Commerce annual golf event; \$206 of competitors proceeds were donated to the Foundation. Ale House representatives, the mother and daughter team of Sue and Danielle Campbell, left and right, greet two of the many competitors.

## IDEAS ANYONE?

If these imaginative fund raisers and the donations they generate sound like fun, why not try one of your own? Your friends, employees, co-workers or customers will enjoy the chance to help!

## ER gets relief with temporary quarters for Ambulatory Care

An Ambulatory Care Centre (ACC) has taken temporary quarters in the former Paediatrics wing on the west side of the Hospital's first or main floor. Brenda Lambert is Program Director for the centre. She said it has provided space for pre-booked outpatient procedures that didn't require an overnight stay. Those procedures had been done in the ER, but heavy demand for both emergency and ambulatory care services resulted in overcrowding. ER has 35,000 emergency visits a year. Adding another 25,000 outpatient visits, most between 7 and 10 a.m., resulted in frustration for everyone involved, she said.

The Hospital is still awaiting Ontario Ministry of Health approval for a building project that will include the centre's permanent facilities, plus a modernized emergency room and new surgical suite. The plan to create an ACC has been in the works for years and that is why it is part of the Hospital Renewal Plan, now before the Ministry for review.

The Hospital decided to establish the ACC in temporary quarters in



Registered Practical Nurse (RPN) Joanne Den Harder, left, Dr. Richard Wylie and RPN Janet Wencel in a private treatment room of the Hospital's temporary Ambulatory Care Centre.

the former Paediatrics wing to make an immediate improvement in patient care.

The ACC's dedicated staff was supposed to make a gradual transition away from ER. But with the SARS outbreak in early April in Ontario, this led to strict new operating guidelines for ER's. To keep providing ambulatory care services to patients, staff had to move immediately into the temporary quarters. The transition was abrupt and demanding for staff, but Ms Lambert believed both patients and staff were much happier in the new quarters.

Services provided in ACC are constantly being reviewed to ensure patient needs are being met as much as possible. The centre is open from Monday to Friday, 7 a.m. to 6 p.m., giving three additional hours of service per day.

### The Top Ten List

Procedures performed in ACC and number of annual visits:

1. Consultation and follow-ups with specialists, 7,000;
2. Dressing changes, suture removal and drain removal, 3,000;
3. Examinations for hemorrhoids, polyps and bleeding ulcers, 1,600;
4. Fracture clinic, including follow-ups and cast removals, 1,500;
5. Removal of moles and warts and drainage of abscesses, 1,400;
6. Pain control, including epidurals and nerve blocks, 1,400;
7. Catheter changes for urinary and feeding tubes, 250;
8. Vasectomies and circumcisions, 200;
9. Blood transfusions, 200;
10. X-ray procedures that require preparation or monitoring afterward, 100.

## Generators saved day for Hospital's patients

Sometimes the most important lifesaving equipment in the hospital isn't the latest miniaturized high-technology surgical tool or diagnostic miracle.

Sometimes it's decidedly unglamorous, bulky machinery in a small room next to the Hospital's steamy boiler room.

In August, the Hospital's two diesel-powered electrical generators went to bat when a power blackout struck most of Ontario and Northeastern USA.

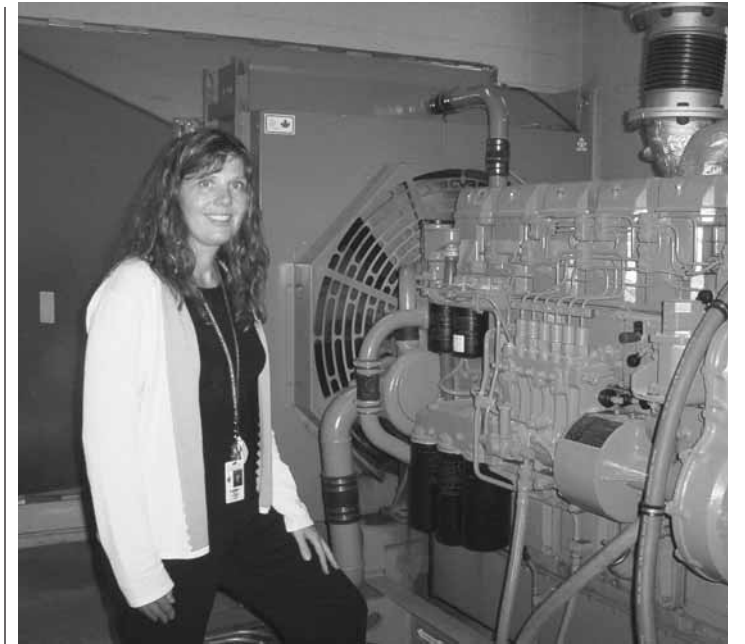
"Regular power was out 4 hours at the Hospital and those generators performed magnificently," says Maureen Bedek, Vice-President of People and Hospitality Services.

"They kicked in so smoothly when regular power failed, some Hospital staff and patients didn't even know a widespread blackout had occurred."

She says the Hospital has had one generator for 15 years, and the other was installed more recently with fears of possible calamities from the so-called 'Y2K bug'. This emergency planning, including the installation of a second generator, has prepared the Hospital for power outages.

With those two generators, she said, "almost all Hospital functions could continue normally. The only exception, a slight reduction in air-conditioning ability." She says the generators are wired so high-priority areas, such as operating suites and emergency room, get power first.

In the week that followed the power outage, the generators were used to reduce demand on St. Thomas's electricity grid during their peak hours. This saved an estimated 5.7 megawatts, a significant help in reducing



Maureen Bedek, Vice-President of People and Hospitality Services, with one of the two diesel-powered generators that provided the Hospital with electricity during a widespread August blackout in Ontario.

over-all demand (normal demand ranges between 55-70 megawatts/hour), thus keeping the local grid 'up' during the week following the black-out.

While regular testing of the back-up power generators is routine, extended service use also has benefits. One generator was 'down' briefly after a coolant hose broke. The breakdown caused no real problem, and was efficiently repaired by maintenance workers.

## Putting Patient 1st in visitors' policy

The SARS outbreak in Ontario last spring has triggered a review of visiting and security policies at the Hospital. Fortunately, the hospital didn't have to deal directly with SARS here, but measures taken just in case have taught some valuable lessons.

Maureen Bedek is Vice-President of People and Hospitality Services, while Anna Hunt, BScN, is an Infection Control Practitioner at the Hospital. Ms. Bedek says, "in the past, the hospital has been 'wide-open' to

visitors. The SARS outbreak brought that to a crashing halt." Visitors were restricted in number and hours, and even banned almost entirely for one brief period. Patients, as it turned out, were mostly happier with the new restrictions.

During the course of SARS restrictions, a patient survey was done during Easter weekend. Only 30% of the patients said they wanted visitors during that period of time. That raised some questions about whose

needs should be considered *first- the patients or visitors.*

Ms. Hunt said, "Hospitals are now faced with trying to balance out what is in the best interest of their patients. While the Hospital believes that visitors assist in the healing process of patients, the health and safety of patients, staff, volunteers, and visitors is also important." Infection rates for example dropped within the Hospital when SARS precautions were in place. Nursing staff seemed to have

more time to spend with their patients. Under 'New Normal', visitors will be restricted from visiting if it will expose the patient and others to risk of infection. "Visitors are asked to limit the time they spend with patients since they tire easily, and be mindful that they are less able to resist infections," says Ms. Hunt.

There will be more precautions signs outside patient doorways and everyone, including visitors will be expected to follow these precautions,

as per Ministry of Health directives.

Presently patients are now allowed two visitors at a time from 4-8 p.m. daily in most wards. The exceptions are the Family-Centred Maternal Child Care Unit and palliative care where, at the supervising nurse's discretion, visiting is more liberal. In the Complex Continuing Care Centre, the visiting policy is being 'revisited'.

Ms. Bedek says "with what we've learned from the SARS experience, the Hospital is again taking a close look at safety and security issues."

With some 39 separate unlocked and locked entrances, the Hospital is reviewing which entrances to keep open, and how to control access. If the Hospital has to be secured in an emergency situation, precious time will be required to lock all the doors.

Under the 'New Normal', and the upcoming flu season, continued health screening for all persons entering the hospital may need to be 'revved-up' in the best interest of contributing to a healthier hospital and community.

## "Soldiers' Memorial" tribute to WWI fallen

The "Soldiers' Memorial," a bronze statue in front of the Hospital, stands as a tribute to the dead of the "Great War" from this district.

Robert White of West Lorne, Zone A-7 Commander for Royal Canadian Legion, says the statue is an important reminder of the sacrifices Canadians made in the First World War. Few veterans of that conflict remain alive today. "This is one way we can remember them and what they did." They gave their lives for freedom, he says, and in the process made Canada a country.

The statue was erected in 1924 at

the former Memorial Hospital on Pearl Street in St. Thomas, and was the city's first war Cenotaph. The Memorial site later became STEGH's Continuing Care Centre. When it was relocated to be with the Hospital in 1990, the statue was also moved to the front of St. Thomas-Elgin General Hospital.

In addition to the statue, stained glass windows depicting war scenes, a book with the names of 2,250 Elgin County residents who enlisted in the First World War, two remembrance plaques and 80 commemorative plaques were moved from Pearl Street to the Hospital.



Robert White of West Lorne, Zone A-7 commander for Royal Canadian Legion, stands in front of the "Soldiers' Memorial" at the Hospital's main entrance

## Celebrating STEGH's 50th Birthday

May 11, 2004 marks 50 years of service to our community. You're invited to join-in the events being planned to recognize this milestone and celebrate a rich heritage and promising future.

The 50th Birthday Committee seeks your assistance in connecting us with individuals involved with any aspect of building or planning the construction of the Hospital opened in 1953 and also individuals born during its first full year! Please also help connect us with any other information you sense would be significant or helpful to the 50th Birthday!

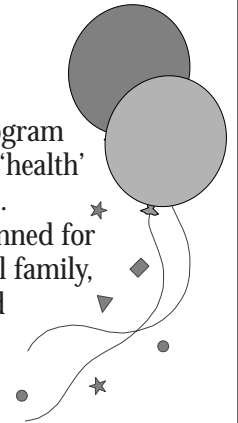
Watch for complete 50th Birthday Program details. Tentative plans include monthly 'health' topic seminars beginning in January 2004. From May 10 to 16 several events are planned for past and current members of the Hospital family, donors, hosting a Business After Five and celebrating with many of the Hospital community and health care partners.

Information contact –

Mrs. Sharon Little

Chair – 50th Birthday Committee

633-6781 or sharwiss@sympatico.ca



**Grand DRAW**  
**2003**



## Grand Draw Winners To Date:

APRIL 25TH  
James F. Rae #2152  
Marilyn Birchmore #2254  
Mary Edgar #1466

MAY 30TH  
Verne Sim #1034  
H. Martin Disbrowe #2005  
Esther Vann #2063

JUNE 27TH  
Ila L. Jones #385  
Cliff H. Barwick #697  
Gary Newell #1634

JULY 25TH  
Chantal Laye #343  
Jean E. Johnson #380  
Ralph Puype #2133

AUGUST 29TH  
Dorothy M. Walker #582  
Niola Walters #616  
Hugh McGuire #1462

SEPTEMBER 26TH  
Don W. Mills #1292  
Edith Bowen #2007  
Donelda M. Hewitson #1969

OCTOBER 31ST  
Audrey & Graham Thomson #857  
Glenda Jones #1457  
Fern Smith #1758

**CASH**

Two more draw dates in 2003

November 28th

December 19th