

# Believe

Fall/Winter 2016

ISSUE 5.2

A publication of St. Boniface Hospital and St. Boniface Hospital Foundation



**Improving care  
for cardiac patients**

**Caring for  
expectant  
mothers**

**Alzheimer's research  
making its mark**

**Born brave**  
Surviving a challenging birth



Hôpital St-Boniface Hospital

# Believe

*Believe* is published twice annually and is a bilingual, joint publication of St. Boniface Hospital and St. Boniface Hospital Foundation. It is intended to inform you about improvements to patient care, innovations in research, and fundraising initiatives. This publication is also available online at [saintboniface.ca](http://saintboniface.ca). All materials are the copyright of St. Boniface Hospital.

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## On the cover

Melissa Beer was in labour; she and her husband Darren strolled by the Hospital's Neonatal Intensive Care Unit (NICU), and paused momentarily to acknowledge how difficult it must be for parents who have children in the Unit. Twelve hours later, Melissa and Darren's newborn son Blaine was in the NICU, fighting for his life. See story on page 8.



6



## Caring for expectant mothers

*A look at the Woman and Child Program*

10



## Making the link

*St. Boniface Hospital researcher raises the bar in Alzheimer's research*

4



## Improving care for cardiac patients

*New Unit provides specialized care for critically ill cardiac patients*

12



## Researchers benefit from Wyrzykowski gift

*Awards launch three new investigations*



Every day,  
St. Boniface  
Hospital  
staff and  
physicians  
look

for opportunities to  
transform care for  
our patients.

We are committed to improving the patient's experience and providing the highest quality of care. In this edition of *Believe*, you will read about several examples of teams working together to do just that.

You will learn about advances in care for critically ill cardiac patients. These advances require investing in new spaces, technology, and training for clinical staff and physicians. The new Acute Cardiac Care Unit was designed with input from staff to ensure the space meets patient needs. You will also learn about initiatives implemented by nursing staff and physicians to provide better, safer, and more compassionate care in the Woman and Child Program.

As the new President and Chief Executive Officer of St. Boniface Hospital, I am excited by the passion our staff and physicians bring to their work, their commitment to excellence, and their engagement in continually improving care for all who come to us in need. 🍷

Bruce Roe, MD  
President and CEO  
St. Boniface Hospital



“There’s  
always room  
for a story that  
can transport  
people to  
another place,”

said author J.K. Rowling.  
Indeed so.

At St. Boniface Hospital and at the Foundation, we have many stories to share and they all transport us to another place. Some take us to a place of inspiration and dedication, like Dr. Gordon Glazner’s story in this issue of *Believe*. Inspired by the illness of his beloved grandfather, Dr. Glazner developed a fascination with diseases and their causes. Today, he is raising the bar in medical research at St. Boniface Hospital.

Some stories take us to a place of generosity and gratitude – stories like those of Judy and Gary Edwards and Melissa and Darren Beer, also featured in this issue. As young parents, each couple required the services of St. Boniface Hospital’s Neonatal Intensive Care Unit. Today, they tell their stories and demonstrate their ongoing appreciation through acts of philanthropy and kindness.

I have the privilege of hearing donor stories like this all the time. They all transport me to another place, typically a place of awe and respect. Thank you for your support and thank you for sharing your stories. As Ms. Rowling suggests, there is always room for more. 🍷

Charles (Chuck) LaFlèche, FCPA, FCMA  
President and CEO  
St. Boniface Hospital Foundation

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# Improving care for cardiac patients

New Unit provides specialized care for critically ill cardiac patients

*Dr. Davinder Jassal, Medical Director, Winnipeg Regional Health Authority Coronary Care Units, and Program Director, Adult Cardiology Residency Training Program, University of Manitoba.*

Each year, more than 350,000 Canadians are hospitalized for heart disease or stroke\*. Recognizing the wide range of cardiac problems and complex needs of an aging and growing population, the Winnipeg Regional Health Authority's Cardiac Sciences Program opened a new Acute Cardiac Care Unit (ACCU) at St. Boniface Hospital on July 5, 2016.

The ACCU cares for critically ill cardiac patients who come to the Hospital after having a heart attack, arrhythmias, and/or heart failure. Prior to the opening of this new Unit, critically ill cardiac patients were cared for in St. Boniface Hospital's Coronary Care Unit or in the Intensive Care Unit, located on two separate floors of the Hospital.

"Neither of these Units were the right place for these patients," says Dr. Alan Menkis, Medical Director of the Winnipeg Regional Health Authority's Cardiac Sciences Program. "Some were too well to be in intensive care, and others required very specialized cardiac care that this new Unit will now provide."

The opening of the ACCU will enable the Cardiac Sciences Program to provide more specialized care for critically ill cardiac patients in a single unit using a collaborative care approach. The new Unit is staffed with dedicated CCU attending physicians, cardiology senior residents and house staff, specially trained critical care nurses, a dedicated pharmacist and respiratory therapist, as well as dietitians, physiotherapists, and occupational therapists.

"We are a very fast-paced critical care unit as our main focus is on a single system – the heart," says Dr. Davinder Jassal, Medical Director of the Winnipeg Regional Health Authority's Coronary Care Units. "Patients spend approximately 2.3 days in our Unit. We assess the damage, treat the patient, and using a team approach, teach the patient how to prevent another cardiac episode from occurring."

Over the next several months, the opening of the new Unit will result in an increased number of Cardiology tertiary care beds



“As the primary cardiac centre for the province, the Acute Cardiac Care Unit is a natural evolution of the growth of our program.”

in the Cardiac Sciences Program serving Manitobans, as well as patients from Nunavut and Northwestern Ontario. Approximately 900 patients were treated every year in the former six-bed Coronary Care Unit. Once the 10-bed Acute Cardiac Care Unit is fully operational, the Cardiac Sciences Program expects those numbers to increase.

In addition to increased capacity and specially trained staff and physicians, the new Unit features larger rooms, enhanced infection prevention, natural light, increased privacy, an on-call room for the Cardiology senior resident, and a dedicated family room for patients and their families.

“As the primary cardiac centre for the province, the Acute Cardiac Care Unit is a natural evolution of the growth of our program,” says Dr. Menkis. “This new Unit ensures we are able to continue to offer world class cardiac care to our patients.”

*\*Source: Heart and Stroke Foundation*

## Training future cardiologists

The Acute Cardiac Care Unit plays an important role in training for medical and surgical residents. Over 60 resident trainees will rotate through the ACCU every year. During their time on the ACCU, they will have the opportunity to treat a full spectrum of critically ill cardiology patients, from those who are reasonably well to those who are very ill.

“We have temporarily converted one room into a teaching simulation area, where we are teaching medical trainees and nurses about various procedures,” says Dr. Davinder Jassal, who is also the Program Director of the Adult Cardiology Residency Training Program at the University of Manitoba. “Residents on the Unit are able to access information quickly in a safe environment, and are welcomed into a team that is committed to working together to provide the best possible care for cardiac patients.”

The new Unit also meets accreditation requirements established by the Royal College of Physicians and Surgeons of Canada and current standards for infection control and patient privacy.

## Critical Care Nurses

The Acute Cardiac Care Unit is staffed with trained critical care nurses who have completed the Winnipeg Critical Care Nursing Education Program (WCCNEP). The Program prepares registered nurses to work with critically ill patients in settings like the ACCU and other intensive care units throughout the province.

For more information about an exciting and challenging career in critical care, go to [www.wrha.mb.ca/wccnep](http://www.wrha.mb.ca/wccnep) or contact Lissa Currie at **204-787-4755**.



# Caring for expectant mothers

*Skye Carriere-Hebert holds her newborn daughter Ainsley.*

Every day, approximately 30 women come to St. Boniface Hospital's Obstetrical Triage Department. To ensure labouring women receive the care they need in a timely manner, the staff began using an Obstetrical Triage Acuity Scale (OTAS) in the Triage Department in May 2016. The assessment tool helps improve patient safety by determining who needs urgent care and who can safely wait.

"The Obstetrical Triage Acuity Scale assesses expectant mothers based on a series of criteria, providing staff with an objective way to determine their treatment," says Heather Nowak, Program Director, Woman and Child Program. "A patient's score, based on their entrance concern, triggers how quickly they need to be admitted to the Hospital."

Women who are in active labour will go to one of two areas – the Labour and Delivery Unit for high-risk pregnancies, or the Labour, Delivery, Recovery, and Postpartum (LDRP) Unit for

low-risk pregnancies. Following delivery, patients in Labour and Delivery move to the Mother Child Unit where the new mom and baby are cared for until they are ready to go home. Women who are sent to the LDRP Unit stay in the same room until they are discharged from the Hospital.

"Not all women who come to Obstetrical Triage end up on the labour floor," says Nowak. "Some go to the Antepartum and Gynecology Unit and stay for several weeks until they deliver, and others do go home."

In all situations, staff and physicians work with the patient and family.

"Moms and their family are involved in every step of their care," says Nowak. "The care team can include nurses, physicians, midwives, and doulas. The whole team works together to deliver babies safely."

## Promoting kangaroo care

Kangaroo care, also known as skin-to-skin care, has a positive impact on premature babies, stabilizing their heart rate, improving their breathing and oxygen levels, and has been linked to deeper REM sleep. Above all, kangaroo care provides the opportunity for parents to bond with their newborns. The concept is simple – parents hold their babies directly against their bare skin.

Although skin-to-skin care is a standard in the Neonatal Intensive Care Unit, the Woman and Child Program promotes the benefits to parents in all units. Even babies born via cesarean section receive at least 15 minutes of skin-to-skin care while the procedure is completed.

From May 2 to 15, 2016, the Woman and Child Program participated in a Kangaroo Challenge. All units practised kangaroo care for a total of 663 hours and 29 minutes during the two-week period, with every baby being held for approximately two hours per day.

## Support for Neonatal Intensive Care Unit patients

Approximately 10 per cent of babies born each year at St. Boniface Hospital spend time in the Neonatal Intensive Care Unit (NICU). For their parents, the experience can be overwhelming. Facing shared experiences and challenges with their babies, many parents on the Unit support each other through social media and other networks.

In 2015, recognizing parents felt unprepared and uninformed about how to care for their babies, NICU nurses Diane Schultz and Cheryl Staerk initiated the NICU Parent Support Group. Groups of 10 to 16 parents meet monthly to share ideas and offer support. Health care professionals are invited to speak at the sessions, led by Schultz and Staerk, and share information to help attendees care for their infants.

Thanks to Schultz and Staerk's passion and dedication, the group is looking to increase sessions to accommodate diverse patient needs. [👉](#)

## Did you know...

St. Boniface Hospital's Obstetrical Outreach Program travels to remote northern communities, providing prenatal care and fetal assessments to patients. Using a portable ultrasound, obstetricians and nurses can see up to 30 patients per day. Although most patients ultimately come to Winnipeg to deliver their babies, the goal is to keep expectant mothers in the community with their families for as long as possible.

The Woman and Child Program provides the entire spectrum of care for woman and their children, from conception and prenatal care, to delivery and postpartum care. The Program also provides care for a wide range of women's health needs, including gynecological surgery, gynecological oncology, urogynecology, and colposcopy.

The Woman and Child Program also provides a variety of outpatient services. Approximately 7,000 patients with complex needs and their families are cared for each year in the Ambulatory Care Facility (ACF) Pediatrics, and 9,000 obstetrical and gynecology patients are cared for in ACF Women's Health. Over 6,800 expectant mothers are seen by nurse sonographers and physicians every year in the Hospital's Fetal Assessment Unit. [👉](#)

# Woman and Child Program by the numbers

## 2.5

average length of stay in days for low-risk deliveries.

## 10

percentage of newborns who spend time in the Neonatal Intensive Care Unit.

## 19.2

percentage of mothers who deliver via cesarean section.

## 30

average number of women who come to Obstetrical Triage every day.



## 5,684

number of mothers who delivered at St. Boniface Hospital in 2015.

## 12,000

average number of women and infants cared for each year, not including outpatients.

# Born Brave

## Surviving a challenging birth

“When you give birth you wait to hear the baby cry, but he didn’t cry.”

*Healthy and happy, Blaine Beer with his parents Melissa & Darren.*



Melissa Beer was in labour, walking the halls of St. Boniface Hospital to pass the time and relax her body before childbirth. She and her husband Darren strolled by the Hospital’s Neonatal Intensive Care Unit (NICU) and paused momentarily to acknowledge how difficult it must be for parents who have children in the Unit. And then they carried on with their walk.

Twelve hours later, Melissa and Darren’s newborn son Blaine was in the NICU, fighting for his life.

“When Blaine arrived, he couldn’t breathe,” Melissa Beer says of that frightful day in 2015. “When you give birth you wait to hear the baby cry, but he didn’t cry. We knew right away there was a problem.”

Specialized medical personnel arrived immediately to tend to Blaine. Darren accompanied Blaine to the NICU, while Melissa recovered in the delivery room. “I couldn’t see him for five hours,” she says. “It felt like a lifetime.”

In the NICU, doctors determined Blaine’s lungs were underdeveloped. They began using a continuous positive airway pressure (C-PAP) machine to help his breathing. “Blaine grabbed his dad’s finger during those early hours and held on,” says Beer. “We took this as Blaine’s way of telling us that everything was going to be OK.”

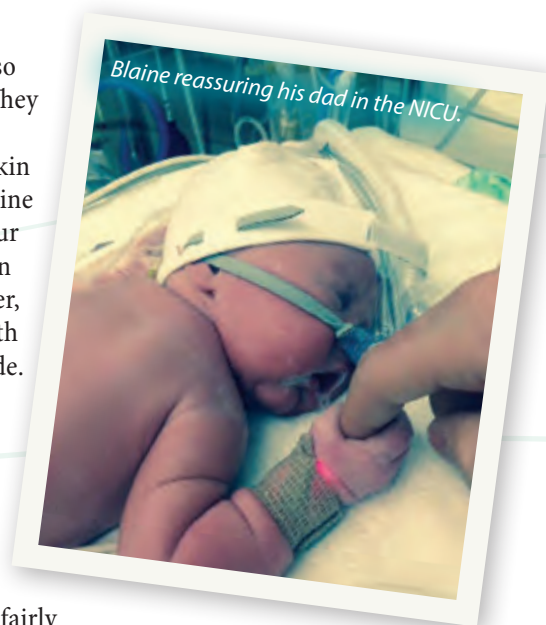
Blaine was right.

Blaine spent 12 difficult days in the NICU, where he was sleepy, weak, and fed through a tube before going home with his family. He recently celebrated his first birthday with boundless energy and laughter.

“The staff were so amazing to us. They ensured we had lots of skin-to-skin contact with Blaine and that all of our needs were taken care of,” says Beer, looking back with awe and gratitude. “It was a very stressful time, but the NICU staff made it manageable.”

While the Beers remained fairly private about their experience in the early days, they decided to share their story to call attention to the important work of the NICU. For Blaine’s birthday, they launched the “Born Brave” campaign and encouraged people to make donations to the NICU through St. Boniface Hospital Foundation. Blaine came to the Foundation office with \$600 in hand and a big smile on his face. The Beers plan to continue to raise awareness and raise funds for the NICU. It’s their way of expressing gratitude for the gift of life.

“They’re like angels in the NICU,” says Beer. “They wrap themselves around the babies and their parents. They know their stuff – and they love the babies.”



***When you support St. Boniface Hospital Foundation, you are helping families get through difficult days.***



# Keeping in Touch

Helping moms nurture their newborns

“It was heartwarming to visit the NICU and see the babies in their mothers’ arms...”

Judy and Gary Edwards took a tour of St. Boniface Hospital’s Neonatal Intensive Care Unit (NICU) earlier this year, and Judy’s mind wandered 32 years back in time.

“Our son Patrick weighed just two-and-a-half pounds at birth,” says the retired pharmacist. “He was in neonatal intensive care for about 10 weeks.”

Thanks to the care he received at St. Boniface Hospital, Patrick thrived. “He’s a healthy adult today,” says Edwards with a smile.

While she can’t say enough about the care and follow-up Patrick received all those years ago, she recalls the sadness of not having much physical contact with her newborn as he spent much of his time in an incubator.

Much has been learned since Patrick’s experience about the importance of skin-to-skin contact for newborns, especially premature babies. Contact helps stabilize the infant and reduces stress, among other benefits.

*NüRoo wraps let moms safely maximize their skin-to-skin contact with their premature infants. Thanks to the generosity of Judy and Gary Edwards, moms will have access to the wraps in St. Boniface Hospital’s Neonatal Intensive Care Unit.*

When they learned about the opportunity to sponsor the purchase of NüRoo wraps for the NICU, Judy and Gary jumped at the opportunity. The wrap is worn like a blouse and is secured with Velcro to help moms and their babies cuddle safely. The material is breathable and soft, but strong enough to secure intravenous lines and ventilator tubes without affecting their performance.

“It was heartwarming to visit the NICU and see the babies in their mothers’ arms instead of incubators,” says Edwards. “We are moved by this program. We’ll help make sure there are enough wraps to meet future needs.”

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# Making the Link

St. Boniface Hospital researcher raises  
the bar in Alzheimer's research

*Dr. Gordon Glazner believes there is a cure for Alzheimer's and the work being done at St. Boniface Hospital will be a key component.*

In his lab, Dr. Gordon Glazner studies the links between type 2 diabetes and the brain. In his heart, he makes the link between his passion for research and his love for his late grandfather. It's a fitting tribute to the Colorado farmer known as Link – Link Aulston.

“My grandfather was born and raised in the Ozarks during the Depression. He was incredibly strong and vibrant physically. Even in his 70s, after a long day in the fields, he would break for dinner and then go lift weights in the barn,” says Dr. Glazner.

Link was a cattleman; he hunted, fished, wrestled, and boxed. He even ran liquor for a short time. He taught his grandson to respect nature, to appreciate the details of the landscape, and to understand the complex relationships at work everywhere.

“He taught me to always have my mind open, to be creative, to seek the truth in every situation,” says Dr. Glazner. “These are traits that kept him so young.”

While young at heart, there came a time Link's mind started to fail him.

“He began to get confused and have mood swings and depression,” recalls Dr. Glazner. “The doctor said it was Alzheimer's disease. I was relieved, thinking that a diagnosis would come with treatment. But when I asked what we could do, the physician told me: ‘There is really no treatment for this disease. The best you can do is make what time he has left as comfortable as possible.’ They were the most devastating words I had ever heard.”

Dr. Glazner vowed he would pursue a career in biological research to seek a cure for his grandfather and for so many others afflicted with Alzheimer's.

“This was what he had taught me – you do whatever you can to help those you love. Over the years, during my studies, I watched this terrifying disease slowly destroy my hero. Any family who has had a member with Alzheimer's knows the true horror it inflicts. My grandfather died in 1995 just as I was beginning my research. I did not save him.”

While Link is gone, there will certainly be a brighter future for Alzheimer's patients thanks to research Dr. Glazner and his colleagues are conducting today. They have discovered an important chemical link between type 2 diabetes and Alzheimer's disease. The research strongly suggests people with type 2 diabetes are at a much higher risk of developing Alzheimer's. What they are discovering in the lab could alter the course of both diseases.

When someone has diabetes, the body's production and use of insulin becomes abnormal. This affects how energy gets distributed to the organs. For the brain, though, insulin doesn't supply energy. Instead it serves as a pro-health hormone. Therefore, when someone has diabetes, the brain is left vulnerable to stress and damage like Alzheimer's disease, other forms of dementia, and stroke.

“Our lab has found that a unique protein in the brain – amyloid precursor protein (APP) – can actually take the place of insulin when insulin levels are too low or when the

“He began to get confused and have mood swings and depression.”

insulin system isn't working properly in the brain,” explains Dr. Glazner. “Adding APP to brain cells could protect them against stress and damage.”

One of the big challenges is finding a way to safely deliver APP to a person's brain. The solution Dr. Glazner and his colleagues are working on is influenced by cutting-edge stem cell technology and gene therapy.

“It turns out stem cells can be made from a person's own skin. We can actually take a skin sample and make personal stem cells!” says Dr. Glazner. “We can then put in a gene that makes these stem cells generate a high but safe level of APP. Once that's done, the stem cells can be placed into the brain. Since these are your own cells, there's no danger of rejection. The stem cells then turn into normal brain cells and generate the high level of APP for many years, and possibly for a lifetime.”

Dr. Glazner believes there is a cure for Alzheimer's and the work being done at St. Boniface Hospital will be a key component. Dr. Glazner's progress would have made his grandfather proud.

“The lessons I learned from him – to see the patterns in nature, to search for truth – I use now to find a way to eradicate his killer,” says Dr. Glazner. “As my grandfather taught me, I won't stop until then.” 🙏



Dr. Glazner's grandfather, Link Aulston.

**Your support helps St. Boniface Hospital move medical research forward.**

**To learn more about Dr. Gordon Glazner's research, visit [www.researchwashere.com](http://www.researchwashere.com).**



## Research Hall of Fame

DR. MARK TORCHIA, former Director of Clinical Research and Principal Investigator, Department of Surgery, and DR. JOHN FOERSTER, former Executive Director of Research, were inducted into the St. Boniface Hospital Research Hall of Fame in May of this year.



# Researchers Benefit from Wyrzykowski Gift

## Awards launch three new investigations

*Dr. Grant Pierce, Executive Director of Research, St. Boniface Hospital; Dr. Larry Hryshko, Principal Investigator, Cardiac Electrophysiology, Institute of Cardiovascular Sciences (ICS); Dr. Jeffrey Wigle, Principal Investigator, Vascular Development, ICS; Mr. Conrad Wyrzykowski; Mr. Charles (Chuck) LaFlèche, President & CEO, St. Boniface Hospital Foundation; Dr. Bruce Roe, President & CEO, St. Boniface Hospital; Dr. Amir Ravandi, Principal Investigator, Cardiovascular Lipidomics, ICS.*

“Once again, Conrad and his family have done a very special thing for us.”

“I was taught to help others,” says a modest Conrad Wyrzykowski, 87.

It’s a simple philosophy that has driven the retired farmer and lawyer, and his family, to support St. Boniface Hospital Foundation over the years. Most recently, the family’s generous gift will help three researchers get new investigations off the ground.

Three \$100,000 grants were awarded through a competitive process earlier this year. Proposals were reviewed by adjudicators from outside St. Boniface Hospital. The process generated considerable excitement and resulted in exceptional ideas coming forward.

“Once again, Conrad and his family have done a very special thing for us,” says Dr. Grant Pierce, Executive Director of Research at St. Boniface Hospital.

“Each research project could have important clinical implications for cardiac care.”

The grant recipients are Dr. Larry Hryshko, who is investigating ways to preserve the quality of donor hearts before transplant; Dr. Amir Ravandi, whose work in blood analysis will help detect the nature of a patient’s stroke, thereby saving precious minutes and reducing the risks of treatment; and Dr. Jeffrey Wigle, who is studying the cardiac benefits of cyanidin-3-glucoside, a compound found in certain berries.

Wyrzykowski’s history with St. Boniface Hospital includes a \$1 million gift in his wife’s memory to establish The Evelyn Wyrzykowski Family Research Chair in Cardiology, and generous gifts to launch The Evelyn & Conrad Wyrzykowski Endowment Fund;

The Wyrzykowski Family Studentship Fund; and The Wyrzykowski Family Spiritual Care Endowment Fund. When in better health, he visited terminally ill patients, administered communion, and served on the Hospital’s Patient and Family Advisory Council, as well as a Foundation committee.

“He is a great guy and an exceptional role model,” says Dr. Pierce. “He is always helpful and friendly. We are moved, impressed, and grateful that he and his family see the importance of research and are happy to support it.”

***Thanks to generous donors, our researchers are able to make discoveries that save lives.***



# SWINGING THEIR HEART OUT ... TO RAISE OVER \$75,000!

**Winnipeg's golf community is a generous one:** on August 8, 2016, the Foundation's Cardiac Classic tournament raised over \$75,000. These vital funds will provide patients with surgeries, implants and other important cardiac treatments, and launch new research into preventing cardiac disease.

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# Giving. Remembering. Honouring.

Thank you to our many compassionate donors who have chosen to make gifts to St. Boniface Hospital Foundation to remember or honour those people listed below. Gifts recognized were made from February 1, 2016, to May 31, 2016.

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Dylan Berard  
Pat Blobel  
Walter Bodnarus  
Shirley Borden  
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Babies Aelyn Fiona & Declan Finlay Brown  
Baby Miami Chanel Brown  
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Isaias Schor  
Doreen Patricia Scott  
Hannah Hope Sheldon  
Ann Shewchuk  
James Henry Sie  
Leanne Simpkins  
Scott Warren Smith  
Jim Smolinski  
Stanley Spina  
Marlene Steeves  
Lyle Taylor  
Leslie Thompson  
Stanley Thow  
Maire Timoney  
Carolynne Verbin  
Harry Vickar  
Henry Wiktorowicz  
Renate Winter  
Dr Paul Zywinia

## In honour

Eric Anazurut  
Dr George Balko  
Blaine Beer  
Dr Errol Billinkoff  
Allura & Catrina Bourbonniere  
Patricia Bovey  
Nolan Karl James Brown  
Dr Peter Connelly  
Kayla & Taylor Derby  
Marissa Goduty  
Paul Granovsky  
Mac Gross  
Max Herst  
Jordan & Rachelle Levine  
William, Stella & Violet Levine  
Dr Jane Moody  
Madelaine Moore  
Ruth Carol Podheiser  
Pearl Rosenberg  
Rev Donald Ross  
Elsa Saltel  
Mila Saltel  
Dr Colette Seifer & Team  
Chloe Sheldon  
Dr James Smith  
Marlene Stimpson  
Ann Vickar