



Pacific HeartBeat

NEWSLETTER



January 2015

President's Report

By John Chesman

The past year was a busy one for your Board of Directors and the Pacific Open Heart Association.

In order to be compliant with our By Laws, the makeup of your Board has changed. We wish to thank the retiring Directors for their dedication and their selfless contribution and service to the POHA.

The outgoing Directors are: Gene Chiang, Len Mueller, Alan Sturgess and Patricia Tochkin.

I know the membership will welcome the three new Directors - Robert Ellerton, Joga Singh Sangha and Anthony Soda.

I would also like to give a great big thank you to John Sutherland who, after many years, has relinquished the role of Treasurer. John's input and his fatherly advice will still be available as he will continue as a Director.

The Treasurer's role will be assumed by Robert Ellerton. Robert brings a wealth of experience to the position and we welcome him.

The role of Secretary has been ably handled by Patricia Tochkin for a number of years and we very much appreciate her contribution. Chantal Moll, a current Director, will assume the duties of Secretary.

If any member has a desire to serve on the Board, please contact any Director to let them know of your willingness to serve.

In June 2014 the POHA held its 30th consecutive golf tournament. The tournament, under the Chairmanship of Roger Kocheff, was a roaring success. The tournament provides an opportunity for members of the Zipper Club to renew old friendships and to swap stories. The funds raised enables POHA to once again provide financial support to local hospitals for the benefit of heart patients.

During the year I had the pleasure of discussing our volunteer programs with the three main heart hospitals and the Heart and Stroke Foundation. As a result, I am more convinced than ever that our volunteer work provides a necessary service and is a major contributor to improving awareness of the importance of maintaining a healthy heart. Your contributions and support are necessary if we are to continue to provide this support to heart patients.

Annual General Meeting

Saturday April 11th, 2015

NOTE – CHANGE OF DATE

Place: Unitarian Church
949 West 49th Ave. (Oak & 49th Ave.)
Vancouver, BC
Time: 1:30 PM
Speaker: TBD
Topic: TBD.

PROPOSED CHANGES TO THE CONSTITUTION WILL BE PRESENTED FOR DISCUSSION & ACCEPTANCE

Membership Registration desk will open at 1:00 PM.

Refreshments will be served after the speaker's presentation.

Post Operative Care at RCH

By Dr. Brian Muth



My name is Dr. Brian Muth. I'm a physician and my role is to assist with the recovery of patients who have undergone open heart surgery at the Royal Columbian Hospital (RCH). I have been working with the RCH cardiovascular service for

over three years, and I continue to be excited and rewarded with this work. I'd like to describe it to you.

All patients who have undergone heart surgery at RCH are first taken to the Cardiovascular Surgical Intensive Care Unit (CSICU). Here the patient is monitored closely with one on one nursing care. Over the course of a day or so, the patient regains consciousness, the oxygenation improves and eventually the breathing tube can be removed and replaced with either a face mask or nasal prongs. Once the blood pressure has stabilized without the support of drugs that stimulate the heart, the patient is considered ready to be transferred to the "Stepdown" ward for the next phase of recovery.

The "Stepdown" ward is my ward. It is also called Two-South at RCH. We have 30 beds and usually 20 to 25 are used for post-surgical recovery. I'm the one physician on this ward, and I work with two superb nurse practitioners who have been specially trained, along with over 50 nurses. Each nurse has received additional training in high acuity care.

All postoperative patients arrive on the ward where they are cared for until they can be safely discharged. The length of time varies widely. Generally for uncomplicated cases most are able to

go home in four to six days. And these days are busy!

From the moment a patient arrives he or she will receive instructions on deep breathing, in order to expand the regions of the lungs that have collapsed during the time of surgery. Although there is time for rest, a patient can expect visits from a myriad of specialists: nurses, physiotherapists, pharmacists and occupational therapists. Once on their feet, patients are expected to attend an exercise class every day.

My day starts at 7:30 or 8:00 am. Arriving on the ward my first order of business is to make myself a cappuccino using a small machine I keep hidden away on the ward. It's my one vice which I leverage to fuel myself for the coming day. At 8:30, the Two-South staff gathers at the nursing station (nurses, physiotherapists, nurse practitioners, medical educators, dietitian, head nurse, unit manager and myself) to discuss all the current patients. I'll make notes on all the patients, identifying the few that may need special attention when I visit them later in the day.

The next phase of my day is ward rounds. I'm usually accompanied by a pharmacist and together we visit each of the patients. First we confer with the attending nurse. She is expected to convey the latest information about the patient: his or her status, the progress achieved, and most importantly, specific concerns of the nurse. I rely heavily on the nurses' impressions of their patients. I'm mindful that I'm only able to spend a few minutes each day with each patient, whereas each nurse looks after only three patients and is at the bedside and repeatedly assessing the patient throughout the day. The nurses are usually the first to spot problems that can often be readily corrected. We also review the latest blood work, x-rays and any other laboratory work. This gives me a very good picture of what to expect before I see the patient.

Of course, the primary reason for seeing each patient is to see how the patient is doing, and to ensure that the recovery is progressing as expected. But I see this interaction with the patient as something far more important. I am very mindful that each and every one of my patients is facing and enduring a personal crisis. Before their surgery they have been quoted a mortality rate specific to their profile, and they have been told of the possible complications that can arise, some which can cause permanent disability. It is terrifying. And it is important for them to hear the magical words: "everything is going well so far. I'm very pleased with your progress. In a few days, I'll expect you to be home." Often I'll add a few words of inspiration: "... and if you do (this) and (that) you can really help things along." Such simple gestures not only act as a soothing balm to a frightened patient, but provide motivation that will "unstick" a stalled recovery, or accelerate the recovery of a patient who is already doing well.

I vividly recall one such patient whose recovery was delayed by a condition called post-op delirium. Following surgery some patients remain confused and agitated, often suffering from hallucinations and insomnia. This particular patient visited me some months after discharge to tell me the day he woke up with his thoughts intact. He told me he first was aware of my hands holding his arm and then seeing my face coming into focus as I spoke, "Welcome back, Edward. Everything is fine. You are going to be alright". I have no recollection of this particular moment, but Edward said it was as if a voice had steered him back to reality, and it became one of the most poignant moments in his life.

I have used this anecdote to teach nurses and students that such powerful psychotherapy doesn't need to be rendered by

someone wearing a white coat. Anyone can do it. In particular, we have a group of volunteers, people who have had cardiovascular surgery themselves, that visit our patients. These visitations can be a true inspiration to patients who are feeling vulnerable and fearful, and a few words of reassurance can be truly meaningful.

Most often families have some concern about taking their loved one home. Patients and their families need to be educated about what to expect, and what precautions to take. The prescribed medications need to be reviewed and some medications such as anticoagulants require extra attention and vigilance so that they can safely be taken. The nurses spend much more time than myself conveying this information to the family, but this is not always enough. Until recently we had some DVDs that could be viewed on a TV monitor, but more recently we acquired four Android tablets preloaded with educational material. These can be viewed by the patient and family at their leisure and any questions can be directed to the bedside nurse or myself. I understand that the Pacific Open Heart Association funded the purchase of this equipment and I can attest that this is proving to be a valuable tool.

The final portion of my day is spent reviewing the new patients that have just arrived from the CSICU over the course of the day. Although the new patients have already been seen by a doctor earlier in the day, I find that it is important to familiarize myself with the patients' history and current status. Because the surgery is recent, often their condition has yet to stabilize, and sometimes a bedside reassessment and a little tweaking of the orders helps settle things down before I leave for the day.

I've described the general pattern of work, but this can occasionally be disrupted by unexpected events. Although we like to think that all patients follow a smooth pathway to recovery, this doesn't always happen, and emergencies do arise from time to time. I recall one time soon after I joined the ward and before I knew the nurses very well, where there was not one but two emergencies that occurred simultaneously. One patient, whom I'll call Ed, developed respiratory arrest, and he was sitting bolt upright in bed, drenched in sweat, and breathing like a locomotive. Meanwhile, Gwyneth in the neighbouring room, developed a rapid cardiac irregularity and her blood pressure dropped precipitously. I was so impressed by the response of the nursing team. Normally one nurse looks after three patients, but in this circumstance, the nurses immediately redistributed the patient load so that Gwyneth's nurse and Ed's nurse could work one on one with their respective patient. Meanwhile I would alternate between the two rooms gathering up-to-date information and relaying orders with each nurse who kept a bedside vigil. Over the course of an hour, Ed's breathing became less laboured and his oxygenation returned to normal, and Gwyneth's heart rate responded to the new intravenous drugs and her blood pressure improved. Once the dust had settled, the patient load reverted back to normal. This was so automatic and smooth, that I had to compliment the nurses at next morning's report. They seemed surprised: "but of course we help each other! It's easier for the nurse and safer for the patient." It was clear to me at this point, that I was working with a very special group of nurses. I have since come to appreciate how the culture in our unit distinguishes us from other hospitals and perhaps even other wards. We consciously foster this spirit of teamwork, and as new nurses are mentored on our ward, I see how this feeling is embraced by the new staff. And of course, it's the patients that are the direct beneficiary.

2014 Board of Directors

In the past few months a number of changes have occurred to the Board of Directors. The following past Directors have left the Board: Alan Sturgess, Gene Chiang, Patricia Tochkin, who was secretary for a number of years, and Len Mueller. They have all contributed a lot of time to our organization and their past commitment is appreciated. Although they are no longer on the Board, they will continue to support the POHA in various ways.

The following five people have joined the Board of Directors:



Bob Axford was appointed to the Board last June. He is a retired teacher and had bypass and aortic valve replacement surgery in 2010. He is a volunteer visitor at Royal Columbian Hospital and is the Team Leader for visitors at the Feeder Hospitals.



Joga Singh Sangha (on the left) is a Branch Manager for Coast Capital Savings Credit Union. Although not a member of the "Zipper Club" Joga has become very involved with the world of open heart surgery and heart disease through his parents. His mother has undergone bypass surgery and his father has suffered a heart attack. Joga has taken on the role of membership coordinator and has accepted the goal of increasing the number of members.

Jennifer Rule (middle) had a long career with Telus and retired in 2002. She has had two mitral valve replacements in 2000 and 2005 ending up with a mechanical valve. She assumed the role of Team Leader at St. Paul's Hospital after the passing of Vern Halverson.

Tony Soda is a chartered accountant. He received a mechanical aortic valve in 2006. He served on the Board of Directors of the Burnaby Winter Club and was awarded Honorary Life Membership. He has also served as a member of the Discipline Committee of the Institute of Chartered Accountants of B.C., and as a Public Member of the College of Dental Surgeons of B.C.



Robert Ellerton is trained in accounting, personnel management and payroll management. He had bypass surgery in February 2014. He has served as Treasurer for a number of organizations and plans to take over the position of Treasurer for the POHA at the April AGM.

POHA SUPPORTERS

A "heartfelt" thank you to the following for making Donations or In Memoriam Gifts to the POHA from Dec.1/13 to Nov.30/14.

Ali Ahmadi Diba; Max Baer; Allan Bakken; Reg Belliveau; Geoffrey Black; Ian & Vivian Blake; Shawn Bothwell; Lee Bremner; James A Brown; Helen Brown; Alfred Buchi; Loraine Burdett; Robin Burnside; Robert Carlson; Edward Carroll; Marlies Caswell; Kee Tao Chan; Patricia F Chan; Founder's Cup Charity Foundation; Benedict Chee; Gene Chiang; Ronald Chua; Brian Chu; Philip/Louise Chwin; Patrick Clark; David Clarke; June Coe; Louis Comin; Elaine Cook; Joan Crofts; A. De Santis; Thomas Ugarteburu & Jeanne Desautels; Fred and Marie Donatiello; Willard Dunn; Michael Dunn; Jim Dyson; Eileen Evans; Richard Fahlman; Jakob Felber; Connolly Foundation; Victor Gauvreau; Heinz Gfroerer; Lawrence Godby; Arthur Goertz; Betty Goodwin; Estate of Gordon Rice; Gerald Green; Lloyd Grondahl; Al Gross; George Grout; Edward Haggan; Harvey Hantula; Johnny Hartwick; Phyllis Hiltz; Donna Hologerson; Anne Hopkins; Barbara Jaks; Tonia Jurbin; Robert and Elizabeth Justason; E. W. Kane; Warren Keep; Bruce Kelt; William Kennedy; Martin Kerins; James R. Kerr; Colin King; See Bun Ko; Peter Kobliuk; Roger Kocheff; Jaide Kuraishi; Cullis Lancaster; Joe Hang Lee; James & Ellen Loughery; Patricia Lysyk; Dick Mackenzie; Melchor Mangahas; Larry McDonald; Ross Mcdonald ; Bob McDowell; Robert McFadden; Robert McIlwaine; Jose Melo; Tom and Phyllis Meredith; Peter Miller; Henry Morell; Esther Morisse; Frank Nagy; Richard Nelson; Ray A. Nelson; Patricia North; Fiona Odam; BESC Ottawa Inc.; Rodolfo F Padilla; William Parsons; Ray & Jean Pelletier; Dwayne Perry; Jack & Marilyn Pomfret; Fred Remus; Jerry Richardson; Robert Romano; Jack Scott; Yvonne Scott; Elizabeth Sheppard; Leslie Shingler; A. G. Sinclair; Joan Smallenberg; Michael & Cecile Smith; George Soika; Mr & Mrs W.R. Sproule; Vivian Steele; Ron Stuart; Alan Sturgess; John Sutherland; Brian Symonds; TELUS Cares; Patricia and Terry Tochkin; Victor & Susan Uegama; Sophie Uytdehaag; Leonard Visscher; Heinz Voigt; Stan Vyse; Doris J. Wilson; Dennis Wilson; Walter Wishlow; John & Karen Wood.

POHA 31st Annual Golf Tournament

Friday June 19th 2015

The date and location for the 2015 POHA golf tournament have been booked:

**Friday June 19th 2015 Poppy Estates.
3834 248th. Street, Aldergrove**

The format will be the same as last year. We are working on some new ideas but have not yet finalized these. We will include this news in the registration package, which will be in your hands in late April 2015.

Also, there will be a blind draw, for free entry into the 2016 Tournament. This would be drawn from all "early" registrations for this year's Tournament. There will be more details on this in the registration package.

Please plan to attend. For more tournament information or to learn how to help with phoning, prizes or general help for the tournament, contact me at:

604-467-2904 or rkocheff@telus.net

Please send Golf Tournament Information to:

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

E-Mail: _____

Mail to: 11961-203 St., Maple Ridge, V2X 4V2

VOLUNTEER FOR THE HEALTH OF IT

If you are able to spend 1 to 2 hours every couple of weeks to give support to open heart surgery patients, one of the following team leaders would be very happy to tell you more about the opportunities available at one of the following hospitals:

| | | |
|-------------------|----------------|--------------|
| Vancouver General | Alfred Buchi | 604-581-5508 |
| St. Paul's | Jennifer Rule | 604-739-3111 |
| Royal Columbian | Michael Martin | 604-535-3195 |

It's that time again!

It's time to renew your Pacific Open Heart Association membership. Membership is still only \$10.00, unchanged in over 20 years !!

This year we have introduced PayPal as a new method of renewing your membership and paying the annual fee.

You do **NOT** need a PayPal account to make this payment!

Please point your web browser to:

<http://pacificopenheart.org>

and "click" the appropriate link to pay fees or make a donation.

POHA does NOT retain your credit card information.

Funds from memberships are used to cover operating costs of the Association such as the production of our brochures (in several languages); postage; Annual General Meeting expenses; the purchase of poinsettias for patients who are recovering from open surgery during the Christmas holiday. None of our volunteers or directors receives any form of compensation and never has. Any surplus funds from membership renewals are donated to hospitals for sundry equipment in the cardiac wards. So please renew and help support the good work that POHA has been doing for over 25 years. Thank you.

MEMBERSHIP REQUEST

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

E-Mail: _____

I am interested in - being a visitor:

- being a volunteer:

- Golf:

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

From "Rants & Rascals" Blog

The author of this Blog, Jodi Shaw, gave us permission to use this edited version in our newsletter.

"I visited my mom today at Abbotsford Regional Hospital. This afternoon she was really down when these two men came into the visitors' lounge where FD and I were sitting with her, and told her they were from The Pacific Open Heart Association. They wanted to talk to her about her situation and what she was going through. One gentleman sat with mom and told her he was 85 years old and just had his surgery last year, and he felt great. They told her that modern medicine has come a long way, and that she can handle what is about to happen, even if she feels she can't right now. I think the visit made mom feel a bit better, talking and knowing there are others going through this. To give support to Pacific Open Heart Association, visit their website. Programs like these need donations and truly help those surviving heart surgeries. It meant the world to my mom. Their visit helped her. So please share this post with friends and family, and let's give a little back to help this great organization, one heart at a time." J.S.

Poinsettias Delivered to Cardiac Wards

Every year, just before December 25th, POHA volunteers deliver poinsettias to the cardiac ward patients at the three cardiac hospitals, Vancouver General, St. Paul's and Royal Columbian.

This year we have pictures from Vancouver General and St. Paul's.



On the left: Alfred Buchi of the POHA and patient James M.

On the right: Royce C., (patient waiting for TAVI) & his wife.

PACIFIC HEARTBEAT NEWSLETTER

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