

Believe

A publication of St-Boniface Hospital

Spring 2013
ISSUE 2.1

Honouring
compassionate
caregivers

**Improving cardiovascular
health with CHaRM**

**A welcome support for
dialysis patients**

**The right device
at the right time**

**Women's Heart Health
Initiative launched**



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Believe

Believe is a publication of St-Boniface Hospital.

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Spring is a time of growth and renewal, and you can feel the energy in the air at St-Boniface Hospital. Staff and physicians are actively engaged and

committed to making a difference in the lives of all patients in our care.

Every day, staff and physicians are identifying new ways to make changes that will better meet the needs of patients, and patients are noticing. Patients are telling us we are doing better – this past year, 85 per cent of patients surveyed rated their overall quality of care as very good or excellent. We reduced harm, and treated more patients who were sicker with the same resources as past years. I am convinced that we can still do better by our patients.

Our goal is to always provide safer and better care for patients from the very first moment, and throughout their stay to consistently produce the best possible outcomes.

Our vision of care also includes supporting the researchers and clinicians at St-Boniface Hospital who are transforming curiosity into ground breaking research that may lead to a better understanding of diseases and treatments, and provide hope for future patients.

I believe the efforts of our staff, physicians and researchers, which you will read about in this edition of *Believe*, are bringing us closer to achieving our vision.

Through the development of true collaborative care and teamwork, we are reducing harm to patients, and increasing positive outcomes, creating hope for the future. We still have more work to do, but together, we are on a journey to improve at St-Boniface Hospital. 🍷

Dr. Michel Tétreault
President & CEO
St-Boniface Hospital



On February 28, 2013 I attended a ceremony where the recently retired Dr. Leslie Degner was inducted into the St-Boniface Hospital Research Hall of Fame.

Dr. Degner is the former Director of Psychosocial Oncology and Cancer Nursing Research at St-Boniface Hospital.

As I sat in the audience and listened to Dr. Degner's impressive accomplishments I was shocked that although I have been in my current position for almost three years and had worked about 120 metres from this amazing woman, I was not aware of the breadth of her work, or to what extent her work influenced how we treat patients around the world.

It's easy to overlook the accomplishments of people like Dr. Degner when you work in an environment with 4,000 dedicated and talented people. Our goal with publications like this edition of *Believe* is to make it difficult to be unaware of the Dr. Degners of the world.

In this particular edition of *Believe*, you will find a number of stories that highlight the work of several amazing people including St-Boniface Hospital volunteers, researchers, and clinicians.

You will also read about some exciting initiatives including our Transformation project, the new Women's Heart Health Initiative, and the implementation of a new Electronic Patient Record at the Hospital.

I want to congratulate Dr. Degner on her induction into the St-Boniface Hospital Research Hall of Fame and wish her a rich and fulfilling retirement. I also want to thank Foundation staff, board members and donors who help create an environment where we allow future hall of famers to flourish. 🍷

Charles (Chuck) LaFlèche, CMA, FCMA
President & CEO
St-Boniface Hospital Foundation

Transformation in action

Providing timely care for women in labour

Following the birth of a baby in the Labour and Delivery Unit (L&D), nurses help new moms interact with their babies and initiate skin-to-skin care, while closely monitoring mom and baby's vital signs. Once the patients are stable and have received the post-delivery care they need, their transfer to a recovery unit is important for the patient and newborn, as well as labouring women waiting in the Obstetrical Triage Unit.

In 2012, the Woman and Child Program experienced a significant increase in its daily number of births. The labour rooms and the five-bed triage unit were seldom empty, delaying care for labouring moms who could not be transferred until a bed was available in the L&D Unit.

In reviewing their daily processes, staff identified that patients were spending on average 3.4 hours in the L&D Unit before being transferred to recover in the Mother Child Unit or the Labour, Delivery, Recovery and Postpartum Unit.

"The staff tried different approaches to manage the flow of patients from arrival to a safe delivery," says Susan Mussell, Program Team Manager, Labour, Delivery, Recovery, Postpartum Unit (LDRP).

"By developing standard processes we were able to reduce the length of stay in the Labour and Delivery Unit to less than two and a half hours. Staff also streamlined communication between the L&D nurse and the receiving unit nurse to make sure moms and babies received the care they needed prior to being transferred. They are working with housekeeping staff to quickly clean and prepare the labour rooms for the next patient."



The new family: David Bowe, Lorianne Sivanertok and David Jr.

"The care my daughter received from the nurses and physicians in Obstetrical Triage was outstanding," says Dr. Judith Scanlan, whose daughter was a patient at St-Boniface Hospital. "At all times, the staff was supportive and listened to her concerns. She was reassured her babies were doing well."

Since improving communication throughout the entire care team, new moms are transferred more quickly. Faster transfers from the L&D Unit to a postpartum unit increase patient safety for labouring women, and ensure they receive the care they need at the right time. 🤝



The Vascular Access Team (from left to right): Carrie Urso, Nancy Friesen & Carol Ann O'Grady (missing: Lara Ryan).

The right device at the right time

Many patients at St-Boniface Hospital receive fluids and medication through an intravenous catheter (IV), as they allow necessary fluids and medication to quickly enter the bloodstream. Sometimes due to the type of medication, length of treatment required or the patient's lack of healthy veins, patients require a peripherally inserted central catheter (PICC) line. PICC lines are inserted in a vein in the upper arm, with the line terminating in a large vein near the heart, by the Vascular Access Team (VAT), composed of a nurse clinician, a full-time nurse and two part-time nurses.

"Last year, the team received over 1,100 consultation requests to insert a PICC line. The team assesses each patient to ensure they receive the appropriate device," says Nancy Friesen, Vascular Access Nurse Clinician. *"Approximately two thirds of those patients had a PICC line inserted last year."*

In addition to consultations to insert a PICC, the team also received over 1,000 consultation requests due to PICC and other vascular access issues. The team spent about 58 per cent of their time attending to issues such as plugged PICCs, decreasing the amount of time they had to insert new lines.

While the need for a PICC line can often be anticipated early on in the patient's journey at the Hospital, the VAT team found that patients were waiting up to 14 days after admission to the Hospital for a consult to be initiated. This resulted in urgent consultations to avoid putting the patient at risk and delaying treatment.

A team of health care workers from throughout the Hospital worked together to create tools to improve care for patients requiring a PICC line, with input from a former patient and family member. The team developed a venous assessment tool to help nurses easily screen patients and determine their vascular status on admission to a unit, which will help identify the potential need for a PICC early on. They also developed a reference tool for nurses with information about PICC care, maintenance and troubleshooting, providing the bedside nurse with tools to help maintain the line and decrease the number of consultations for issues. The tools are currently being trialed in some units at the Hospital.

These tools will help the VAT ensure that patients are receiving the right device for their care, at the right time, with minimal delay. 🤖



Nurses Cathy Plantz and Cindy Balkwill conduct a face-to-face report.

Transferring patients recovering from anesthesia

For patients waking up after surgery, the time spent in the Post Anesthesia Recovery Room (PARR) and the subsequent transfer to an inpatient bed on a ward is most likely a blur. However, once a patient is stable, their timely and safe transfer onto a unit is critical to the patient and others waiting for surgery.

In keeping with St-Boniface Hospital's goal to provide timely care to patients, PARR staff identified delays ranging from a few minutes to four hours before transferring patients onto other units.

Delays in transferring patients out of the PARR create a domino effect, as patients in surgery are unable to leave the operating room until they have a bed in the PARR, causing delays in subsequent surgeries. Most delays occurred during peak times in the recovery units, when all beds were occupied and staff was unable to move patients. Because of the rush, the nurses' processes to share information about the patient's condition with the receiving unit were sometimes hurried and inconsistent, increasing the risk of harm to patients.

PARR staff worked with staff on surgery units to develop a better process to transfer patients at the right time, and with the right information. The team developed a standard method to alert staff about patients arriving on their units, providing a 10-minute warning and allowing staff to prepare for the incoming patient. They also developed a process for the PARR nurses to accompany patients to the recovery unit, and discuss the patient's condition face-to-face with the receiving nurse, ensuring all critical information is shared.

Since making these changes, transfer times have decreased to 15 minutes on average from the time the decision to transfer is made to the actual move, and face-to-face reports are taking place during every patient transfer. Faster transfers from the PARR to a recovery unit mean that patients receive safer care at the right time, and patient safety is increased. 🏥

The right information... at the click of a button



Nurse Kaoutar Elmaazouz Akaoui electronically updates patient Donna Thompson's file using the new eDocument technology.

At St-Boniface Hospital, a patient's health information is now just a click away in most units.

In late 2012, electronic documents (eDocuments) were first introduced at St-Boniface Hospital as part of the electronic patient record. Instead of charting the patient's condition on paper, authorized health care providers can now enter, review and update information through computer stations right at the patient's bedside.

Health records provide a window into a patient's medical history. Previously handwritten and collected in a folder, health records contain documents about the patient's vital signs, medical history, progress notes, and any other information that can help the Hospital team care for the patient while they are admitted.

The availability of patient information plays a large role in reducing the risk of harm to patients and providing them with the care they need to get better. Health records were often difficult to access, and previously could only be reviewed by one person, in one location, at a time.

"eDocuments are now being used in inpatient units at the Hospital, as we work towards providing one common source of information about the patient's health," says Caroline Deerpalsing, Manager, Clinical Informatics. "The eDocuments are helping to improve the coordination of patient care across locations and departments throughout the Hospital as they can be accessed by multiple members of the care team at once. eDocuments are also clearly legible, eliminating the risk of errors related to misinterpreting handwriting."

St-Boniface Hospital was the first hospital in Manitoba to launch eDocuments. Authorized members of the care team now have access to the most current information about a patient's condition at their fingertips, increasing patient safety and helping provide the best possible care for patients. 📄



NO HEART BEATS LIKE THE HEART OF A WOMAN.

St-Boniface Hospital and St-Boniface Hospital Foundation, in partnership with the WRHA Cardiac Sciences Program, recently announced the creation of a Women's Heart Health Initiative (WHHI).


The WHHI will focus on improving awareness and education of women and health care professionals of cardiac disease risk factors and warning signs; support targeted research to improve diagnostics to facilitate early and more accurate detection of heart disease; and ultimately, improve treatment and health outcomes for women.

On March 7, 2013, more than 350 women and health care providers gathered at the Winnipeg Convention Centre for the Heart of a Woman conference, a Women's Heart Health Initiative event. The conference was presented by the Asper Foundation in memory of Babs Asper, who passed away suddenly in 2011 from cardiovascular disease.

"I truly believe that if we had been better equipped to recognize the warning signs of her cardiac arrest,

my mother may still be with us today," said Gail Asper, President of the Asper Foundation. "It is for that reason that I am extremely excited to be working with St-Boniface Hospital to address this need for better awareness and education of cardiovascular disease in women."

Guest speakers Dr. Sharon Mulvagh, Director of the Women's Heart Clinic at the Mayo Clinic; Dr. Sonia Anand, Professor of Medicine and Epidemiology at McMaster University; and Dr. Ali Zentner, Vancouver Internist and host of CBC's Village on a Diet, joined nine medical experts from St-Boniface Hospital to address topics related to heart disease in women.

"As a father, husband, brother, son and friend of many strong and inspiring women, this initiative is close to my heart," says Chuck LaFlèche, President and CEO, St-Boniface Hospital Foundation. "If the Heart of a Woman conference inspires just one woman to seek early care for heart disease, or recognize the early signs of a heart attack—I will feel like we have accomplished our goal." 

Thank You!

Presented By:



In Memory of Babs Asper



Hôpital St-Boniface Hospital
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Diagnosing cardiovascular disease

Dr. Todd Duhamel's study may help improve the early detection of heart disease

Dr. Todd Duhamel, Principal Investigator, Physical Activity and Chronic Disease Prevention at the Institute of Cardiovascular Sciences at St-Boniface Hospital Research, had a clear message for attendees at the Heart of a Woman conference.

"Pay attention to your health as early as possible. As we age, most of us assume it's okay to get aches and pains and to slow down. All those aches and pains could be symptoms of the early stages of heart disease."

His workshop discussed testing new diagnostic approaches to identify the early stages of cardiovascular disease.


"We have the technology to determine whether or not someone will have a heart attack five years down the road," says Dr. Duhamel. "If we can determine that, we might be able to provide some preventative medicine approaches to prevent people from having heart disease."

This technology includes new methods of analyzing blood samples, blood pressure, and heart size. According to Dr. Duhamel, high blood pressure and arterial stiffness are telltale signs of the impending risk of a heart attack. High blood pressure can be tested before and after brief exercise to gain additional information about the cardiovascular system, and using a special machine, doctors can check your pulse to test for arterial stiffness.

Ultrasound technology is also used to analyze the heart to see if any changes, such as enlarging of the heart, are taking place.

"We're looking to achieve significant results through blood tests," says Dr. Duhamel. "There are some things that change in your blood as you develop heart disease. This combination of testing has only been around for less than a decade, so it's relatively new."

Dr. Duhamel believes that most people would change their behaviour if technology could identify their heart health risks.

"No one wakes up one day and has heart disease," says Dr. Duhamel. "It develops over time. Paying attention to your health and having open and honest dialogue with a medical professional can make all the difference." 

Matters of the heart



In December 2012, a heart attack nearly killed local business woman Yvonne Baert. St-Boniface Hospital's Cardiac Sciences Program team, with the help of the Winnipeg Fire Paramedic Services, was able to save her life.

Here, Yvonne tells her story:

When I awoke on the morning of December 12, 2012, I had no idea that by 1:30 p.m. I would be dying. I was in fact planning my typical business day of recruiting, doing household errands, and visiting my dying mother.

It was cold and I was hurrying to the car, and suddenly I began to have trouble breathing. I returned to the house, where my husband Bob asked if I had forgotten something.

"I don't feel right. I'm having trouble breathing; my windpipe hurts," I told him.

Bob took me upstairs to lie down. I was suddenly overcome by nausea and began vomiting. I didn't understand what was happening. Was it something I had eaten? Was I having a panic attack?

After suddenly feeling pain down my left arm I asked Bob for an Aspirin and suggested he call 911. I called

my sister Marie, a former St-Boniface Hospital nurse, and she concurred.

Ten minutes later, five paramedics appeared at my bedside. They asked a few questions, which Bob mostly answered. They slipped on a blood pressure cuff and oxygen mask, took my vital signs, taped leads on my chest, and asked how bad the pain was on a scale of one to 10. I told them 8.5.

They gave me medication and I began to relax. I knew I was in good hands. I could see the echocardiogram spiking up and down on the laptop on the floor, which I later learned was transmitting my data back to a Cardiologist at St-Boniface Hospital.

They told me, "Yvonne, you are having a heart attack but we are taking care of you and you are going to be fine. We are taking you to St-Boniface Hospital's Catheter Lab."

I surrendered to what would happen next.

At the Hospital, I bypassed the Emergency Department and headed straight to the Catheter Lab where doctors and nurses calmed me down, and told me they had everything under control. All of my critical data was already up on a screen behind me. I was sedated but felt very cold. I could hear their calm voices. They cut into my femoral artery and inserted four stents (and three more a few days later).

I was closely monitored in the Intensive Care Unit and later in the step-down unit. Physicians visited frequently and checked my heart, oxygen, and blood pressure to ensure I was stable. There were a lot of patients on this floor but they knew every detail about my body. I was weighed every morning, and a counsellor visited to see how I was reacting to the frightening event. I slept between visits. The whole scenario replayed many times in my head like a stuck record. I have to adjust my thinking. I must take care of myself now. This must never happen to me again.

I am alive because of the talents of the paramedics, nurses, and doctors who are experts in their disciplines. I was in the right place, at the right time, with the right team, at the right hospital.

Today, I feel better than ever, and am training at the Reh-Fit Centre. I look back at the frightening events of December 12, and wonder why it took me so long to admit what was happening to me. There is no history of heart disease in my family, I am not overweight, I don't have diabetes, I sleep well, eat well and I am pretty active. How could this happen to me?

I am sharing my story to inform other women. Even if you think you are not at risk for a heart attack or stroke, you should still investigate any unusual symptoms that you have, such as angina. Listen to your body, and erase the words, "I don't have time," from your vocabulary when it comes to your health. 🙌



"It is our wish that our loss will be turned into hope for other premature babies and their families," says Corrie Ford, whose infant son, Zdeno, passed away in 2011 in the Neonatal Intensive Care Unit (NICU) at St-Boniface Hospital.

Corrie and her husband Ryan, along with their young daughter Stella set out to raise \$30,000 to purchase a Giraffe isolet for the NICU. Zdeno spent 22 days in a similar isolet while he was at the Hospital.

Stella found a bed for Zedo ...

and it is a Giraffe isolet for St-Boniface Hospital's Neonatal Intensive Care Unit!

Corrie and Ryan Ford with their two daughters, Stella and Rapunzel, and the Giraffe Isolet the family purchased in memory of their son, Zdeno.

In 2012, Corrie and Ryan published a children's book, "Stella Finds A Bed For Zedo," sharing their story while raising funds to purchase the isolet. After nearly two years of hosting socials, bake sales, and a golf tournament, and through the sale of their book, the Ford family reached their fundraising goal. The Giraffe isolet was purchased for the NICU in March 2013. 🙌

To read more about the Ford family's journey visit www.stellafindsabedforzedo.ca.

Improving cardiovascular health with CHaRM



Dr. Alan Menkis, Director, Cardiovascular Health Research in Manitoba (CHaRM), with CHaRM members, (back row, left to right) Dr. Ganghong Tian, Dr. Rohit Singal, Michael Pereira, (middle row) Dr. Shelley Zieroth, Susan Mertin, Dr. Rakesh Arora, Luting Yang, (front row) Lorraine Avery, Dr. Joanne Sawatzky, Dr. Menkis, Theresa Moore.

When it comes to matters of the heart, communication and collaboration are key elements in improving the care and quality of life of patients with cardiovascular disease. In 2006, the Cardiovascular Health Research in Manitoba (CHaRM) Investigator Group was created to do just that.

"We organized the CHaRM Investigator Group to be able to better communicate and collaborate across multiple institutions and multiple disciplines," says Dr. Alan Menkis, Medical Director of the Winnipeg Regional Health Authority's Cardiac Sciences Program, based at St-Boniface Hospital, and Director of the CHaRM group. "We have members from St-Boniface Hospital Research and the Cardiac Sciences Program; the faculties of Nursing and Pharmacy at the University of Manitoba; the Manitoba Centre for Health Policy; and the National Research Council. These members all play a vital role in the advancement of cardiac sciences and patient care."

St-Boniface Hospital is also home to the Institute of Cardiovascular Sciences (ICS), one of the world's preeminent basic cardiovascular research groups.

While CHaRM does have members from the ICS, its focus is specifically on clinical and translational research.

"We have strong basic science, we now have stronger clinical research, and we are leading the way to translational research. Those three elements need to be intact and the movement needs to be bilateral in all directions in order for us to be successful, and I think that is what we are doing," says Dr. Menkis.

CHaRM has evolved over the past seven years from conducting predominantly industry-sponsored research to over 90 per cent investigator-initiated research.

"This is the kind of research that everyone wants to do. Although it is extremely expensive, it is how we evolve better practices in looking after our patients and that is why it is absolutely essential," says Dr. Menkis. 🍷

Cardiac research through donor support

CHaRM activities are supported through various funding bodies, including St-Boniface Hospital Foundation. In 2009, Paul Albrechtsen generously donated \$2 million to establish an endowment fund specifically to support CHaRM research. The annual interest from this fund is currently supporting a cardiac database consolidation and expansion project, which encompasses frailty and delirium research, among other important initiatives.

"Donor funds allow us to focus on improvement. It allows us to attract and retain valued specialists in the area of cardiovascular sciences and support important translational research initiatives," says Dr. Menkis. 🍷

For information on how you can make a difference in the future of cardiac patient care in Manitoba visit www.saintboniface.ca or call (204) 237-2067.



St-Boniface Hospital Foundation donor and CHaRM supporter, Paul Albrechtsen.

Improving cardiac surgery patient outcomes

Dr. Rakesh Arora is a cardiac surgeon and intensivist at St-Boniface Hospital, who divides his time between the Cardiac Intensive Care Unit, and his clinical research programs.

This unique combination of professional focus gives Dr. Arora a valuable perspective on the need to transform current practices to better accommodate and care for Canada's aging population. His investigator-initiated research on frailty and delirium in cardiac surgery patients will help cardiac specialists take better care of their patients.

"The patients I have seen over the last decade have changed - patients are typically older and have other significant medical illness in addition to their heart disease. As a result, they are very different from the patients we were trained to operate on 10-20 years ago," says Dr. Arora. "While we can operate on these patients successfully, we don't really have a good way of understanding whether or not their bodies are able to withstand the stress of surgery."

Over the past two years, Dr. Arora and his research team have built the framework for a massive research initiative that will build profiles of cardiac surgery patients, before and after surgery, and will track their progress in the years following their operations.


"Frailty is a combination of factors: mood, nutritional status as well as mental and physical function. Understanding how frail or, alternatively, how strong a person is will allow the heart team not only to assess how likely the patient will get through surgery, but also how long their stay will be in the Intensive Care Unit and hospital afterwards, and what their quality of life will be after surgery," says Dr. Arora. "We are interested in our heart patients not just surviving, but thriving after their surgery."

Dr. Arora is planning to work with the Manitoba Centre for Health Policy (MCHP), as well as the various health regions across the province, to help catalogue new diagnoses, new hospital admissions and death rates



Dr. Rakesh Arora, Medical Co-Director, Intensive Care Cardiac Surgery, St-Boniface Hospital.

following heart surgery. Cardiac surgery patients will undergo telephone interviews six months post-surgery to assess for any chronic pain problems and health-related quality of life issues such as mental health needs, functional health quality, restrictions to desired activity and employment. With anticipated linkages to the MCHP, Dr. Arora and his team will be able to monitor health outcomes for patients for several years following their heart surgery.

"Short term, this will help us better inform patients of what to expect after their operation and assist with decision making for both patient and their family as well as the healthcare team," says Dr. Arora. "In addition, we are planning to start a long-term follow-up clinic and have patients who have had difficulties after their surgery to come back to one place and meet with various experts from cardiac rehab, cardiac surgery, psychiatry and so forth. They will receive an overall assessment at that point, which will help determine where they need more support to continue to improve in the community." 



Investigating the health-related benefits of nutraceuticals

Dr. Dan Brown, CCARM Director, is studying the effects of ginseng on cardiac health

What began as a temporary work assignment at Agriculture and Agri-Food Canada at the University of Manitoba became a permanent appointment, after bioactives researcher Dr. Dan Brown experienced firsthand St-Boniface Hospital's unique and collaborative research environment.

Dr. Brown began operating his bioactives laboratory in October, 2012, and on April 1, 2013, he was appointed the new Center Leader for the Canadian Centre for Agri-food Research in Health and Medicine (CCARM), a St-Boniface Hospital research program dedicated to investigating and understanding the potential health-related benefits of nutraceuticals, functional foods, and natural health products, as well as conventional Manitoba crops.

"St-Boniface Hospital Research is a very progressive organization and CCARM is unique," says Dr. Brown. "It has the support of St-Boniface Hospital, the University of Manitoba, and Agriculture and Agri-Food Canada. Having those partners all within one institute looking at nutraceuticals is a unique opportunity."


CCARM researchers are focused on the health aspects of food - a once under-researched area in agriculture that is gaining prominence. Prior to joining St-Boniface Hospital, Dr. Brown worked for Agriculture and Agri-Food Canada at its research centre in London, Ontario. His research focused on helping the Ginseng Growers of North America improve the crop. He also led a national research team looking at developing resistance to Plum Pox Virus in plums and peaches.

Dr. Brown is building on his previous ginseng research in his new lab at St-Boniface Hospital, shifting his focus

from improving crop production to investigating and understanding the health benefits of the functional food.

"I have always been interested in medicinal plants. Recently we have been looking at the ginseng berry, which has been traditionally discarded during harvest, but we believe it has important nutraceutical properties," says Dr. Brown.

Dr. Brown believes ginseng, known for its ability to boost the immune system, may be useful as a supplement for improved cardiac health.

"There are many different types of ginseng that have been traditionally used for medicinal purposes," says Dr. Brown. "Native to North America and Eastern Canada, this crop has an annual farm value of more than one hundred million dollars. The results of this research are important not only for health food consumers, but also for primary producers. There are potential impacts on both public health and the economy." 

For more information on CCARM and other St-Boniface Hospital research activities, visit www.sbrc.ca.

Nationally renowned researcher inducted into the Research Hall of Fame

Dr. Lesley Degner, former Director of St-Boniface Hospital's Psychosocial Oncology and Cancer Nursing Research division and a University of Manitoba senior scholar, was recently inducted into the St-Boniface Hospital Research Hall of Fame for her outstanding contributions to medical research and health care.

Dr. Degner's induction into the Research Hall of Fame also marked her retirement. During a prestigious career of more than 40 years as a nationally renowned nursing researcher and professor, Dr. Degner published more than 100 peer-reviewed papers, and became the most frequently cited nurse scientist in Canada.

After completing her education at the Universities of Manitoba, Washington, and Michigan, Dr. Degner joined the University of Manitoba as a researcher in 1972.

This is where she truly began her career as a trailblazer in the field. In a vocation typically dominated by men, Dr. Degner broke the mold as one of the first successful females in nursing sciences.

Dr. Degner then went on to play an instrumental role in assembling the Psychosocial Oncology Nursing Research group at St-Boniface Hospital. Of Dr. Degner's many accomplishments, she's most proud of her research into informational needs, decision-making preferences and the meaning of illness in women with breast cancer.

"We looked into the cases of over a third of the women in Manitoba living with breast cancer in the early 1990s, and found out that most of them wanted to become actively involved in their own treatment decisions," says Dr. Degner. "The measures and outcomes from that study are now being used all over the world, and taught to research students."

Dr. Degner's contributions to the nursing research field have ultimately improved patient experience and patient outcomes for those living with chronic illnesses, such as cancer.

"We were always conducting research, and it seems like we wrote over a thousand grants and proposals. I'm happy to say we were able to make a difference in the way patients and doctors interact with each other," says Dr. Degner. "St-Boniface Hospital gave my team the room we needed to grow and evolve. I couldn't have asked for a better atmosphere." 🍷

Dr. Judith Scanlan, Associate Professor in the Faculty of Nursing at the University of Manitoba, and member of St-Boniface Hospital's Board of Directors, presents the Hall of Fame award to Dr. Lesley Degner.





Mentoring future leaders in research

Grade 12 Balmoral Hall School student Ella Thomson (centre) with her St-Boniface Hospital Research mentors, (from left to right) Dr. Paul Fernyhough and Dr. Benedict Albensi. (Photo by Robert Blaich)

As leaders in the scientific community, St-Boniface Hospital researchers know the importance of giving back and helping students get excited about science.

Since 2007, Dr. Benedict Albensi, Principal Investigator in the Division of Neurodegenerative Disorders at St-Boniface Hospital Research, has been involved with the Sanofi BioGENEius Challenge Canada, a national biotechnology-focused science competition. The competition gives high school students the chance to conduct cutting-edge research projects with the guidance of qualified researchers in the field.

This year, Dr. Albensi and Dr. Paul Fernyhough, Director of the Division of Neurodegenerative Disorders at St-Boniface Hospital Research, worked together to mentor Ella Thomson, a grade 12 student at Balmoral Hall School.

“Ella is one of the brightest students I have ever met,” says Dr. Albensi. “She is also a hard worker, which leads to a winning combination!”

Thomson investigated how malfunctions of the mitochondria, tiny structures within all human cells referred to as the “powerhouse of the cell,” may be linked to the deterioration of brain cells in Alzheimer’s disease. Her study won first place.

“Working in a world-class facility alongside world-class researchers like Dr. Fernyhough and Dr. Albensi was a fantastic learning experience,” says Thomson.

“My experience at St-Boniface Hospital Research has shown me all the outstanding opportunities there are in the field of science.”

As mentors, Dr. Fernyhough and Dr. Albensi shared their knowledge and expertise with Thomson, helping her master laboratory techniques, think critically, and deal with the unpredictable nature of research.

“Training students is always very rewarding,” says Dr. Albensi. “Working with staff at St-Boniface Hospital Research gives students a chance to work on a project that will be internationally competitive.” 📍



Honouring compassionate caregivers

St-Boniface Hospital Foundation gives grateful patients a way to say “thank you”

“Thanks to the entire St-Boniface Hospital family for your great support and guidance. We appreciate your time and teamwork which has brought a great joy to our life.”


- Rana Shaivalsingh, grateful patient

St-Boniface Hospital has a long history of providing timely, effective, and compassionate care to all patients. Now more than ever, Hospital staff is committed to working together to make changes and provide patients with safer and faster care.

Patients are noticing the changes, and are increasingly satisfied with the care provided by St-Boniface Hospital staff. Past patients often ask if there is a way they can show their gratitude for the excellent care they received at the Hospital. In late 2011, St-Boniface Hospital Foundation launched its Circle of Compassionate Care program, providing grateful patients, families and

friends a special way to honour St. Boniface Hospital staff that provided exceptional care.

Since its inception, over 500 former patients and their families have made donations totalling over \$40,000 in honour of nurses, physicians, and members of the care team who had a memorable impact on their stay at the Hospital. Funds raised support continued advancements in patient care and medical research at St-Boniface Hospital.

Thank you to all St-Boniface Hospital staff who have made a difference during a patient’s stay at the Hospital. 

2013 Compassionate Caregivers:

- Cardiac Sciences Program Team
- Emergency Department staff
- Dr. Darren Freed
- Dr. Randy Guzman
- Dr. Tim Hiebert
- I.H. Asper Clinical Research Institute staff
- Labour & Delivery Unit staff
- Dr. Ana LaRivière
- Dr. S. Ludwig
- Dr. Eric Meen
- Nephrology/Dialysis staff
- Tara Peary
- Hong Penner
- Dr. David Reimer
- Renal Team
- Dr. Colette Seifer & staff
- St-Boniface Hospital Volunteers
- Dr. Mauro Verelli
- Dr. Benson Yip

Past events

Sons of Italy 27th Annual Gala



Saturday, March 16, 2013

On March 16, more than 1,300 people attended the sold-out Sons of Italy 27th Annual Gala at the Winnipeg Convention Centre, which featured a delicious multi-course meal and the singing talents of Vegas entertainer Steve Lippia and the Ron Paley Big Band.

The Sons of Italy, Garibaldi Lodge, presented a cheque for \$100,000 to St-Boniface Hospital Foundation in support of the Canadian Italian Tissue Engineering Laboratory (CITEL), a partnership between St-Boniface Hospital and the University of Roma Tor Vergata in Rome, Italy, which aims to apply regenerative cardiology technology developed in Rome to heart failure models currently being examined at St-Boniface Hospital.



Unveiled

Thursday, April 4, 2013

Local entrepreneurs, "Makeup Maven" Tia Provinci of PROVICI Cosmetics and Aldo Formal Wear's "King of Style" Ken Lozano, teamed up to present "UNVEILED: baring the artistic soul," at BOA Lounge, on April 4.

The evening was a celebration of fashion, art and dance, with proceeds raised supporting St-Boniface Hospital's Heart Failure Clinic, where Tia was treated for congestive heart failure.

Upcoming events

Stroke for Stroke Golf Tournament

Thursday, June 13, 2013

The Players Course

Stroke for Stroke, St-Boniface Hospital Research's annual golf tournament, will return for its 12th year in 2013. Hospital staff, researchers and students are invited to participate in the tournament to raise funds for research activities at St-Boniface Hospital.

Cardiac Classic

Monday, August 12, 2013

Niakwa Country Club

St-Boniface Hospital Foundation's Cardiac Classic is the preeminent golf tournament of the year. Building on the success and prestige of past Cardiac Classics, the 2013 tournament has been rebranded to offer participants an even more incredible golf experience.

All proceeds will support excellence in patient care and medical research at St-Boniface Hospital, Manitoba's centre of excellence for cardiac care. 🍷

For more information call (204) 237-2067 or email events@stbhf.org.

Calling to say "Thank You"



Joan Dennison, who volunteers for many organizations in Winnipeg, counts her volunteer experience at St-Boniface Hospital Foundation as her most rewarding.

"I really enjoy the type of work I get to do," says Dennison, who also volunteers her time with Manitoba Theatre Group and the Alzheimer Society of Manitoba. "I also really enjoy the St-Boniface Hospital staff. They're very kind and easy to work with."

Dennison can be found in the St-Boniface Foundation office every Monday helping out wherever she is needed. Of all the duties she performs at St-Boniface Hospital, she most enjoys making thank you phone calls to donors. She says it's a great feeling to brighten someone's day with words of gratitude.

"It's nice to acknowledge people for making donations for important causes," says Dennison. "A thank you goes a long way. It lets donors know that we value their contribution."

Dennison, who retired in 2006 after a career of more than 30 years as a lab technician, plans to keep volunteering for as long as she can.

"If there's any way I can help, I'll keep doing it. It's all part of living a balanced life." 🍷

To learn more about volunteer opportunities at St-Boniface Hospital visit www.sbgh.mb.ca/contactUs/volunteer.html.

A welcome support for dialysis patients

Twice a week, Marnie Blanca comes to St-Boniface Hospital not as a patient, but to welcome and support patients spending a few hours on the Hemodialysis Unit.

Like the patients on the Unit, Blanca also has kidney disease. When Marnie joined the team of volunteers in 2012, she knew the recently created Dialysis Greeter position was the perfect fit for her. Not only did she understand the environment, she knew how to make a positive difference in the patient's experience.

St-Boniface Hospital's Hemodialysis Unit treats 76 patients per day, the majority coming three times per week for up to four hours. Blanca is one of 14 volunteers in the Unit, responsible for greeting patients and their families when they arrive for treatment. Dialysis Greeters also visit with patients, bring them warm blankets and make sure they are comfortable.

Blanca, who is studying to become a nursing assistant, believes her personal experience with dialysis and kidney disease is an asset when she volunteers.

"I know how it feels going through dialysis," says Blanca. "Some people are worried about what is going to happen next. I can relate – I have empathy for them. I feel much appreciated by patients and staff."

Diane Genyk, Hemodialysis Program Team Manager, says volunteers contribute to the Unit's welcoming environment. Employees are grateful for the help of volunteers on the Unit, especially during peak times. Volunteers keep the patients informed about when their treatment station will be available, allowing patients to stay in the waiting room instead of checking with the nursing staff.

"Patients enjoy having someone to talk to during their treatment," says Genyk. "They feel better informed about the status of their care, and nursing staff can completely focus on the patients they are caring for, knowing volunteers are providing important updates to patients waiting in the patient lounge." 🇵🇪

Volunteer Marnie Blanca visits with Dr. Joseph Du during his treatment.



Honouring the spirit of philanthropy



Chuck LaFlèche, President & CEO, St-Boniface Hospital Foundation, with some of the Foundation's very generous 20+ year donors: (back row, left to right) Donald Whitmore, Barrie McPherson, Marvella McPherson, Richard Klassen, Johanna Klassen, Carole MacFarlane, Adrian MacFarlane, Kathleen Crowston, Edmund Hartel, Olga Dilay, Ursula Hartel, Dolores Clark, Larry Clark, Wilhelmina Williamson, William (Bill) Bees, Wilma Harrison, Chuck LaFlèche, (front row, left to right) Florence Whitmore, Rita McEwen, Rob McEwen, Dennis Sweeney, Deanne Lander, Rosie Bees, William (Bill) Harrison.

On April 13, 2013, St-Boniface Hospital Foundation held its annual Spring Appreciation Breakfast in the I.H. Asper Clinical Research Institute Mezzanine. More than 100 donors were in attendance, including 24 who have been supporting St-Boniface Hospital Foundation for more than 20 years!

This year, Kathleen Crowston, Edmund and Ursula Hartel, Richard and Johanna Klassen, and Rob and Rita McEwen joined this very special group of donors. They were presented with a special commemorative pin honouring their commitment.

St-Boniface Hospital Foundation is fortunate to have the support of all of its donors, and has raised more than \$160 million since its inception in support of innovative medical research and life changing patient care at St-Boniface Hospital. 🍷

For more information about St-Boniface Hospital Foundation, its donors and opportunities to support St-Boniface Hospital, visit www.saintboniface.ca.

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Thank You!

A special thank you to those who made contributions from September 1, 2012 to March 28, 2013 to St-Boniface Hospital Foundation in honour or in memory of the individuals listed below.

In Memory

John (Jack) Ablett
Apolonia Aguason
Mark David Alcock
Sarah Louise Alexander
Fred Anderson
Marie R Arbez
Lorraine Arndt
James Bage
Joseph George Baldwin
David Baribeau
Emidio Belglio
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Ian & Ivy Fyfe
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Benjamin Mark Giroux
Karyn Globerman
Sam Glowa
R George Gobert
Henry Goossen
Henry Goossen
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William (Bill) Kowal
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Anne Leniuk
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Carol Leszcz
Harry W Levin
Christine Lewin
Allan Lexier

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Baby Jacob Jason Loepky
Ken Loney
Lee-Anne Joan Longley
Stewart Low
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Allan Mackenzie
David L Mackling
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Tim MacNeill
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Lorne Papiz
David Pastuck
Norma Patterson
Adeline Pawulski
Izadore Peltz
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Ruth Rusk
Edward Rybak
Leonard (Len) Ryman
Dorothy San Filippo
Carol Sargeant
Jean Sawchuk
Allan Raymond Sayak
Adolph Sebunchak
Sidney Segal
Bernice Sexton
Rhoda May Shabaga

Thank you! (continued)

Joseph W Shaddy
Alvin Shirtliff
Minnie Shnier
Arlene Shoemaker
Norma Silverstein
Dr Inderjit & Sunita I Singh
Corrine Slowtin
Josephine Smerchanski
Mark & Pat Smerchanski
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Larry Boone
Richard & Maryanne Bracken
Baby Nolan Karl James Brown
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