

SPRING 2019

# WELL**AWARE**

PEOPLE CARING FOR PEOPLE

## PROTECTING PATIENTS

NEW DRUG DISPENSING UNITS  
WILL IMPROVE SAFETY



Saskatoon City Hospital  
**FOUNDATION**

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The BHP Enchanted Forest drew more than 80,000 visitors this year.

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## UPCOMING EVENTS



### GOLFUN

Enjoy an awesome barbecue lunch and fabulous dinner with 12 relaxed holes of golf in between. Golfun is an informal kind of golf tournament, with funds benefitting the Cameco MS Neuroscience Research Centre at Saskatoon City Hospital.

May 16



### OUZOPALOOZA

Sample the best that Greece has to offer at Ouzopalooza, hosted by Saskatoon's Greek community.

Great food, dancing, and your chance to win some awesome prizes including a trip for two to Greece.

June 14





## MESSAGE FROM THE CEO

Steve Shannon

“So, what are you up to these days?” people often stop and ask me.

Naturally, I tell them. Right now I let them know how we’re still raising funds to upgrade the hospital’s fluoroscopy suite and replace its aging portable x-ray unit. As we’re finishing that off, we need to start gathering dollars to pay for a new drug dispensing system throughout the hospital. Finally, the hospital’s Breast Health Centre has asked that we help them purchase a new prone biopsy table.

But that’s just the big stuff. Several other departments have requested items and it all adds up. In total, The Foundation is hoping to raise more than \$5 million this year.

It seems like a lot but really, how much is a lot? Is it too much to ensure that patients get the best medical imaging and access to clear and speedy diagnoses? Is it too much to ensure patient safety when it comes to

**“I know the continued success of the Foundation and hospital, is in your good and caring hands.”**

dispensing medication? Is it too much to see breast health patients are as comfortable as possible?

There’s another reason that I know all of this is not too much. That’s because the ‘we’ that I’m referring to up above is you. You, the donor.


As donors you’ve been overcoming lofty goals for more than 35 years. There were people who said building the new City Hospital was too much to ask. But you went ahead and did it.

The same happened with the creation of the province’s first Breast Health Centre in 2006. And, when many

might have asked why MS, you said because it’s important. Then you went ahead and helped create the Cameco MS Neuroscience Research Centre. More recently, you’ve helped create the MS Clinical Research Chair for the province, a position that’s paying great dividends in terms of research.

So, when I see a list, such as this one, I never think that it’s out of reach. Because I know the continued success of the Foundation, and in turn, Saskatoon City Hospital, is in your good and caring hands.

No matter how lofty or far away a goal, I know we’ll get there. Because of you.

And I am ever so thankful for you. 

*Above: Steve Shannon with Toronto Maple Leafs legend and former number one pick in the NHL draft, Wendel Clark, at a Preston Park fundraiser for the Foundation that took place in June of 2018.*



## EQUIP FOR EXCELLENCE ENHANCES CARE

Your donations aid Breast Health Centre, Ambulatory Care, Non Invasive Cardiology

It was a huge amount raised in a short amount of time and now, thanks to you, the Irene and Leslie Dubé Centre of Care Breast Health Centre has another vital tool in the diagnosis of tumours. In the fall of 2017, the Foundation shared Laura Orenchuk's story of survival while asking for your help to fund the purchase of an Automated Breast Ultrasound (ABUS).

The donations poured in. Hundreds of individuals gave but the purchase was also made possible when Cherry Insurance offered a matching donation of \$100,000. It was completed, just months after efforts began, when Swinging with the Stars raised more than \$150,000.

The ABUS is now operating in the Breast Health Centre. Thank you for making this possible!

Your support also enabled the purchase of new cautery units for use in the hospital's Endoscopy rooms and the Endoscopic Retrograde Cholangio-

Pancreatography (ERCP) suite. "Cautery is used when polyps are removed but also used for bleeds found during scoping procedures," says Imelda Switzer, Ambulatory Care coordinator at the hospital. The cautery units previously used were wearing out, beyond repair and broke down often. As a result, patient appointments were frequently being cancelled.

Having the new units allows staff to keep up with the demands placed on the hospital's growing Endoscopy and ERCP programs. New pieces are also uniform with others used in the city. Staff trained in their use here can use that training in all hospitals in the city.

Your donations also enabled the purchase of three ambulatory blood pressure monitors for the hospital's Non Invasive Cardiology (NIC) department.

The monitors are used to take readings of patients as they move around, doing activities they do as part of daily life.

*I just want to say thank you for providing the Non Invasive Cardiology department at Saskatoon City Hospital with the funding to purchase our 3 new ambulatory blood pressure monitors. As a result, the waitlist for one of these devices has decreased almost in half and patients are waiting a few short months as opposed to 6 - 8 months for their appointments.*

*Crystal Horvath  
Manager of NIC and CDC*

They're useful for monitoring potential high blood pressure and determining if prescribed medicines are working correctly. The addition of the monitors also allows the NIC to see more patients, reducing wait times.

Thanks to donors like you, \$11 million has been raised through the Equip for Excellence campaign since it began in 2013. To see a list of current needs, read further in this issue or visit the page at [SCHFEquip.com](http://SCHFEquip.com). □



*Dr. Don McIntosh spoke at the Doctor Series last November.*

## DOCTOR SERIES 2018

Donors see firsthand need for medical imaging upgrades

Radiologist and medical director for the department of Medical Imaging at Saskatoon City Hospital, Dr. Don McIntosh is used to seeing things in his life and career that may not be so apparent on the surface.

But he says one thing is clear – his department's fluoroscopy suite and the hospital's portable x-ray unit both need to be upgraded.

Dr. McIntosh presented last Nov. 13 to donors gathered in the Asher Auditorium for the Foundation's Doctor Series. The regular event connects medical staff and hospital needs with donors and patients.

The radiologist says that the fluoroscopy procedure "is a vital part of our service. We use it to guide us during procedures such as MRI, CT and ERCP [endoscopic retrograde cholangiopancreatography]. It's also

used for joint injections or arthrograms, which are usually done in conjunction with MRI, so it's good for looking at tears in places such as rotator cuffs or hip injuries."

Dr. McIntosh adds that, "though it's been mostly replaced by endoscopy, fluoroscopy is occasionally used for barium procedures such as upper GI series and colon examinations. It's also used in modified barium swallows, as well as PICC lines, nephrostomy tube insertions, and fertility studies.

The current fluoroscopy equipment is more than a dozen years old. It's getting to be non-reparable while images are grainy. New equipment would be more powerful yet much safer for imaging patients.

The radiologist also told the audience how the hospital's portable x-ray unit is mostly used in the operating room.

"We do numerous imaging procedures where the surgeon wants to make sure everything is correct while the patient is still in the recovery room."

He says the old unit is analog while newer models are digital.

"The old model meant taking the imaging in the OR, taking it down to medical imaging and developing it, praying that you got it.

"If you didn't you'd have to do it all again. Now it's digital and wireless so you can see it on the monitor immediately. It's a real step saver."

You can help the staff in Medical Imaging get a better look. Donate today at [SCHFdonate.com](http://SCHFdonate.com), by calling 306-655-8489 or toll free at 1-800-603-4464, or in person at the Foundation office, located near the front entrance of the hospital. □



## BREAST HEALTH CENTRE NEEDS NEW PRONE BIOPSY TABLE

New equipment would be more comfortable for patients

Installed when the Breast Health Centre first opened in 2006, physicians say its prone biopsy table is nearing the end of its life and needs to be replaced.

“The prone biopsy table is a machine that allows physicians to biopsy using mammogram images for guidance,” explains Dr. Carolyn Flegg, radiologist with the centre.

“It’s used for biopsy of something abnormal seen on a mammogram that cannot be seen with ultrasound. Quite commonly it will be calcifications but occasionally the mammogram shows a mass or distortion that didn’t show up on an ultrasound and the only way we have to do the biopsy is to use the mammogram images to guide the needle into the correct spot.”

Dr. Flegg explains the procedure. “A patient lies on the biopsy table on her stomach and the breast goes through an opening in the table into the

mammogram machine directly beneath the table. The breast is compressed in the same manner as for a regular mammogram, but the compression plate used has an opening in it through which the radiologist can insert the biopsy needle into the breast.”

Dr. Flegg says the current machine compression plate is entirely metal which means the mammogram taken for the biopsy shows only a very small part of the breast, confined to the area where there is an opening in the plate.

“Before positioning the patient in the machine we have to estimate where the abnormality is that we are going to target for biopsy, and try to position that area in the small opening in the plate. If we estimate the position incorrectly we have to reposition a patient and try again.”

In other words, the small opening and metal plate makes the procedure

**“The greatest advantage with the prone biopsy table is that a diagnosis can be achieved without having to send a woman to surgery.”**

more difficult, she says. “It can be uncomfortable for the patient because sometimes there’s the need to really maneuver a patient so the correct part of the breast can be biopsied. The current table doesn’t allow for a lot of options for positioning.”

This leads to patient discomfort at a time when the patient is already feeling a great amount of stress because of a possible cancer diagnosis.

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Dr. Flegg reports that new prone tables have different options for sizing, allowing more room for getting the larger breast through. It also lets doctors compress the breast from multiple different angles, allowing them to get the right angle and thickness to do a safe and accurate biopsy.

“A more accurate biopsy lets us determine sooner if calcifications are benign, which they are the majority of the time. The greatest advantage with the prone biopsy table is that a diagnosis can be achieved without

having to send a woman to surgery.”

Once those samples are obtained, a new table could change how the radiologists process them.

“Currently our tissue samples are put into canisters and transferred to a petri dish, where they’re manually separated,” Dr. Flegg explains. “We need to find the pieces with calcium so that we can specifically identify those calcium containing tissue samples for the lab. But we have to be careful because the more you handle samples, the riskier it is that you’ll crush the tissue.

“There are new prone biopsy systems that will manually separate each core into its own chamber and that core can be x-rayed immediately,” she adds. “The radiologist can immediately determine if there are enough samples and that they’re good enough, which can mean taking fewer samples from the patient. This is just another way that better equipment means less discomfort for patients.”

You can ensure comfort for breast health patients. Donate today at [SCHFdonate.com](http://SCHFdonate.com), by calling 306-655-8489 or 1-800-603-4464, or in person at the Foundation office. □



## FOUNDATION COMMITS \$250,000 TO COURTYARD

Funding will help pay for improvements to external space

Anyone who's passed through the courtyard space between the hospital and its staff parking structure may have noticed that it's a rather bumpy walk.



After 25 years of wear, the brick paved courtyard is in shambles with multiple pavers missing or out of place. It necessitated signs warning passers-by of 'uneven terrain.' A potential hazard to all, the area is especially risky for those with mobility issues.

Hospital administrators asked the Foundation to help pay for renovating

the space, which has the potential to be a place where patients can relax and families or employees can gather to enjoy some fresh air. The area also connects the hospital to its southern neighbour, the beautiful Kinsmen Park.

The Foundation's board agreed to help fund the project, beginning with paying for the costs of a design study.

"The Foundation's mandate is to work with donors to help improve the hospital," says CEO Steve Shannon. "Normally, that's purchasing equipment, resources or technology to help staff deliver the best care possible to patients.

"But improving the environment of the hospital is also a great thing to do. We think restoring this space will be a refreshing benefit to anyone who uses or visits the hospital."

In addition to repaving the courtyard, early plans include the addition of more seating throughout the area

with park-style benches and picnic tables. Colours of benches and other architectural features will be modern and vibrant to contrast the grey tones of the hospital and new pavers.

The project also has alternate plans developed should additional funding become available to add more perennials in the current planter situated in the corner of the courtyard.

With more Saskatoon City Hospital employees cycling to work, plans are also to increase the size of the bike cage and make it more secure.

Construction will begin sometime in spring 2019 with completion of the project expected by late August.

"We're looking forward to the renovation and plan to have a celebration," Shannon says.

"Stay tuned to Well Aware, our website (SCHFgo.com), or our social media pages for more information." □





*Dr. Mary Kinloch (Anatomic Pathology Lab) and Dr. Ilia Poliakov (MS Clinic) are doctors who've received funding for Fellowship training and are now working in Saskatoon City Hospital.*

## FUNDING FELLOWSHIPS

Investing in the hospital's future

Your support of the Foundation's Fellowship Funding Program will fill service gaps and meet patient needs, support and retain young talent, and enhance treatment options.

Funding will support areas of medical training that fit with hospital needs. It offers financial support in exchange for a return-of-service to Saskatoon.

"Bricks and mortar are important parts but so are people," says Dr. George Pylypchuk, chief of staff for the Saskatoon Area. "You can have the nicest hospital, but if you don't have anyone working in it, it's nothing.

"Recruiting trained experts is difficult because they're often in high demand," he adds. "It makes good sense to train homegrown physicians and guarantee them a position to return to.

"There are two ways to recruit expertise – you can look for physicians with particular expertise or you can support

training of people who are here and who will honour a return of service commitment. The Fellowship program helps us do that."

"The initiative was presented to us through the Joint Foundations Forum," says Steve Shannon, CEO of Saskatoon City Hospital Foundation. "We realized the benefits it could have and presented it to the board, who committed \$100,000 a year for six years, or \$600,000.

"Through the initiative, we're hoping to support training and recruitment of physicians in areas where the hospital needs more physician resources or specialization," says Shannon.

"The board was advised that priority areas of support include the Physical Medicine and Rehab department. Due to heavy and growing patient demand, Saskatoon City Hospital's Rehab Centre is grossly undermanned.

"Another area is geriatrics. Currently there is only one geriatrician in the entire province. Saskatoon City Hospital is very busy serving this area with departments such as Transitional Care, Convalescent Care and also the Geriatric Evaluation and Management (GEM) program.

"To support Saskatoon City Hospital the best we can and assist in areas of greatest need, we have opened our program to considering funding for final years of residency training as well as Fellowship training. That's a major win for the hospital and patients.

"It's a unique opportunity for donors," Shannon says. "You can directly invest in the future but also address current areas of need."

Donate today at [SCHFdonate.com](http://SCHFdonate.com), by calling 306-655-8489 or 1-800-603-4464, or in person at the Foundation office near the front entrance. □

**EQUIP FOR EXCELLENCE**

# **PROTECTING PATIENTS**

**NEW DRUG DISPENSING UNITS  
WILL IMPROVE SAFETY**





# As temporary manager of the hospital's Pharmacy Department, which dispenses a million doses every year, Ronda Zalewski wants to make sure they get it right.

You can help her do that by supporting the purchase of a new pharmaceutical dispensing system throughout the hospital. When complete the system will be installed in a dozen patient care areas, including the OR suites, recovery rooms, the Emergency Department, and outpatient units.

"Automated dispensing is the way the medical world is going," says Zalewski, the Pharmacy Department's interim manager. "Our staff will supervise the software that runs and oversees which medications are kept in which department, based on their use."

Dispensing units are like vending machines for pharmaceuticals but with several drawers containing the medications. They're preloaded by pharmacy technicians based on departmental needs. Staff, such as nurses, enter their personal access code and a patient's info and the unit pops open the drawer that the requested medication is stored in.

Zalewski says the new dispensing system will alleviate overstocking and unnecessary storage, especially on units such as surgery, where it's easier to predict which medications are continually used. It also means faster access to those meds.

"Right now the department requests the meds and in many cases it's filled in the pharmacy and walked up to the unit. With the dispensing system, they'll be able to access the medicine as soon as the order is reviewed by the

pharmacist just by entering patient information in the system."

It also works well for patients who are transferring within the hospital, such as from emergency to a unit, she adds.

"If a patient is in emergency and gets medication but then gets transferred, staff has to make sure medications also get moved from there to the new unit. With the new system, because they're stored in other departments, the medications will already be there."

The electronic documentation built into the system will help remove human error and ensure patients aren't mistakenly given extra doses of medication; it will also prevent patients from receiving medications they may be allergic to. "Before the next dose is released, the staff member such as the nurse must log in to the system and see the patient's information before medication is dispensed."

The new system will also prevent other errors in dispensing, Zalewski continues. "The doses are packaged in pharmacy and coded into their drawers in the dispensing unit using bar code technology. When a staff person enters that they want morphine, then only the drawer with morphine will open. They can't give anything else. It prevents patients from getting the wrong drug."

This will especially help when two different medications look the same, such as dilaudid and morphine, or when different medications have similar

names such as dilaudid slow release (sr) and dilaudid immediate release (ir).

The other benefit of the system is that it will be standard throughout the city and the province. A staff person trained on the system won't need to be retrained should they move elsewhere.

"This is widely used across North America and will become the standard method of dispensing throughout the hospital and in Saskatoon," says Patrick Robertson, executive director, Provincial Programs – Pharmacy Services in the Saskatoon area of the Saskatchewan Health Authority.

"Pyxis is currently in use at the Dubé Centre, St. Paul's surgery, and also RUH emergency. Another 12 units were installed throughout St. Paul's last autumn while the new Jim Pattison Children's Hospital will have 24 Pyxis units when it opens next year."

He adds that study of automated dispensing in North America has proven it decreases time for patients to receive initial medication, process routine orders, or dispense medication in emergency situations. This naturally creates cost efficiencies and frees pharmacists and nurses to do more direct work with patients. "It's faster, more efficient and the most important part is it's much safer for patients."

To support this initiative, visit [SCHFdonate.com](http://SCHFdonate.com), call 306-655-8489 or drop by the office near the front entrance of the hospital. □

## GRACE AND SAMUEL BUHLER

Dalmeny residents leave \$130,000 for Foundation

Caring and praying for others was something Samuel Buhler did all his life, said his family in his funeral card. That continued with his passing in July of 2017, just two months after he celebrated his 90th birthday.

The Dalmeny resident, who was predeceased by his wife Grace in 2006, was a donor for 25 years and left the Foundation \$130,000 in his will.



Samuel was born 42 kilometres from Saskatoon in Mennon, which is now a very small village. He was one of nine siblings in the family, seven of whom survived to adulthood.

“Samuel was a grain buyer in Mennon for three years after he married Grace in 1949 but he loved farming,” says his sister and executrix, Florence Summers. “In 1952, he left grain buying to farm with our dad and eventually moved to Dalmeny, where he farmed on his own.”

Samuel and Grace farmed until 1991 when they bought a townhouse in Dalmeny. They both lived there until her passing in 2006. Samuel was then a resident of the town’s Spruce Manor Special Care Home, where he lived at the time of his death.

Florence most fondly remembers her brother for his singing. She and her siblings often sang with him but she also attended his numerous performances with choirs, quartets and as a soloist. The family preferred gospel music and often performed at churches and nursing homes.

She says Samuel was so generous to three charitable organizations because he and Grace didn’t have any children. “He left money to a seminary in Langley, B.C., his church, and Saskatoon City Hospital Foundation.”

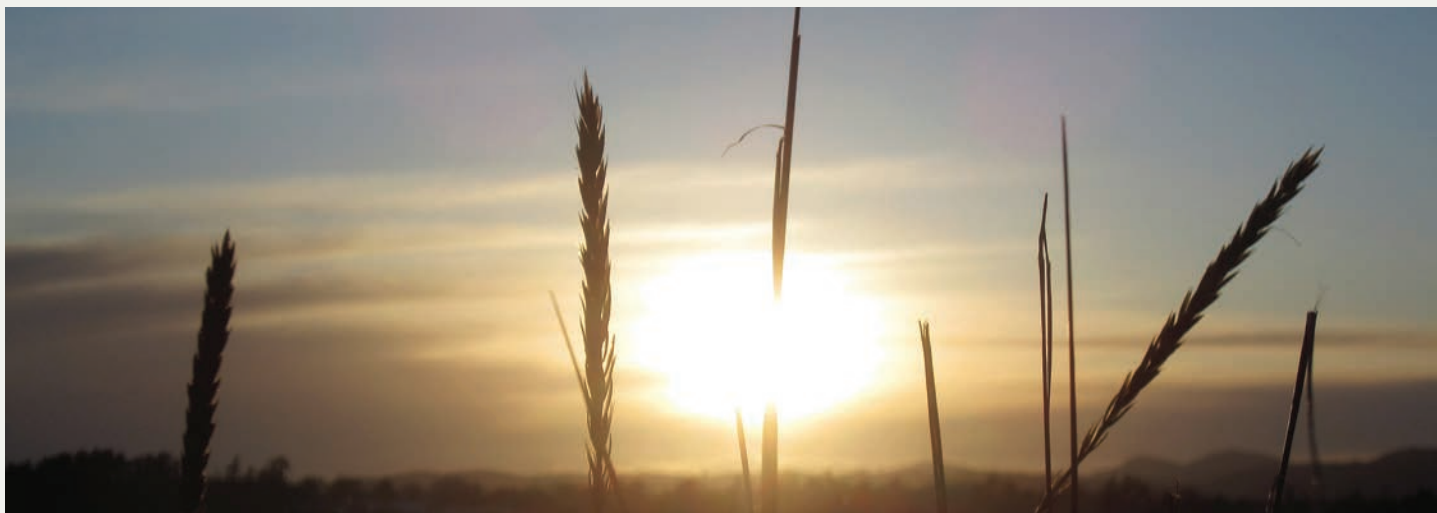
Florence doesn’t know exactly why her brother chose Saskatoon City Hospital Foundation for the gift but imagines it was because Grace had spent time in Saskatoon City Hospital.

“She had arthritis and stomach problems from being on medication for it for so long. She wasn’t a very healthy person,” Florence recalls.

She adds that Samuel also had surgeries at the hospital. “He had both knees replaced and one of them twice, as well as both hips done there.”

Samuel was survived by Florence, another sister Doris, and their husbands, as well as numerous in-laws, nephews and nieces.

Saskatoon City Hospital Foundation thanks Samuel, Grace and the Buhler family for their kind donation. □





## LIFELONG BACHELOR AND FARMER

George Findlay wills \$100,000 to Saskatoon City Hospital Foundation

George Hubert Findlay was a lifelong bachelor and farmer. Upon his passing in early 2018, he gifted in his will \$100,000 to Saskatoon City Hospital Foundation.

Kevan Migneault, the lawyer for George's executor as well as for George's brother, Louis, says the gift came upon George's passing but that "Louis also was part of this legacy. Louis and George were both bachelors who lived together all their lives."

The brothers were two of several children born to William and Elsie Findlay. The Findlays farmed and raised their children in the RM of Medstead where the kids attended both Robinhood and Park Bluff schools.

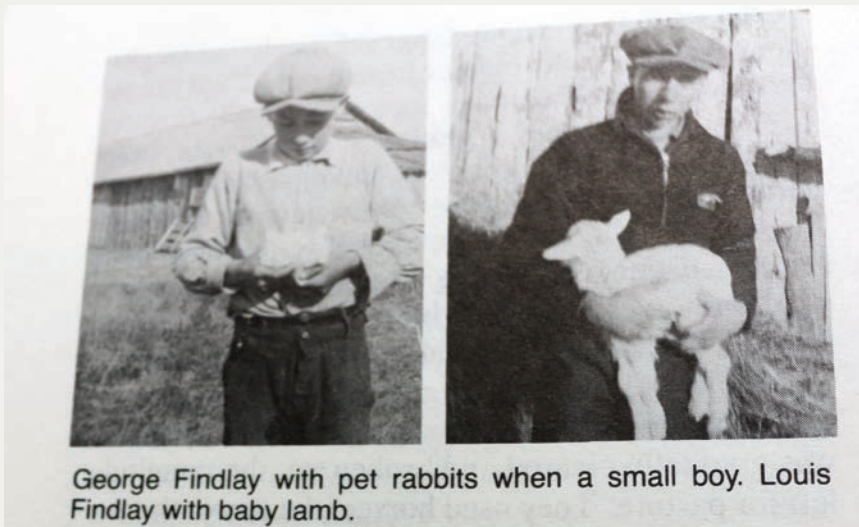
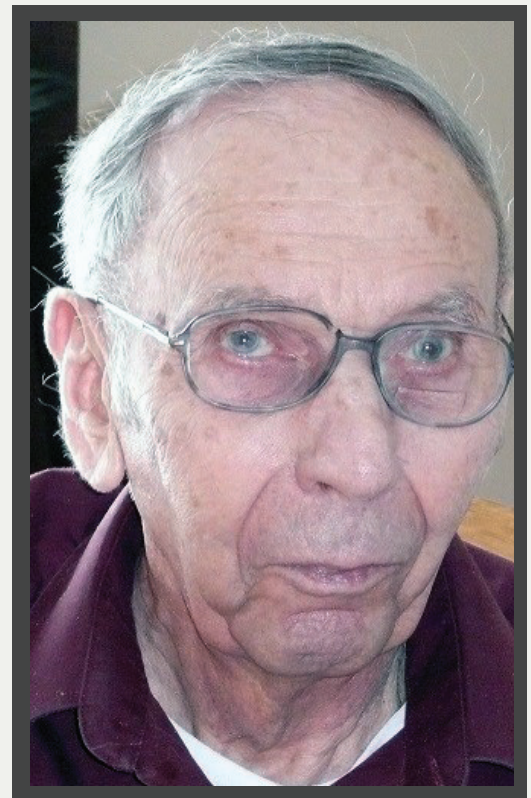
According to Trails of Promises, the Medstead and District History book, the family continued to farm there despite the harsh conditions of the 1920s and 1930s. In the late 1930s and as World War II broke out, the siblings went their various ways. Before the war ended,

George and Louis moved with their mother to a farm they purchased in the Robinhood district.

The Findlay brothers farmed there for 40 years but also enjoyed gardening, fishing, and curling in their younger days. Later in life they liked to watch ball and hockey, while attending card parties and community dances. In Louis Findlay's eulogy, their nephew Dean Findlay recalled how in all that time that the brothers rarely travelled, only leaving the province once to travel together to the Calgary Stampede.

Louis and George eventually sold the farm to their nephews, Farley and Lee, but continued living on it until 1988 when they both moved to North Battleford. They returned frequently to their land. Louis passed away in 2014, age 91, while George was also 91 when he died in 2018.

The Foundation is grateful that George and Louis Findlay chose to remember Saskatoon City Hospital in their wills. □



George Findlay with pet rabbits when a small boy. Louis Findlay with baby lamb.

*Above : Photos from Trails of Promise, Medstead and District History book. Top right: George Findlay. Bottom right: Louis Findlay.*

## IRINE MARGERY SIMMONS, 1931-2017

Long time Saskatoon resident bequests \$18,000 to Foundation

Formerly of Dauphin, MB and Yorkton, Irine Simmons had lived in Saskatoon for 38 years before she passed away at the age of 85 in November, 2017. She was most recently a resident of Hyde Park View in the Rosewood

neighbourhood and was actually the home's very first resident.

Born in St. Gregor, Irine was the sixth of seven children. Prior to her 10th birthday, her family relocated to Durban, Manitoba, where Irine completed her schooling.

Despite the challenges of being born with rickets and scoliosis, she excelled in many sports, including skating, curling and softball.

She particularly excelled in bowling, and won many awards over the years, while seeing her name published often in local newspapers for continually achieving high scores.

Irine left home and moved to Dauphin, Manitoba where she completed a stenography course. She eventually began working as a stenographer at CN Rail in Dauphin in 1955.

It was there that Irine met and married Doug Simmons. They couple moved to Yorkton in the late 1960's. She commuted to Melville to continue her job with CN. Irine and Doug were married for many years, after which Irine decided to transfer to Saskatoon in the late 1970s.

Passionate about knitting and crochet. She was more than happy to share her skills with others. Irine was close to her family, who relied on her to keep everyone "up to speed" on other members of the family. Predeceased by her parents, a sister and a brother, Irine was survived by four siblings, ten nieces and nephews; and many great and great-great nieces and nephews.

In her will, she left the Foundation \$18,000. Saskatoon City Hospital Foundation appreciates Irine for her thoughtfulness in remembering the Foundation at her passing. ☐

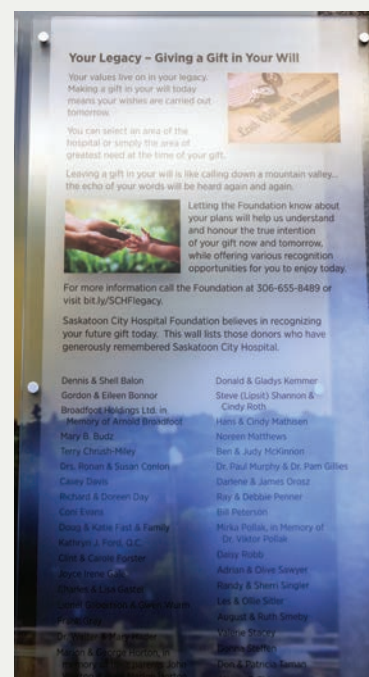
## YOUR LEGACY: GIVING A GIFT IN YOUR WILL

Your values live on in your legacy. Making a gift in your will today means your wishes are carried out tomorrow. You can select an area of the hospital or simply the area of greatest need at the time of your gift.

Knowing your plans helps the Foundation understand and honour the true intention of your gift now and tomorrow, while offering recognition opportunities for you to enjoy today.

For more information call the Foundation at 306-655-8489, toll free at 1-800-603-4464 toll free or visit the web page at [bit.ly/SCHFlegacy](http://bit.ly/SCHFlegacy).

Saskatoon City Hospital Foundation believes in recognizing your future gift today. The Foundation's donor wall, located near the front entrance of the hospital, lists those donors who have generously remembered Saskatoon City Hospital in their wills. ☐







## GRAND PRIZE IS \$1.7 MILLION SHOW HOME

Hospital Home Lottery likely nearing sell out

While this issue went to press in late January, here's a prediction: the spring edition of Hospital Home Lottery is either sold out or very nearly sold out.

It's easy to make the prediction because of the fabulous grand prize: a \$1.7 million 4,400 square foot home built by Rocy Homes and decorated by Atmosphere Interior Design.

This four-bedroom, four-bathroom modern farmhouse in Greenbrye features a five-star kitchen with butler's pantry, elegant master suite, and lower level walkout designed for families.

If that wasn't enough to push the lottery over the top, the early bird prize surely would have. The lucky winner could choose between a 2019 Jaguar F-Pace and seven-night Jamaica get-away for two or \$100,000 cash.

There were numerous other prizes of vehicles or cash, week-long holidays, mini-vacations, and a host of sport, leisure and recreation prizes.

And there was also the 100 Days of Winning Cash Calendar as well as the ever-popular 50-50 Add-On. Last fall's 50-50 winner claimed \$327,325!

If this prediction is wrong, then hurry over to the Foundation office, visit [hospitalhomelottery.org](http://hospitalhomelottery.org) or call toll-free 1-866-957-0777 to get your tickets. You can also get them in person at the showhome, 140 Greenbrye Street.

If you've already bought tickets, thank you. The spring lottery proceeds are directed to the Foundation's Equip for Excellence campaign.

Your support will help upgrade the hospital's fluoroscopy suite and replace the portable x-ray unit. It also will fund a new pharmaceutical dispensing system and new prone biopsy table for the Breast Health Centre. ☐







## KAYE PEDIATRIC OPHTHALMOLOGY ENDOWMENT CELEBRATES 20 YEARS

Helped create lecture series first hosted in 2002

It was 20 years ago that two caring people with a vision created a special endowment fund at Saskatoon City Hospital Foundation.

In 1998, Olga and Ludwig Kaye created the Kaye Pediatric Ophthalmology Endowment in tribute to their daughter, Constance. While Ludwig passed in 2001 and Constance in 2011, the endowment remains a lasting legacy to the family name and the care provided to Constance at the Eye Care Centre.

The endowment fund enabled the creation of the Kaye Pediatric Ophthalmology Lecture. Just three and a half years after the endowment was established, the first lecture was presented in 2002; the lecture presentation in 2018 was the 16th.

The goal of the endowment and the lecture is to connect ophthalmologists, orthoptists and other health professionals working in the Eye Care Centre with highly regarded consultants and specialists from around the world.

The first lecture brought in Dr. John Lee of Moorfields Eye Hospital in London, England. Since then, the lecture has seen renowned eye specialists from Toronto, Ottawa, Calgary, Vancouver, Oklahoma City, Denver, and the Mayo Clinic in Rochester, Minnesota.

The guest professional for this year's Kaye Pediatric Ophthalmology Lecture, held last September, was Dr. David Hunter, MD, PhD, Ophthalmologist-in-Chief and Richard M. Robb Chair, Boston Children's Hospital; Professor and Vice Chair of Ophthalmology, Harvard Medical School.

Dr. Hunter's presentation to the professionals gathered was entitled 'Early Detection of Amblyopia and Traumatic Brain Injury with Retinal Polarization Scanning.'

After the main presentation, Dr. Hunter met with smaller groups in the Eye Care Centre's library. Topics included optics, transposition, torsion,

bifocals, and the Duane Syndrome, a congenital eye movement disorder that is present at birth. He also discussed various cases with staff orthoptists and conference attendees.

Mrs. Kaye remains closely involved with the lecture, frequently attending an annual dinner hosted the night of the event with the keynote speaker and other Eye Care Centre dignitaries. Saskatoon City Hospital Foundation was grateful to have Mrs. Kaye and her niece, Marlene Conrad, join Dr. Hunter and others for last year's dinner. □

*Pictured above, from left to right – Front row: Jocelyn Zurevinsky (Program Director), Dr. Maria Gabriela Campos-Baniak (Ophthalmologist), Mrs. Olga Kaye, Marlene Conrad, Katie Pendleton (Orthoptist), Dr Vasudha Erraguntla (Pediatric Ophthalmologist), Tracy Boyle (SCHF).*

*Back row: Dr. Robert Pekush (Ophthalmologist), Steve Shannon (SCHF), Dr. David Hunter (Guest Speaker), Dr. Paul Murphy (Ophthalmology Head), Dr. Nigel Rawlings (Ophthalmologist).*





## BHP ENCHANTED FOREST SEES 80,000 VISITORS

Attendance record broken for third straight year

The 20th 'awesomeversary' of the BHP Enchanted Forest Holiday Light Tour definitely lived up to its nickname.

Running from Nov. 16 to Jan. 5, the event drew 80,250 visitors. It's the third straight year of record-setting crowds.

Organizers attribute success to good weather, attractive displays including the new Charlie Brown's Christmas, promotions, and the tradition for Saskatchewan residents to attend with friends and family over the holidays.

More than 9,000 attended the Saskatchewan Blue Cross Light Walk nights. They're a great way to spend more time enjoying the displays followed by hot chocolate and a bonfire.

BHP Enchanted Forest organizers say more than \$250,000 in net proceeds was raised for the Saskatoon Zoo Foundation and Saskatoon City Hospital Foundation, which will direct its portion to the upgrade of the hospital's fluoroscopy suite and replacement of the portable x-ray unit.

Saskatoon City Hospital Foundation thanks all the many attendees and sponsors of the BHP Enchanted Forest for another awesome year!

New displays and other event plans are already being discussed for the 21st BHP Enchanted Forest Holiday Light Tour. Mark your calendars, it's scheduled to run from November 16, 2019 to January 3, 2020.

For more information, visit the website at [enchanted-forest.org](http://enchanted-forest.org).

## FESTIVAL OF TREES

Another great holiday tradition, the 33rd Festival of Trees ran from November 23 to December 1 last year.

Open for nine days, the event drew thousands to see dozens of decorated trees, wreaths and gingerbread houses in the Western Development Museum.

The Festival hosted a Gala evening, the Father/Daughter Gala, the Peter Pan Pyjama Party, the Perfectly Princess Tea

Party, and Brunch with Santa, which once again sold out.

A new addition, Photos with Santa, proved to be a big hit with both younger and older festival attendees.

While final results aren't known, 2018 proceeds also will support the upgrade of the hospital's fluoroscopy suite and replacement of the portable x-ray unit. For more, visit [festival-of-trees.org](http://festival-of-trees.org).







## SAVE THE DATES

Late spring events offer fun and support Foundation

Mark May 16 and June 14 on your calendars. Those are the dates for two great Foundation events.

You can dust off the clubs and enjoy **Golfun** at Greenbryre Golf and Country Club on Thursday, May 16.

Supporting the Cameco MS Neuroscience Research Centre (CMSNRC), Golfun is an informal kind of tournament. It offers a day of fun and food packed into just a few hours.

The day starts with a noon barbecue, followed by a 1:00pm tee-off and 12 awesome holes in a beautiful setting.

Along the way, teams meet and interact with volunteers from the CMSNRC, learning quick facts about MS.

Golfers then enjoy a delicious evening meal, prize giveaways and silent auction. The whole event is tidily wrapped up by 7:00pm.

Generously sponsored by Nutrien, attendees will enjoy authentic Greek cuisine, fine wine, décor, and entertainment.

There's also the chance to take home some Greek memories with one lucky person winning an awesome trip for two to Greece. Vassy Kapelos, host of CBC's Power and Politics, will serve as the evening's MC.

Proceeds from the 2019 Ouzopalooza will help purchase seven eye surgery stretchers for the hospital's Surgery Services department. Eye surgeries are performed on all ages of patients from children to older adults, and these specialty stretchers are beneficial for keeping patients comfortable and still during eye procedures.

For more information, look for Ouzopalooza 2019 on Facebook or email [Ouzopalooza@gmail.com](mailto:Ouzopalooza@gmail.com). □



For registration information and more details, visit the event page at [Facebook.com/GolfunSCHF](https://Facebook.com/GolfunSCHF).

On Friday, June 14 at the Sheraton Cavalier, you can experience a Greek tavern with the Saskatoon Greek Community's **Ouzopalooza**. Entering its second decade, the event has raised more than \$200,000 for Saskatoon City Hospital Foundation and the hospital's Eye Care Centre.



## SASKATOON CITY HOSPITAL FOUNDATION

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### PRIVACY POLICY

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## IN MEMORIAM/ IN HONOUR

Donations were made from August 1 to December 31, 2018 in memory of the following people:

Bud Amy  
Maureen (Arthur) Anderson  
Ingi Bjornson  
Merv Bodner  
Tom Bodner  
Josephine Braun  
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Helen Woykin  
Dr. P.Q. Zhai

Donations were made from August 1 to December 31, 2018 in honour of the following people:

Dr. Kevin Colleaux  
Muriel A. Jarvis  
Dennis & Sharon Lanigan  
Caroline Leach

Dr. Jeff McKerrell  
Ron & Diane McKenzie (in honour of 50th anniversary)  
Zanna Mitsala  
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Just visit SCHFdonate.com. You can also call 306-655-8489 (toll free 1-800-603-4464) or visit us in City Hospital. Your donation to the Foundation supports all of Saskatoon City Hospital's programs and departments.

Saskatoon City Hospital is home to the Anatomical Pathology Lab, Eye Care Centre, Sleep Disorders Centre, Geriatric Evaluation and Management Unit, Women's Health Centre, Gynecology, Convalescent Unit, Transitional Care Unit, Orthopedics, Rehabilitation Centre, a Medical Imaging unit, and the Irene and Leslie Dubé Centre of Breast Health Centre. It is also one of the few acute care hospitals in Canada to house both a national research facility – the Cameco MS Neuroscience Research Centre – and an MS Clinic.