

Believe

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A publication of St-Boniface Hospital

A simple cuddle; a powerful impact

Improving the
patient's experience

Tova and Larry Vickar:
philanthropy for the record

Eliminating a nasty
side effect of an
important drug



Hôpital St-Boniface Hospital

Believe

Believe is a publication of St-Boniface Hospital.

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On the cover

Baby Cuddler Program volunteer Lucette Parent holds an infant in the Neonatal Intensive Care Unit. Read the story on page 7.

Cover photo by Carlos Fuentespina



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In recent years, we have focused on improving the flow of patients throughout the Hospital to ensure patients receive the care they need, when they need it. These efforts have led staff to make small changes throughout many areas of the Hospital. Some involve reducing the number of steps before a procedure, while others aim to keep patients safe during their stay.

Many of these changes are the result of involving patients and staff to capture their ideas for improvement.

Patient satisfaction surveys tell us 85 per cent of patients rate the care at St-Boniface Hospital as “excellent/very good.” Most important is the information patients share about areas we can improve. Patients and families tell us communication with caregivers is important. They want to be involved in decisions about their care and they want to know what is happening and when.

We also want to hear from staff. In fall 2014, a record 64 per cent of staff responded to the annual Employee Opinion Survey to tell us what they think and help us make change happen at the Hospital. Survey results confirmed what we already knew to be true. Our employees are engaged and committed to their work, to the Hospital, and to improving patient care.

By inviting patients to participate in their care and keeping them informed and by involving patients, families, and employees, we believe we are making change happen at St-Boniface Hospital.

We hope you will join us on our continued journey to improve patient care. 🏡

Dr. Michel Tétreault
President & CEO
St-Boniface Hospital



It takes a village to heal, to discover, and to bring comfort. And that’s how I see St-Boniface Hospital – as a village.

I experience great joy and awe in seeing this village – this community – in action. What is so clear to me is that it takes diverse contributions to make this village work.

There are doctors who treat patients with compassion. There are nurses, aides, social workers, therapists, and other professionals who provide comfort and healing. There are researchers who dream of dynamic progress in health care and set out to make it real. You will meet some of these people in this issue of *Believe*.

Beyond the people who directly serve patients, there are many others who make our village tick: staff who prepare and serve meals; facilities personnel who keep our buildings humming; administrators who lead and organize; staff who clean the Hospital and help reduce the risk of infection; and volunteers who play guitar for patients in Palliative Care, run the Gift Shop, and more.

Our village also includes you. Our patients. Our visitors. Our donors.

In this issue, you will meet Tova and Larry Vickar, who are major donors and active volunteers. You will also read about the Beelaert family who established an endowment fund, and Teresa Wareham who has been a donor for 25 years. And you will learn about a special gift in memory of Tracy Huynen.

In our next issue of *Believe*, to be published this fall, you will meet Paul Albrechtsen who remarkably and recently pledged \$5 million to St-Boniface Hospital Foundation, designated to research. The generosity is astounding.

So, while running a successful hospital “takes a village,” kindness is born in the individual. I see it every day in our village. And I am grateful. 🏡

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

Safe transitions

Nurses Rita Picton and Kary McCorrie conduct a face-to-face report before transferring a patient to surgery.



Transitions in care are pivotal moments in a patient's journey at St-Boniface Hospital. The most significant transitions involve transferring a patient from one care area to another. During transitions, information about the patient, including their background and current situation, must be shared with the team taking over the patient's care. Communication between care teams is critical to patient safety and timely transfers.

Intent on improving the safety and flow of patients, the Surgery Program began observing patient transfer practices and found opportunities to reduce errors.

"There is a great risk of information being missed during transitions of care," says Lance Barber, Surgery Program Director. "We thought face-to-face conversations would bring a different level of focus, commitment, and safety to our transfers."

Staff in the Surgery Program were the first to implement nurse-to-nurse shift reports at the patient's bedside, which are now practised throughout the entire Hospital. Their approach to transitions is similar, with a nurse-to-nurse, face-to-face transfer of information following a standard checklist to share key information about the patient.

Patients experience face-to-face transitions throughout their journey when surgery is needed, from the Emergency Department to the inpatient units, from the Pre-Op Unit to

the operating room, from the operating room to the post-anesthesia recovery room (PARR), and from the PARR to their final unit post-surgery.

Patients and families are encouraged to participate in the conversation during the face-to-face transitions. Nurses document any information that may be important, including the family's whereabouts during the surgery and how to contact them.

"Face-to-face transitions are three-way conversations between the sending nurse, the receiving nurse, and the patient or their family," says Brenda Van Walleghem, Program Team Manager, Surgery Program. "Patients are encouraged to share additional information or correct any misinformation."

Since implementing face-to-face transitions, patients are transferred faster with fewer gaps or delays in their care, improving the flow of patients throughout the Surgery Program. Patients are also receiving safer care with less duplication, error, and missed information.

"The people and location of the handoffs haven't changed, but the way we interact is different and the quality of handoffs is higher," says Heather Nowak, former Program Team Manager, Surgery Program. "Because we are following a standard process, health care teams are sharing more complete information about the patient." 🗨️

Improving the patient's experience

"With fewer steps, patients feel more confident."

Health Care Aide Eric Flett transports a patient to a procedure.

Over 335 procedures are performed in the Diagnostic Imaging (DI) Department at St-Boniface Hospital every day, including MRIs, CT scans, and X-Rays, among others. For many people, tests cause anxiety, and hospital procedures can feel like a series of confusing steps with long waits and delays in care.

When looking to reduce wait times and improve the flow of patients, the DI team found reasons for delays varied from a lengthy registration process for outpatients who come to St-Boniface Hospital specifically for a test, to delays in transporting admitted patients to and from procedures.

The DI team started small, looking to improve wait times for outpatients undergoing a CT scan of the abdomen, who waited from 10 to 102 minutes from their arrival until their procedure.

"When we walked through the process, we realized there were 11 steps before patients had their scan," says Ken Nazeravich, Charge Technologist, CT Scan. "Patients made multiple trips to the registration desk and there were unnecessary steps, such as changing into a gown. There was repetition in the process."

With the help of patients and staff, the team made changes to improve the patient's experience and decrease wait times. Patient appointment letters were updated to include the option of coming "dressed for the test," eliminating the need to change into a hospital gown, and a map to help patients find their way. The team also changed the registration process for repeat patients, reducing the amount of duplicate information gathered by the clerks.

By focusing on information and steps critical to patient care, the team eliminated seven steps from the registration process and the time from registration to the scan was shortened to 7.5 minutes on average, well below their 10 minute target. Returning patients have noticed a difference.


"With fewer steps, patients feel more confident," says Charlene Ferrier, Operations Manager, Diagnostic Imaging. "They know what is expected of them and that we value their time."

For admitted patients, delays can lead to a longer hospital stay. Porters transport patients from all areas of the Hospital to and from procedures. Every area within

Diagnostic Imaging used a unique system to assign porters. Patients in high-demand areas waited longer.

"Patients were waiting from two to 110 minutes for a porter to transport them to their procedure," says Helena Twerdun, Manager, Diagnostic Imaging. "Bringing patients to their procedure was the priority. Once the test was complete, some patients had a longer wait for the porter to return them to their unit."

The Diagnostic Imaging team tested and implemented *Trip Tracker*, an electronic system updated in real-time, to assign porters. Porters are now assigned based on patient demand and priority, rather than the patient's or porter's location and the required test.

"The new system has decreased delays for patients," says Nazeravich. "As soon as the test is over, we use *Trip Tracker* to assign a porter to bring a patient back to their unit. Eighty-five per cent of the time, requests are accepted within five minutes. Patients are returning to their units more quickly and wait times have been significantly reduced." 



“Stroke protocol in ER, immediately”

*Dr. Ron Steigerwald,
Clinical Director, Emergency*

“I was sitting at home in my front room and thought there was something wrong with my focus. I could see, but there were dots and black lines in my right eye. I said to my wife, ‘I think something is wrong.’”

Bob Bond had just had a stroke. His wife Ellie called an ambulance and after taking Bob’s history, paramedics rushed him to St-Boniface Hospital while initiating the Stroke Protocol.

When a person has a stroke, time is of the essence. The Stroke Protocol process was implemented at St-Boniface Hospital over 10 years ago to quickly bring together a care team to fast-track the diagnosis and possible treatment of patients suspected of having a stroke.

Patients are brought directly into the Emergency Department and assessed by an emergency nurse and physician. Following blood work and a cardiogram, patients are sent for a CT scan to assess their condition.

A neurologist is called to evaluate the patient and talk to their family members

to determine when they first started to show the signs of a stroke. They also assess risk factors, including the patient’s age and medical history as well as the extent of the damage, before deciding if the patient should receive intravenous tPA, a thrombolytic drug used to dissolve blood clots that can improve recovery and reduce the severity of a stroke.

Thrombolysis can safely be given within four and a half hours from the start of stroke symptoms. At St-Boniface Hospital, the drug is typically given within 45 minutes to an hour of the patient’s arrival.

“Thrombolysis is a high-risk therapy,” says Dr. Ron Steigerwald, Clinical Director, Emergency, St-Boniface Hospital. “If it is given inappropriately or beyond four and a half hours, there is an increased risk of bleeding in the brain and irreversible effects that can lead to complications.”

Bond received thrombolysis. He was also sent to the Health Sciences Centre for a second procedure to extract the blood clot from behind his eye.

“You get nervous when you’re going through something like this but I felt that I was being cared for well and that all the people involved in my care were dedicated and doing their jobs to the best of their ability,” says Bond. “I was very relaxed about the treatment I was receiving.”

Patients who receive thrombolysis don’t necessarily make a full recovery, however the treatment can result in improved outcomes. Although Bond still has some vision loss in his right eye, the treatment he received ensured he did not lose all his vision.

“Prior to the implementation of the Stroke Protocol (lytic therapy), we did not have medication to offer stroke patients,” says Dan Gladish, Cerebrovascular Nurse Clinician at St-Boniface Hospital. “We would do what we could to treat the symptoms. With thrombolysis, patients who may have been severely debilitated in a wheelchair following a stroke may walk out of the hospital using a walker. That’s a huge improvement.” 🙌



Providing comfort to St-Boniface Hospital's littlest patients

"I had no doubt that
this was something I
would love to do."

Baby Cuddler Program volunteer Lucette Parent

A gentle touch can make a big difference in the lives of babies in St-Boniface Hospital's Neonatal Intensive Care Unit (NICU).

In May 2014, St-Boniface Hospital's Volunteer Services Department launched the Baby Cuddler Program, recruiting a group of passionate volunteers to provide love and cuddles to the Hospital's smallest patients.

"Babies can really benefit from someone holding them, talking to them, singing to them," says Sue McMahon, Program Team Manager, NICU. "As much as parents want to be with their baby at all times, it is not always possible."

Lucette Parent was one of the first volunteers to join the Baby Cuddler Program.

"I love babies, so when I heard about the program, I said 'sign me up,'" says Parent. "I had no doubt that this was something I would love to do."

Volunteers receive special training before entering the NICU for the first time. They receive information about infection prevention, the importance of good hand hygiene, and how to tell if a baby is struggling or stressed. The training also includes a tour to familiarize volunteers with the sights and sounds of the NICU.

Parents who give permission for their babies to be held by volunteer cuddlers are relieved that their babies received the human touch they need when they can't be there.

"At times, the babies can be really fussy, but after a few minutes, they start to relax," says Parent. "You can tell that they are breathing easier. Just from the body contact, they settle down and often fall asleep."


Physical contact is important for babies to develop, grow, and gain strength. Although cuddlers are not responsible for patient care, they fulfill a role that NICU nurses and parents truly appreciate.

"It's hard to be a busy nurse and see a baby crying who may just need to be held, or rocked, or talked to," says McMahon. "They know babies can benefit from the cuddlers."

For her part, Parent feels good knowing she is making a difference for babies in the NICU, giving special attention to babies who need it most.

"When I come in for my volunteer shift, I know I am going to give out a lot of love." 🧡

If you are interested in becoming a Baby Cuddler Program volunteer, complete a "Volunteer Application form" available at www.sbgh.mb.ca/contactus/volunteer4.html.



“There is a lot of history in this kitchen and we are so proud of that.”

Grazyna Cwiartka prepares egg salad sandwiches for patients.

Cooking from the heart

Walking through the doors into St-Boniface Hospital's kitchen is like stepping back in time. Built in 1955, the kitchen remains relatively unchanged, from the layout of the cooks' area to the original wood fridges that line the walls.

St-Boniface Hospital is one of the last hospitals in Winnipeg with an onsite kitchen, along with Health Sciences Centre – all other hospitals receive their meals from a central kitchen.

“There is a lot of history in this kitchen and we are so proud of that,” says Karen Arbez, Purchasing Supervisor, Patient Food Services. “A lot of the staff has been here for years preparing home cooked meals for patients.”

Every morning at 6 a.m., the kitchen comes to life. During the next 15 hours, a flurry of activity takes place to transform fresh, raw ingredients into nutritious meals for patients. The kitchen runs like a well-oiled machine, preparing over 1,180 meals and snacks for approximately 400 patients every day. Cooks prepare food based on a one-week menu with a variety

of options every day, including vegetarian, vegan, and kosher meals, to meet patient needs.

“There is a lot of flexibility with an onsite kitchen,” says Carla Williams, Manager, Patient Food Services. “We might get a request for a puréed vegetarian diet and we are able to take our homemade vegetarian meal and purée it. We take what we have and get creative with it.”

The kitchen staff is out to defy the adage that hospital food tastes like *hospital food*. Everything, from soups to main entrées to desserts, is prepared by the Hospital's cooks from scratch and patients notice the difference. Kitchen staff keep a binder full of positive comments and notes they have received from patients.

“When you bring food to a patient, you hear them say, ‘Oh good, I can recognize this,’” says Marion Zulyniak, Food Services Attendant. “They know what they are eating.”

Short Order Attendant
Cheryl Procillo weighs portions
of her homemade meat sauce.



Preparing meals for St-Boniface Hospital patients is no small task – kitchen staff members fulfill a variety of roles to keep patients fed.

Ingredient control staff follow recipes and weigh ingredients for the cooks, ensuring recipes come out right every time. Production staff slice and dice veggies, bakeshop assistants prepare homemade loaves and cookies, and meat slicers prepare meats and fillings for hundreds of sandwiches made fresh daily. The food they prepare makes its way to the tray assembly line, where staff prepare meal trays tailored to a patient's dietary requirements.

"We can make adjustments to a patient's diet from one meal to another," says Paula Zurbyk, Quality and Standards Supervisor, Patient Food Services. "When you're making it in house, you can make adjustments quickly and respond to special requests." 🍽️

Michael Roache prepares
containers of homemade soup
for the tray assembly line.



Special requests

With a plethora of raw ingredients at her disposal, Short Order Attendant Cheryl Procillo whips up a variety of dishes on demand. From a special lazy lasagna to a crustless quiche, she fulfills special requests for palliative care patients and others throughout the Hospital. Her love of cooking shines through in the dishes she prepares.

"I put together recipes like I would at home," says Procillo. "I'm cooking things that I would feed my family. We put love and effort into our cooking for our patients – that's what we are here for."

Cooking by the numbers

\$2.62 average cost of one patient meal



\$7.86
average cost of three meals,
snacks, oral nutrition and dietary
supplies per patient, per day

15 number of hours the kitchen
operates daily

46 number of job routines
in the kitchen

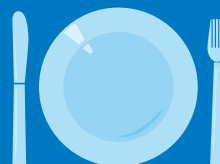


100
number of full-time, part-time,
and casual kitchen staff

5,000 kg beef soup bones
used each year

21,500 hairnets used every year

258,418 cartons of milk distributed
to patients in 2014



430,700
meals served per year



Lifting the darkness

rTMS offers exceptional results in the treatment of depression

“rTMS is a remarkable solution.”

*Dr. Mandana Modirrousta,
Director of Neurostimulation and
Neuropsychiatry at St-Boniface Hospital*

For Dean Weiss, depression was darkness. It caused stress, it affected his relationships, it compromised his immune system. For Weiss – like millions of other Canadians – clinical depression stopped life in its tracks.

That is until he was treated in 2010 with repetitive Transcranial Magnetic Stimulation (rTMS). The treatment involves special equipment that stimulates brain activity by applying targeted magnetic pulses. Other than a bit of scalp irritation, treatment is painless and more than half of patients who use the equipment respond extremely well.

“rTMS helped me live life again,” says Weiss, a married student with a teenage daughter.

The downside for Weiss in 2010 was that there was no rTMS unit in Winnipeg and so he had to travel to Toronto. The situation is different today. Thanks to donors to St-Boniface Hospital Foundation, St-Boniface Hospital has been running one rTMS unit since 2012.


“rTMS has been a standard treatment for depression since 2002,” says Dr. Mandana Modirrousta, Director of Neurostimulation and Neuropsychiatry at St-Boniface

Hospital. “For many patients who do not respond well to traditional medications, rTMS is a remarkable solution.”

Dr. Modirrousta and other global experts are learning that rTMS is also a valuable tool in treating obsessive-compulsive disorder and post-concussion symptoms, and might even have value in helping patients who are showing signs of pre-dementia. Dr. Modirrousta’s clinical studies will help reveal the total potential of the treatment.

“It’s great when you see people respond to the treatment,” she says. “I would like to see us get a second rTMS unit so we can treat more people, learn more, and reduce the wait times.”

For now, there is a three-month wait. New patients using rTMS typically need 20–30 treatments, each lasting about an hour. Over a few weeks, says Dr. Modirrousta, “the brain is retrained.” Patients like Dean Weiss need occasional access to the unit for “maintenance” as the effects tend to wear off.

“Depression is recognized as a risk factor for heart disease and by 2020 depression will be the second leading cause of disability worldwide,” she says. “rTMS can make a difference. It saves lives.” 

Can milled flax seed replace conventional meds?

Current trial aims to build the case

Dr. Grant Pierce and his team at the Canadian Centre for Agri-Food Research in Health and Medicine (CCARM) at St-Boniface Hospital know that milled flax seed is more effective than conventional medications in treating hypertension (high blood pressure).

They know it; now they're going to prove it.

The team has launched a 100-person local trial to demonstrate that milled flax seed can reduce high blood pressure and prevent its onset. In about a year and a half, Dr. Pierce expects to have enough evidence to encourage a change in treatment guidelines in Canada and perhaps globally.

"We've been working on this for years and the science is rigorous," says Dr. Pierce, Executive Director of Research at St-Boniface Hospital. "But we don't just want to do good science. We want to have an impact."

"The need for a global response to hypertension is urgent," says Stephanie Caligiuri, a PhD student working on the study. "In 2013, the World Health Organization declared that hypertension was the leading risk factor for death. It contributes to heart attack, stroke, blindness, and kidney failure."

"Hypertension is the number one cause of death in women, and number two in men – it's a much more serious issue than high cholesterol. And for every 20 people



Stephanie Caligiuri, PhD student

who live the average lifespan, 19 of them will eventually have high blood pressure," adds Dr. Pierce. "And there's an economic cost, too. In Canada, I would estimate that hypertension costs our economy about \$7 billion a year."

Caligiuri says that milled flax seed holds great promise as only about 20 percent of people who have been prescribed drugs for hypertension actually take them routinely.

"Some people can't afford the medication, and others don't like the side effects. The people who aren't taking their meds are most often the ones we see coming into the hospital with heart attacks," says Caligiuri. "And in the developing world, many people don't have access to medication in the first place. Flax would be cheaper and more accessible."

It's important to note that for the flax seeds to treat high blood pressure, they must be milled. "The body can't digest whole seeds," says Caligiuri. "When it's milled, the bioactives within flaxseed are more available to the body."

From the milled seeds, the body gets omega-3 fatty acids, fibre, anti-oxidants, and l-arginine, an extremely beneficial amino acid. Together, the ingredients work to reduce the inflammation that is closely connected with high blood pressure. The recommended daily intake is 30 grams, or three heaping tablespoons.

There are still openings in the clinical study, notes Caligiuri. "We are looking for people with stage one hypertension (between 140/90 and 159/99) who are not yet on hypertension medication and who do not have peripheral arterial disease," she says.

Participants need to come in for five visits over six months. "People in the trial get to enjoy great food made with milled flax seed, including bagels, snack bars, and muffins," says Caligiuri, "And we're fairly sure they'll enjoy reduced blood pressure, too." 🍌

To learn more about the trial, please phone **204-801-8593** or send an e-mail to umcaligs@myumanitoba.ca.

A photograph of three people in a hospital hallway. On the left is a woman with dark hair and glasses, wearing a white lab coat over a black top. In the center is a man with glasses and a red sweater, with his arms around the shoulders of the two women. On the right is a woman with long dark hair, also wearing a white lab coat over a dark top. They are all smiling at the camera.

Grapeskin gains

Connecting resveratrol to heart health

(Left to right): Drs. Malik, Netticadan, and Zieroth are world leaders in resveratrol research.

At an international conference in late 2014, it became even more clear to Dr. Thomas Netticadan that not only was the international medical community bursting with ideas and observations about resveratrol, but that St-Boniface Hospital Research was a leading voice at the table.

“What we’re doing at St-Boniface is unique in the world in that we are specifically studying the impacts of resveratrol on heart failure patients,” says researcher Dr. Netticadan, who made a presentation and chaired a session, and was a member of the resveratrol working group at the conference. “Our international colleagues are taking notice.”

Resveratrol is a compound that exists in the skins of dark grapes and some berries. In concentrated forms, it has been shown to have significant health benefits for diabetes, skin infections, and other conditions thanks to its anti-oxidant and inflammation-fighting properties.

“We’ve already made significant gains in demonstrating that resveratrol can halt the progression of cardiac hypertrophy (the dangerous thickening of the heart muscle),” says cardiologist Dr. Shelley Zieroth. “Now what we’re looking at is how resveratrol can improve the lives of people living with chronic heart failure.”

After years of preliminary work in the lab, the research is now at the clinical trial stage. This means that patients who meet specific criteria are being selected and observed as they take

“What we’re doing at St-Boniface is unique in the world.”

resveratrol. Heart failure is a condition where the heart does not pump a sufficient amount of blood. The study includes people whose “ejection fraction” – a measure of the heart’s efficiency – is under 40 per cent.

“We are aiming to include about 40 patients who have stable symptoms. We will observe how resveratrol complements current medications to relieve some heart failure symptoms, which include shortness of breath, swelling, and fatigue,” says cardiologist Dr. Amrit Malik. “We will follow them closely for a year and then publish the results.”

For Drs. Netticadan, Zieroth, and Malik, this is an exciting time to be a resveratrol researcher.

“I think we’re on the brink of drawing some important conclusions, and with more research we might even learn that resveratrol can help prevent heart failure,” says Dr. Netticadan. “We’re grateful to St-Boniface Hospital Foundation and its donors for helping to make this all happen.” 🍷



Connect the DOX

Researcher finds connection between cancer drug and heart health

“It is the same gene that gets turned on when someone has a heart attack.”

Dr. Lorrie Kirshenbaum, Principal Investigator, Cardiac Gene Biology, Institute of Cardiovascular Sciences at St-Boniface Hospital Research

Doxorubicin – or DOX, for short – is an effective anti-cancer drug that has been prescribed for about a quarter of a century. It's most often used in the treatment of leukemias and lymphomas, as well as breast, uterine, ovarian, bladder, and lung cancers.

But that effectiveness comes with a significant side effect – a high incidence of heart failure. Dr. Lorrie Kirshenbaum has discovered the source of the side effect, and is well on the way to confirming a way to combat it.

“What happens is that Doxorubicin turns on a gene called Bnip3, and when Bnip3 is turned on, it's a killer,” says Dr. Kirshenbaum, Principal Investigator, Cardiac Gene Biology, Institute of Cardiovascular Sciences at St-Boniface Hospital Research. “It is the same gene that gets turned on when someone has a heart attack. Heart cells die, they don't grow back, and congestive heart failure ultimately takes hold.”

So while DOX reliably kills cancer cells, it also triggers an effect that kills heart cells. The evidence is robust. There are even data that show that people who receive DOX in childhood show a greater likelihood of having heart failure much later in life.

Dr. Kirshenbaum, who is also a Professor of Physiology and a Canada Research Chair in Molecular Cardiology at the University of Manitoba, was the lead author of a recent paper that described the Bnip3 phenomenon. It is a major discovery that could improve the lives of cancer patients taking DOX.

Now with the mechanism understood, Dr. Kirshenbaum and his colleagues are working to solve the problem.

“Our goal is to find a way to prevent Bnip3 from being turned on by DOX,” says Dr. Kirshenbaum. “I think we're about five years away, but I believe we will develop an ‘inhibitor’ drug that can

be taken with DOX to keep the Bnip3 gene dormant in the heart without compromising the drug's ability to kill the cancer cells.”

Because of the prevalence of DOX, many people stand to benefit. “This is exciting because the road to developing the inhibitor points to a new line of research,” says Dr. Kirshenbaum. “We've been studying the role of Bnip3 in heart failure for a long time which put us in a position to make the DOX discovery. The whole experience speaks to the progression of science and how your own work, and the work of others, can lead to really important findings.”

Dr. Kirshenbaum and his team are grateful to St-Boniface Hospital Foundation and its donors for their role in the research. “The support of the Foundation has been instrumental in helping us to make progress in our work,” says Dr. Kirshenbaum. “Generosity makes discovery possible.”

The heartfelt promise of TAVI

Valve procedure gives patients a new lease on life

When it comes to heart surgery, “cutting edge” means less cutting. By that definition alone, a relatively new procedure called “transcatheter aortic valve implantation” – or TAVI, for short – is indeed cutting edge.

The procedure addresses aortic stenosis, a condition that sees the narrowing of the aortic valve, often due to calcium build-up. If the aortic valve isn't working properly, the heart can't efficiently push blood out to the rest of the body.

“Prior to TAVI, surgery was the only option for repairing or replacing a valve. For low- and intermediate-risk patients, surgery still offers the best results,” explains Dr. Alan Menkis, Medical Director of the Winnipeg Regional Health Authority's Cardiac Sciences Program, based at St-Boniface Hospital. “For older, frail, and other high-risk patients, TAVI offers great advantages. This is an ever-changing field and our TAVI heart team will continue to recommend and provide options to patients based on their individual needs.”

TAVI was first performed in 2002, and with the current method since 2006. It works like this: A small needle is used to gain access to the artery near the patient's groin. Then, a catheter over a wire is moved through the artery all

the way to the heart. At the end of the catheter is a balloon with a collapsed valve on it. When expanded, it widens the patient's valve, pushing the calcium build-up to the sides. What's left behind is a high-tech stent, with a replacement valve sewn in. The catheter comes out the way it went in, and the replacement valve begins working immediately.

“Compared to traditional surgery, this is safer and the results are better for certain patients,” says Dr. Menkis. “TAVI typically takes about 90 minutes and can sometimes be performed while the patient is awake. Without general anaesthesia, the recovery time is significantly shorter. Seeing patients recover the way they do is tremendously gratifying.”


TAVI has been an option at St-Boniface Hospital since 2012, and about two dozen procedures a year are performed.

In October 2014, the Hospital performed a “valve-in-valve” TAVI. That means the patient already had her aortic valve surgically replaced years ago, and was now using TAVI to fix a problem.”

“The patient had a leaky valve,” says Dr. Malek Kass, Head of the Structural Interventional Program and lead TAVI interventionalist. “We implanted a new valve using TAVI. It was very successful. In fact, the patient recovered so well that

she was able to take a trip to the Caribbean this past winter – at the age of 86!”

Even though the technology is young, the statistics already show that TAVI can save lives. Dr. Menkis credits local success, in part, to the fact that the Cardiac Sciences Program didn't embrace the procedure as soon as it was available.

“We wanted to see how TAVI was working elsewhere before we introduced it here, and we wanted to make sure that we had the right expertise,” says Dr. Menkis. “We learned a great deal from the experiences of others and the results have been remarkable.” 

Dr. Malek Kass, Head of the
Structural Interventional Program
and lead TAVI interventionalist



Grateful for St-Boniface Hospital

Gift honours memory, enhances Palliative Care Unit

"It was a warm and inviting place with nurses like angels, swooping in to take care of her every need."

On January 28, 2015, a special service was held at St-Boniface Hospital to recognize the donation of four sleeper chairs to the Palliative Care Unit in memory of Tracy Huynen (née Claydon), who passed away in December 2014. Her family shared these words of thanks with the staff:

When Tracy's condition took a turn for the worse, and it was clear that she had to be hospitalized, I think I speak for everybody in saying that we were horrified at the thought that she would be in a hospital.

However, our opinion completely changed as soon as we went to visit her in the Palliative Care Unit. It wasn't the cold, sterile place I was dreading. It was a warm and inviting place with nurses like angels, swooping in to take care of her every need.



Tracy Huynen's family

They were warm, caring, and funny – always putting a smile on Tracy's face, and it was clear that they truly cared about her and her comfort.

Tracy's every need was taken care of by the nurses of the Palliative Care Unit.

They never scoffed at any request and took care of her with love, respect, and dignity, making a very difficult time a little easier. We are incredibly thankful for the care Tracy received while here.

The St-Boniface Palliative Care Unit is a place like no other – it's truly world class. On behalf of the Claydon and Huynen families, we thank you for all you've done in taking care of our dear Tracy. I hope the donation of the beautiful sleeper chairs can aid in the care of future patients and their families, and make their journey as comfortable as possible.

*- Kerry Lynn Claydon
(Tracy's sister)*

Former student expresses gratitude through monthly giving

Celebrating patient-centred care

"Even before 'patient-centred care' became a popular term in health care, St-Boniface was practising it," says Teresa Wareham of Minnedosa. "St-B has always had this sharp focus on the patient in the bed."

The importance of meeting the needs of patients is something Wareham learned as a nursing student at St-Boniface Hospital. When she graduated as Teresa Hoffman in 1981, she knew that she had been part of something special.

"There's a unique kinship at St-Boniface and a very high standard," says the semi-retired Wareham, who still works casually at hospitals in Minnedosa and Brandon. "I've always been proud to say

that I am a product of St-Boniface."

Wareham worked at St-Boniface Hospital for a while at the start of her career, but moved to the hospital in Minnedosa after meeting and marrying Dean Wareham.

She remains inspired by her first head nurse at St-Boniface, Dorothy Carswell, who is now retired from nursing but volunteers at the Geriatric Day Hospital.

"Dorothy was a wonderful mentor and to this day, in some situations, I ask myself 'what would Dorothy do?'" says Wareham, who also does some contract work with nursing students at Brandon University. "From her I learned a sense of fairness that contributed to who I became as a nurse."

Wareham expresses her fondness and gratitude for St-Boniface Hospital through philanthropy. It started with a gift in 1990 when she inherited a sum of money from a great aunt. The Warehams have made donations to St-Boniface Hospital Foundation every year since and have recently switched to monthly giving.

"It's very easy to do. The donation is automatic and it comes off our credit card," she says. "We have also named the Foundation as one of the beneficiaries in our wills. You don't need to be a multi-millionaire to make a difference." 🙏



A gift for the record

Vickar donation will advance project

“Frankly, it was overwhelming.”

St-Boniface Hospital Foundation donors Tova and Larry Vickar

When it's news you don't want to hear, it's harder to listen. Such was the case for Tova Vickar when she got her cancer diagnosis about eight years ago.

“When the doctor tells you, you're out of it. You're in shock,” says Tova Vickar. “It was difficult to concentrate and I didn't understand half of what he was telling me.”

“Tova absorbed some of it and I absorbed some of it, and the information wasn't entirely clear. Frankly, it was overwhelming,” says husband Larry Vickar, who attended that medical appointment. “We have friends who have had similar experiences.”

When the Vickars learned about Dr. Tom Hack's consultation recording project, they were fascinated, excited, and eager to support the research with a major donation. Dr. Hack, Director of Psychosocial Oncology and Cancer Nursing Research, has made it his life's work to ease the burden of cancer patients and their families.

Specifically, Dr. Hack leads a consultation recording project that is gaining traction around the world. The concept is brilliant in its simplicity, and the evidence base demonstrating its value is growing. In essence, Dr. Hack's project involves recording that first consultation with the doctor – the appointment where the patient receives the cancer diagnosis. The expectation is that having a recording will reduce patient stress and improve communication between doctor and patient, among other benefits.

“There is a lot to learn at that appointment,” says Larry Vickar, who sits on the St-Boniface Hospital Foundation Board of Directors. “The idea of having a recording makes a great deal of sense. We'd like to see this become common practice, and that's why we're supporting the research.”

“If this were available to me when I got my diagnosis, it would have changed the experience entirely,” reflects Tova Vickar. “I would have taken the recording home and listened to it a few times. This would

have helped us understand the diagnosis and the treatment options. And it would have had a calming effect.”

The donation from the Vickars will help build the evidence base to demonstrate that the recording practice is beneficial to patients and their families.

The Vickars are well-known in Winnipeg for their philanthropy and community service. Along with their many charitable activities in the Jewish community, the Filipino community, and in Transcona, Larry Vickar rallies his Vickar Automotive Group team every year to sponsor and lead the volunteer effort at St-Boniface Hospital Foundation's Radiothon of Hope and Healing, which raised over \$125,000 last year.

“As a donor and as a Board member, I have the privilege of learning about our research throughout the year,” says Larry Vickar. “I can say unequivocally that the funds that are raised are used for maximum impact. Tova and I are honoured to contribute and to be involved.” 🙌

Size and dolls

Smaller mannequins help in training program

St-Boniface Hospital is a leader in neonatal resuscitation training, but it takes leading-edge equipment to keep training relevant.


“Other centres in Canada are interested in our Neonatal Resuscitation Program, particularly our team structure and efficiencies,” says Barbara Wheeler, Clinical Nurse Specialist. “It’s very important that we continue to enhance

the program so we are prepared for life-threatening emergencies.”

About a year and a half ago, the program was able to refresh its equipment, thanks in part to a grant from St-Boniface Hospital Foundation. The equipment now includes small, pre-term CPR mannequins so staff can learn how to resuscitate a baby born prematurely. The mannequins are meant to mimic

the size and weight of an infant born at 29 weeks’ gestation. They cost about \$1,000 each.

At St-Boniface Hospital, nurses, doctors, respiratory therapists, and midwives receive formal newborn resuscitation training – about 170 people last year alone.

“Having up-to-date equipment like these small mannequins absolutely enhances our training efforts,” says Wheeler. 

These are a few of their favourite things

Promoting well-being through therapeutic activity kits

The idea is beautifully simple; the results are simply beautiful.

Since 2013, the Rehab Geriatric Program at St-Boniface Hospital has been advancing the use of “therapeutic activity kits” with older patients in general and with dementia patients in particular in the Family Medicine, Rehab Geriatrics, and Palliative Care programs.

The kits are three large Rubbermaid bins containing a rotating inventory of 30–40 objects intended to calm and occupy patients with cognitive limitations.

Objects include items as simple as playing cards, photos, soft baseballs, dominoes, pieces of fabric, CDs, and videos.

“What we’re seeing with these kits is that patients are calmer and happier when

they are provided with an object that is familiar to them or otherwise meaningful,” says Lynda Mandzuk, RN BN MN GNC(c), a Clinical Nurse Specialist with the Rehab Geriatric Program. “Familiar photos or the act of shuffling cards or folding cloths can relax a patient who might otherwise be easily agitated.”


An especially important feature of the program is that the objects in the kit can serve as a meaningful point of contact between patients and family members during visits. “We’ve seen stressed and sad patients perk up and become quite engaged when visitors share photos or other objects with them,” says Mandzuk. “The kits help us see the person again, not their condition.”

The therapeutic activity kits initiative was

launched as a pilot project with a grant from St-Boniface Hospital Foundation. Additional funds are needed to purchase more kits for wider use, and to replenish the contents on an ongoing basis.

“For infection control purposes, each item is designated to be used only for one patient,” explains Mandzuk. “And we must always find contents to match the individual interests of patients.”

Mandzuk has seen some remarkable results with the kits so far, including typically non-verbal patients speaking up while playing dominoes or looking at photos of a family farm.

“We can put some smiles on people’s faces,” says Mandzuk. “We can reduce their stress and contribute to their well-being.” 



A life at St-Boniface Hospital

Celebrating a half-century of work

Colette Bérubé (née LaChance) was born at St-Boniface Hospital 70 years ago, and it's been her second home for much of her life. In fact, she's been working at the Hospital in one form or another for about 50 years.

"This is a special place that means a lot to me."

"It started in high school," says Colette, a mother of two and a grandmother of five. "I used to work on clean-up at a conveyor belt in the Hospital kitchen for two hours a day after school."

Then, in 1963, she took a job in the finance department as a secretary, and one of the main duties was typing financial reports. "The person responsible for hiring in finance at the time wanted someone 'green' who would learn the Hospital's systems," she says. "I learned a lot on that first job."

She married Léo Bérubé in 1964 and stepped away from her job after she had her first child. Even then, she came in part-time to work in various departments of the Hospital until a new challenge presented itself in 1976. "I moved over to the Foundation where I had the pleasure of helping organize the first International Award," Colette recalls. "It was awarded to Dr. Jonas Salk."

Through St-Boniface Hospital Foundation's International Award program, "I got to meet world-renowned individuals such as Pope John Paul II, Mother Teresa, and Sir Edmund Hilary, to name a few," she says. "Not a lot of jobs give you that opportunity."

By 1983, she had gone back to working full-time, still at the Foundation, and was there until 2003 when she retired – sort of. "At the time, the Executive Director asked me if I would be interested in working two days a week on the memorial program, so I did. That eventually became a donor stewardship job."

This June, she plans to retire again. Sort of. "I would like to come in now and then to help out," says Colette, who, not surprisingly, has also been volunteering in the Hospital's Gift Shop for 25 years. "I've met so many wonderful donors over the years. I love hearing their stories."

Aside from her activities at St-Boniface Hospital, Colette belongs to a walking club and enjoys golfing, gardening, cycling, and more. She also looks forward to travelling more. As much as she enjoys her leisure time, she'll probably never walk away from St-Boniface Hospital entirely. "This is a special place that means a lot to me," she says. 📍



Colette's security photo from Pope John Paul II's visit in 1984

Keeping memories alive

Beelaert Fund to support cancer research

“When you get to live a full life, you have many chances to make your mark in this world,” says Virginia Beelaert of Russell, Manitoba. “My brother Barry didn’t have that chance, so we’ve left that mark for him with an endowment fund. It was easy to get started and we hope our gift makes a difference.”

“Honouring Barry like this helps to keep our memories alive.”

Barry Beelaert, a skilled mechanic and aspiring farmer, died of cancer in 1974 at the age of 24. The specific cause was anaplastic carcinoma, but the primary source was never identified.

“His initial symptom was shoulder pain which was originally misdiagnosed as a pulled muscle,” says Beelaert, a retired teacher. “We later learned that he might have had the cancer in childhood but it grew slowly and was undetected.”

To honour Barry’s memory and to help in the fight against cancer, Barry’s now-93-year-old mother Gwen established the Barry Albert Beelaert Endowment Fund at St-Boniface Hospital Foundation in 2014. Appropriately, the fund is designated to aid in the discovery and treatment of cancers that affect children and adolescents. The fund will also support research into understanding the behaviour of cells as cancer spreads in the body. Finally, the fund will help St-Boniface Hospital researchers understand the impact of oxidative stress on cancer and the



Barry Beelaert was a skilled mechanic and had a fondness for animals.

activation/suppression of oncogenes. An oncogene is a gene that could possibly mutate and cause cancer.

“We were childhood playmates and I still miss him very much,” says Beelaert of her brother. “Honouring Barry like this helps to keep our memories alive.”

“The Beelaert family has made a very important contribution and we are very grateful,” says Dr. Bram Ramjiawan, Director of Research for the Asper Clinical Research Institute at St-Boniface Hospital. “Cancer research is a complex but hopeful endeavour. Through the generosity and vision of people like the Beelaerts, we can make important progress.”



Meet Els Fenton

Els Fenton joined the St-Boniface Hospital Foundation staff in December 2014 as a Director of Major Gifts. She has enjoyed a number of staff and volunteer fundraising leadership roles, including service as the Development Director at Siloam Mission where she was instrumental in the campaign to move the organization to its current facility. She also worked for many years in media sales and served as the Station and General Sales Manager at CHVN Radio. “The best part about my work is entering into meaningful partnerships with engaged donors who love to give, and who are eager to promote well-being and help eradicate devastating diseases.”



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 the people listed on the following page. Gifts recognized were made between September 1, 2014, and February 28, 2015.



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