

## Friends of The Moncton Hospital Foundation

# INVESTING IN CARING FOR OUR COMMUNITY

Our generous and loyal donors, committed volunteers and dedicated physicians and staff at The Moncton Hospital work hard to keep all of our friends and family in continued good health with the help of sophisticated equipment and renovated spaces. We are delighted to share some of the stories of how your donation impacts and inspires care right here at home.

**THANK YOU**

*Look at what we have accomplished together for better healthcare*

## Child's anxiety eased with opening of Pediatric Ambulatory Care Clinic

*“If people could see the difference the clinic has made for my son, they would know just how worthwhile their donation was”*: Mother

Since Elisa Richard gave birth to her son Samuel nine years ago, she has spent many hours travelling with him from her home in Aldouane, just north of Richibucto, to The Moncton Hospital.

Samuel had a stroke before he was born and it has required him to have a number of procedures and treatments over the years. At this point in his life, every two months he must come in for a day of intravenous treatments to deal with his health issues.

Before the hospital's Pediatric Ambulatory Care Clinic was upgraded, Elisa says the frequent trips could be a nightmare.

“You never knew where you were going to be. Sometimes we were just sitting in the hall waiting and then we'd end up in a different room every time. Samuel would get very anxious. And he hates getting needles, so when he was anxious, it made it even worse.”

With the upgrading of the Pediatric Ambulatory Care Clinic, made possible with a donation of \$185,000 from the Friends of The Moncton Hospital Foundation, Samuel now knows he will be arriving into a child-friendly decorated waiting room, complete with cheerful scenes of palm trees and flowers and even bouncy chairs.

He knows which place he will be getting his day-long treatment and he sees the same staff each time, so he is getting much more comfortable with them.

For his mother, who has a five-month-old baby at home, it is so much more comfortable as well. Elisa has a chair to wait with Samuel while he gets his treatment, and she can even put her feet up.

“Samuel is not nearly as anxious as he used to be about this and that makes it so much easier for him, and for our family too,” she explains. “When

he came at Christmas, for example, he had a visit from Santa and a gift and he was so happy. It is such a positive environment now.”

Adds Elisa: “It is not always easy for Samuel to get the treatments, but now that he knows where he is going, he is much brighter about the whole process. It is so much homier here!”

Her voice breaks when she talks about the donors who made the clinic possible.



Christa Wheeler-Thorne, Administrative Director of the Women's and Children's Health Program at The Moncton Hospital

**“All I can say is a very big thank-you. If you could see what a difference it has made for my son, you would know your money was well spent.”**

Christa Wheeler-Thorne, administrative director of women's and children's health at The Moncton Hospital, says the new Pediatric Ambulatory Care Clinic contains four treatment rooms, an assessment

area, and the colourful and bright child-friendly waiting room.

She says while it makes for a friendlier, happier place for all children to be, it is also great for children who are immune compromised, who can be separated from the others and yet still be in a child-friendly space.

“It takes a lot of stress off the children, their parents and the staff,” says Wheeler-Thorne.

Another advantage is the clinic reduces the number of children who have to be admitted, and allows children to be treated and return home as soon as possible. This is something that is generally much better for them psychologically, for their care and wellness.

The clinic impacts the lives of many children. In the last year alone, 3,000 children were provided care and accessed services through the various pediatric clinics at The Moncton Hospital.

Besides offering standard pediatric care for both ill and healthy children, the clinic offers a number of additional services.

One is a diabetic education clinic. Many children with diabetes come in every three months or between their appointments for continuing education and support.

There is also an orthopedic surgeon who travels from the IWK Health Centre in Halifax three or four times a year to see children who have had surgery and to do follow-up with them. Another kidney specialist comes from the same facility four or five times a year to spend about three days seeing children.

There is also an oncology clinic which means children with cancer who have been treated in Halifax can have follow-up treatments in Moncton.

“This is so much nicer for patients and the children to have the mental, physical and financial relief of not



Pediatric Clinic Nurse Jodi Matchett cares for young patient Samuel Richard.

having to drive to Halifax for every check-up,” says Wheeler-Thorne.

She says the hospital specialists in child life, nursing care and psychology all work together as a team at the clinic, to help each child and their family move through their journey to health.

“This upgraded clinic has been a dream for a long time and because of the many generous donors, it is now a reality. People are very generous and it would

do them good to see how much their donations have helped so many children.”

Wheeler-Thorne says prior to this, they did the best that they could but they really needed the improved space.

“It has made such a difference in increased work flow, safety and risk, and really benefitted the compromised children. Now they know where they are going. It has relieved a lot of anxiety.”



## Meet our Board of Directors

The Friends of The Moncton Hospital Foundation is proud to introduce our volunteer Board of Directors. We are grateful for the time, dedication and expertise these individuals give to the Friends to make it the strong and successful organization it is today.



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## Diagnosing and identifying stages of cancer receives big boost thanks to new technology

“All I have are superlatives when it comes to talking about the work of the Friends of The Moncton Hospital Foundation and how they help people”: Dr. Peter Lightfoot

Technology has the power to save lives and that is already evident with the use of The Moncton Hospital's new Endoscopic Ultrasound System (EUS).

Recently, a 60-year-old woman was admitted to the facility with abdominal pain. A CT Scan (CatScan) was done, as well as an MRI as the physician worked to determine the cause. Both tests came back negative.

She was sent for an EUS to rule out gallstones. Instead, the technology determined there was a small tumor on her pancreas. The physician was able to obtain biopsies and discovered it was cancer.

Because it was caught quickly, the patient had the tumor surgically removed and is doing well.

It's just one example of the effectiveness of the new system, says Dr. Peter Lightfoot, gastroenterologist.

The \$350,000 piece of technology, which replaces an 11-year-old system, was made possible through a donation from the Friends of The Moncton Hospital Foundation. They had also purchased the earlier system.

“All I have are superlatives when I talk about the Foundation and their generous donors,” says Lightfoot. “They have been so incredibly supportive to the GI Unit ... it just blows me away the support they have given to me and my colleagues.”

The doctor says when the hospital originally started to use the equipment 11 years ago, they were the only facility east of Quebec to offer it. Now that technology is outdated and the new system is able to provide an even greater service to patients.

The equipment is not only effective in detecting cancers and determining the size and thickness of tumors. It also assists in assessing and diagnosing benign disease such as benign tumors, gallbladder and bile duct stones and inflammation, chronic pancreatitis, and many other non-cancer applications.

Explains Lightfoot: “It helps us to assess how advanced a cancer is and although the EUS procedure involves a scope in the gastrointestinal tract and allows exquisite assessment of that tract, the ultrasound also allows us to examine structures outside the tract such as biliary system, liver, spleen, pancreas, blood vessels, and lymph nodes for example.

“Actually, we can examine any structure that lies reasonably close to the upper or lower gastrointestinal tract,” he adds. “In fact, not only can we visualize these areas with extreme accuracy, but we can in the same examination biopsy them for more information, often in situations where non-EUS biopsies are impossible. In other words, it is one-stop-shopping in the extremel!”

Before the advent of this equipment, patients sometimes had to undergo exploratory surgery to determine the extent of their cancer. This new specialized procedure done with the equipment allows health professionals to determine the size and range of the tumor prior to surgery, and to plan how surgery should proceed.

“It also helps us conclude whether or not surgery is an option,” Lightfoot says. “It is very sensitive and very



Dr. Peter Lightfoot, Gastroenterologist, stands in the Endoscopic Ultrasound (EUS) Procedure Room at The Moncton Hospital.

active in determining the thickness of the tumors.”

Used in conjunction with more traditional technology such as external ultrasound from the skin level, CT scans, MRI scans and nuclear medicine studies, EUS adds immensely to the precision of the diagnosis of a large number of diseases in different body systems, both cancer and otherwise, he adds.

Patients who are referred for an EUS can be handled quickly. Depending on the urgency of their case, they

might be done in a day or two, or at most, a week.

The Moncton Hospital is the only facility within the Horizon Health Network to offer this technology. Last year they provided the service to 750 patients, but now that will be increased.

The time investment for patients having the EUS procedure at the outpatient unit is about two hours.

Under the old system, about four patients could be seen a day. With the new system, which has two scopes instead of one, that number would increase to about six, says Lightfoot.

“The scopes are not necessarily interchangeable,” he explains. “They are different in how they work and have different purposes.”

Lightfoot and Dr. Robert Berger handle the EUS at The Moncton Hospital. As well as treating patients from New Brunswick, a large proportion of their referral base is from Nova Scotia and Prince Edward Island.

The Dr. Georges-L-Dumont University Hospital Centre also has this equipment with Dr. Pierre Verger seeing patients there.

Lightfoot says so much of the work they are able to do also depends on the support of pathologists and cytotechnicians whom he describes as “fantastic folks.”

“We take a team approach, working closely with oncologists, other gastroenterologists, surgeons of many specialties, and family doctors,” he concluded. “This improves the efficiency and overall outcomes and necessary collaborate care of the patients we see.”

## New fetal monitoring and data technology reduces risks and can save lives

“When every second counts, decisions have to be made with the data on hand. Now new technology can make all the difference”: Dr. Ken Gillespie

In the blackness of the winter night, with icy roads and blowing snow to impede her, the pregnant woman reaches The Moncton Hospital.

She is 32 weeks along in her pregnancy, but she knows something is wrong. She is going into labour.

She is seen by a doctor and decisions have to be made in split seconds. She tells the doctor everything she knows about her pregnancy to date, but her detailed health records are still in the office of her gynecologist/obstetrician.

The doctor on call has to make the decision based on the information at hand. There may be a detail about the pregnancy he should know, but her file can't be accessed instantly, and time is running out.

Three weeks ago, just as the new year dawned, the hospital implemented a new Fetal Monitoring and Data Technology system that has changed all that.

The modern technology, which came with a price tag of \$290,000, was purchased with money donated by the Friends of The Moncton Hospital Foundation.

Among other things, the new system means that the mother's and baby's records throughout the pregnancy and post-pregnancy process will be stored and accessed electronically. Prior to that, most of the records were done by hand and stayed in the offices of their gynecologists/obstetricians until about 36 weeks into the pregnancy.

“In emergencies when seconds count, the electronic records can be accessed by doctors and nurses, making the process of giving birth

“a whole lot safer,” says Dr. Ken Gillespie, obstetrician and gynecologist with the Horizon Health Network which includes The Moncton Hospital.”

Considering that The Moncton Hospital welcomes more than 1,335 newborns each year on average, the impact of the new system is far-reaching.

Essentially the system monitors the baby and mother as they go through the prenatal, labour and birth process. At any moment in time, it provides up-to-the-minute crucial information on the condition of the mother and the baby.

“It is a crucial decision support tool for the doctors and nurses who have to act quickly if there are sudden changes in vital signs or other crisis situations,” says Gillespie, adding that it definitely has the potential to save lives.

The Fetal Monitoring and Data Technology Program monitors the baby's heart rate, sex, birth weight and measurements, the type of delivery and the baby's history and newborn screening.

“It really streamlines the nursing side of things too, freeing them up to care for the patient instead of having to manually record all this data,” adds Gillespie.

The readily available data will do more than improve care as well. It also provides information for comparison against a woman's future pregnancies.

Gillespie says so far the new system is going very well, with the staff now trained and up to speed with it.

He notes that it is also useful because it records



Dr. Ken Gillespie, Obstetrician/Gynecologist and Rita Doiron MacAleese, Clinical Resource Nurse in Labour and Delivery, review a baby's fetal heart rate using the new technology.

anti-partum information and data collected at all hospital visits, essential to providing continuing and consistent care to the baby.

The new technology is also in place in Miramichi. Fredericton does not have it, while Saint John has just the fetal monitoring component, not the data portion.

It would not have come to The Moncton Hospital at this time without the efforts of the Friends of The Moncton Hospital Foundation, Gillespie adds.

The Foundation, supported with donations from local residents, has done a great service to reduce risk and save

lives, he says.

“Obviously money is tight on the provincial side and we are a poor province. Our ability to provide funding for new technology is limited,” says Gillespie. “This is an example of a very important addition to the hospital in terms of reducing risk and saving lives being added because of the Foundation. We wouldn't have been able to get this without them. We are pleased that they supported this program.

“It moves us closer to a goal of one patient, one chart,” he adds.

## ‘Smart beds’ bring high-tech comfort to intensive care patients

Skin improvements in bed-ridden patients already visible in The Moncton Hospital's three ICUs

Eloise Jones, nurse manager of the coronary intensive care unit at The Moncton Hospital, remembers a heart-touching story she heard from her colleague, one that helped her grasp the true impact of the new “smart beds” in the facility's three intensive care units.

“In the Irving Neuro Intensive Care Unit, they had a young patient who was a quadriplegic,” says Jones. “Under normal circumstances, he could not have been moved, but with our new technology, they were actually able to move his body into a comfortable seating position.

“You would not believe the difference it made to him, not just physically but mentally and emotionally. It changed his whole psychological perspective.”

The Moncton Hospital's three intensive care units are among the busiest in the province. Until three months ago, the approximately 100 nurses who work in them were struggling daily to make their critically ill or severely injured patients comfortable in beds that were up to 20 years old. When parts of the beds would break, they couldn't even be replaced because they were no longer being manufactured.

But in October of 2016, they received an early Christmas gift when the Friends of the Moncton Hospital Foundation invested \$475,000 to purchase 18 new critical care “smart beds.”

“This has had an amazing impact on the comfort of our patients and our ability to give them the best possible care, says Jones.”

The technologically advanced beds, specifically designed for the types of patients normally found in an ICU setting, are in the Coronary Care ICU, the Sharon E. Harrison Medical Surgical ICU, and the Irving Neuro ICU.

“The most amazing thing is what a big difference these beds make to these very ill patients. They can get a degree of comfort that just wasn't possible before,” Jones explains.

She says each bed can be customized to the patient. The innovative mattresses allow for pressure redistribution

through sensor technology, automatically adjusting pressure while taking into account the patient's information such as weight and position.

The mattresses inflate at a constant low pressure that adjusts to the patient's weight and position by allowing air to pass through tiny holes directly to the patient's most vulnerable areas.

Most of the beds hold patients up to 450 pounds but there are also beds for bariatric patients that hold up to 1,000 pounds. “One of the beds is a pulmonary ICU bed and that is a crucial addition because it has automatic settings that continuously rotate the patient to help keep their airways clear and assist in lung expansion,” says Jones. “It helps them improve breathing and quickens recovery time. This helps to prevent ventilator-associated pneumonia as well.”

All of the beds have touch screens which allow medical staff to customize the patient's care. They also come with bed-exit technology, enabling a safer and more comfortable process for both patient and nurses than before.

The smart beds also monitor each patient's position to prevent falls and other risks, and alert the nursing staff if a patient is trying to get up when they should not or if they need to have their position changed or a task or procedure performed.

The smart beds can also weigh patients and graph their weight history to show any changing patterns and assess their risks for pressure ulcers.

“It is also really helpful that the beds are compatible with the portable x-ray equipment which means that patients needing most x-rays can get them from the convenience of their own beds without leaving the unit,” says Jones.

She notes as the nurses use the beds and observe how they can make patients more comfortable, they too are learning things about them.

“For example, they have these great mattresses, but to have them redistributing the pressure makes a bit of noise



From left to right: Eloise Jones, Nurse Manager, Coronary Care Intensive Care Unit; Cathy Barter, Nurse Manager, Irving Neuro Intensive Care Unit; and Charlene Williams, Nurse Manager, Sharon E. Harrison Medical Surgical Intensive Care Unit.

and at night this bothers some patients. We found there is a sleep mode where the mattress is left at a comfortable level so it is more pleasant for the patient to sleep.”

The beds also have a Cardio Pulmonary Resuscitation (CPR) button that can be pressed if a patient suddenly experiences cardiac arrest and CPR has to be administered. It lowers the bed automatically to the proper height for the delivery of CPR, and makes a difference of several seconds in beginning the procedure - at a time when seconds really count.

The beds, which can be moved up and down with foot pedals, make it more efficient for the nurses to perform sterile procedures on patients as well.

Because the beds are motorized, even one nurse can move a bed containing a patient through a hallway if necessary.

The nursing staff in all three units have taken a collaborative approach in ensuring the beds are used for their best purpose. They share and change them as needed to create a higher patient centred care level.

“For example, we had a patient who weighed 400 pounds so she could fit in a normal bed, but the bariatric bed was available in another unit,” explains Jones. “We secured it and because most of her weight was across her middle, we were able to make her so much more comfortable with the expanded width of the bed.”

One of the most significant changes the nurses in all three units have observed is an improvement in the condition of the skin of their bedridden patients.

“I think because the mattresses wick the moisture away we are seeing far fewer pressure ulcers and skin irritations,” says Jones, adding that “The Friends of The Moncton Hospital Foundation has given us an excellent product and it will make a huge difference to our patients and their families.

“It is such a gift and so many people benefit from it,” she says gratefully, noting that in an average year, the ICUs see about 1,600 patients.





Dr. Michelle Conrad, Geriatrician, sees 94 year old patient Charles Foster in the Geriatric Clinic.

Geriatric clinic helping seniors live independently

Ninety-four-year-old Charles Foster of Riverview is grateful that he and his wife of 68 years are still able to live independently in the Bella Casa complex on Coverdale Road.

He doesn't think it would have been possible without the knowledge and care he has been receiving at The Moncton Hospital's Geriatric Clinic.

"I started going to the physiotherapy part of the clinic after I fell down the stairs from top to bottom in my previous home. I noticed I had been falling more and more, like in the bathroom, but this last fall gave me bad bruises."

At the clinic, not only is Charles getting the physiotherapy he needs, but he is also gaining knowledge and taking programs on how to reduce the risk of falls.

Such expanded programs of services with a goal of keeping seniors in their own homes longer have become a reality since 2014 when the Friends of The Moncton Hospital Foundation gave a \$250,000 donation to move the Geriatric Clinic from its cramped quarters on the fifth floor to an expanded space on the first floor of the facility.

"I think the Friends of The Moncton Hospital Foundation and their loyal donors are outstanding because I know what a difference it has made to allow me and my wife to continue to live independently," said Charles. "We both donate to it every month because we can see all the good work they do."

One cannot underestimate the importance of being able to live independently as long as possible when it comes to quality of life, according to Charles.

"My wife and I still sleep in the same bed, we still talk to each other even after all this time, and we really have nothing to complain about. We have been so fortunate in life, and the treatment I am getting at the Geriatric Clinic is a huge part of that."

Added Charles: "Whenever I am there, I keep thinking: how is it possible that all these accomplished people are making a fuss over an antique like me? They not only know what the problem is but they know what to do about it. They have a knowledge that not everyone else has. I have so much respect for the work that they do!"

Dr. Michelle Conrad, a geriatrician at The Moncton Hospital, said the range of programs the multidisciplinary clinic can offer since its expansion has made a tremendous difference in the amount of patients who can be seen and assisted.

The Geriatric Clinic is comprised of three main components: The Geriatric Assessment Clinic, The Memory Clinic and the Physiotherapy Services.

Conrad explained that the old clinic was located in three small rooms on the fifth floor. It had three offices. One was used by the occupational therapist, one by the nurse manager, and one was shared by the doctors and a part-time physiotherapist.

The current clinic has four examination rooms, three offices, a multi-purpose dictation area, a well-equipped gym, and a fully-equipped kitchen and bathroom, both of which are used for assessing patient's ability to perform life skills needed for independent living.

Tara Mann, manager of physiotherapy services, said her service alone has gone from treating about 15 geriatric patients a month to 130 in this clinic.

"Before we had one room which we shared with others and we had just one old bed and a few pieces of equipment," she said. "Now we have a large space with a gym with up-to-date equipment and room to hold exercise classes in which we can see several patients at once."

Added Mann: "It is much easier for seniors with mobility problems to come to the clinic now that it is on the first floor, and we can do so much more with them. For example, we have weekly balance classes that run for six to eight weeks that help seniors decrease the risk of falls at home, and as we know, falls so often lead to further injuries."

She said not only is the new environment allowing more patients to be seen, but it is increasing patient outcomes.

**"It is really a game-changer for our geriatric population. They can be assessed and receive physiotherapy that is individualized to meet their specific needs."**

The physiotherapy clinic also helps seniors who have sustained medical complications such as strokes and fractures due to falls and osteoporosis. With its customized equipment, particularly parallel bars, it allows seniors to exercise more and safely.

Meanwhile, Conrad explained that the Memory Clinic is used primarily by patients who have been diagnosed with dementia. The clinic now has a robust support system to patients so they can continue to be followed over a period of time. Occupational therapists can assess patients, for example, to see if they can prepare a basic meal for themselves (one which the patient selects), and whether they can enter and exit a tub and other independent living functions.

The Geriatric Assessment Clinic is a referral service that brings a team approach to the patient including, besides doctors and nurses, social workers, occupational therapists, pharmacists (to assess their ability to handle their medications properly) and others who can also meet with family members. A patient's driving skills can be assessed as well as the patient's ability to handle their finances.

"Another great feature of the clinic is that it allows the doctors, who often are teaching students as well, to bring their students with them," said Conrad.

She said the clinic expansion would "absolutely not have been possible without the support of the Friends of the Moncton Hospital Foundation."

"There is simply no money available for building new spaces. We had applied for renovations and been denied for many years. There are no new infrastructures being completed. With this donation, we could make this happen and it is so much better for seniors and their families."

She said she gives a lot of credit to the people who donated specifically to support this project, calling them "very special people."

Concluded Conrad: "The public is very generous and at this time, as our aging population is increasing so rapidly, it is so important to have this clinic doing its work."

Donor Dollars At Work

Revolutionary bacteria identification technology expediting treatment

The way Russell Nixon felt when he walked into The Moncton Hospital was that the infection he knew he was fighting was just "another rock in my knapsack."

The good-humoured retired printing press repair technician has endured a lot over the past 20 years, including congestive heart failure, a triple bypass, a pacemaker defibrillator, cardio-pulmonary disorder, diabetes and Meniere's Disease, just to name a few issues.

What he didn't realize that day was that he was closer to dying than he knew.

Dr. Gordon Dow, infectious disease specialist at the hospital, was called to treat Russell.

The immediate response to treating a bad infection is to administer broad-spectrum antibiotics while tests are taken and the technologists in the microbiology section grow the bacteria and identify it.

In the past, the process of identifying the bacteria and narrowing the antibiotic treatment to one drug that specifically fights that bacteria could take from 48 to 72 hours.

When Russell came in, thanks to a \$200,000 purchase of Bacterial Identification Technology by the Friends of The Moncton Hospital Foundation, his bacteria was taken, grown over a period of a few hours, and identified in just one day.

For Russell, the speed may have saved his life.

Dow was able to realize that the bacteria had entered Russell's blood stream. That is a serious situation and a condition associated with mortality.

The common term for what was happening is blood poisoning.

With the rapid identification of the bacteria by the lab, the doctor was able to treat the specific bacteria causing the problem and save Russell's life.

"I really had no idea what was happening," Russell



Dr. Gordon Dow speaks with patient Russell Nixon as his wife Gloria looks on.

secondary to complications from a bladder tumour.

Under the former system, Russell would have had to stay on the broad-spectrum antibiotic for as much as two or three days, and in his case, that could have impacted his kidneys severely.

"The human body is amazing," explains Dow. "Our organs function in silence until we get an infection; it is a signal that something is wrong."

The infectious disease specialist says that all medical literature supports the theory that when someone comes into the hospital with an infection, it is critical that the doctor selects the right drug (antibiotic) or mortality goes up.

Before the advent of new technology such as the machine The Moncton Hospital has just acquired,

compared to targeted therapy directed at the specific bacteria causing infection.

**"That's why this new technology is so important for the patients and the hospital as a whole,"** Dow explains. "Because of this technology, it identifies the bacteria faster and it tells us which drug will be effective faster, so we can customize the treatment and avoid many of the other problems."

With the increased incidence of so-called "superbugs," this technology becomes more important than ever he adds.

"Remember that a specialist is only as good as the lab," he cautions. "This new technology helps us to develop customized therapy for each patient much faster than the previous system."

"We are very grateful to the Friends of The Moncton Hospital for this technology," he adds. "It has made the quality of patient care that we offer much, much better. They came up with a strategic investment to improve patient outcomes. The Foundation works very hard and has a huge impact on what we are now able to accomplish."

Microbiologist Dr. Chelsey Ellis says the impact of the new technology is significant when you consider that close to 70 percent of all decisions regarding a patient's diagnosis and treatment, hospital admission and discharge are based on lab test results.

"This new technology cuts diagnostic wait times for bacterial infections in half," she says.

She explains that the machine uses a sophisticated ultraviolet laser to identify the bacteria within minutes once it has been grown. The system is more accurate, faster and cheaper than the former method the staff had used for decades.

In the past year alone, The Moncton Hospital laboratory has performed more than three million tests and it is a vital service to the health of the patients. While the microbiology section has 21 staff members, the overall laboratory staff numbers 148 with 85 medical lab technologists.

Similar labs to The Moncton Hospital have reported 80 percent cost savings in material with the advent of the sophisticated technology they now possess.

"We would never have been able to have this technology within this time frame had it not been for the Friends of The Moncton Hospital Foundation," Ellis adds.

She says that the technology is used to identify common infections like strep throat and urinary tract infections as well as life-threatening infections like meningitis, septicemia (blood infections), food poisoning, flesh-eating disease and joint infections, among others.

She says the technology has changed the whole way the microbiology lab works and cuts diagnostic wait times in half. That ensures the patients get the appropriate antibiotics faster and this leads to faster recovery, shorter stays in the hospital and lives saved.



Justin Carhart, Medical Laboratory Technologist and Dr. Chelsey Ellis, Microbiologist, reviewing a specimen in front of the sophisticated bacteria identification technology.

says now. "It all occurred silently and I was so sick. I was not even aware of how much this new technology was benefitting me until the problem was solved."

He says he takes a little extra joy out of each day now, even though he still deals with some underlying health issues.

"I don't move really fast but I am able to take some enjoyment out of life," he says. As the t-shirt my kids gave me says: "I'm not lazy. I'm just taking my time."

Russell, a native of Nova Scotia, spent most of his life living in Stoney Creek where he enjoyed creating in his woodworking shop in addition to his other work. More recently, he and his wife moved to Moncton and he still enjoys spending time on his computer and staying in touch with friends.

Dow says Russell's case was typical in the sense that most people don't get infections unless there is an underlying problem. In this case, Russell's infection was

this protocol forced doctors to use drugs that covered multiple organisms.

This posed many problems for the patient and the hospital, the biggest one being while these broad-spectrum antibiotics were acting against a wide range of disease-causing bacteria, they could also change the body's normal microbial content. The antibiotics could indiscriminately attack both the pathological and naturally occurring bacteria, including beneficial or harmless bacteria found in the intestines, and other body surfaces.

One of the most talked-about side-effects could be the development of an intensive colitis problem known as Clostridium difficile (C. difficile).

In other cases, the germs build up a resistance to antibiotics, making it increasingly difficult to treat patients as their illness progresses.

In general, broad-spectrum antibiotics are more costly

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# People of The Moncton Hospital

Right now, hundreds of people are walking into The Moncton Hospital. Some are patients, some are family members, some are medical professionals. But every one of them has a story. These are just a few, and we feel honored to share them with you. Some will break your heart, others will inspire you to fight, to keep hope alive, or to help.



Ashley  
Age: 8  
Leukemia Patient

“The thing I hate the most, even more than the needles, is not being able to see my horse, Moose. I’ve been riding horses since I was two — it’s basically my life. I have to have chemotherapy to help my blood cells fight the Leukemia, and that hurts my immune system. I can’t ride him at all or really be around him, because the doctors don’t think my blood cells are ready yet. But I’m hoping I can go back real soon. I just have to build up my strength again. . . I miss him. ” — Ashley



Grace  
Magnesium Toxicity  
(blood disease)

“There are only 7 kids in the world who have what I have. I like to think I’m one in a million. . . or billion. I was born with a very rare gene defect. Basically my body does not detect how much manganese it’s absorbing and so the manganese overtakes the iron which makes my blood super, super thick and that causes blood clots in my brain which causes me to fall down randomly. The treatment I get removes the manganese from my blood stream. Unfortunately, it also removes a lot of other good things, too, so I usually need about a week to let my body balance things out again. People always say, “You must be sad that you’re missing out on things.” It makes no sense to worry about all the things I’ve ‘missed out on’ because then I might miss out on all the things I actually GET to do. As far as I’m concerned I’m just a normal 17-year-old. ” — Grace



Stella  
Lung Cancer

“You have to be aware of your body and see your doctor even if it’s frightening. If I hadn’t been proactive, I wouldn’t have had more than three to six months. There were no warning signs; it spread very fast. I lost my mother to cancer when I was eight, and other family members since. When my doctor gave me the news, I wasn’t surprised because it ran in my family. I think it affected my husband more. I went into survival mode, like a deer in headlights going through the Oncology doors. I see The Moncton Hospital in a whole new light now that I’m a patient and can see the difference they are making. They support patients on the medical level, but they also have educational programs and workshops like “Look Good Feel Better” which helps provide support on an emotional level. Dr. Salem and the entire oncology team have been exceptional. I truly believe I’m getting the best care possible here. ” — Stella



Chantal  
Caleb’s mother

“My son Caleb has cerebral palsy which is from a lack of oxygen to the brain. They started to notice that something was wrong when I was 20 weeks pregnant. They determined he was implanted too low in my tummy so I was put on strict bedrest — they were worried he might not make it. He and his twin brother were delivered by Csection at 31 weeks. A few days after being born Caleb suffered major complications. We were dealing with that plus another new baby. But as he started to get bigger, his organs started to get stronger. He can’t walk without his walker but he is very bright cognitively. I try to focus on the positive and make life normal for our family. Everywhere we go, everyone says Caleb has such a spark, and that’s the thing that brings the tears to my eyes. ” — Chantal



Abby  
Mother of Harlow, a  
12-month-old with a brain tumor

“A cat scan revealed the tumor. People would ask, “What’s wrong with Harlow?” I didn’t even want to say the word. I was almost naive to the fact cancer could happen to someone so little. I realized crying wasn’t going to help Harlow or change our situation so I decided to educate myself. I wanted to learn everything I could. Now, although I’m a graduated paralegal, I’m strongly considering going back to school to get into the medical field. Everyday I see how wonderful the doctors and nurses are at The Moncton Hospital and I want to be a part of it. I want to start helping other families who are going through this. ” — Abby



Nicole  
Emergency delivery  
during pregnancy

“My platelets were critically low and the baby’s heart rate was dropping. Everything happened so fast. I was almost full term and my pregnancy had been great up until then. . . I had a life-threatening condition called HELLP syndrome. My doctor explained I would need an emergency Csection, but first, I had to have a platelet transfusion. I found out later that the umbilical cord was wrapped around my son’s neck 3 times. Had the nurse not hooked me up to the monitor and taken my blood, and had my doctor not called for an emergency Csection, my baby would have died. . . and without the transfusion, I would have died, too. I don’t think they will ever know how grateful we are for everything they did to help us. ” — Nicole



Dr. Harb  
Oncologist

“Your patients believe in you, and they believe in your treatment. They do everything to get to you. If you live in the Maritimes, you know how the weather can be. I didn’t want my patients risking their lives to come for treatment, especially in the winter time, so I said “we’re going to buy video conferencing” — to connect me with the doctors and my patients in Miramichi, and beyond. I do clinics every two weeks with my patient in Miramichi. I see them, they see me. They are happy because they know I am taking care of them and I don’t feel as far from my patients when they are stuck. Without fundraising, I wouldn’t have that equipment. ” — Dr. Harb



Jaydan  
Crohn’s

“I used to feel all jumbled up inside, queasy, really tired. I’d miss school and have to stay in bed. I couldn’t eat. When I first found out it was Crohn’s, I was eight and didn’t know what that meant. Now I’m thirteen and want to learn as much as I can about my disease. I want to know what to do if something happens. I need to understand what I have to do to keep my body maintained. I just want to live my life to the fullest. ” — Jaydan



Tyler  
Ulcerative Colitis

“At 15, I was diagnosed with ulcerative colitis. Until then I had been healthy, always playing hockey. But my body wasn’t digesting food and any nutrients I was getting were leaving my body pretty quick. At one point I was up to almost 40 pills a day and on IV medication. It got so bad I had to have surgeries to fully remove my colon and set up the ostomy bag. I didn’t go to parties. I had to take tests and exams in special rooms so the bag wouldn’t go off in class and make noise. I couldn’t control it and it was pretty embarrassing. It still is. It was only years later, once I got the ileostomy bag reversed, that I started doing more. When I was really sick, I looked into nutrition a lot. I became really passionate about it and it helped me. It led me to get my Diploma in Natural Nutrition and now I’m taking Sports and Leisure at Holland College. I still end up in the hospital three to four times a year with flare-ups and infections, but that’s colitis. If it wasn’t for The Moncton Hospital I don’t know what would have happened to me. They were the ones who took the initiative with the surgery and getting me the best care. Even though I’m not a little kid anymore, I still go to pediatrics floor because they know me there. The nurses there are like second moms to me. Even when I just need someone to talk to. They just take such great care of me. ” — Tyler



Francois  
Fabry Disease

“You could say that I won the genetic lottery. Only about 350 people in Canada have Fabry, a rare inherited progressive disease without a cure. It affects many parts of the body: The kidneys, heart, brain and nervous system. . . It’s so rare that it’s often misdiagnosed. I’ve known about my condition since I was a teenager but never really worried about it because my symptoms were minimal and it’s known to be fatal only later in life, say 50 or 60 years old (on average) for men. It’s a lifetime away when you’re 14. . . only problem is now I’m 53. In summer 2015 I was in the best shape of my life, feeling great, biking three to four times a week and getting intravenous enzyme replacement therapy every two weeks (the only treatment currently available for Fabry). It was on one of those bike rides that I passed out. I hit the pavement hard. The results weren’t pretty: 3 broken ribs, a broken scapula and very serious heart complications. That day was a harsh reminder of the seriousness of Fabry. Thankfully the skilled and knowledgeable doctors and nurses at The Moncton Hospital were able to revive me and get me a pacemaker to control my heart rhythm. They saved my life. ” — Francois



Jeff  
Mental Health

“I never thought I’d be someone who would suffer from depression. I just kept excusing the signs away, always thinking it was normal or it would get better. My hands were full with work and board membership commitments — a typical work week was 60-80 hours. At night, I was getting an hour and a half sleep due to an overactive thyroid. Suddenly, my system couldn’t take it anymore — I crashed and ended up in the psychiatric unit at The Moncton Hospital. Since then, parts of my brain have just shut off. I can’t multitask anymore. . . like, I’ll get anxious if I’m driving and the radio is on. I have difficulty remembering things. I have to work harder to do things that were once so easy for me. It’s affected my personal and social life. I’m still recovering, finding ways to take care of myself the best I can, but it’s debilitating. We need to change the way we think of depression. It’s important for people to think of mental health issues, not as some poor person screaming at the moon, but as being able to affect anyone. We all have highs and lows. It’s behaviour changes that people just let slip by that we need to do something about it. We need to get help. We need to learn to say no. Give yourself permission to take control of your life and respect your boundaries. Don’t end up doing what I did. ” — Jeff

To read more inspiring stories in our People of The Moncton Hospital series, please visit our Friends of The Moncton Hospital Facebook page or view on Instagram (peopleofmh).



### Vision

Transforming health and changing lives together.

### Mission

The Friends of The Moncton Hospital Foundation raises funds to help The Moncton Hospital deliver exceptional healthcare and promote wellness to meet the needs of our communities.