Transforming Aboriginal Health
NEW FIRST NATIONS HEALTH AUTHORITY CHAIR IN HEART HEALTH AND WELLNESS AT ST. PAUL’S

REVOLUTIONARY HEART CARE
Collaborating to transform heart care for patients

ADVANCED STROKE CARE
Supporting optimal patient outcomes

THANK YOU, DONORS
Celebrating your generosity
For over a century, St. Paul’s Hospital has been the health-care heart of British Columbia, providing world-leading care, while also serving as an international centre for advanced medical research and teaching. Many factors have contributed to St. Paul’s success. Much of it is rooted in two simple words – groundbreaking collaborations.

In this issue, we will explore how the partnerships forged among medical experts in various disciplines have led to amazing advances in medical care at St. Paul’s.

In our cover story, Transforming Aboriginal Health (page 6), we highlight how a doctor/patient partnership between Dr. Andrew Ignaszewski of St. Paul’s provincial Heart Centre and Chief Edward John, led to the creation of the new First Nations Health Authority Chair in Heart Health and Wellness at St. Paul’s Hospital – a program that will ultimately revolutionize how health care is provided to First Nations people in BC.

St. Paul’s provincial Heart Centre has long been a hub of innovation, not the least of which is the inspired partnership between heart surgeons and cardiologists. Working together, these experts have developed new approaches to heart procedures that are having a dramatic impact on patient outcomes (page 10).

As a major urban hospital, serving the province of BC, St. Paul’s is a hub for the provision of care to stroke patients. Its team approach – from diagnosis and treatment in emergency to in-patient care to support through rehabilitation – has made it an advanced centre for stroke care (page 13).

Collaborations at St. Paul’s Hospital take many forms, not the least of which is the amazing partnership that exists between St. Paul’s Hospital Foundation and you, our valued donors (page 15). This is perhaps our greatest collaboration. On behalf of the Foundation, we would like to extend our heartfelt gratitude to you, and to our entire community, for your commitment to partnering with us to bring the highest level of health care to St. Paul’s and your generous support of our efforts.

Dick Vollet
President and CEO
St. Paul’s Hospital Foundation

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Chair, St. Paul’s Hospital Foundation
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A new First Nations Health Authority Chair in Heart Health and Wellness at St. Paul’s Hospital leads research to develop programs tailored to the needs of First Nations people.

*BY MELISSA EDWARDS*
St. Paul’s Hospital Foundation is changing the face of BC’s community development by creating an independent committee of young, like-minded philanthropists to encourage young leaders to engage in making a difference in the community.

St. Paul’s Hospital Foundation’s Young Leaders serves as a platform to develop a culture of philanthropy among a younger, broader demographic, while educating future community leaders about non-profit governance, committee management and professional fundraising within a major academic teaching and research hospital. Modeled around a similar program that has seen positive results at its sister hospital, Saint Michael’s, in Ontario, the St. Paul’s Hospital Foundation Young Leaders Group is the first to launch in British Columbia.

Under the mentorship of two St. Paul’s Foundation directors (Ivor Luk, BC Financial Advisory Managing Partner at Deloitte, Foundation Director & Young Leaders Mentor; Leon Ng, President & Founder, LNG Studios; Jonathan Cooper, Vice President, Operations, Macdonald Realty Ltd.; Claire Allen, Senior Producer, CKNW 980; Mike Mackay, Director, Strand Development Ltd.; Ludovic Siouffi, Investment & Insurance Advisor, Canaccord Genuity Wealth Management; Tyler Smyrski, Partner, Yellow Point Equity Partners; Yasmine Roulleau, Co-Founder & Managing Partner, Ventures4Development Inc.; Stuart Louie, Governor, London Drugs Ltd, Foundation Director & Young Leaders Mentor; Lindsay Nahmiache, Co-Founder & Partner, Jive Communications (not pictured).

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To help St. Paul’s please use the enclosed form or consider giving in the following ways:

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Automatic payments from your credit card or bank account are convenient and save the time and money required to mail in donations.

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YOUNG LEADERS INCLUDE: (left to right) Jonathan Lai, Project Manager, Vandy Developments Ltd; Ivor Luk, BC Financial Advisory Managing Partner, Deloitte, Foundation Director & Young Leaders Mentor; Leon Ng, President & Founder, LNG Studios; Jonathan Cooper, Vice President, Operations, Macdonald Realty Ltd.; Claire Allen, Senior Producer, CKNW 980; Mike Mackay, Director, Strand Development Ltd.; Ludovic Siouffi, Investment & Insurance Advisor, Canaccord Genuity Wealth Management; Tyler Smyrski, Partner, Yellow Point Equity Partners; Yasmine Roulleau, Co-Founder & Managing Partner, Ventures4Development Inc.; Stuart Louie, Governor, London Drugs Ltd, Foundation Director & Young Leaders Mentor; Lindsay Nahmiache, Co-Founder & Partner, Jive Communications (not pictured).
The New St. Paul’s

BUILDING THE FUTURE OF HEALTH CARE FROM THE GROUND UP

A TREASURED PROVINCIAL MEDICAL RESOURCE,
St. Paul’s is known for providing trail-blazing care for British Columbians with complex health issues. From humble beginnings, we are now re-imagining the future of health care to better meet the needs of British Columbians.

The new St. Paul’s integrated health-care campus will be built from the ground up on Station Street, offering British Columbians access to a purpose-built, modern facility. The most cutting-edge technology, architecture and materials will help offer the best-possible medical facilities, while attracting even more of the world’s most caring staff and the finest health professionals and researchers.

More than a facility, the new St. Paul’s will give patients 24/7 access to a centralized “check-in” or intake process. It will determine which patients require hospital care, and which require primary, community or other specialist care or supports. This vision will ensure that the right level of care is offered to each person at the right time. The integrated campus will also help patients move seamlessly from one level of care to another.

Planning for the new hospital and integrated health-care campus is now underway, and will include:
- A new, full-service critical care hospital
- 24/7 primary care services
- Chronic disease management services
- Mental health and addictions beds and programs
- On-site residential care beds and programs
- Ambulatory services and outpatient clinics
- Non-acute medical services
- A low-risk birthing centre
- End-of-life care
- Research and teaching
- Community Care
- Community Outreach Programs

St. Paul’s will continue its dedication to a patient and family centred philosophy, and continue to help the most vulnerable patient populations: those with HIV/AIDS, those suffering from mental health and addictions, people with chronic illnesses associated with aging, and critically ill British Columbians with heart, lung and kidney conditions.

The new St. Paul’s will continue as one of British Columbia’s two most specialized hospitals for adults. It will also be at the centre of a network of new and existing dedicated primary care services in the region.

DISCLAIMER: (Below) This is an earlier concept graphic to show how a redevelopment will fit in with the neighbourhood.
The new First Nations Health Authority Chair in Heart Health and Wellness at St. Paul’s Hospital will lead research and education to develop a health program tailored to the needs of First Nations people.

It happened in the summer of 1998. Grand Chief Edward John, a lawyer and executive member of the First Nations Summit, was on an official visit to the Haida Gwaii Museum in Skidegate when he was suddenly gripped by chest pain. It was a heart attack – a serious one – requiring an immediate emergency medevac to St. Paul’s Hospital, angioplasty procedure, months of recovery and permanent changes to John’s lifestyle. It also marked the beginning of an idea that is set to revolutionize the understanding of health-care delivery for indigenous people across British Columbia: the creation of the new First Nations Health Authority Chair in Heart Health and Wellness at St. Paul’s Hospital.
Rates of heart disease and stroke, which are decreasing in the general population, are still on the upswing in aboriginal communities.

ABORIGINAL HEALTH-CARE CRISIS
Heart health and its related conditions have long been critical issues for First Nations leaders such as Chief John. In a country with some of the healthiest people in the world, more than one-third of adult aboriginal people in Canada – and almost two-thirds of those living off reserve – report having a chronic health condition. Diabetes was first detected in aboriginal people only 50 years ago, and yet is now up to four times more prevalent in First Nations people than in non-aboriginal Canadians. Rates of heart disease and stroke, which are decreasing in the general population, are still on the upswing in aboriginal communities.

Despite these alarming statistics, John says that personal health issues, such as heart conditions, were rarely discussed among his peers at the First Nations Summit: “People are quiet about it [health issues],” says John. “I think there is even a sense of shame.”

However, that silence was about to be broken. Inspired by the professionalism and confidence of Dr. Andrew Ignaszewski and his team at the provincial Heart Centre at St. Paul’s Hospital, and struck by seeing so many others around him in a similar situation, John started thinking critically about heart health.

“It [his heart attack] was a life-altering experience in many ways,” says John. “It opened up my eyes to a very different set of circumstances.”

FIRST NATIONS-FOCUSED PROGRAMS
John’s personal experience inspired him to learn as much as he could about heart health, and to become an advocate for better awareness, speaking openly to his fellow chiefs about his own condition and encouraging others to do the same.

“He was a catalyst,” says Ignaszewski, now head of cardiology at St. Paul’s and an early champion of the recently announced Chair position. Over the years, during his regular meetings with John to provide follow-up care, the two spoke often about new research into cardiology. One day, John asked for information specific to First Nations.


John set up meetings with Ignaszewski and Joe Gallagher, CEO of the newly established First Nations Health Authority (FNHA), a groundbreaking organization founded to oversee the planning and delivery of health services to First Nations and aboriginal communities in BC. Ignaszewski brought in Dr. John O’Neil, dean of health sciences at Simon Fraser University (SFU), with whom he had previously co-developed other cardiac research positions. Together with other academic and clinical experts, the
group designed a unique framework.

The $1.9-million FNHA Chair – the first of its kind in Western Canada – will be a partnership between the FNHA, SFU and St. Paul’s Hospital, and funding, shared roughly equally between the three founding organizations, will support the FNHA Chair for 10 years. The Chair will lead research and education into critical policy related to heart health, and the control and prevention of chronic diseases among First Nations people.

**BALANCED MANDATE**

The future appointee to the new Chair position will be a full-time professor in the faculty of health sciences at SFU; will conduct clinical research and support the development of First Nation-centred health programming at St. Paul’s; and will have a home office at the FNHA, which will set direction for the Chair and oversee the delivery of programming that arises from the work.

“It’s a three-part strategy,” says Ignaszewski. “The person will be given an academic mandate through SFU; a clinical mandate through St. Paul’s; and a political mandate through the FNHA.”

“It’s a really exciting opportunity for us,” says Joe Gallagher of the FNHA. “This Chair isn’t going to be driven by the academic world or the medical world. It’s going to be balanced. That is a systemic shift.”

Gallagher says it is key that the FNHA Chair approaches research from the perspective of health and wellness, rather than disease: “We don’t want to just talk about heart health from a sickness point of view.”

**BUILDING BRIDGES**

More than a century of colonization and the residual effects of residential schools have drastically altered the lifestyle and social determinants of First Nations people, says Gallagher, while at the same time earning distrust for outside intervention, research or planning. Effective dissemination of health information and services is further complicated by the extreme diversity of First Nations in British Columbia. There are 203 bands, 30 language groups, and a population that ranges from the Fraser Salish region that encompasses the urban streets of Vancouver to some of the most remote and isolated communities in the province.

“We have an opportunity to look at this from a lens that First Nations people can appreciate,” says Gallagher. “The research agenda, driven by First Nations and implemented as best as we can in partnership with our communities, will build our own capacity to do research on ourselves.”

Chronic disease is the health condition that is the most prevalent and the most problematic in First Nations communities, and core to chronic disease is cardiovascular health and all its complications, like diabetes, mental health problems and addictions.

Dr. John O’Neil, who is recruiting for the Chair in partnership with representatives from St. Paul’s and the FNHA, says that while the position is driven by cardiology, a broad approach to the role is critical to its mandate of supporting wellness for First Nations people.

“Chronic disease is the health condition that is the most prevalent and the most problematic in First Nations communities,” says O’Neil, “and core to chronic disease is cardiovascular health and all its complications, like diabetes, mental health problems and addictions.”

This far-reaching scope of leadership opens wide possibilities for candidates for the FNHA Chair, from clinicians to PhD researchers in chronic disease prevention to experts in community health promotion. O’Neil says the steering committee has already identified several impressive potential recruits with the necessary First Nations or indigenous backgrounds, and expects the position to be filled and “on the ground running” by January 2016.

To Ignaszewski, the creation of the FNHA Chair is a game-changing event for St. Paul’s Hospital and for the compassionate care it delivers to its First Nations patients and all of the 400,000 people it serves each year.

“It took a generation of cardiologists and policymakers to finally realize that heart disease is the number-one killer of women of all ages, and only now are programs being created to address that gap,” he says. “This could do the same for First Nations people.”

Ignaszewski hopes that, in the near future, the Chair will secure funding to become a permanent and fully endowed position: “Being a part of this gives me a great sense of achievement. This could become a model for other provinces.”

Chief John, meanwhile, says it is heartwarming to see an idea he had 17 years ago come to fruition.

“Too many of our people are dying way too young,” says John. “This could help the cardiologists, the general practitioners, the nurses, aides and all the people who work in our communities to better understand this, and have the proper training to see the signs and know what the aftercare is.”

To learn how to support heart care, research and teaching at St. Paul’s Hospital, please contact St. Paul’s Hospital Foundation at 604-682-8206 or visit www.helpstpauls.com.
A unique collaboration between heart surgeons and cardiologists/electrophysiologists at St. Paul’s has led to world-leading advances in care for heart patients.

By Joseph Dubé
It is not often that a man can say he’s had his life saved twice, but that is exactly the case for St. Paul’s Hospital heart patient David Hebb. After two decades of having his chronic atrial fibrillation (AF) successfully managed by electrophysiologist Dr. Charles Kerr, Hebb recently had a pacemaker inserted by cardiac surgeon Dr. Jamil Bashir, and he credits the two St. Paul’s heart doctors with keeping him alive.

“I am absolutely indebted to both those men; they’ve prolonged my life and without them I wouldn’t be here. It’s not only their incredible acumen, it’s that they listen to their patients,” says Hebb. “I have the good fortune of being Dr. Kerr’s patient for the last 20 years and I’m convinced he’s the best arrhythmia specialist in Canada.

“Last November, before Dr. Bashir did my surgery, he got a special MRI-compatible pacemaker couriered in to meet my medical needs,” says Hebb, a 74-year-old retired sales rep. “It is the first of its kind in BC, and I’m so grateful to Dr. Bashir for securing it for me.”

Collaboration of specialists

Hebb isn’t the only heart patient to benefit from the combined expertise of the cardiologists/electrophysiologists and cardiac surgeons at St. Paul’s provincial Heart Centre. Since 1994, thousands of people with AF and other heart arrhythmias have been treated at St. Paul’s, where BC’s top heart specialists form the largest and most comprehensive cardiac care program in BC.

“The current [heart] program at St. Paul’s is really a hybrid of cardiovascular surgery and cardiologists who are electrophysiologists,” explains Bashir, a heart surgeon and Director of Laser Lead Extraction at the provincial Heart Centre at St. Paul’s. “Beginning with Dr. Kerr [who pioneered the program], we’ve worked hard over the years to create what is today a complete cardiac team.”

“In the 20 years since we began the program at St. Paul’s, it’s grown from one room to two full-time laboratories, and from one person [Kerr] to the six specialists we now have working here,” says Kerr. “In that time there have also been a lot of advances in technology [related to cardiology] and in that respect, I think we’ve been at the front of the curve over the last 15 years.”

The program’s continual exploration of new technologies related to heart care has allowed the team at St. Paul’s to accrue an impressive list of pioneering milestones. St. Paul’s was the first hospital in Western Canada to use computer cardiac mapping systems (which generate 3-D images of the heart) to detect the origin of abnormal heart rhythms.

St. Paul’s electrophysiology team also pioneered one of the first programs in Canada to treat AF with a technique called ablation. Through ablation, small wires are inserted in the upper leg and advanced into the heart. The areas responsible for the faulty electrical signals that cause AF are ablated (and therefore blocked), allowing the heart to beat normally again.

Groundbreaking heart procedure

Recently, St. Paul’s has become the nation-wide frontrunner in yet another groundbreaking heart procedure known as laser lead extraction. With this procedure, doctors use a precise device called an excimer laser to remove the wires that connect a pacemaker or defibrillator to the heart muscle. This innovative and minimally invasive approach, developed at St. Paul’s, has dramatically improved outcomes for patients and driven down mortality rates to almost zero.

“Leads can break or become infected, and when they get infected you’ve got to take them out,” says Kerr, who had headed up the divisions of cardiology at both St. Paul’s Hospital and UBC for much of his distinguished career. “This laser lead extraction has really revolutionized the process and is the state of the art.”

Heart patient David Hebb says his life saved twice, thanks to the combined expertise of electrophysiologists and cardiac surgeons at St. Paul’s.
This year, the laser lead extraction program, spearheaded by Bashir, will perform its 1000th lead extraction at St. Paul’s – a milestone that underlines the program’s prominence as the largest of its kind in Canada, and highlights St. Paul’s as a major centre of research and innovation in this challenging specialty.

“We’re really a leader in the area of laser lead extraction, and our program is actually a western Canadian resource,” says Bashir. “If other provinces or territories have a problem case, they’ll send us those patients and we can almost always solve the issue.”

At St. Paul’s provincial Heart Centre, the cardiologists/electrophysiologists and cardiac surgeons work collaboratively, deftly tapping into each other’s unique expertise and skill sets in order to determine the best approach for every patient situation.

“In a lot of places the extractions are run by electrophysiologists, but because we’re a surgeon-led program at St. Paul’s, we can offer a whole breadth of different procedures,” says Bashir. “For example, on the rare occasion when we get into trouble during extraction, we can open the chest and fix the problem pretty much immediately.”

Bashir acknowledges that the spirit of interdisciplinary co-operation has been evident at St. Paul’s provincial Heart Centre since its inception: “It evolved very much under the direction of Dr. Charlie Kerr. He’s always been an excellent advocate for the team approach, always had the ‘rising tide floats all boats’ philosophy and the desire to make things better for everyone. Of course, by doing that, he makes things better for patients, and that’s the key.”

Kerr’s influence in guiding heart care reaches far beyond St. Paul’s and UBC, and has included terms as vice-president and president of the Canadian Cardio-vascular Society. This year, in addition to winning the annual achievement award of the Canadian Heart Rhythm Society, he’s been honoured with the establishment of a new UBC scholarship – the Dr. Charles Kerr Program. Sponsored by Medtronic, in partnership with St. Paul’s Hospital Foundation and UBC, the scholarship will allow St. Paul’s to attract and retain two brilliant young investigators and clinicians per year.

“It really is a great honour,” says Kerr, who himself has devoted most of his professional career to the care of patients with heart arrhythmias. “The recipients will greatly enrich our arrhythmia management program at St. Paul’s.”

In summing up an illustrious career spent studying and healing the human heart, Kerr provides a humble overview: “Compared to when I started out, with a homemade amplification system that occupied about half the room, to the technology we have now, it’s been pretty amazing to watch the changes in cardiology over 34 years of practice. It’s an honour to be part of it.”

To learn how you can support heart care, research and teaching at St. Paul’s Hospital, please contact St. Paul’s Hospital Foundation at 604-682-8206 or visit www.helpstpauls.com.

LARGEST LEAD EXTRACTION PROGRAM IN CANADA

Lead extraction is a procedure where electronic wires (called leads) connecting pacemakers and other implanted devices are removed from the heart. St. Paul’s Hospital operates the largest lead extraction program in Canada, accepting referrals for treatment from Saskatchewan, Alberta, Northwest Territories and the Yukon.

Implantable cardiac devices are designed to be permanent, but as with all medical devices, some circumstances, such as infection or breakage, require them to be removed.

The lead extraction program’s top specialist, Dr. Jamil Bashir, is currently heading up a nationwide study aimed at developing a Canadian Lead Extraction Risk score (CLEAR score), which will standardize risk assessments across the country.

St. Paul’s owes much of the success of its lead extraction program to its use of a medical device called an excimer laser – a thin wand that generates a micro-thin beam of light that can cut through human tissue without generating any heat. Unlike with other more invasive surgeries, lead extraction using the excimer laser requires only a tiny incision in the patient’s chest.

St. Paul’s progressive model of an interdisciplinary extraction team is being adopted by other hospitals across Canada and abroad.
It started with a mild headache that 79-year-old Yvonne Neubert dismissed as stress. The day, after all, marked the third anniversary of her husband’s death and she was already feeling emotional. However, when Neubert began struggling to keep her balance, she immediately called her daughter Laura Neubert.

“My mother didn’t worry about the headache because she suffered from migraines, but with this she knew something was wrong,” says Laura. “Because my father-in-law and dad both had bypass operations at St. Paul’s Hospital, that’s where we took mom.”

Within minutes of arriving at St. Paul’s Hospital’s emergency, Neubert underwent a CT scan, together with a battery of tests. Doctors quickly diagnosed a rare type of hemorrhagic (bleeding) stroke called a left thalamic stroke – likely a response to her pain medication.

“Everyone who cared for mom knew what to do,” says Laura. “From the moment we arrived and all through her recovery, she received amazing stroke care at St. Paul’s.”

**Urgent need for stroke care**

Dr. Charles Tai, physician lead and clinical instructor with St. Paul’s Division of Neurology, says the scope of stroke care services provided to patients at St. Paul’s is vital, especially given our aging demographic and the statistics. It’s estimated that stroke strikes 50,000 Canadians each year, and that more than 315,000 Canadians are living with its after-effects. Further, some 14,000 Canadians die from stroke or stroke-related complications each year.

Stroke care at St. Paul’s frequently begins in the emergency, where urgent care physicians are experts at diagnosing and treating ischemic stroke (caused by blood clots), hemorrhagic strokes (caused by a broken blood vessel) and transient ischemic attacks (TIA), also known as mini-strokes and often a precursor to stroke.

“Stroke patients are losing millions of brain cells every minute that the brain is not getting adequate oxygen,” says Tai. “This is why fast diagnosis and intervention in emergency is such a critical first step to the best-possible outcome.”

Once treated and discharged, stroke survivors at St. Paul’s are referred to the outpatient Stroke/TIA Clinic, operated through the Integrated Health Network, for comprehensive counselling, after-care and to access rehabilitation services.

“This rapid-access program allows us to reduce wait times and provide timely stroke care for patients who’ve been referred to us by emergency or who’ve experienced a recent stroke or TIA,” says Dr. Dean Johnston, a stroke neurologist and head of the Stroke/TIA Clinic at St. Paul’s.
“We are also a regional partner with other Vancouver hospitals in stroke care, as well as a provider of outreach stroke care advice to hospitals throughout BC and the Yukon.

Comprehensive, personalized care
The Stroke/TIA Clinic uses a co-ordinated, multidisciplinary team approach to helping patients recover and rehabilitate their abilities after stroke.

“We begin by assessing the severity of the damage [a stroke patient has experienced] and then determine the best plan of attack – either outpatient rehabilitation, or in-patient at Holy Family Hospital or GF Strong Rehabilitation Centre for acute cases,” says Sandy Barr, program director of stroke services.

“No two stroke patients are alike, which is why the program for each patient is highly personalized,” adds Beena Parappilly, a clinical nurse specialist who is currently doing her PhD in stroke. “It really does take a team to help with assessment, treatment and discharge, and planning the best rehabilitation program for that patient.”

Patients of the stroke unit have access to the expertise of the entire stroke care team, which ensures each has precisely the support required to meet their wide-ranging needs. The team comprises physicians, nurses, speech pathologists, dietitians, physiotherapists, occupational therapists, respiratory therapists and social workers, among others.

Barr and Parappilly add that regular team meetings are a major part of the stroke program, together with consultations with patients and their family members and caregivers to ensure patients have the support they need to achieve optimal recovery.

In addition to providing comprehensive stroke care and counselling to outpatients, St. Paul’s has also developed a Code Stroke protocol for patients who experience in-hospital strokes. St. Paul’s is also one of the few centres that can provide advanced stroke care for pregnant women who have suffered stroke before, during or after their delivery.

Teaching and research
As with so many of the innovative programs at St. Paul’s, the stroke program has become a hub for ongoing teaching programs in neurosciences.

“We see a lot of stroke patients at St. Paul’s,” says Tai. “Our program, together with our large patient population, has provided us with the opportunity to educate and train undergraduate medical students, post-graduate students, neurology residents and neurologists in advanced stroke care.”

In terms of St. Paul’s mandate as a centre of research, the Stroke/TIA Clinic is currently conducting a number of studies, including looking into the role of cardiac disease in stroke.

“We are involved in collaborative clinical trials with the department of cardiology in assessing the role of specific devices to close congenital cardiac defects and the stroke risk associated with percutaneous heart valve surgery,” says Johnston, illustrating yet another groundbreaking partnership between departments that has become one of the hallmarks of research at St. Paul’s.

As for stroke survivor Yvonne Neubert, she is forever grateful for the care she’s received through St. Paul’s Hospital. After a week at St. Paul’s, she was able to return home, backed by regular followup visits with her neurologist, Dr. Mat Kula, and rehab services through the Stroke/TIA Clinic. Today, Neubert walks three kilometres a day and has recovered 95 per cent of her abilities – just the outcome the team strives for every day at St. Paul’s Hospital.

UNDERSTANDING STROKE

Strokes are divided into two basic types: ischemic and hemorrhagic.

Approximately 87 per cent of strokes are ischemic, where a blood clot blocks the flow of blood to the brain. This type of stroke is often treated using a clot-busting drug called tissue plasminogen activator (tPA) and, in some cases, using neurological procedures to remove the clot.

Hemorrhagic stroke takes place when a broken blood vessel leads to bleeding in the brain. Treatment for hemorrhagic strokes is more limited and neurologically specialized, sometimes involving neurosurgery.

Patients can also experience what’s called a Transient Ischemic Attack (TIA) or mini-stroke. TIAS typically present the same symptoms as a stroke, but disappear within a short period of time. However, they are a warning that stroke risk is high and should be treated immediately.

How a person is affected by a stroke depends on the area of the brain affected and the amount of tissue disruption to the area, which is why fast intervention is so vital to minimizing damage. The effects can range from minor weakness to major paralysis, difficulty speaking to a complete inability to speak. Even so, with the right rehabilitation, even profoundly affected patients can experience some degree of recovery.
Thank You, Donors!

St. Paul’s Hospital Foundation raised $24.25 million in 2014/2015, the fourth-straight year donors helped set a new record fundraising total for St. Paul’s. We are pleased to recognize donors who gave $1,000 or more. For more information, view our Annual Report at www.helpstpauls.com.

We have made every effort to include all eligible donors who wished to be recognized. If you have any feedback on this list, email sphfoundation@providencehealth.bc.ca or call 604-682-8206.

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Dr. Sheila Au, head of the Division of Dermatology at St. Paul’s Hospital and clinical assistant professor at UBC, began her career as a pediatrician before finding her true passion in dermatology. Au and her colleagues recently won their second Dermatologist from the Heart Award, a $10,000 grant to be used towards an innovative project.

What is unique about the Division of Dermatology at St. Paul’s? Each person in this group brings a unique subspecialty interest to the table. Dr. Aaron Wong works as our HIV dermatology specialist. Dr. Gillian de Gannes has expert knowledge of contact and occupational dermatitis. Dr. Chih-ho Hong and Dr. Gurbir Dhadwal have expertise in cutting-edge therapeutics, and run our rapid access clinics. Dr. Simon Wong has partnered with Dr. Stephen Kline from Psychiatry to create the Skin Health Liaison (SKIL) Clinic, where they assess patients with skin diseases related to psychiatric conditions.

What role do you play in the care of post-transplant patients? Transplant patients are at-risk for developing skin cancer, in part due to their chronic immunosuppression. For the past three years, I have been the dermatologist in the Skin Cancer Post-Transplant (SCREEN) Clinic. So far we have diagnosed 300 skin cancers in this clinic. I’m grateful to Dr. David Landsberg and the post-renal transplant team, who have supported this endeavor.

Tell me about the combined Dermatology/Rheumatology (DART) Clinic? Patients with rheumatologic conditions, such as lupus or rheumatoid arthritis, often suffer from both skin and systemic disease and require integrated management. The head of Rheumatology, Dr. Kam Shojania and I see patients together to develop a treatment plan.

What research projects have you undertaken at the Division? I want to know whether what we are doing is working, so we have conducted patient satisfaction surveys of the DART and SCREEN Clinics. We’ve studied how accurate we are at diagnosing skin cancer in our transplant patients and have also conducted a 10-year review of every skin condition we have seen during in-patient consultations. We’ve also created a protocol with our nephrology colleagues for the management of calciphylaxis, a life-threatening skin condition.

Of what professional accomplishments are you most proud? Watching an idea blossom into reality is one of the most satisfying things. I am also honoured to be the head of such a dedicated group of dermatologists and do what I can to support them.

What do you do for fun? My kids have inherited my husband’s sense of humour, so I spend a lot of time laughing at my family’s antics. I design and make jewelry, which is my creative outlet. Books, friends, fitness and chocolate round out my daily pleasures.
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