



We want you
here for life's
special moments...

2010
REPORT TO THE COMMUNITY
St. Mary's General Hospital and Foundation

Our Promise

ST. MARY'S GENERAL HOSPITAL AND FOUNDATION

“Because we want you here for this.... we'll do all we can so that you can enjoy life's special moments.”

St. Mary's General Hospital is an adult acute care hospital and Regional Cardiac Care Centre located in the heart of Kitchener, Ontario. We are proud to serve the more than 750,000 residents of Waterloo Region and surrounding municipalities.



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Leadership Message

At the beginning of each new year, many of us set goals for what we hope to achieve or improve upon in the coming year. Goals can be very powerful. Not only do they motivate, but inherent in a goal is the concept of hope. St. Mary's promises to partner with our patients and families in fulfilling their goals.

We are pleased to provide you with our 2009-2010 Report to the Community which focuses on patient stories that beautifully illustrate our role in supporting patients on their goal-oriented paths. We are thankful to all of our staff, physicians and volunteers who are active partners in this promise to our patients.

It has been an exciting year for St. Mary's:

- We completed the hospital redevelopment project;
- Our staff were significant contributors to the Haiti relief efforts through the International Outreach Program;
- The success of our Process Improvement Program resulted in reduced wait times for our patients in the Emergency Department;
- We started our journey to enhance the focus on patient safety and quality. There will be greater accountability for our Board, Health Providers and Executives to improve upon patient care;
- With the generous support of our community, St. Mary's General Hospital Foundation once again exceeded our fundraising goals, raising \$1.2 million for the expansion of our endoscopy unit.

The upcoming year will be one of transition. We have said goodbye to retiring President Moira Taylor (see story on page 23). We welcome Don Shilton as our new President and look forward to the future under his leadership.

St. Mary's pledges to continue to do all we can to help our patients attain their goals and fulfill their hopes. We are truly grateful for your ongoing support of St. Mary's. You are a partner in the promise we make to all those we serve.



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Sandra Reid, Chair, Board of Directors, St. Mary's General Hospital Foundation

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SJHS Message

SISTERS OF
ST. JOSEPH OF HAMILTON



St. Joseph's Health System (SJHS) is a Ministry of the Sisters of St. Joseph of Hamilton. Founded in 1991, the System is a continuation of over 150 years of providing a full range of values-based health care and social services through community-based organizations in Hamilton/Halton, Kitchener, Dundas, Guelph and Brantford.

St. Joseph's Resource Development System (SJRDS) was founded in 1999 and is Canada's first system of independent Foundations.

In May 2008, the Board of Directors of SJHS approved the undertaking of a major corporate renewal process which included extensive consultation with internal and external stakeholders. The report and recommendations were presented to the SJHS Board in October 2008, and, following a further consultation with internal stakeholders, the recommendations were approved in principle in January 2009.

The question the Corporate Renewal addressed was:

"What is the most appropriate governance/management model to ensure that the Mission, Vision and Values of SJHS continue to be realized?"

Feedback provided a strong consensus of support for the following strategic directions:



- to pursue an integrated vision that includes high quality care across the continuum (home care, long-term care, acute care, community-based care);
- to develop a governance and management structure to achieve this vision;
- to maximize opportunities related to the retention/recruitment of staff, management, physicians, and volunteer Board members;
- to further integrate mission and service excellence to provide a true holistic approach to care;
- to provide an opportunity to take a leadership role with our Local Health Integration Networks (LHINs) and the Ministry of Health and Long-Term Care (MOHLTC) in fulfilling their mandate of providing a continuum of care through partnerships.

We would like to express our sincere gratitude to those donors who continue to support our Ministry through their generous donations to our Foundations. Our Foundation Boards, CEOs, staff, and volunteers work in partnership with SJHS member organizations to ensure that care is delivered in modern facilities with state-of-the-art equipment. The unselfish contributions of all donors - large and small, corporate and individual - directly impact our ability to deliver patient and resident care in an environment which respects the individual dignity of those whom we are privileged to serve.

As we look forward to future opportunities and challenges, we are confident that both SJHS and SJRDS are well positioned to continue the Sisters' legacy of values-based care in our communities.

Doing What We Can to Help Earthquake Victims in Haiti

For many years the International Outreach Program (IOP) has had a relationship with the Haitian people. In addition to providing regular shipments of equipment and supplies, training of medical students and hospital staff in modern medical practices has been facilitated through St. Joseph's Healthcare Hamilton.

The IOP is focused on the needs of the Haitian people in keeping with the values of the Sisters of St. Joseph of Hamilton. When the Earthquake hit in January of 2010, the program embraced the opportunity to assist the Haitian people with their overwhelming needs. Although medical relief had never been part of the IOP, a team was assembled.

Together, St. Mary's General Hospital and St. Joseph's Healthcare Hamilton sent 30 hospital staff and physicians for a 10-day mission in February to the Hopital Universitaire de la Paix (University Hospital of Peace) in Port-au-Prince. Three more teams have travelled to Haiti since this initial visit, with a plan to continue outreach in Haiti, focusing on sustainable development activities at its Hospital of Peace.

Like the buildings around him, Joseph's hip cast was crumbling. It had given him a pressure sore and was no longer strong enough to help knit his broken bones back together.

Joseph was the last patient in Haiti treated by a 10-person team which travelled from St. Mary's to the earthquake-devastated nation in February.

"For me, this patient's treatment and story are what the mission was all about, 'the defining moment'," says Dr. Jill Gelinas, a member of the St. Mary's group.

"It represents both the good of what we were able to accomplish and the brutal reality of life in Haiti."

Fitting Joseph with a new cast was a group effort involving his mother, Dr. Gelinas, Brenna Dawson and Brenda Robinson-Lowe, both RNs from St. Mary's, as well as a nurse from St. Joseph's Healthcare Hamilton and a Korean orthopedic surgeon.

The group discussed how to make the new cast more durable, light-weight and well-padded with the limited available supplies. Usually this kind of cast is put on in the operating room under anesthetic, using a special table with fluoroscopy.



John Rennison, Hamilton Spectator

Our Team in Haiti

Members of the St. Mary's team in Haiti (front row from left) **Brenda Robinson-Lowe, Dr. Jill Gelinas and Brenna Dawson** were helped by volunteers from Korea, Nicaragua and Hamilton.

"Even with all of that equipment, it is a two-person job," Dr. Gelinas explains. "This time it took seven people."

“By the time the cast was finished everyone was covered in plaster, but very happy with what we were able to accomplish together,” she recalls. “The cast was not perfect, but it was the best we could do under the circumstances.”

The Korean medical team agreed to check the cast two days later and arrangements were made for x-rays to be done in three weeks. Rehabilitation would follow.

“While our team was packing up the emergency area, feeling good about what we had done for this boy, the

reality of life in Haiti was thrust upon us,” says Dr. Gelinas.

The boy’s mother asked the volunteers if anyone could provide them with a tent for shelter. Unfortunately, those who had brought tents had already given them away.

“What was remarkable was that somehow this family had managed to look after themselves, including their injured son, in these near impossible circumstances,” says Dr. Gelinas. “You can see why this experience was truly bittersweet for our volunteers.”

Sometimes, the experience was utterly heart-wrenching.

In the pediatric ward, St. Mary’s RN Anita Cressman cared for an abandoned baby who had spina bifida. At the base of the little girl’s spine was a large mass filled with spinal fluid.

Estimated to be about a year old, she had been brought to the hospital fevered and septic by a 22-year-old woman who found her and became her surrogate mother.

The baby would rally and then worsen. Her caregivers had insisted on giving her intravenous fluids despite her poor prognosis. By the second last day of the St. Mary’s group’s visit, she lay lifelessly in her crib.

Anita explained to the hospital doctor that an IV was futile and only prolonging the inevitable.

“It was causing this little girl so much pain. My gut was telling me she was going to die within the next couple of hours.” The IV was finally removed and Anita cradled the infant.

“I thought I don’t care how long it takes, I will be with this baby until the bitter end.”

Less than an hour later, the little girl took her last breath.

“I’ve seen deaths, but this was the hardest thing I’ve ever had to go through,” Anita laments.

Still, Anita wouldn’t hesitate to volunteer in Haiti again.

“I would go back in a heartbeat,” she says.



John Rennison, Hamilton Spectator

Anita Cressman

St. Mary’s RN Anita Cressman cared for an abandoned baby who had spina bifida.



For volunteer Linda Brooks, there was a happier ending with a burn victim named Jema.

Linda, a physiotherapist and Program Manager for Cardiac Rehabilitation and Cardiac Clinics at St. Mary's, heard the three-year-old crying as a volunteer team from another country tried to help her.

Her mother and siblings died in the earthquake and she suffered burns on her torso, arms and around her eye.

Her father was working in Boston and rushed home. At the hospital, he noticed that Linda kept peeking into the room where Jema was being examined so he asked for her help.

"She came to me with her hands clenched into fists. Her wrists were curled in and she could not straighten out her fingers or bend her wrist completely backwards," says Linda. "She wouldn't let me touch her. Everybody else had made her cry."

To earn Jema's trust, Linda blew up surgical gloves like balloons and gave her markers to colour on them. Jema's father brought her back the next day and Linda fitted her with splints. At first Jema wouldn't keep the splints on, but Linda continued to play with her, distracting her with a stuffed toy.

On a return visit, Jema arrived with the splints on her hands – a good sign.

When Jema returned 10 days later, Linda reached out



Linda Brooks

Volunteer Linda Brooks fits burn victim Jema with splints for her hands.

her upturned palms to examine the little girl's hands. Jema placed her own outstretched hands on top.

"She was able to get her fingers and wrists to a straight position," Linda says of the touching moment: "You could see her eye was starting to open and she was smiling."

Of the volunteer mission, Linda comments, "I think we made a huge impact on a few people. It's like a teeny little drop in the ocean – the needs are so huge."

But she drew hope and inspiration from the Haitian people.

"Their spirit and faith are phenomenal. A lot of Haitians view the earthquake as an opportunity for a new beginning."



Hopital Universitaire de la Paix

An Olympic Dream

HELPING A TORCH-BEARER ACHIEVE HIS GOAL

As fans chanted his name, 81-year-old Pat Doherty stepped out of a golf cart and climbed to the podium at Kitchener City Hall on December 27, 2009.

He held his Olympic torch high and then lit the cauldron, prompting wild cheers from the crowd of 13,000 attending the torch relay.

Many knew Pat from his 50 years of hockey volunteering at the local and provincial level, as well as his career as Physical Education teacher at St. Jerome's High School and later Athletic Director for the Waterloo Catholic District School Board.

Many had heard that just 39 days earlier Pat had been felled by a heart attack and was literally brought back from the dead.

"I was lucky to be at the relay," says the humble octogenarian. "I should have died, but I didn't. I guess it wasn't my turn."

Helping Pat achieve his goal was a team of people, including staff and physicians at St. Mary's General Hospital, where he spent three weeks recovering.

His heart stopped November 18, 2009, just after he announced to fellow board members of the Ontario Hockey Association (OHA) at a meeting in Cambridge that he was going to carry the Olympic torch.

With no history of heart disease, he experienced ventricular fibrillation, an arrhythmia which can be fatal unless the victim receives immediate assistance.

Luckily, fellow OHA board members Rick Richardson and Trevor Tinney were trained in CPR and performed it on Pat until paramedics arrived with a defibrillator. Two shocks were delivered on-site and three more at Cambridge Memorial Hospital, says Pat's daughter



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“I was lucky to be there,” the humble octogenarian recalls. “I should have died, but I didn’t. I guess it wasn’t my turn.”
Pat Doherty



Pat and Kathy



Pat Doherty

Kathy Doherty-Masters. In total, he went 23 minutes without a sustained heart rhythm.

Once Pat was stabilized, he was transferred to St. Mary’s General Hospital.

“We were so happy to have him at St. Mary’s because of its reputation,” says Gloria Doherty, Pat’s wife of 58 years. “The care was fantastic.”

Kathy, who was set to be an Olympic torch bearer in Welland after winning an essay contest, was optimistic her dad would rebound.

“I knew who we were dealing with,” she says. At St. Mary’s Pat pursued his goal fervently, fighting through pneumonia, heart failure and short-term memory loss.

“I was determined I was going to do it,” he recalls. Nurses at St. Mary’s posted a torch countdown in his room.

81-year-old Pat Doherty lights the cauldron at Kitchener City Hall, prompting cheers from the crowd.

“He never wavered from the conviction that it was going to happen,” recalls Nurse Practitioner Jeannine Costigan. “It was amazing.”

Cardiologist Dr. Danielle Leddy, who initially oversaw Pat’s care, says she was not overly optimistic that he would be able to achieve his dream.

“I thought we would be doing well if he could make it out of the Hospital,” she says. She was worried about him walking with the torch, but the golf cart provided a solution.

“Everyone on the team knew that was the goal and we were all working toward it,” says Dr. Leddy.

Kathy says seeing Pat carry the torch was an emotional high for his family, which includes three children and four grandchildren.

“It was the culmination of an amazing series of events,” she says.

Not long after the torch relay, Pat began attending a few meetings and helping out at a hockey tournament.

He and his extended family partnered with the Ontario Hockey Association to donate an automated external defibrillator for the meeting room where he collapsed.

In March Pat enrolled in the St. Mary’s Cardiac Rehabilitation Program. Although always physically active with his work and volunteering, he was never one for regular exercise as an adult.

“I think I should have done more than just be physically active,” says Pat, now 82. “There is a certain amount of exercise needed over and above what you normally do to get your heart rate up.”

He has been spreading the word about fitness and a healthy lifestyle, especially to local students he and Kathy visit with their Olympic torches. Kathy works for the Waterloo Catholic District

School Board as its Healthy, Active Living Consultant and has attended three Olympic Games.

Pat is now also volunteering with the Heart and Stroke Foundation.

He had long prayed to the late Pope John Paul II to keep his family safe and healthy.

Gloria believes those prayers were answered after Pat’s heart attack.

Pat even prayed to Pope John Paul II to help Dr. Leddy’s beloved Ottawa Senators hockey team.

“It didn’t help,” jokes Pat. “Her team went down the drain.”

Dr. Leddy admires Pat’s commitment to the community and was delighted to help him achieve his goal. She says the fact that he maintained an active, healthy lifestyle all his life was in his favour.

“What ultimately saved Pat was the sequence of events. He was with people who knew CPR and started it right away. The paramedics arrived with a defibrillator. He was intubated and resuscitated and brought to Cambridge Memorial where he was stabilized.”

“Clearly it wasn’t his time,” she adds. “Maybe Pope John Paul II was looking down on him.”



Viewfinder Photography

Who is Pat Doherty?

Nominated by a city of Kitchener committee to light the Olympic flame, Pat Doherty couldn’t have been a better choice.

According to an editorial in the Waterloo Region Record, “no one has had as large a presence in Kitchener minor hockey.”

A pioneer of Canada’s first coaching development programs, Pat received a national award in 1997. “The esteem in which he is held in Ontario in the area of programming is virtually unprecedented,” reads the inscription.

The former Wilson Arena in Kitchener was named for Pat and now one of the ice pads in the Activa Sportsplex bears his name.

The Journey to Transplant

MECHANICAL PUMP, ST. MARY'S EXPERTISE SUSTAINS ANDREA CLEGG



Sarah Duquette and Andrea Clegg

Curiosity gets the better of the man on the treadmill next to Andrea Clegg at the St. Mary's General Hospital Cardiac Rehabilitation Program, where the Cambridge woman is getting in shape to receive a new heart.

"What's in the backpack?" he asks.

"My heart," quips Andrea, referring to a controller and battery pack used to power a mechanical heart pump inside her chest.

When out on the town, she'll swap the knapsack for a bright pink purse or a stylish designer bag. Health problems aside, she is a typical fun-loving, fashionable 26-year-old.

Sarah Duquette, a Kinesiologist at the St. Mary's Cardiac Rehabilitation Program, helps Andrea Clegg improve her fitness level in preparation for a heart transplant.

Andrea was visiting her parents in Niagara Falls in 2008, when she was diagnosed with dilated cardiomyopathy. For unknown reasons, her heart had become weak and enlarged and could not pump blood efficiently.

The condition left her with severe weight loss and constant fatigue. Just walking 10 steps was a major effort. As a result she was forced to put her career as a civil engineer on hold.



Shaun and Andrea Clegg will never forget their wedding night.

Andrea was told a transplant could be in her future, but in the interim she could be treated with medication. She also received an implantable cardioverter defibrillator (ICD) to shock her heart back into normal rhythm, if necessary.

Andrea's heart function improved slightly and she was feeling much better by the time she and long-time boyfriend Shaun Clegg were married on May 30, 2009.

But as she gave her speech at the wedding dinner, Andrea's ICD fired three times, knocking her off her feet and requiring her to be rushed to St. Mary's General Hospital by ambulance. *(see story on page 14).*

It was her first experience at St. Mary's and, as it turned out, the ICD had discharged inappropriately. However, it introduced her to the care and expertise that in the months ahead would be life-saving.

Before her wedding night visit, Andrea had been having her cardiac care managed elsewhere and continued to do so afterward. However, she accepted a referral by St. Mary's Cardiologist Dr. Mohan Babapulle to attend heart function education classes here in October of 2009.

Shortly after the wedding, Andrea began to experience nausea, poor appetite and severe stomach pain during periods of exertion. She was investigated at two other centres for gastrointestinal problems, where gall bladder removal was discussed.

Andrea worried that the symptoms were related to her heart condition, but couldn't get doctors to listen to her fears.

That changed when she came to the heart function class at St. Mary's. When the class was over she approached Donna Lowery, the Heart Function Clinic nurse.

"She looked so unwell," Ms. Lowery recalls. "She had black circles under her eyes. Her skin was gray. Her abdomen was distended. She looked really full of fluid."

Dr. Claus Rinne, an arrhythmia and heart failure specialist, quickly assessed Andrea and found that she was in advanced heart failure.

Andrea was thankful to know the truth.

"Finally somebody was listening," she says. "I wasn't crazy. Going to St. Mary's saved my life."

She was admitted and improved with medication, but worsened each time it was stopped. Dr. Stuart Smith, Chief of Cardiovascular Services at St. Mary's and Grand River Hospitals, and a heart failure /cardiac transplant physician, began a transplant workup.

He arranged to have Andrea transferred to Toronto General for more urgent consideration for a new heart, as well as the heart pump, known as a Left Ventricular Assist Device (LVAD).

The LVAD is a "bridge to heart transplant," explains Dr. Smith. The device is key for Andrea, given her very advanced condition and the likelihood of a long wait for a heart because of her blood group and small stature, he says.



“Going to St. Mary’s saved my life.”

Andrea Clegg

Andrea was transferred from St Mary’s to Toronto General where she was placed on a waiting list and had open heart surgery to implant the LVAD, one of the few cardiac procedures not available at St. Mary’s.

“This is what is keeping me alive,” Andrea says of the machinery as she sits beside Shaun at their home. She looks healthy and vibrant and feels better than before her initial diagnosis in 2008.

But when she was transferred to Toronto General it was a different story,

“Her prognosis was very poor,” says Dr. Smith. “I don’t think she would have survived to this point without the LVAD.”

Jane MacIver, a Nurse Practitioner who specializes in LVADs at Toronto General, says Andrea was fortunate to be cared for at St. Mary’s which had the expertise to recognize the severity of her illness.

“The people who saved her were the people at St. Mary’s,” says Ms. McIver. “A lot of other centres might not have realized the urgency. She was living on death’s door.”

Fortunately, St. Mary’s has the expertise to monitor Andrea while she has the LVAD and after her transplant, significantly reducing her trips to Toronto.

In late April of 2010, Toronto General had a new heart for Andrea, but unfortunately it was found to have signs of coronary artery disease and deemed unsuitable. Such “dry runs” are common with transplant patients, but they are, nevertheless, quite emotional experiences.

To date, heart patients with LVADS have had the devices for up to five years, but most patients with them receive a heart within eight to 18 months. Andrea doesn’t dwell on numbers – she is content to live in the moment.

“I don’t plan for 10 years. I don’t plan for forever. None of us knows how much time we have. I have my degree and I have my husband. I want to go back to work and I know I will get there.”

For now, she is enjoying smaller milestones with the help of the committed team at St. Mary’s.

She has gained strength at Cardiac Rehab and has volunteered for the Trillium Gift of Life Network, helping out at events in Niagara Falls and St. Mary’s.

With Shaun and other family members she biked 20 kilometres and raised \$2,600 in June’s Manulife Bike and Hike for Heart, a fundraiser for the St. Mary’s Regional Cardiac Care Centre.

Andrea’s upbeat approach has allowed her to cope with her life-threatening condition.

“This is the way it is,” she says. “I’m not really one to ask ‘why me?’”

Shaun, an automotive technician who is used to fixing things, finds it more stressful.

“I can’t fix this,” he laments. “It’s really difficult to watch. There is nothing I can do.”

Dr. Smith says transplant patients benefit from having a positive attitude.



Andrea passes the time with a book.

“You have to be able to go with the flow,” he says, “The reality is there are going to be ups and downs. Very few people will slide through the transplant without any complications.”

For now, Andrea is enjoying the new lease on life given to her by the LVAD. Her health problems have taught

her to slow down and appreciate each day.

“I’ve taken a step back. I think I look around now and I try to enjoy moments.”

Follow Andrea’s story on her blog.
www.stayingtruetoemyheart.blogspot.com



Andrea and Shaun in the St. Mary’s Emergency Department.

Andrea Clegg’s wedding night won’t soon be forgotten, by either her and husband Shaun, or the staff and physicians of St. Mary’s General Hospital Emergency Department.

The 26-year-old Cambridge woman with a severe heart condition, arrived by ambulance on the evening of May 30, 2009 in her beautiful, flowing wedding dress. An implantable cardioverter defibrillator in her chest had fired three times, knocking her to the ground as she delivered a speech at her wedding dinner in Kitchener.

The couple’s family and guests were terrified.

In the Emergency Department at St. Mary’s, everyone’s hearts ached for the pair, recalls Wendy McLean, a Communications Clerk at the Hospital.

“We thought how awful for you to have this happen on your wedding night,” she says.

Nurses quickly but carefully removed Andrea’s wedding gown so she could be assessed.

Wedding Night Shocker Leads Bride to St. Mary’s

McLean and fellow clerk Fatima Mohammed decided to salvage what they could of the couple’s wedding night. They took up a collection from staff and physicians.

The pair dashed out to buy a cake, personalized with the couple’s names. They bought alcohol-free champagne and a dozen pink roses. When the gifts were wheeled into Andrea’s room, “she cried and most of us cried,” says McLean. “It was very touching.”

Tears soon turned to laughter as the bride tossed a rose to the unmarried nurses.

“It was perfect,” Andrea recalls. “I was shocked that they would be so kind.”

Andrea was admitted and the medical team determined that her ICD had fired inappropriately. Following her release, the couple resumed the wedding festivities at an “After Shock” party, with Andrea back in her wedding dress. This time she pre-taped her speech, delivering it by video.

Andrea now awaits a heart transplant and is being kept alive by a mechanical heart pump.

The couple has not yet been able to re-book their honeymoon to the Bahamas, but they did celebrate their first anniversary by going for a bike ride along the Grand River where they enjoyed a picnic. Later they went out for dinner.

“It was a small celebration, but meaningful and special,” Andrea says.



A Life Full of Promise

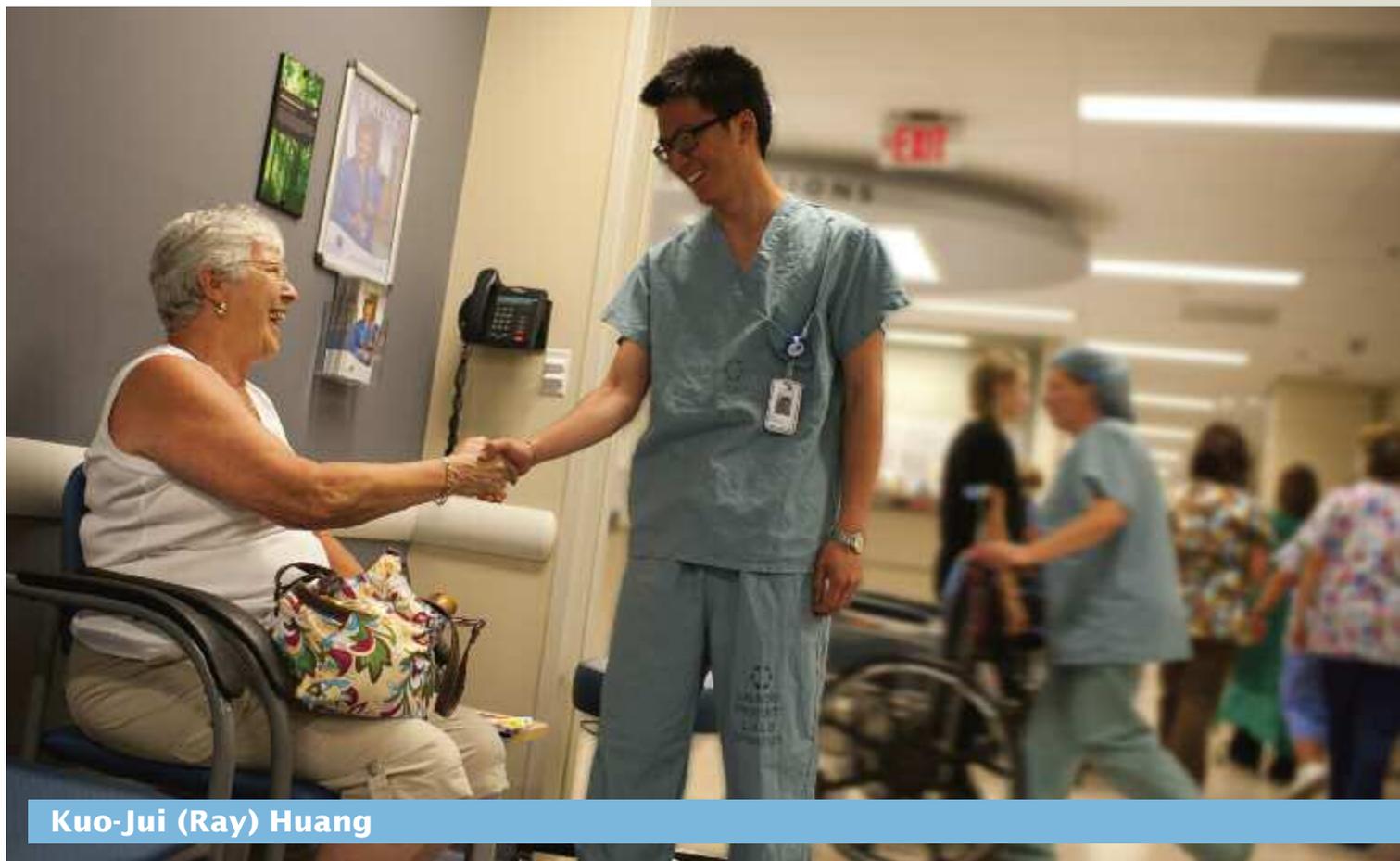
WITH RESTORED HEALTH, SURGICAL PATIENT ON A MISSION TO HELP OTHERS

At the age of 22, Kuo-Jui (Ray) Huang knows what it is like to have a frightening medical problem – and to finally overcome it so he can pursue his goals in life.

One of those goals is volunteering in a hospital – something he finally felt healthy enough to do at St. Mary's General Hospital after undergoing successful surgery here in November of 2009 to treat a problem that caused his left lung to collapse three times in three years.

Ray suffered from spontaneous pneumothorax, a condition which occurs due to the rupture of a small cyst known as a bleb on the lung surface. The rupture causes air to leak into the cavity around the lung, forcing the lung to collapse.

Kuo-Jui (Ray) Huang, welcomes a patient to Day Surgery at St. Mary's where he has been a volunteer.



Kuo-Jui (Ray) Huang



According to the Lung Association, there are between 800 and 900 cases a year in Canada, with smokers, males and people of thin build at greatest risk

Ray's ordeal began just after he moved to Waterloo from his home in Richmond, B.C. to study bio-medicine and economics at the University of Waterloo. He was treated at two other hospitals, but the problem kept coming back.

According to Dr. Matthew Kilmurry, a Thoracic Surgeon who performed two successful procedures on Ray at St. Mary's, some people may be born with blebs. Local doctors see five-to-10 cases a year. They are generally minor, but occasionally turn life threatening if the rupture releases so much air that the heart and major blood vessels are compressed.

Ray's symptoms began with a nagging tightness in his chest. At the campus health clinic, an x-ray showed his lung was 15 per cent collapsed.

"I was really worried," recalls the non-smoker. "I'd been healthy all my life."

He was referred to Grand River Hospital, where a chest tube was inserted to release the air. Shockingly, a follow-up x-ray two

After volunteering at St. Mary's, Ray Huang will do two years of missionary work with his church.

weeks later showed the lung was 95 per cent collapsed and "shrunk to the size of an orange," says Ray.

Health services personnel were unable to reach him by phone and campus police were dispatched to his science lab to bring him to Grand River's Emergency Department. There a chest tube was inserted again, but there was no change. So he underwent a procedure to staple and remove the blebs.

"After that I was fine," he explains.

Then, shortly after he returned home for the summer the lung collapsed again. At Vancouver General Hospital, another bleb was removed and Ray underwent pleurodesis, a procedure which roughens the surface of the chest cavity. It allows the lung to better adhere to the chest wall, lessening the chance of air entering the space and causing a collapse.

"I recovered just in time to catch my plane back to Waterloo in August," says Ray, whose goal is to become a family physician. He made it through



“It opened my eyes and makes me want to help people more.”

Ray Huang

second and third year without a problem.

Then, in October of 2009 Ray experienced a frustrating third collapse.

He was referred to St. Mary’s, the newly-designated Level One Regional Centre for Thoracic Surgery. Dr. Kilmurry removed another bleb and performed a more extensive pleurodesis. Ray spent five days recovering on the 6th floor.

“Dr. Kilmurry was really nice and the health care staff and nurses were all really patient and kind,” he says.

Dr. Kilmurry says Ray was unlucky to have these somewhat unusual recurrences. But the doctor is optimistic another collapse is unlikely.

I’m impressed with how he handled it,” Dr. Kilmurry adds. “He showed a great deal of poise.”

When recovered, Ray was able to refocus on his goals.

As a volunteer at St. Mary’s, he had “a significant impact on the lives of our patients,” says Jan Merli, recently-retired Director of Volunteer Resources.

“He knew what it was like to be a patient,” she says. “His gentle and caring approach was welcomed by the patients. He told them what to expect leading up to their procedure.”

Ray also volunteered for the Lung Association and organized a fundraiser at his school to buy books for children with asthma. Through the association, he donated the books to St. Mary’s and Grand River hospitals.

A devout Mormon, Ray draws inspiration from his health scares.

“My Heavenly Father wants me to realize how fortunate I am compared to what other people are suffering. It makes me humble. It opened my eyes and makes me want to help people more.”

He found it fulfilling to interact with staff and patients as a volunteer at St. Mary’s and now plans two years of missionary service with his church, in New York.

“I feel I can get on with my life now,” says Ray.

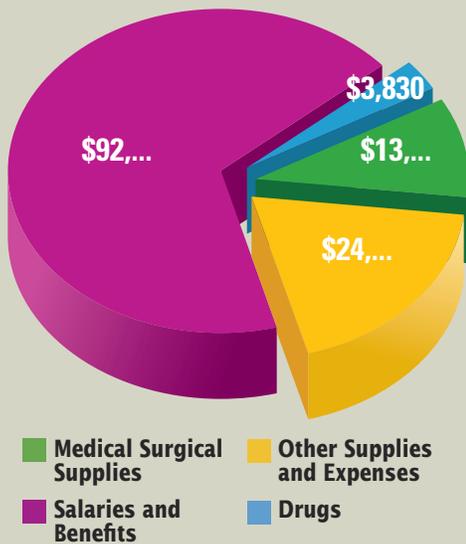


Ray Huang chats with Dr. Matthew Kilmurry who performed his successful surgery at St. Mary’s.

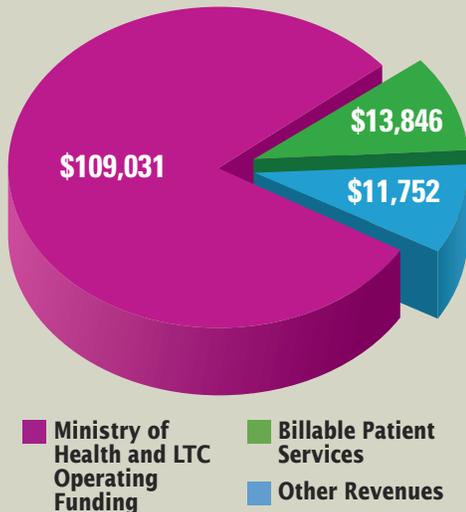
Operational Overview

ST. MARY'S GENERAL HOSPITAL AND FOUNDATION

Hospital Expenses by Category (000's)



Hospital Source of Operating Revenue (000's)



In 2009/2010, our community invested over \$4 million in St. Mary's. With the generosity of thousands of individuals, businesses, and service clubs, the Foundation was able to make numerous grants to the Hospital, including:

- \$1.2 million for the expansion of our endoscopy suites
- \$231,000 for enhancements to our digital mammography suite
- \$200,000 for a new 3-D echocardiography unit
- \$94,000 for a new Optical Coherence Tomography unit, used to detect retinal disease
- \$544,000 for a new PYXIS automated drug dispensing unit

St. Mary's General Hospital is committed to delivering quality, compassionate, innovative and patient-centred care. By focusing on four key programs and designated Centres of Excellence, we have established a reputation for excellence in clinical care and patient outcomes.

Programs and Services

- 24/7 Emergency Care
- Regional Cardiac Care Centre
- Surgical Program
- Chest Program
- General Medicine
- Regional Nuclear Medicine Program
- Diagnostic Imaging
- Outpatient Clinics and Services
- St. Mary's Counselling Service
- Sexual Assault and Domestic Violence Treatment Centre
- Centre of Excellence in Urology
- Centre of Excellence in Ophthalmology

Don Shilton Takes the Reins

A FOND FAREWELL TO MOIRA TAYLOR



St. Mary's welcomes Don Shilton as the new President of the Hospital.

Mr. Shilton joined St. Mary's in May 2005 as Assistant Vice President of the Cardiac Program and was promoted to Vice President, Patient Services in September 2007. Under his leadership, St. Mary's has been recognized as a leading cardiac centre in Ontario. His efforts to help St. Mary's secure a Level One Thoracic Surgery designation from Cancer Care Ontario means a greater number of patients can have thoracic surgery at St. Mary's rather than leaving our community for care.

"I am delighted and honoured to have been appointed St. Mary's next president," Mr. Shilton says. "I very much appreciate the encouragement and support that I have already received from the staff, physicians and many members of this community. I look forward to enhancing our focus on quality and patient safety and

to upholding the mission of the Sisters of St. Joseph."

St. Mary's said goodbye to Moira Taylor, President from May 2005 to August 2010.

Mrs. Taylor joined St. Mary's in January 1986 as the Director of Patient Information. In 1989, she became Vice President of Paramedical and Diagnostic Services. In her role as Vice President, she assumed a multitude of diverse responsibilities, including the leadership of the Hospital's major redevelopment project. In May 2005, she was selected from a prestigious group of candidates to be the President of the Hospital.

The Hospital would like to thank Mrs. Taylor for her enduring commitment to keeping the mission at the forefront throughout her entire career with St. Mary's. The Board, physicians, staff and volunteers offer their best wishes for a well-deserved, happy and healthy retirement.

Because we want you here for this...

Dear Supporter

At St. Mary's, we make a promise every day and it's a simple one. We promise to do everything we can so that our patients can live their lives to the fullest; to do our best to ensure that life's most precious moments – a wedding, volunteering, or perhaps taking part in the Olympic torch relay – are there to be had. When it comes down to the most basic reason we exist, it is to keep that promise.

While we make the promise, you ensure that we keep it. As you have read in the stories here, the promises, and the goals of our patients are of utmost importance to us. With your financial support, we can continue delivering on that promise and we would be humbled if you would be willing to support us again this year. Your donation will be directed to the renewal of our Cardiac program as it reaches its 10th anniversary of providing the most advanced cardiac care in Ontario.

From everyone at St. Mary's, thank you for your continued support.

Sincerely,



Peter Sweeney
President
St. Mary's General Hospital Foundation

911 Queen's Blvd, Kitchener, ON N2M 1B2 Phone (519) 749-6797



Yes! I want to help St. Mary's keep their promise. Please accept my one-time investment of:

\$500 \$300 \$100 \$60 \$40 Other \$ _____

Have you considered a monthly gift to St. Mary's? Monthly giving through your bank account or credit card provides for ongoing patient care and promotes fewer administrative costs.

Please accept my monthly donation of: \$10 \$20 \$40 Other \$ _____

I would like to receive future communications via email. My email is:

Paid by: Cheque VISA MasterCard Amex

Card No. _____ Exp. _____

Signature (for credit validation): _____

Telephone: (_____) _____

www.smgh.ca/promise

I wish to give anonymously and not be named in Foundation communications.

I have made a provision in my will for St. Mary's General Hospital Foundation.