

Pacific HeartBeat

JULY 2018 NEWSLETTER

Some Assembly Required

November 23, 2010 – 1345 Hours, O.R. 2, Royal Columbian Hospital

Cardiac surgery division lead, Dr. Shahzad Karim is finishing up the day's first open heart surgery case when he gets a call from Surrey Memorial Hospital.

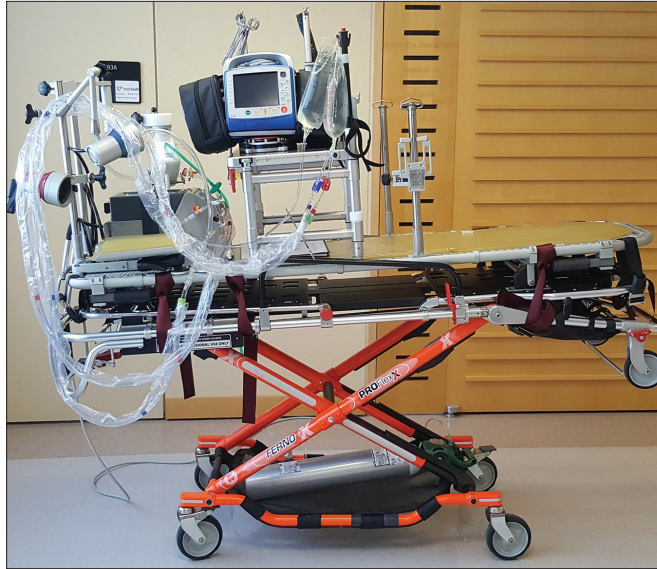
"We need your help. We've got a 14-year-old boy, in cardiac arrest, profoundly hypothermic. Core temperature is 17 degrees Celsius," relays an anesthesiologist at Surrey Memorial Hospital.

Dr. Karim covers the phone's mouthpiece and repeats what he's just heard to the chief perfusionist.

They quickly discuss bringing the boy to Royal Columbian Hospital and placing him on Extracorporeal Life Support (ECLS, a heart and lung machine). It might be his only chance of survival given that the team at Royal Columbian Hospital, Fraser Health's tertiary care centre, is trained and equipped to handle the most complex and seriously ill and injured patients in the province.

The problem is that the boy is unstable. He'll never survive a regular ambulance transfer to Royal Columbian Hospital from Surrey. They're going to have to take the heart and lung machine to him. They think for a minute, running the logistics through their heads, unsure how this will turn out. "Let's at least get there with the gear," they decide.

With that, the team breaks into groups to grab the lines, pumps, monitors and a myriad of other equipment used for artificial heart and lung support, and pile it onto a stretcher. Meanwhile, Dr. Karim wraps up the call with Surrey Memorial Hospital. His next call is to the manager of Intensive Care: "We're going to need a bed." He brings Dr. Derek Gunning on board with the plan. Dr. Gunning's professional duality as both a cardiac surgeon and intensivist will be of great support.



The 2018 version of the Retrieval Stretcher

Necessity is the mother of invention

The heart and lung machine was not made to be moved—it's heavy, bulky and complex—but they have no choice but to take it with them. They don't know what they'll have to work with at the other end, so they must be self-sufficient.

The request was to bring all the specialized equipment urgently to a foreign environment and put a person on full support. The team likened this to asking a chef to stroll into an unfamiliar kitchen and create a 12-course gourmet dinner on his own without knowing any of the equipment or what supplies are there, do it urgently and with no time to train anybody.

It won't be possible for the team plus the gear to fit into the same vehicle for the trip across the river, so they'll have to split up. Dr. Gunning heads down to his car. Dr. Karim calls 911 to command a police cruiser to rush him over the bridge, while the rest of the team tries to load their heavy equipment into an ambulance.

It won't fit. The clock is ticking.

Across the Emergency parking lot, they spy a wheelchair-accessible taxi with a raised roof. The driver is just dropping off a patient. The team makes a beeline for the taxi before

it takes off and commandeers the driver to rush them and the ECLS equipment to Surrey Memorial Hospital.

This time, they pull some of the tall bits off their wild assortment of gear so it will all fit in the back of the cab. They jump in the back, shut the doors behind them and head for Surrey. On the ride, they implore the taxi driver to drive as fast as possible, but given the heavy unsecured cargo, the driver insists on going just below the speed limit.

It takes them 20 minutes to get to Surrey Memorial Hospital. Dr. Karim is already at the boy's side,

helping the team continue CPR. Once the perfusion team and their gear arrive, Dr. Karim works on inserting a cannula into the boy's neck so they can administer anti-coagulant drugs and connect him to the heart and lung machine as quickly as possible.

It's been nearly three hours since the boy arrived at Surrey Memorial Hospital, and the team finally succeeds in initiating a heart bypass and getting him warmed up. Dr. Karim, Dr. Gunning and the perfusionists stay with him at the hospital for another two hours to stabilize him. Then they carefully load him into an ambulance to transport him to Royal Columbian Hospital. It's tricky to get the boy and the equipment into the ambulance, but the team uses their earlier experience to make it work.

Their young patient spends one week in Royal Columbian Hospital's Intensive Care Unit before he's transferred to another hospital to be monitored. He survives.

Genesis of a big idea

This wasn't the first time the team had performed a bold transport, but it certainly was the most challenging.

Saving the boy's life clearly demonstrated the real need for the service. They decided

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Some Assembly Required...

(Continued from page 1)

that before it was needed again, they would patch together versions of the necessary equipment so the whole thing would fit onto an ambulance stretcher. Yes, it would still be bulky and awkward, but at least they would be able to travel in a more conventional way.

The slightly more streamlined assemblage of gear now sat in a closet near the OR, packed and ready to go. Within 20 minutes of a call, the Extracorporeal Life Support (ECLS) and the experts to run it could be on the way to any hospital in the Fraser Health region.

Royal Columbian Hospital is believed to be the only hospital in BC with a mobile ECLS response team that can transport critically ill adult patients back to Royal Columbian Hospital for life-saving surgery or advanced intensive care. Without these highly specialized transports to Royal Columbian Hospital, these patients would die.

Since 2010, the mobile ECLS response team has been put to use several times a year, with no patient lives being compromised during transport. The team has a 100-per-cent success rate on all of the transports they have done. But it still wasn't good enough. It was determined that the ECLS

would not fit into an air ambulance due to its weight and bulk. So the team aggressively took on the challenge to refine the physical set-up of the whole operation.

Making it real

They started working with emergency equipment maker Ferno-Washington Inc. in Wilmington, Ohio to design an ECLS stretcher in a custom-designed frame that would meet the size and safety requirements of conventional ground and air ambulances.

Over the next few years work was done to ensure the entire lightweight package would fit within a box-sized space, 2 ft. high by 2 ft. wide by 7 ft. long.

Every subsequent transport would shed more light on ways the team could improve the design and safety of transport. The challenge was taking all the equipment that wasn't meant to fit together and making it a single package that could fit into any kind of ground or air ambulance. This was something the team could be proud of.

Finally, in early 2013, the ECLS stretcher prototype received aeronautics approval. They could now move forward with the final product.

With the help of the Royal Columbian Hospital Foundation, funding for the customized stretcher project was secured.

Recognizing the project's great public relations potential, the Foundation organized a media event in late August 2013. The project generated an unprecedented amount of news coverage for the Foundation.

A story written by The Vancouver Sun mentioning the need for \$40,000, attracted the attention of two anonymous donors. They contacted the Foundation to express their interest in participating in the project and together they would eventually put up nearly \$123,000. That generosity came in addition to many other individuals who donated funds. Not only would the donations cover the cost of the stretcher, but they would also be enough for three critical transport monitors.

Thanks to the support of the Royal Columbian Hospital Foundation, the exceptionally skilled, ingenious experts at the hospital could save more lives.

The mobile ECLS service was expanded throughout the province including Kelowna General Hospital. Thanks to the work of the team at Royal Columbian Hospital, many life-saving transports have been done, with many more to come. ♥

The original article was written by Shannon Henderson of Fraser Health.

President's Report— Summer 2018

As I compose this report in mid-June, it's clear that we're into a long, warm summer—a welcome change from the miserable winter and spring. I hope that the poor weather did not deter you from your daily walk. As you



Rick Cozzuol

no doubt know, unless you have disabilities that make walking difficult, it is the best exercise for us "open hearters." It is something that you should take seriously on a permanent basis, not just during the early recovery process.

During follow up calls to patients that I had visited since last summer, I was surprised to learn that many had done little daily exercise. Remember that an open heart procedure gives you a new lease on life. It's important that you maximize that opportunity by doing all of the right lifestyle changes that will allow for a long and happy life. To that end, I encourage all new open heart

patients (and any of you who have not yet attended) to take the Healthy Heart program subsequent to your surgery as recommended by health professionals. This is an invaluable program that provides information about nutrition, exercise and lifestyle changes that will enhance your recovery.

I think it would be prudent to bring your partner to this important session and I encourage you to enroll in the exercise program. You'll find it very useful in the recovery process and you'll make some new friends.

I have mentioned on more that one occasion that the Pacific Open Heart Association's (POHA) success and future is determined by our volunteer visitors. Our immediate needs are for six new visitors. I encourage you to consider contacting me at 604-596-3784 about becoming a visitor. I'll put you in touch with one of our team captains who will provide you with the specifics. Please give this matter serious consideration as the need is urgent, particularly at St. Paul's Hospital.

Membership of POHA has always been something of a challenge. Most of the 2,500 plus open heart surgery patients that we visit

annually do not express their appreciation of the valuable service they receive by becoming members.

We rely upon membership dues (\$10.00 annually) to cover our basic operating costs; things like postage, website maintenance and printing. This year our paid membership total has fallen to a low of about 220, which barely covers our costs. So, I'm appealing to all of you to please consider becoming members.

All you need do is complete the membership form on our website or use the application in the POHA brochure that you received from our visitors during your hospital stay.

As members, you have an opportunity to attend our AGM and have a say in how POHA functions and the chance to participate in our golf tournament.

This year there's an additional benefit. Members will receive a 20% discount on all non-sale items at Mark's Work Warehouse at the Maple Ridge location.

Thank you for your support and have an enjoyable and healthy summer and fall. ♥

Rick Cozzuol

President, Pacific Open Heart Association



34th Annual “POHA Moe Pitcher Golf Tournament” – June 15, 2018

This year a record 74 golfers played golf at Poppy Estate Golf Course in Aldergrove. It was a time renewing old friendships, remembering those who were not with us and making new acquaintances. Our golf committee endeavors to provide an affordable, enjoyable experience for every golfer. It was a fine day, with late morning clouds and sunny periods

A successful tournament is only possible with the support of our generous sponsors. They allow us to donate excess funds to local hospitals for the benefit of cardiac patients. Please check the following sponsors and try to use their businesses if possible. Coast



Joanne Pitcher presents the trophy to the winning team: Bernie McNeil, Richard Lemire, Ken MacKinnon and Ken Lee

Capital Savings was a major sponsor as was Northwest Development. This year’s Hole sponsors were: DMCL Chartered Accountants, National Bank, Home Restaurants, Hollis Wealth, Austin Metal Fabricators (sponsorship and auction donation), RCH Hospital Foundation, St. Paul’s Hospital Foundation, Fraser Valley Health Care

Foundation, HUB Insurance, Mainland Fireplaces, West Coast Golf Group, and Golden Eagle Golf Course.

The tournament cannot run smoothly without the help of our volunteers. Thanks to Mike Martin, Ken McBain, Pat Hagan, Alfred Buchi, Bill Turpin, Dennis Kraft, Connor Clifford, Ellen Cozzuol, and to the golf committee: Rick Cozzuol, Bob Axford, and Amelia Moloci.

Tournament Results

Mac Parlee won the early bird draw for a free entry next year.

The winning team was Bernie McNeil, Richard Lemire, Ken MacKinnon and Ken Lee. Thanks to all for attending. We look forward to seeing you next year.

If you are interested in adding your name to our golfer list please contact me at:

rkocheff@telus.net or 604-467-2904. ♥

Opportunity to Participate

My name is Sean Hardiman and I’m a PhD Candidate in the School of Population and Public Health at the University of British Columbia, a part of the Faculty of Medicine, where I am supervised by Professor



Sean Hardiman

Boris Sobolev. I’m training as a health services researcher. We study the effect of health services systems on patient outcomes.

Bypass surgery is an effective treatment for complex coronary artery disease and offers benefits over angioplasty with stenting, specifically lower mortality and fewer repeat procedures. However, in our health care system, operating room capacity is limited by hospital budgets, and hospital managers have to balance demand for a variety of procedures, each of which has their own wait time targets. This means that sometimes patients have to wait longer than the time recommended by doctors for bypass

surgery. Angioplasty, on the other hand, has little to no waiting time and is usually performed at the same time as the diagnostic angiogram. Our research team wants to answer the question of what patients and physicians should do when bypass surgery isn’t available within recommended wait times—should they continue to wait for bypass surgery, or should they have immediate angioplasty and stenting instead?

To support this work, we are looking for patients to join a research advisory committee to our project that will help us shape the analysis and guide presentation of the results. As researchers, we want to do a better job making our findings accessible to patients and families. With this in mind, committee members would contribute approximately an hour of their time every two months to hear about the project’s progress, and give feedback on the work being completed. The only qualification to participate is that you have had isolated coronary artery bypass graft surgery.

If you are interested and you’d like to volunteer, or if you have any questions about what’s involved, please contact me at 778-938-3270 or sean.hardiman@me.com. ♥

Abbotsford Regional Hospital



Fraser Valley Health Care Foundation and the Cardiac Care team at Abbotsford Regional Hospital would like to thank the Pacific Open Heart Association for their generous donation of a SmartMan CPR Training Manikin. It will allow health professionals in Cardiac Care to practice life-saving techniques in a controlled environment. The manikin provides a realistic manner in which staff can look at and improve efficacy in terms of chest compressions and ventilation. ♥

POHA Volunteer Visitors

The main purpose of POHA is to assist in the encouragement and preparation of patients about to have open heart surgery and to encourage and support patients and their families after surgery. This goal is achieved by the work of teams of dedicated volunteers, all of whom have had surgery themselves, who visit most patients before and after surgery.

There is a team of volunteers at each of the three surgery hospitals in the Lower Mainland: Royal Columbian, Vancouver General and St. Paul's.

Royal Columbian Hospital

- John Ashbridge • Bob Axford • Ed Bradbeer
- David Chapman • Gene Chiang • Rick Cozzuol • Karen Dalgetty • Bill Fedechko
- Matt Foley • Rolf Gullmes • Pat Hagan
- Wayne Haluk • Dave Harris • Bob Lauro
- Bernie McNeil • Mike Martin • Jerry Moloci
- Len Mueller • Mac Parlee • Frank Winters

Vancouver General Hospital

- Alfred Buchi • Jim Cross • Charlens Challmie
- Robert Davies • Deanna Frank • Gerry Green
- Marc Haslam • Paul Lau • Thomas Lundgren
- Ian Perry • Fred Sato • John Shinnick
- Sharon Swoboda

St. Paul's Hospital

- Paul Altalia • Walter Gumprich • Nils Hognestad
- Rose Holbrook • Aaron Lan-teigne • Richard Lemire • Kathleen McAuliffe
- Bob McDowell • Colin Rolston • Jennifer Rule
- Brian Schreiber • Brian Wiebe

Fraser Health Hospitals:

- Abbotsford Regional Hospital
- Burnaby Hospital
- Chilliwack General Hospital
- Eagle Ridge Hospital
- Langley Memorial Hospital
- Peace Arch Hospital
- Ridge Meadows Hospital
- Surrey Memorial Hospital
- Maureen Baker • Alfred Buchi • Ed Dezura
- George Faerber • Pat Hagan • Roger Kocheff
- Peter Langfield • Albert Loewen • Dick Mackenzie
- Mike Martin • Mac Parlee • Brian Symonds • Art Simmons • Tom Taylor

Volunteer Visitors

If you are interested in becoming a volunteer visitor, please contact one of our Team Captains:

- | | |
|---------------|--------------|
| Jennifer Rule | 604-739-3111 |
| Alfred Buchi | 604-581-5508 |
| Mike Martin | 604-535-3195 |
| Bob Axford | 604-462-9295 |

2018 Don Topp Award – Bob Axford



Rick Cozzuol presents the Don Topp Memorial Trophy to Bob Axford

I met Bob Axford eight years ago during a visit at Royal Columbian Hospital. He had undergone both bypass and valve replacement surgery just three days before, yet he had this big smile on his face! Two weeks later he was still in the hospital. I learned that he had experienced a couple of setbacks in recovery yet the positive attitude were still there. I gave his name to the team Captain of RCH and suggested he would make an ideal visitor. Less than a year later he was a visitor at RCH and a year later he became a POHA Board member.

Subsequently, he became Team Captain for the Auxiliary Hospitals and continues to be a visitor at RCH. He still has time for long Mexican family vacations, curling and golf! This year's worthy recipient of the Don Topp Memorial Trophy is Bob Axford. ♥

John Ashbridge

We are sorry to announce that John passed away after a short hospitalization in Royal Columbian Hospital. He was an active volunteer visitor at both VGH and RCH. He made his last visit at RCH on May 20. John was well known as a broadcaster on radio station CKNW and as the voice of the Canucks and later the voice of the Giants. Until recently he was Vice Chairman of the RCH Foundation and a frequent visitor on the heart surgery ward. Our condolences to his family. We will miss him. ♥



John Ashbridge

2018 POHA Annual General Meeting

The POHA AGM was held April 14, 2018 at the Unitarian Church in Vancouver. Thirty members and guests attended.

Following the reading of the 2017 AGM minutes, board members and guests were introduced by President Rick Cozzuol. All committee chairpersons gave their reports recapping the successes of the previous year.

The President said that this was the 30th anniversary of POHA. He spoke about how POHA was formed and how it helps the communities with donations and visitations. He addressed the membership issue and the change in the financing of the heart pillows given to patients at VGH and St. Paul's.

Board elections were conducted with all current board members being acclaimed.

Two board members recently tendered their resignation—Tony Soda and John Chesman. Thanks to Tony who was instrumental in assuring POHA conformed to proper accounting procedures. John, our past president, demonstrated invaluable leadership to POHA and the transition to new procedures following the bequest from Mr. Connolly.

The Don Topp Memorial Trophy was presented to Bob Axford, a visitor at RCH as well as the captain of the visiting program at the feeder hospitals.

Following the meeting, Kate Martin, Clinical Nurse Educator at RCH gave a demonstration of "SmartMan."

The meeting adjourned at 3 p.m. Refreshments followed. ♥

Pacific HeartBeat Newsletter

The newsletter is published semi-annually by the Pacific Open Heart Association. Editors: Mike Martin and Patrick Hagan. Typography: Roland Clifford

Acknowledgment

POHA acknowledges the generous support of the Founder's Cup Charity Foundation in the production of this newsletter.

Correspondence

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Contact Numbers

For further information about POHA, please phone one of the hospital volunteer visitor team captains:

Jennifer Rule	604-739-3111
Alfred Buchi	604-581-5508
Mike Martin	604-535-3195
Bob Axford	604-462-9295



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OPEN HEART
ASSOCIATION**