

Your

# HealthMatters

ROYAL COLUMBIAN HOSPITAL FOUNDATION MAGAZINE • FALL 2015 EDITION



## ER for the heart

The campaign to support the region's centre for emergency cardiac care

### DEEP FREEZE

Interventional radiologist kills tumours with extreme cold

### BRAIN BLEED

Family urges helmet use after teen skateboarder suffers life-threatening injury

### LOOK DIFFERENTLY AT MENTAL HEALTH

Hospital redevelopment will create new mental health and substance use centre

# CARDIAC CARE CAMPAIGN



Charitable-minded people often talk about giving from the heart. In this issue of Your Health Matters, we encourage giving to the heart.

Cardiac care is a critical program at Royal Columbian Hospital. In fact, the hospital's cardiac care team is the busiest in British Columbia. They are called upon every day to save the lives of people from throughout the largest health region in the province.

If you suffer a heart attack or cardiac arrest, the ambulance may skip your local hospital and rush you straight to Royal Columbian's cardiac catheterization lab. Because of this, the 'cath lab' functions like an ER for the heart.

We need your help to make sure the cardiac care team can continue to deliver the highest level of service to some of the most seriously ill patients in the province. We're raising \$3.3 million right now to upgrade Royal Columbian Hospital's two cath lab suites with the latest imaging and monitoring technology.

We hope you'll enjoy reading about the work of the interventional cardiology team in this edition of our publication. When you're finished that article, we suggest you read about the hospital's redevelopment plans as well as the related interview with Psychiatry Department head Dr. Anson Koo. The Foundation is working with donors to support this much-anticipated redevelopment.

In addition, there are other great patient care stories here and a special feature on the kind of equipment our generous donors have purchased during the last year. Thank you once again to Wesgroup for sponsoring this magazine and allowing us to keep you informed.

*-Doug Eveneshen*  
Chair, Royal Columbian Hospital Foundation

*-Jeff Norris*  
President & CEO, Royal Columbian Hospital Foundation

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Better health.  
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We welcome your comments about *Your Health Matters* magazine. Please email [info@rchfoundation.com](mailto:info@rchfoundation.com) or write to us c/o Royal Columbian Hospital Foundation, 330 East Columbia Street, New Westminster, BC V3L 3W7.

Established in 1978, Royal Columbian Hospital Foundation raises millions of dollars annually to purchase medical equipment, fund innovative programs, and support training and research. To donate, please visit [www.rchfoundation.com](http://www.rchfoundation.com) or call 604-520-4438.



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# INSPIRED GIVING

Volunteers led by Royal Columbian Hospital anesthesiologist Dr. Feisal Mohamedali have wrapped up a record-breaking year for the annual Making the Cut Charity Golf Classic. The fundraiser, with title sponsor West Care Medical, raised more than \$32,000 to purchase medical equipment.



Ladner's Van Marrewyk family and their friends have purchased a life-saving piece of equipment for premature babies and other fragile newborns at Royal Columbian Hospital, five years after their triplet girls received care in the hospital's Variety Neonatal Intensive Care Unit. They raised \$55,000 during the Scotiabank Charity Challenge in June to buy a jet ventilator.

Jeannette and Stan Hrescak tour Royal Columbian Hospital's cardiac catheterization lab in May following the couple's purchase of \$75,000 worth of equipment for the hospital.



In April, family and friends of the late Gary Smith gathered once again at Minnehada Regional Park in Coquitlam to remember his life and help combat esophageal cancer by raising close to \$12,000.

For the latest Royal Columbian Hospital Foundation news, follow us:

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**3** On Twitter: [@RoyalColumbian](https://twitter.com/RoyalColumbian)

# A PERFECT ENDING

## Family grateful for final days with loved one

**85**-year old Gladys Robinson had been fiercely independent, enjoying life in her small cabin by a lake north of Edmonton. She still shovelled her own walk, brought in firewood for the stove and drove her car into town to get groceries. But as she visited her family in the Lower Mainland over the Christmas season, Gladys suddenly found herself in Royal Columbian Hospital with a stunning diagnosis: terminal lung cancer. In the days that followed, as her loved ones visited and the hospital offered palliative care, one thought kept coming back to Gladys – “this is perfect.”

Up until then, she had seemed fine. Daughter Beverley Richards says her mom giggled regularly and was her usual happy self.

Christmas morning however, as the family was getting up, grandson Geoff Richards heard Gladys gasping for breath. “She said she had been like this since four or five in the morning,” he says.

Geoff drove his grandmother from Coquitlam to Royal Columbian Hospital’s emergency department, where they connected Gladys to oxygen and began the process of figuring out what was ailing her. Tests revealed a lump on her lungs, and spots were discovered on her liver. A biopsy confirmed the bad news.

Rather than attempt aggressive treatments, Gladys decided on palliative care, and her family supported her. Dr. Joelle Bradley, who oversaw Gladys’s care at Royal Columbian,



**GRANDSON GEOFF RICHARDS** poses with Gladys Robinson at Royal Columbian Hospital.

encourages families to consider advance care planning. “These conversations ideally happen in the comfort of one’s own home outside of a health crisis,” explains Dr. Bradley. “It allows a person and their loved ones to know what is

truly important as time is running short. This prepares them to work with the doctors, who know the treatment options, and together choose a treatment plan to honour the person’s values, priorities and beliefs.”

As it became clear that Gladys didn’t

have much longer to live, family and visitors regularly arrived to see her in hospital. On New Year’s Day, close friends brought in an amazing feast and everyone gathered to

open gifts. The night before Gladys passed, her entire family surrounded her, with more than 20 people forming what they describe as a ‘healing circle’.

During those final days, Beverley says her mother mentioned many times how perfect everything was. Family were impressed by the care and the thoughtful measures hospital staff took to accommodate all the visitors during Gladys’s stay. Gladys passed away January 10th, just over two weeks after stepping through the ER doors. Family members say the support and understanding they received allowed Gladys to pass with dignity and on her terms.

“We went over and thanked those who had been mum’s nurses,” says Beverley. “Doctors were very compassionate and very kind. It was an amazing journey.”

“**We went over and thanked those who had been mum’s nurses. Doctors were very compassionate and very kind. It was an amazing journey.**”

—Beverley Richards

# DEEP FREEZE

## Innovative non-surgical procedure kills tumours by freezing them

Jane Stewart was getting increasingly concerned. Her once-active 10-year old son Sam had developed a limp and was suffering from a sharp leg pain that was getting progressively worse as

the months wore on. The pain hindered Sam's ability to play soccer and even enjoy a good night's sleep. It wasn't until the family met a specialist at Royal Columbian Hospital that they finally found answers and an eventual solution.

Jane thinks the pain started during a seemingly innocent schoolyard accident. "He got kicked, and the problem seemed to be in the spot that he got kicked," Jane recalls. "We went to the family doctor, who sent Sam for an x-ray and thought maybe there was a fracture or something."

### Mystery pain

That examination was the start of a series of visits to the doctor, physiotherapist and chiropractor, as the family searched for a way to fix whatever was bothering Sam. In the meantime, his limp was getting more pronounced, and he wasn't

playing soccer as much. While he kept practicing, his playing time was limited since he could no longer compete at the same level. "It was hard to keep up with the other players, including my opponents," says Sam. "I also really wanted to do cross country, but I couldn't, because it was hard with a limp."

Jane says the pain was disrupting day-to-day life. "He could hardly walk through the grocery store without being in pain. As parents, we are worried. We don't know what's going on," she says.

Adding to the stress, Sam was waking up frequently at night, when the pain would be at its worst. "It hurt so bad, I was up sometimes for half an hour," he remembers.

### Cryoablation

A breakthrough came when Sam was seen by Royal Columbian Hospital orthopedic surgeon Dr. Shafique Pirani, who requested a series of tests including CT and MRI scans. The results finally provided some answers. Sam had osteoid osteoma, an uncommon benign tumour that can be difficult to diagnose, on his right femur bone. "It typically occurs in the early





**SAM STEWART** is back to enjoying soccer after undergoing cryoablation at Royal Columbian Hospital to remove a painful tumour on his right femur bone.

teens,” explains Dr. Brad Halkier, the Royal Columbian Hospital interventional radiologist who would eventually treat Sam. “The tumours are small, tending to be less than a centimeter in size, but they have fairly devastating symptomatic effects.”

Complicating the situation further, the tumour was affecting Sam’s sciatic nerve. Not only was Sam in regular pain and limping, but he had also lost a lot of muscle as his right leg atrophied. “His calf actually felt like a toddler’s calf,” says his mother. “There was no muscle mass at all. He couldn’t flex it.” It was during a meeting with Dr. Halkier that Sam and his family learned about the solution: cryoablation. Essentially, the medical team would freeze the tumour and kill it. Dr. Halkier is among a small number of doctors trained to perform this minimally-invasive, non-surgical method of treating a variety of tumours.

### Finding relief

Dr. Halkier, whom Sam’s mother credits for having an excellent rapport with her son, says cryoablation - one of three

methods of ablation that Royal Columbian performs - offers advantages for some patients over other methods of removing the tumour. “First of all, we don’t have to even cut into the bone,” notes Dr. Halkier. “We just lay the ‘cryo’ needle immediately beside the tumour. Then, while we do a CT scan, we turn on the machine and we freeze the area, which in turn kills the tumour.”

There really is no recovery period needed, as Sam and his family discovered when they went back home the same evening. “I noticed right after that I wasn’t getting any pain,” Sam says. “I slept right through the night without waking up in pain.”

Two months later, and Sam is walking without a limp, is active again and is working hard to regain enough speed to keep up on the soccer pitch. Since a needle was used, there is no incision scar. And his mother is relieved.

“We’re really grateful for first of all meeting Dr. Pirani,” Jane says. “Dr. Halkier was excellent. Just the fact he was able to perform this procedure means a lot to us.”

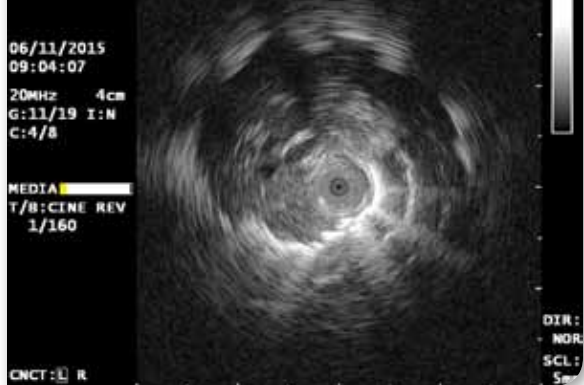
## Gift in will supports cryoablation

A legacy gift means Royal Columbian Hospital can purchase its own cryoablation system to treat patients like Sam. The thoughtful donation comes courtesy of Gordon Q. Rice, a long-time New Westminster resident who passed away in 2014 after a battle with cancer. “He was always impressed with the care and kindness at Royal Columbian,” says Sharon Hughes about her stepfather, who was treated at the hospital over the years for heart and bowel ailments. Gordon left a sizeable donation in his will for the hospital, as well as money for nearly a dozen other charities. The gift will help patients regain quality of life through cryoablation treatment. That’s a fitting legacy for Gordon, who is described by his stepdaughter as a very kind man who in life frequently helped others.

**For more information about legacy giving, you can contact Royal Columbian Hospital Foundation and speak with Catherine Cornish at 604.520.4902 or [catherine.cornish@fraserhealth.ca](mailto:catherine.cornish@fraserhealth.ca)**

# REPORT TO DONORS:

Your gift is critical to the care we provide



Images like this, obtained with the Radial EBUS probe, allow for earlier diagnoses.

With the help of donors like you in 2014-15, Royal Columbian Hospital Foundation was able to purchase equipment for a number of hospital departments, including the following.



### Pocket-sized ultrasound

It looks like an iPod, but the Vscan isn't being used to play music. Instead, it provides immediate information about a patient during examinations.

This handheld ultrasound is being used by the cardiac care team to do on-the-spot checks. The Vscan can examine the structure and function of your heart to ensure it's functioning properly. It can also be used

**THE VSCAN** helps doctors make quick and confident diagnoses by examining the heart.

to identify abnormalities in other internal organs. With the information provided by the device, doctors can make quick and confident diagnoses. The Foundation was able to purchase two Vscans because of donors' generosity.

### Deep into the lungs

Early detection is a powerful weapon against cancer. The Radial EBUS probe is used to see into the furthest areas of the lungs to help detect and treat life-threatening cancers earlier.

For use in the hospital's Bronchoscopy Suite, the probe is moved safely through the airway to obtain images and assess lesions. This allows physicians to diagnose by sampling suspicious areas that otherwise would not be visible during standard bronchoscopies. The earlier the treatment, the better chance of success.

The purchase of this equipment was made possible with a contribution from the TB Vets Charitable Foundation.

### Tool treats massive blood loss

Time is of the essence for patients who are rushed to Royal Columbian Hospital suffering from massive blood loss. As the patient arrives in critical condition to the operating room, the surgical team can seek help from the Belmont Rapid Infuser.

It works by delivering large amounts of warm blood and fluid into patients. Because Royal Columbian Hospital serves as a top provincial trauma centre, the rapid infuser will assist in treating

**THE BELMONT RAPID INFUSER** (below) is used on a trauma patient who has suffered massive blood loss.





some of the most seriously injured people in BC. The rapid infuser went into use at Royal Columbian just as a group of volunteers led by anesthesiologist Dr. Feisal Mohamedali put the finishing touches on last June's Making the Cut Charity Golf Classic. Money from the previous year's event helped fund the purchase of this equipment.

### Visualizing vessels

Whether it's diagnosing cardiac problems or unblocking heart arteries, Royal Columbian Hospital runs the busiest catheterization lab in the province—ready to save lives 24/7. In order to perform minimally invasive heart procedures, the medical team must see which blood vessels are blocked or narrowed. This is done with the help of a contrast dye that is injected into the patient's blood vessels.

The contrast automatic injector controls the amount and rate of the contrast dye, allowing the interventional cardiology team to concentrate on other responsibilities during the procedure.



**THE CONTRAST AUTOMATIC INJECTOR** helps the interventional cardiology team see which arteries are blocked.

cooling and warming at very specific increments.

It is truly life-altering and live-saving. The blanket allows the hospital to put the patient into an induced 'hibernation', which is critical in certain medical situations to prevent brain and heart cell death. This helps ensure more intact cognitive brain and heart function. A gift from the Andrew Mahon Foundation helped purchase this piece of equipment.

brain damage.

In all of these cases, the SonoSite Edge ultrasound machine provides information immediately. The technology was purchased with the help of a donation from Winvan Paving.

### Blood conservation

When cardiac surgery patients are bleeding, we need to figure out why—and fast. The ROTEM Bleeding Management System helps determine why the patient is bleeding so physicians can either take the patient back to surgery or give the correct blood product or drug as treatment.

The ROTEM helps to identify which blood product is needed so the patient gets exactly what they need quickly with less waste and cost. Testing is all done at the patient's bedside, and it only takes about 10 minutes.

A donation by Canadian Pacific allowed Royal Columbian to obtain this cutting-edge technology.

### Critical care blanket

This is no ordinary blanket. The Hypo/Hyperthermia Blanket is used in the Intensive Care Unit to regulate body temperature for patients who are recovering from a severe illness or traumatic injury.

It can be used to either cool or heat patients with water that circulates in the blanket. The blanket's innovative programming maintains a stable body temperature and provides



**THE SONOSITE EDGE ULTRASOUND** helps assess, diagnose and treat premature babies and other fragile newborns.

### Infant inspections

Infants in our Variety Neonatal Intensive Care Unit can arrive with a number of urgent and life-threatening medical issues. When caring for these babies, it is

essential to get accurate diagnostic information as soon as possible. The SonoSite Edge ultrasound helps confirm the placement of tubes and central lines, check heart function, rule out life-threatening intestinal disease, and detecting possible



Anesthesiologists Dr. Cedric Ho and Dr. Sukh Brar demonstrate how ROTEM provides point-of-care testing.

# ER FOR THE HEART

Royal Columbian's cardiac catheterization lab saves lives daily.  
Now they need your help

Ethel Goddard has led an impressively active life. Hiking, cycling, skiing, tennis: she and her husband would frequently gather the three children and spend time doing all kinds of outdoors activities. It's a habit Ethel carried into her 80s, as the Langley resident joined local fitness group sessions and walked regularly. It was while out with her daughter that her condition dramatically changed. Mother and daughter were wrapping up their stroll, walking the dogs in a favourite park when Ethel's heart attack struck without warning. "On the way up the hill, I felt nauseated," she remembers. "I then started to sweat profusely. I had to take my sweater off. I had no pain, no chest pain, but everything was like a brain fog."

Royal Columbian Hospital's interventional cardiology team

was ready to go as Ethel arrived by ambulance. She was immediately taken to the cardiac catheterization lab, where an angiogram quickly identified a blockage in a large right coronary artery.

The team then performed an angioplasty, opening up the blocked artery with a balloon and stabilizing the blockage with a stent, restoring the blood flow to her heart, and successfully interrupting the heart attack.

## Regional role

It's a scene that occurs daily at Royal Columbian Hospital, which manages the busiest cath lab in the province. The interventional cardiology team is available 24/7 for cardiac emergencies from across the Fraser Health region - an area stretching from Burnaby to Boston Bar, with more than 1.7 million residents.

"There are days when we will have five acute heart attacks coming in the space of several hours," says interventional cardiologist Dr.

Gerald Simkus. "We have had some 24 hour periods where we have had 12 heart attacks coming in on top of the regularly scheduled cases."

Often, paramedics who respond to a 911 call will perform an electrocardiogram to confirm the diagnosis and bypass the local hospital to take the patient directly to Royal Columbian.

"Saving that time is crucial," says Dr. Simkus. "The larger the heart attack, the more important it is to open up the artery as soon as you can to help prevent damage to the heart muscle."

## Cardiac care campaign

To ensure the cath lab can continue to provide this life-saving care, Royal Columbian is now planning a full upgrade of its equipment, which is reaching the end of its lifespan. "It's like a car get-



**ETHEL GODDARD** was walking dogs with her daughter in Langley when she suffered a heart attack.



Royal Columbian Hospital's cardiac catheterization lab serves the entire Fraser Health region and is available 24/7 for patients who need urgent and emergent care.

ting old," notes Dr. Simkus. "At one point, it's harder to find the parts, and they break down more often. The other factor, as with all electronics, is that newer technology offers improvements."

Because the need is so urgent and so great, Royal Columbian Hospital Foundation is raising \$3.3 million towards the upgrade of the hospital's two cath

lab suites, focusing on two areas: imaging equipment and hemodynamic monitoring technology. Both are essential components of the lab and work in tandem to provide accurate information for safe and efficient patient care.

"Imaging is critical for us to be able to manipulate our fine wires down the coronary arteries and position our balloons and stents to open up the arteries," explains Dr. Simkus. "Meantime, the monitoring side of the equipment measures blood pressure, blood flow and oxygen levels as well as collects the data that is essential for medical charting."

### Life-saving care

With the support of donors to the Foundation, Royal Columbian can continue to deliver the highest level of service to some of the most seriously ill patients in the province

fainted. That was it." Luckily for him, bystanders responded quickly. A number of people ran over to assist with CPR, and someone called 911. The ambulance made

***I didn't feel any chest pain either. I just passed out. That was it.***

-Simon Ma

its way to Royal Columbian Hospital from Surrey as the clock approached midnight. "We proceeded immediately to a cardiac catheterization, which showed severe heart

muscle damage caused by the blockage of the largest of the three coronary arteries," explains Dr. Simkus. "Luckily, it was a very straightforward coronary angioplasty. We were able to get our wires down, and we quickly opened up the blockage in the artery with a balloon and stent, restoring blood flow to the heart muscle."

### Survival

Because of advances in the care available at hospitals like Royal Columbian, patients like Simon Ma and Ethel Goddard today have a better chance of surviving their cardiac emergencies.

"We are like a cardiac emergency room for the whole region," explains Dr. Simkus. "Our success rates are excellent and our outcomes are excellent. This is the clearest area of where we're saving lives."

- people who often suddenly and unexpectedly need the help of the interventional cardiology team.

Simon Ma, for instance, had just finished watching his son play hockey in Surrey late one evening when he collapsed without warning. "It just happened," he says. "I didn't feel any chest pain either. I just



**SIMON MA** required angioplasty at Royal Columbian after collapsing at a Surrey hockey rink.

To donate to Royal Columbian Hospital Foundation's cardiac care campaign, please visit [www.rchfoundation.com](http://www.rchfoundation.com) or call 604.520.4438.

# HEART HEROES

## Quick action helps White Rock man survive long enough to receive quadruple bypass surgery



As wife Jacquie looks on, Colin Lewis displays the heart pillow given to him by Royal Columbian Hospital following his quadruple bypass surgery.

It was a series of fortunate circumstances that helped save the life of Colin Lewis. The 73-year-old White Rock man was in a van in Abbotsford with family when his heart suddenly stopped. Thanks to the quick actions of a number of people in the crucial minutes after Colin suffered cardiac arrest, he was able to successfully undergo emergency quadruple bypass surgery at Royal Columbian Hospital. The first fortunate occurrence was the nearby

presence of two men named Steve, both of whom had received CPR training. Son-in-law Steve Stewart was the driver and realized Colin was in distress. Meantime, Steve Parks, who was in the same parking lot as the van, noticed the commotion and came over to help. Soon, firefighters arrived with a portable defibrillator, which they used to jolt Colin's heart back into a rhythm.

### Creating detours

Royal Columbian Hospital cardiac surgeon Dr. Daniel Wong says Colin would not have survived without that early response. "If it wasn't for these people and their truly heroic efforts, Mr. Lewis would not be around," he says.

After a stop at the local hospital, Colin was sent by ambulance to Royal Columbian Hospital, which provides emergency cardiac care for the entire Fraser Health

region. An angiogram revealed blockages had obstructed the flow of blood to the heart. "One (blood vessel) was fully blocked," notes Colin.

He was brought into the operating room, where the surgical team worked for a few hours to restore blood flow.

"I found veins from his legs and used an artery from his chest to make detours around four separate areas of blockage in his heart," Dr. Wong outlines.

### Caring recovery

In the subsequent days as Colin recovered, Jacquie had a lot of time to observe the kind of care being offered to her husband. During one memorable moment, Jacquie returned to find her husband's breathing tube had been removed.

"The nurse had combed his hair really nicely, and they turned the music up," Jacquie recalls. "Colin was sitting there, smiling away and tapping his foot to the music. All the staff in there walked by and thumbs up, they were all clapping."

Jacquie is also thankful for the hospital volunteers, who provided occasional relief. "They come around to make sure you're okay. 'Do you need a coffee or tea or whatever?', and they are really, super nice."

Seventeen days after his near-death experience, Colin was discharged from the hospital. The people involved in the initial response have since been publicly commended for their actions. Colin recognizes he is fortunate.

"I really am getting fussy now about what I eat and try to exercise a bit more and lose the weight," he says.

**"If it wasn't for these people and their truly heroic efforts, Mr. Lewis would not be around."**

*-Cardiac Surgeon  
Dr. Daniel Wong*

## Valve replacement

Bob Kerr and Don Wrigley don't know each other, but they share a piece of Royal Columbian history. The two men, one from Kelowna and the other from Burnaby, had their aortic valves replaced earlier this year

during a minimally-invasive procedure called a transcatheter aortic valve implantation – or TAVI for short. In the process, they became the first two patients at Royal Columbian to receive the latest generation of the artificial valve – the Lotus Valve System. "This eliminated the chest pains, and

that's great," says Wrigley after undergoing TAVI.

"You can't believe how great I now feel with this new lease on life," adds Kerr. As one of three hospitals in the province able to perform TAVI, Royal Columbian has been doing this procedure since 2012.

# BRAIN BLEED

## Langley family urges helmet use after teen needs emergency neurosurgery following crash

James Milne had gone down the hill on his skateboard many times before. This time however, the ride was near fatal. The Langley 17-year old, who wasn't wearing a helmet, crashed and suffered a traumatic brain injury.

"I got speed wobbles going down, and then I fell," says James. His mother Audrey received the call that Friday evening, only 15 minutes after she had watched her son leave with his friends. As they went away, the group had brushed aside Audrey's request to wear helmets.

"I should have done something," Audrey says in hindsight. "I had this feeling."

Now, James's friends were on the phone with her, worried about the seriousness of his fall. When Audrey arrived, her son was conscious again but dazed.

### Delayed symptoms

The family made their way to the nearby local hospital, where he was eventually diagnosed with a concussion. The family was urged to keep a close eye on him at home.

By mid-afternoon the next day, a pain above James's eye was growing in intensity. He threw up and was increasingly sleepy. Even a visit from his friend didn't boost his energy. By the evening, with Tylenol unable to provide any relief, his mother noticed a change in James's eyes. The family had been warned to look out for dilated pupils.

They headed back to the local ER, and his dad pleaded for immediate attention. A nurse took a look and brought the family in. A CT scan was ordered amid growing concerns. By this point, James was becom-

ing unresponsive. With the family stunned at the rapid downward spiral in James's condition, they discovered he had a bleed inside his head.

An epidural hematoma is a life-threatening buildup of blood outside the brain tissue.

***You either don't ride the skateboard, or you wear a helmet.***

*-Graham Milne*

"Usually it's from a skull fracture," says Royal Columbian Hospital neurosurgeon Dr. Navraj Heran. "The head impacts something and the bone

breaks. The bone tears a vessel in the lining and you get bleeding."

### Advocating safety

James was rushed by ambulance to Royal Columbian Hospital – the designated centre for neurosurgery in Fraser Health – where Dr. Heran was being looked upon to save the teen's life. "It was probably the longest 20 minutes of our lives," recalls Audrey. "Dr. Heran came out and that was it. He said it was fine. It went exactly as it should." James spent three days recovering in hospital before going back home to a grateful family.

His parents expect James to make a full recovery, and they hope others will learn from the story and take the use of helmets seriously. "If he had had a helmet on, he probably would have had a concussion, but it would have protected that area right where he had the bleed,"



says Audrey. "You have to make a decision: you either don't ride the skateboard, or you wear a helmet," adds dad Graham.



Royal Columbian Hospital Foundation Chair Doug Eveneshen speaks on May 27th as Health Minister Terry Lake looks on.

As construction begins on phase one of redevelopment, Fraser Health will also prepare a business plan for phases two and three that outlines final scope, cost, indicative design, and schedules required to complete the redevelopment. Phases two and three are expected to include a new acute care tower, more beds, a new and larger emergency department, an entire floor for moms and kids, more operating rooms, larger interventional suites for cardiology and radiology, renovations to existing spaces, and parking.

For its part, the Foundation is committed to support the entire project over the next several years. Over the initial term of the redevelopment, the Foundation's objective is to raise \$9.1 million dollars towards the new mental health and substance use centre.

"We know it will take the support of our donors to ensure the entire vision for redevelopment is a success," says Eveneshen. "We have begun work to bring together those donors who share this vision and understand the need this redevelopment fulfills in our province."

# GROWTH SPURT

## Major multi-phase hospital redevelopment moves forward

It was the kind of late spring afternoon that encourages people to step outside and enjoy the nice weather. But on this day, there was another reason to gather on the lawn next to Royal Columbian Hospital's Sherbrooke Centre: a much-anticipated announcement that set the stage for the hospital's future. When Terry Lake stepped up to the podium on May 27th, the Health Minister confirmed a \$258.9 million plan that represents the first phase of a major redevelopment of the hospital that has served British Columbians since 1862.

"Today is a great announcement that will result in a state-of-the-art setting that encourages healthy recovery for our patients," declared Royal Columbian Hospital Foundation Chair Doug Eveneshen, who represented donors at the announcement. "This is an exciting first step, as there is more to come with the next phases."

The centrepiece of the first phase of redevelopment is a new 75-bed mental health and substance use facility, which will replace the aging 30-bed Sherbrooke Centre. This new centre will include Fraser Health's first dedicated geriatric psychiatry unit, designed for elderly patients experiencing acute depression, anxiety or psychosis. There will

also be twelve outpatient clinics, including eight that will be added or expanded to help patients transition to community mental health services and to community life. Phase one also includes a new parkade and an energy centre to provide the power and utilities infrastructure required to support the campus. The helipad will also be relocated.

"I think the stars have aligned," noted Fraser Health Chair Karen Matty at the announcement. "This is a really wonderful day."



An overview of the proposed phases of redevelopment at Royal Columbian Hospital

■ Interview

# LOOK DIFFERENTLY AT MENTAL HEALTH

**In his role as head of Royal Columbian Hospital's Psychiatry Department, Dr. Anson Koo is part of the team preparing for a new 75-bed mental health and substance use facility. Construction is scheduled to begin next year, and the new centre will replace the aging 30-bed Sherbrooke Centre as part of the redevelopment of the hospital.**

**Foundation:** *You've described redevelopment as a game changer. Why?*

**Dr. Koo:** This expansion of our program is going to allow us to deliver a much more comprehensive range of mental health services. It's going to allow people anywhere in our health authority to access psychiatric care much faster than they currently are able to. It's going to allow us to bring our patients from emergency departments into our inpatient units in a much more timely and effective way, and then allow us to transition them much more quickly to effective outpatient care. Another reason this is a game changer is now for the first time in generations we will have a purpose-built mental health facility that has as its core guiding principle the creation of a therapeutic environment for our patients.

**Foundation:** *What does a therapeutic environment look like?*

**Dr. Koo:** Our new building will have natural light radiating throughout the units. It's going to have access to the outdoors. It's going to allow privacy and private discussions to occur. There's very abundant literature and research showing the environment has a profound impact on people's ability to heal. The environment is absolutely key to the work we do, and now for the first time we will have an environment that is therapeutic.

**Foundation:** *Also for the first time in Fraser Health, seniors will have their own dedicated unit for mental health care.*

**Dr. Koo:** Yes, we realize our seniors have special requirements. Many of them are frailer physically. Many of them are at higher risk of falls, fractures, and they have very unique psychological and physical rehabilitation requirements. We need to create an environment that reduces the risk. This will be the first of its kind in Fraser Health, and I think we are going to see some real advances in the care of our seniors.

**Foundation:** *Where do research and education fit into these plans?*

**Dr. Koo:** We will have a dedicated mental health psychiatry research unit and academic unit as part of our new building. Fraser Health has a psychiatry residency program, and Royal Columbian will be the primary academic centre. This will also offer the opportunity for researchers and clinicians to use the centre as a base to conduct their research and really look at issues of mental illness, treatment and recovery in all of our diverse populations.





# WESGROUP

Wesgroup is a proud supporter of the Royal Columbian Hospital and an advocate to advancing the health care facilities in BC's fastest growing region.

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