

# Friends of The Moncton Hospital's Annual Campaign 2009

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The Friends of The Moncton Hospital's Annual Campaign 2009 will focus on two areas of need; enhancing rehabilitation services and the purchase of an endobronchial ultrasound system (EBUS) to diagnose lung cancer. Campaign goal: \$700,000.

## Over \$460,000 will be spent on Enhancing Rehabilitation Services at The Moncton Hospital (TMH) for better patient care

*"The goal of rehabilitation is to develop or restore as much autonomy of function, independence and dignity as possible to a person so that they may enjoy a good, quality life."*

Dr. Jeff Pike, Psychiatrist for the Neuro Rehabilitation Program at The Moncton Hospital

Patients who have suffered severe trauma, such as spinal cord (paralysis) and brain injuries, strokes, neurological disorders (such as Multiple Sclerosis and ALS) or have required rehabilitation following an amputation or severe burn, face many challenges when working toward recovery. The rehabilitation team at The Moncton Hospital is highly skilled, managing complex medical, physical and psychosocial issues that patients encounter as they prepare to return to the activities of daily living. The Friends of The Moncton Hospital's Annual Campaign 2009 to enhance rehabilitation services will help provide the appropriate therapeutic tools and improve the environment for patients facing the challenge of moving toward functional independence, adjusting to their disability and returning to a productive and meaningful life. This project comes as welcome news to many former patients who needed to re-learn basic functions such as walking, speaking, tying their shoes, feeding themselves and other basic life skills that most of us take for granted.

Take David Babineau for instance. In 2004 his life **changed drastically** after **he suffered a stroke**. He was admitted to the Rehabilitation Unit in The Moncton Hospital, where he underwent rehabilitation therapy, twice a day,



every day, for three months. **David admits that he could not have achieved the success he did without the *tremendous support of the entire rehabilitation team***, “*every single one of them were wonderful- right from Dr. Pike, the therapists and administrative staff- they all had a real feeling for what they were doing and what needed to be don. I can’t say enough about them, they were just fantastic! I also had moral support from my wife, family and friends, and feel that without that support, the road may have been a bit bumpier.*” David has since returned to work as in insurance broker.



In 1990 Ellie Dedrick felt she had life by the tail- she was happy, healthy and engaged to be married...life couldn’t be much better. That is until she was diagnosed with MS (Multiple Sclerosis). Ellie’s condition had deteriorated over the past several years to the point that she was admitted into the hospital for two months to adjust her medication and to be re-trained on her daily regime.

She learned how to roll-over in bed, manipulate her wheelchair in tight areas, function in the kitchen, and was taught healthy eating habits and more – she even quit smoking while in the hospital! She does breathing and strength exercises every single day for her upper body and leg muscles and to help reduce foot spasms, and various other changes she was now experiencing. All of this is done in an effort to slow the progress of her MS, which limits the attacks, in order to keep her at home as long as possible. Ellie and Dr. Pike’s ultimate goal was for her to be as self-sufficient as possible and remain living at home, which has since been achieved.

On July 31<sup>st</sup>, 2005... Monique Pruneau was in a tragic car accident. She not only suffered multiple fractured bones including a broken collarbone, but also had a serious brain injury that forced medical personnel to place her in an induced coma for two weeks to tend to her. **When she awoke, she discovered she could not walk, talk, eat, or even go to the bathroom**, “*it was like I was a new born baby from step 1 until now...it was the weirdest feeling not being able to walk and the hardest thing ever to relearn.*”



Thankfully, a lot of rehabilitation hours with Dr. Pike, physiotherapists, occupational therapists, nurses, speech therapists, psychologists, dieticians and social workers helped Monique achieve positive results.

Monique spent three months in the hospital working vigorously every day to progress and walked at the two month mark. In addition, she spent two years attending the outpatient rehabilitation program. Today, she continues to attend physiotherapy once a week as well as massage therapy and sees an osteopath for her bones. And, although the left side of her body will always remain weaker and she will have continued rehabilitation ahead, she has recovered remarkably to date and is living life to the fullest. *“I couldn’t be where I am today without the love, encouragement and support I received from so many at The Moncton Hospital. For that, I will always be grateful.”*

In the summer of 2007, Vernon Brideau was in a horrific 4-wheeling accident which left him paralyzed from the chest down.



Vernon spent the majority of his first two months in the hospital in the Intensive Care Unit (ICU), stabilizing his condition, after which he moved to the Rehabilitation Unit, where his hard work began!

In the following eight months Vernon learned not only how to function as a paraplegic, including learning how to sit- *“a real task when you don’t have any muscle in your stomach,”* according to Vernon, exercising to get the power and strength back in his arms, hands and shoulders, doing push ups out of the chair, and more, five days a week!

He experienced a lot of pain, including that caused by severe arthritis throughout his body- even though he could not physically feel his legs, which made the exercises that much more difficult to perform. *“Sometimes I would think it is going to be impossible to re-learn how to do some of these things and then one of the therapists would encourage me to have faith in myself, and even when I didn’t I would do it! They are all so terrific and their level of patience is almost saintly.”*

Almost ten months to the day of his accident, on June 20, 2008, Vernon moved home and drives a truck that has been adapted to his needs, has a daily exercise regime and is preparing to go back to work from home for Corrections Canada.

David, Ellie, Monique and Vernon’s stories represent just a few of the lives that have been changed through rehabilitation at The Moncton Hospital.

**Mission**

The Neuroscience and Rehabilitation Program provides patient/family focused care to those with neurological and rehabilitative needs in order to achieve optimal quality of life for those we serve.

**THE PLAN**

The Friends Foundation is embarking on a campaign to purchase equipment to improve rehabilitation services at The Moncton Hospital and provide funding to transform the inpatient and day hospital into an attractive and “less-hospital like” environment. The total cost of the project is \$420,465.

Equipment total: \$272,190  
Renovations: \$148,275

There is great potential to augment the current rehabilitation services with the purchase of new and innovative equipment. In addition, simply by transforming the décor on the rehabilitation unit to a modern homelike environment, patients, who stay on average of 37 days, will be able to receive their treatment in a comfortable, pleasing and relaxed environment. Patients who require rehabilitative services, and their families, will benefit from this project. These would include patients who have had a stroke, brain injury, spinal cord injury or suffer from other neurological conditions. The average age of these patients is 56 years and 80% of them come from South East New Brunswick. By enhancing rehabilitation services, TMH will be better able to help patients reach their goals.

*“In order to continue to advance the rehabilitative services in The Moncton Hospital, we have reached a point where increasing and enhancing the physical space is essential.”*

**Carole Morey Administrative Director, Neuro/Rehab Program**

## **WHY IS THE NEED SO GREAT?**

While it is recognized that the Stan Cassidy Centre for Rehabilitation (SCCR) in Fredericton is designated as the tertiary rehabilitation site for the province, this site is not able to meet the needs of all patients who require interdisciplinary rehabilitation. Geography, language, patient preference, and the availability of specialty services, specifically neurosurgery, continue to put a high demand on rehabilitation services at The Moncton Hospital, despite the role of the SCCR.

The Rehabilitation Unit has become more and more active over the last few years, averaging nearly 100 new inpatients each year. The number of stroke and amputation patients that will require rehabilitative care is expected to increase as the baby boomers get older. The Moncton Hospital's designation as a level 2 centre in the new provincial trauma system is also expected to have an impact. Of the 14 available beds, at least 12 are occupied by rehab patients at any given time, and frequently there is a waiting list. Due to this increased demand, more human resources have been added to Physiotherapy, Occupational Therapy, and Neuropsychology.

As The Moncton Hospital develops its Neuro/Rehab Program; including the addition of more neurologists, neurosurgeons, and neuro-interventionalists; the need for further specialized rehabilitative care at this centre grows as well. Many of the referrals for neurology or neurosurgery come from areas outside South-eastern New Brunswick where these services are not available including other regions of New Brunswick, as well as some patients from Prince Edward Island and Nova Scotia.

Typical patients on the Rehab Unit fall into one of two major categories, either neurotrauma (brain or spinal cord injuries) or neurovascular disease (stroke of brain or spinal cord). Neurodegenerative disorders, such as Multiple Sclerosis, Guillan-Barre Syndrome, or ALS, are the third most common diagnostic category. A smaller percentage of patients requiring rehabilitation services include neuro-oncology, polytrauma (including burns), and amputations.

Members of the rehabilitation team have identified several areas of need for resources which would continue to improve rehabilitative care at The Moncton Hospital. Increased space requirements, due to increased numbers and needs of patients, as well as up dated equipment would help to improve rehabilitation patient care for those served at The Moncton Hospital.

Much of the fourth floor will be amalgamated as a single entity and designated as inpatient rehabilitation space which will be re-organized to accommodate the needs listed below.

*The Rehabilitation Day Treatment Program* will also make use of all these improved resources. This program plays an important role providing rehabilitation services to people who do not need hospitalization. Very often, patients can start out as in-patients and advance to this at some point in their progress. Others can utilize the *The Rehabilitation Day Treatment Program* from the onset of their therapy.

- The creation of a **Mobility Centre** which will simulate real life obstacles such as curbs, uneven surfaces, doors, etc that people in wheelchairs must face on a daily basis.
- Expansion of the **Activity of Daily Living Suite**, which simulates situations patients will face at home and in the community following discharge. This will include a bedroom, a more accessible kitchen, a bank machine, pay phone etc.
- **Increased therapy space.** The existing space is too small for the number of therapists and patients who work in that area, often three or four patients and four therapists at any given time. For patients in wheelchairs, mobility within the occupation therapy department is



very difficult because of the crowding of people and tables/plinths. A number of patients have attention impairments requiring therapy in a distraction free environment which is essentially impossible to provide under the current circumstances.

- **Updated equipment.** Much of the existing equipment such as the washer and dryer, chairs, dining tables, beds and televisions are significantly aging. The therapy equipment is also outdated, and the opportunity exists to add newer technological tools, including virtual reality equipment, which have shown to increase patient compliance to treatment. (see complete list on page     )

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- **Addition of a waiting room.** In the current set-up, the waiting area seating occupies the same space as the dining area. This does not allow for appropriate confidentiality. For example, inpatients having difficulty learning how to feed themselves, are subjected to the stares of those in the waiting area. A separate waiting area will protect patient confidentiality and self-respect.
- **Improved physical area.** Structural changes, such as floor-to-ceiling grab bars at toilets and beds, a ride-on wheelchair scale and larger shower/bath and dining areas, are long overdue.
- **Increased office space** for staff to allow them to do their jobs more effectively and efficiently in appropriate spaces.
- **Addition of an examination room for the Rehab Day Treatment Program (RDTP)** for which would serve as an area to receive patients, medical room (ie for dressing changes), and interview room for disciplines who do not have offices on the unit (ie Nutrition, Psychology).
- **Increased Storage Space.** The Occupational Therapy area needs storage and a maintenance area for wheelchairs and adaptive equipment. Physiotherapy requires increased storage space for walkers, canes, orthotics and Physiatry needs space for medical chart storage.

The rehabilitation team looks forward to the transformation of the current bland, hospital atmosphere of the Rehabilitation Unit into an updated, more progressive, motivating environment. This is something which sets the rehab phase of recovery apart from the acute-care setting to again help patients recognize a separate phase of recovery.

#### PROJECT TIMELINE

Some items could be purchased and implemented immediately. Other items such as the **Mobility Centre** must be designed and built. Some renovations could also be started immediately. The entire project is expected take a year to complete.

**Medicine adds years to life.  
Rehabilitation adds life to years.**



BEFORE PICS







## Detailed Equipment List for Rehab Campaign

| 4400 |  |             |
|------|--|-------------|
|      | Furniture for patient areas              | \$5,000.00  |
| 4    | Tables for dining room/height adjustable | \$8,000.00  |
| 4    | Patient Beds (go to low level)           | \$25,000.00 |
| 1    | Wheel Chair Scales                       | \$3,200.00  |
| 6    | Commode /Shower Chairs                   | \$6,000.00  |
| 1    | Bariatric Shower/Commode Chair           | \$1,500.00  |
| 3    | Ceiling Lifts                            | \$35,000.00 |
| 1    | Bladder Scanner                          | \$13,000.00 |
| 1    | Conference table and Chairs              | \$3,000.00  |
| 1    | LCD Projector                            | \$1,000.00  |
| 1    | Screen                                   | \$500.00    |

|   |   |            |
|---|---|------------|
| 1 | DVD player                                  | \$200.00   |
| 1 | Web Cam                                     | \$500.00   |
| 1 | Flat Screen TV (Patient Lounge)             | \$1,000.00 |
|   | Furniture for staff area                    | \$2,000.00 |
|   | Incidentals(decorative pictures/plants etc) | \$2,000.00 |

| Occupational Therapy |   |             |
|----------------------|---|-------------|
|                      | Wheelchair Mobility Center                | \$10,000.00 |
|                      | Independence Street                       | \$5,000.00  |
|                      | Hand Weights                              | \$400.00    |
|                      | Height Adjustable Bedside Table           | \$200.00    |
|                      | Wii/with Fit and Cabinet                  | \$500.00    |
|                      | Work Hardening Center                     | \$10,000.00 |
|                      | Therapy Stool                             | \$600.00    |
|                      | Portable full length mirror               | \$550.00    |
|                      | Ceiling Track over Mat                    | \$7,000.00  |
|                      | Hot Packs/ mini hydrocolator kit          | \$700.00    |
|                      | Moist Heat Therapy Mitt                   | \$50.00     |
|                      | Arm Bike                                  | \$1,200.00  |
|                      | Pulley System                             | \$1,800.00  |
|                      | Digi extend                               | \$100.00    |
|                      | BivaBa assessment                         | \$600.00    |
|                      | Computer VH kit and program               | \$200.00    |
|                      | Field of Vision                           | \$1,000.00  |
|                      | Folding Therapy Mat                       | \$400.00    |
|                      | Foot timer                                | \$1,500.00  |
|                      | Digital dynamometer and pinch meter.      | \$1,800.00  |
|                      | Hand monofilament kit with forms          | \$200.00    |
|                      | 2 point discriminator tester              | \$70.00     |
|                      | Finger Circumference gage                 | \$20.00     |
|                      | Antrhopometer                             | \$200.00    |
|                      | Timers (2-3)                              | \$70.00     |
|                      | MVPT 3rd edition                          | \$250.00    |
|                      | Ankle pre fabricated dorsi flexion splint | \$200.00    |
|                      | Heat Gun                                  | \$160.00    |
|                      | Angle foot drop splints                   | \$250.00    |
|                      | Power wheelchair for assessment/training  | \$12,000.00 |
|                      | RW with tray to transport food            | \$200.00    |
|                      | Thigh lifter                              | \$20.00     |

|                           |                               |                     |
|---------------------------|-------------------------------|---------------------|
|                           | Bed Pull Ladder               | \$20.00             |
|                           | Bariatric Transfer Board      | \$100.00            |
|                           | Easy Slide Transfer Board     | \$500.00            |
|                           | Commode Transfer Board        | \$100.00            |
|                           | Metro Car Handles             | \$50.00             |
|                           | Superpole                     | \$400.00            |
|                           | Rocker knives                 | \$50.00             |
|                           | Adjustable Bath Chair         | \$130.00            |
|                           | Positioning Wedges            | \$200.00            |
|                           | Electrical Muscle Stimulation | \$400.00            |
| <b>Physiotherapy List</b> |                               |                     |
| 2                         | Arm/Leg Bike                  | \$30,000.00         |
|                           | Plinth                        | \$3,600.00          |
|                           | Oxygen in Gym                 | \$10,000.00         |
|                           | Various Walkers               | \$2,000.00          |
|                           | Water/Ice Dispenser           | \$5,000.00          |
|                           | Gait Replacement Harness      | \$500.00            |
|                           | Body Weight Support Treadmill | \$50,000.00         |
|                           | Ambulaton Assistive Device    | \$5,000.00          |
| <b>Total</b>              |                               | <b>\$272,190.00</b> |

## ENDOBRONCHIAL ULTRASOUND SYSTEM (EBUS)

Funds from the Friends of The Moncton Hospital's Annual Campaign 2009 will also go towards the purchase of an endobronchial ultrasound system which has a price tag of \$260,000.

*"We would be the first centre to offer this service in the Maritimes."*

Dr. Paul Dubois  
Thoracic Surgeon

At present, lung cancer is the second most common cancer and the number one cancer killer in the world and yet, it is also one of the only cancers without a good screening test. Lung cancer is also the number one cancer killer in Canada for both men and women. In other words, lung cancer kills more than breast, colon and prostate cancer combined. It's estimated that by 2020, lung cancer will be the number five killer among all diseases including heart diseases.

### **HERE AT HOME.....**

Canadian Cancer Society 2009 statistics show lung cancer as the second most frequently occurring cancer in men and women in New Brunswick estimating that in 2009 .... 700 New Brunswick residents (410 men and 290 women) will be diagnosed with lung cancer and 570 New Brunswick residents (370 men and 200 women) will die from it.

The sad fact is that lung cancer patients generally don't live long after being diagnosed and there aren't that many good news stories about lung cancer either. **However, if we could detect and treat lung cancer early on, the numbers of survivors would change significantly.** Very early stage lung cancer (stage 1) is still localized and confined to the lung tissue and can be treated with surgery. When you consider lung cancer is the most deadly cancer, it's critical that The Moncton Hospital have the most modern tool for diagnosis. The Endobronchial Ultrasound (EBUS) is a revolutionary diagnostic method which combines reliability with a minimally invasive procedure. This technology is rapidly becoming the diagnostic method of choice for accurate staging and diagnosis of pulmonary diseases, principally lung cancer. In some cases, instead of a 2-3 hour operation under general anesthesia; 5-7 days in hospital; and, an 8 -12 week recovery period, patients undergo a half hour procedure under local anesthesia or conscious sedation (mild sedative). This allows patients to get back into their daily routines and activities, not to mention permitting them to spend more time doing what they personally enjoy, much sooner than ever before.

This technology allows rapid, minimally invasive, outpatient staging and diagnosis of lung cancer. It will decrease the use of scarce inpatient resources and OR time. 99% of these procedures will be able to be done in the Endoscopy Clinic where there are staff and procedure rooms already available. It is anticipated that approximately 300 patients will be eligible for this diagnostic procedure within the first year alone. Because it can be done in a more timely manner, it will allow the patient to have quicker access to treatment following diagnosis.

*“The main benefit will be to lung cancer patients.”*

Dr. Paul Dubois  
Thoracic Surgeon

The Moncton Hospital sees the largest volume of lung cancer patients in the province. Last year alone 423 new patients diagnosed with lung cancer were seen at TMH. All of these patients needed to have some type of diagnostic procedure which in many cases involved surgery in the operating room (OR) under general anesthesia to obtain biopsies for identification and proper treatment.

## Did you know?

- The Moncton Hospital is the only center in New Brunswick which meets the Canadian Standards of Care in Thoracic Surgery
- 3 of the 4 Surgeons certified in Thoracic Surgery in New Brunswick practice at our Hospital. Thoracic Surgeons provide specialized care for serious diseases of the thorax (chest). These include diseases of the lung, chest wall, mediastinum (middle of the chest), diaphragm, esophagus, and stomach
- Lung cancer is the most common disease treated by Thoracic Surgeons
- The majority of lung cancers in NB and PEI as well as Cumberland and part of Colchester county in NS are treated at TMH
- At present, TMH is the ONLY centre east of Quebec City offering advanced minimally invasive thoracic surgery.
- 2 of the 4 Oncologists at our hospital specialize in treating lung cancer and work closely with our surgeons as well as with the radiation oncologists from The Georges Dumont Hospital.

- A multidisciplinary Tumor Board meets biweekly to review complex cases

Included in the purchase price of this EBUS system is installation and training of the nurses and processing staff to deal with this equipment. This equipment is urgently required. Operating costs, which are limited to disposables, biopsy needle, balloon and suction ports are expected to be approximately \$3000-\$5000 per year. The need for this procedure to be performed in the operating suite and a hospital stay for patients **would be eliminated**. These cost savings would more than offset the charge for the disposables needed. As well, it will free up much needed OR time.

This piece of equipment, will also provide a definite advantage in attracting respiratory and thoracic surgical staff in the future as this tool is the leading edge technology and is already in routine use elsewhere in Canada.

The Moncton Hospital is at the forefront of minimally invasive procedures (MIP) in the Maritimes. The Thoracic Surgeons at our hospital have recently done the very first minimally invasive lobectomy (most common operation done for lung cancer) done in the Maritimes and Newfoundland.

#### Definition of Lobectomy

**Lobectomy:** An operation done to remove a lobe of an organ such as the lobe of a lung or a lobe of the thyroid gland. The lung has 5 lobes -- 3 on the right and 2 on the left. A lobectomy may be performed for a disease such as lung cancer.

EBUS, especially combined with EUS (Esophageal Ultrasound) which we already have, will position us in the forefront as one of the premier hospitals in the Maritimes. Physicians have

already all taken training courses in the use of this technology and could start using it as soon as it is purchased. The EBUS will be located in the new Ambulatory Care Centre.





## TOTAL CAMPAIGN GOAL \$700,000

Rehab 420,465  
EBUS 260,000

### CLEAR MISSION, A CRITICAL ROLE

“Transforming the rehabilitation unit and having the most sophisticated equipment for the diagnosis of lung cancer will positively *impact patientst in south-east New Brunswick.*”

Larry Nelson  
Friends Chair

### THE FRIENDS...TRANSFORMING HEALTH CARE IN OUR COMMUNITY SINCE 1965

Community support is a part of The Moncton Hospital's heritage. Since the Friends was formed in 1965, the Foundation has honoured and maintained this tradition of giving and volunteerism. The Friends is the fund raising arm of our health care. By working together, the Foundation has enabled The Moncton Hospital to respond to changing health care needs and to maintain a state-of-the-art medical facility.

The Friends can be proud of its past and its contribution to the enhancement in health care in our region. In 2008/2009, \$700,000 was generated through The Small Bandaid Campaign to purchase and redesign a new, specially equipped surgical suite. This revolutionary, minimally invasive integrated operating room technology, to be located on the on the first floor in the Main Operating Room at The Moncton Hospital, will be ready for use in early 2010. In 2007/2008, \$1.1 million was

raised for mammography technology which will help eliminate wait times. The year prior, \$1.3 million was realized for a new Oncology Centre. Before that, the Foundation celebrated a successful *Healthy Returns Capital Campaign* which raised \$7.5 million. The result of these funds, combined with the province of New Brunswick's \$41 million commitment is a new Ambulatory Care Centre, a new Trauma/Emergency department, a state-of-the-art Laboratory and an enclosed ambulance entrance and underground parking.

#### THE FRIENDS OF THE MONCTON HOSPITAL'S ANNUAL CAMPAIGN 2009

This campaign is volunteer driven. Many assist by canvassing donors, helping with the direct mail component, holding fund raisers as well as other support duties, all focusing on **the Friends of The Moncton Hospital's Annual Campaign 2009**. The campaign is launched in October with the anticipation of reaching the goal in April 2010.

#### WHY SUPPORT MEANS SO MUCH TO SO MANY

*"The significance of the Friends of The Moncton Hospital's Annual Campaign 2009 is great, as is the importance of having the community's support to continue providing next-generation advances."*

2009 Campaign Chair  
Paul Arsenault

It is vitally important to keep current with new technology, updated equipment and renovated spaces to provide quality patient care. We must help ensure that The Moncton Hospital is in a position to respond appropriately to our community's health care needs.

Won't you please join us by making a gift to **The Friends of The Moncton Hospital's Annual Campaign 2009**? As you know, The Moncton Hospital is committed to providing you with the optimal care and the very best treatment. To do that, we need to have the finest equipment and facilities for the job. That is why your help is so critical.

*When you support health, you're saving lives. What greater gift can you give?*

***TO LEARN MORE***

For more information about this opportunity to make a difference, please contact the Foundation at 506 857-5488 or visit our website at [www.friendsfoundation.ca](http://www.friendsfoundation.ca).